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A Correlational Study between Self Esteem and Body Image in Adults

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I. INTRODUCTION

Many schools of psychology rely on the concept of the self, also known as Idedo, which is the cognitive and affective representation of one's identity or the object of experience. The difference between the self as I, the subjectivize knower and the self as me, the known object, formed the basis for the first description of the South in modern psychology (James, 1891 as cited in Nnaemeka, A.C. & Solomon, A.A, 2014).

A great deal of psychological research has attempted to study the relationship between Body Esteem/ image and Self Esteem, with many aspects of a person's body, image and self concept being measured. In recent years, researchers have begun to look at the specific issue and House satisfaction with one's body can affect Self Esteem. This has been an important matter for psychologists to investigate, since our society has often been described as one that is obsessed with the issues of superficial features. With the rising trends of beauty standards, people, specially the present generation populations, tend to be influenced and affected by it, which is creating quite an imbalance in the overall confidence and satisfaction that an individual deem over themselves.

There has been an extensive list of researchers conducted on Self Esteem and how an individual perceives their physical features. The reason behind this is because of the fact that we tend to give extreme importance over our physical appearance, how we appear to ourselves and even more so, how we are seen by others and what they think or say about us. The way we look can pretty much affect us at any time of our life. This influence irrespective of gender affects how we carry ourselves; our Self Esteem and confidence etc. The female population especially has been the centre of target of this influence. In some places, their beauty standards have been set for women where being thin is seen as an ideal goal, even if the thinness may be alarming and health risks to attain. Even the male population has also been undergoing cultural changes, for which now men conform to a thin and muscular ideal which has been intensified since late 1970s and men are becoming more dissatisfied with their bodies or want to increase their muscle tone etc. A recent survey showed that fully 41 % of men (and 55% of women) were dissatisfied with their weight, while 44% of men (and 63% of women) were afraid of becoming fat. And also, it has been studied that there exist certain male subcultures which look up to slimness and weight loss that can in the end lead to the development of body dissatisfaction, which can put men at increased risk for developing eating disorders. Before the twentieth century, women did not give much heed about their physical self, their shapes and sizes; but today they are worrying about sizes and curves of their body because they believe it is one of the most visible attributes which defines them. One important means by which physical self-perceptions are enhanced is through exercise involvement. Indeed, physical self-perceptions have consistently been related to exercise from adolescence onwards.

Although Body Image disorders are relatively common in both men and women, new research suggests that the social constructs that represent the "appropriate" body for each gender may have the biggest influence on Self-Esteem (Gillen, 2013). Particularly in the westernised world, messages that women should be young, thin, attractive and wrinkle-free are broadcast daily in television commercials, billboard advertisements and magazine advertisements (e.g., Victoria's Secret ads with unnaturally thin women, Budweiser billboards with women's "flawless" bodies as beer bottles and Neutrogena ads in women's magazines with thin, spot-free, proportionate models). These media-represented forms of women often create issues because the standard set forth is essentially unattainable; the perfect "body" simply does not exist, except in a photo shopped world (Posavac & Posavac, 2002). It is likely that women who internalize these "thin" media ideals are more likely to have higher rates of eating disorders and Body Dysmorphic Disorder and lower rates of overall self-Esteem, when compared with women who do not internalise these ideals (Posavac & Posavac, 2002, as cited in Fredrick, S.A.L,.)

On the other end of the spectrum, the idea that a man is little else if not these qualities is also beginning to catch on. The media frequently portrays the "ideal" male shape as being muscular, toned, strong and attractive. The media is beginning to have a far greater effect on how men develop low Body Image and has a significant impact on the rise of eating disorders in men today, just like it does for women (Burlew & Shurts, 2013). In recent years, men have seen an increase in the importance of Body Image played out in the media through ads, billboards and television commercials (i.e. Gucci perfume ads that feature thin perfectly toned men,

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Marlboro "cowboy" billboards that suggest men are muscular and rustic and Old Spice commercials featuring half-naked, well-toned, tanned men). As this exposure has increased, there has been a significant drop in overall self-Esteem for men, correlating with higher rates of body dissatisfaction (Martin & Govender, 2011). Men, unlike women, do not see themselves as overweight in comparison to others, but as under toned/not as muscular or too thin when compared with other men (Gillen & Lefkowitz, 2011).Findings suggest that in both men and women, Body Image disturbance is equally prevalent; though the ways in which that disturbance is presented for each gender may be different (Sira & White, 2010, as cited in Fredrick, S.A.L,.)

Thus, the current study will explore how one's perceptions of and general sense of assurance towards their physical characteristics and features (i.e., their Body Esteem) might have an impact on the state of their self-Esteem.

A. Theoretical Framework

Social learning and applied behavioural analysis, which demonstrate that behaviour has a purpose, as well as cognitive behavioural theory, which demonstrates the relationship between feelings and the mind that leads to behaviour, served as the study's main guiding principles. Utilising both positive and negative reinforcement, the behaviour was sparked.

1) Cognitive Behavior Theory

The most common definition of cognitive behaviour therapy according to Dobson & Dobson (2009), Reaven (2011) and Friedburg & McClure (2015) is an organised, time-limited and educational approach that focuses on helping patients to acquire psychological and behavioural problem-solving skills. The main goals of CBT is to improve social understanding and identify and change ineffective attitudes, beliefs and behaviours. When a young person receives emotional-behavioural CBT, they are encouraged to be more aware of their emotional states which alters how they perceive their social environment and interact with others, improving adaptive functioning. (Craske, 2010; Wood, 2009, as cited in King'Ori , C.A , 2018)

Craske (2010) has categorised the schemes and techniques used in CBT as follows:

a) Strategies based on cognitive theory that seek to disprove harmful beliefs and replace them with more logical ones. To help an individual identify triggers that stimulate particular cognitions, practise internal verbalizations like self-talk and control their behaviour, modelling and cognitive practises of appropriate strategies are beneficial teaching methods (Meichenbaum & Goodman, 1971). The use of concept clarification and questioning are popular strategies in CBT to introduce fresh social constructs and help the person gain awareness of their maladaptive cognitions. (Rotheram-Fuller &MacMullen, 2011 as cited in King'Ori , C.A , 2018)

b) Skills and reinforcement-based strategies aim to develop the person's problem-solving and coping skills. Some of the problem-solving skills include providing the person with schemas to identify and analyze novel social circumstances or problems, identify the most suitable strategy to resolve the problem, thoughtfully consider the possible consequences of actions and assess the response outcome (Bauminger, 2002). To help the person develop self-efficacy in emotion regulation and management of future stressors, coping skills such as relaxation exercises, positive self-statements and self-monitoring of emotional states are introduced (Meichenbaum& Cameron, 1973). By direct teaching and behavioural practices such as role-play, the person can learn and practise the skills in a safe environment (Bandura, 2002). Positive behaviour is reinforced by providing immediate feedback (Lopataet al., 2010). Affective training is introduced in this component to train the person how to recognize emotions in self and others, as well as developing suitable emotional responses (Attwood, 2009 as cited in King'Ori , C.A , 2018)

c) Exposure-based strategies aim to provide systematic, controlled and repeated exposure to difficult situations or stimuli such that the person no longer perceives the situation or stimuli negatively and/or avoids it (Craske, 2010). The main goals of CBT-based social skills interventions is the acquisition and performance of these three types of skills and the emphasis is put on practising what has been learnt by giving homework to encourage sustainable change. The practical and structured approach of CBT makes it a suitable intervention for people with self-Esteem issues and can benefit from addressing cognitive biases, deficits in affective knowledge and social-behavioural performance. (King'Ori , C.A , 2018)

2) Sociometer Theory

The central proposition of this theory is that self-Esteem acts as an internal monitor of the extent to which an individual is valued or devalued by others as a relational partner. It thus monitors one's eligibility for lasting, desirable social relationships. This Sociometer also focuses on motivating people to maintain a minimum level of acceptance from others.

Sociometer theory represents a development of interpersonal approaches, in terms of positing that self-Esteem is heavily dependent on individuals' reflected appraisals of self.

However, the sociometer theory goes further in suggesting that self-Esteem does not simply reflect the appraisals of others, but acts as a gauge which functions to monitor and maintain the quality of interpersonal relationships. This functional analysis stems from the observation that humans have a fundamental need for social attachments (Baumeister& Leary, 2005). From an evolutionary standpoint it is likely that individuals who manage to form extensive social bonds will produce more offspring than their solitary counterparts (Leary&Baumeister, 2007). These differences in reproductive success are the driving force of evolution, such that individuals who are better adapted to their physical and social environments tend to leave more offspring (Dawkins, 1976). Group living confers a number of benefits such as mutual protection, cooperation in the acquisition of food and other resources and a more efficient division of labour, all of which are likely to enhance the reproductive success of individual group members (Balle, 2010). Therefore it is likely that natural selection has led to a fundamental human motivation to form and maintain at least a small number of close social relationships (Leary &Baumeister, 2000). Leary and Baumeister (2000) present evidence from a multitude of studies supporting their sociometer theory. For example, self-Esteem has been shown to respond to a number of social inclusion or exclusion outcomes, with laboratory studies finding that participants who are led to believe that they have been rejected by others experience a drop in self-Esteem (Kavanagh, Robins & Ellis,2010; Leary, Haupt, Strausser& Chokel, 2008). Denissen, Penke, Schmitt and van Aken (2008) provided further support for sociometer theory by showing that people who report having higher quality interpersonal relationships also report higher levels of self-Esteem and that aggregate levels of self-Esteem in citizens of different countries are positively correlated with the degree of close social interaction characteristic of individuals within those societies. Furthermore, Back et al. (2009) showed that people's scores on a variety of measures of self-Esteem were positively related to their expectations of being positively evaluated by others. According to sociometer theory, self-Esteem not only assesses and responds to the quality and quantity of an individual's actual relationships, but also monitors their eligibility for various potential relationships. Gilbert (2012) noted that in many species, including several non-human primates, individuals' ability to negotiate dominance hierarchies reflects their resource holding power (RHP), which is related principally to their size and strength. Gilbert (2012) suggested that the self-Esteem system may have developed from more primitive systems designed to monitor RHP. In particular, he argued that human's abilities in negotiating social hierarchies depend on more complex attributes than are encompassed by RHP. Instead, Gilbert suggested that humans have a fundamental need to elicit positive attention from others. He referred to the ability to do this as social attention holding power (SAHP) and proposed that people who evaluate their SAHP negatively are likely to be predisposed to low self-Esteem and depression. (as cited in King'Ori , C.A , 2018)
Thus self-Esteem should respond to an individual's assessments of their personal qualities in domains relevant to social interaction. Sociometer theory predicts that if these assessments are negative, the individual's level of self-Esteem will drop and that the Sociometer should motivate the individual to try to take corrective action. Sociometer theory also predicts that the structure of self-Esteem as a psychological construct should reflect its function as a mechanism concerned with establishing and maintaining social relationships.

B. Statement of the Problem

Clinical psychology and psychiatry have increasingly taken the lead in the study of Body Image in recent years. Which included applications and studies involving eating disorders in young women and men. Also, this well-liked field of study has acted as a significant push for Body Image research in other fields. By providing a visual for women to model their appearance to and encouraging them to worry about how they looked. Films and magazines too started to have an impact on how women felt about their bodies and as a result women started expressing their inner beliefs, pride, connections, identities, fears and other vulnerabilities through their looks, which include their clothes, makeup and accessories etc. Men are similarly subjected to media pressure. The 21st century is marking a great advancement in almost all areas; especially the media has caused people to have self-doubt. From youth to old age, irrespective of gender, have become targets of powerful, insistent messages from the mass media provoking self-doubt. Some of the messages are subtle, for example, the use of near- perfect models as examples for ordinary women and men, automatic losers by comparison. Some of the messages are blatant. Insecurity sells, but so does hope. The other side of the media's negative message is a seemingly positive one: salvation through diets, clever "makeovers", fashion, exercise and the startling possibility of actual physical change. The power of media, the changing lifestyles and relationships often cause much trouble to people especially to adolescents and teenagers and mainly the working class. The influence of Body Image or the ideal body is a delicate issue which requires immediate attention as dissatisfaction with one's body is often seen as a correlate of eating disorders. This has been demonstrated by the high prevalence of eating disorders in groups in which there is an increased emphasis on maintaining a thin and ideal body. And all these may end up with someone taking up dangerous methods which may even be life threatening.

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The ever growing adoption and influence of trends and aesthetics has caused a huge rift-on the self-perception and self-confidence among the society, specially the younger generations and youths. The influence of these set or desired looks are prevalent everywhere which may be leading the people to be disappointed, unsatisfied or displeased about themselves and start developing insecurities and also in some cases they also feel the need to change themselves to fit into their ideal vision . All these happen because society pushes them to feel this way which will in turn affect their mental state. So there is a need to address whether the society's beauty standards and ideal goals influence and affect the Self Esteem and Body Imageof people.

C. Rationale of the study

The purpose of this research is to check or assess the relationship of Body Image on Self-Esteem among the college going youths because there has been no work on it in our region and also in other regions as well. There has only been work done on the relation of Body Image with the Self-esteem and since Body Image is the overall association of Body Image and other such related aspects. It is a great topic to be shining light on to assist the people with a better view. This study will also help the youths to realise more about the importance of Self-Esteem in their lives and how their Body Image can help them look better and feel more confident.
Hence this study can help the people to realise the importance of Body Image Which can make them change their view about themselves into a more positive light that will enable them to develop a higher self-esteem.

D. Research Objective

To study the relation between Body-Image and self-Esteem.

II. LITERATURE REVIEW

An individual's Self Esteem is an integral part of the formation and overall concept of their identity. Our Self Esteem exists based on the influence of various factors in one's own lives; if the factors that encompass an individual's existence are negative then it might cause a negative impact on their Self Esteem by lowering it.
The literature review will begin with a definition of low and high self-Esteem and discuss the outcome associated with both dimension of self-Esteem.

A. Self Esteem: Low and high

Self-worth or the degree to which a person values, prizes or appreciates themselves are other definitions of Self-Esteem. A general definition of Self-Esteem is the overall assessment of oneself, whether it be positive or negative. It reveals how much a person thinks of himself or herself as capable and deserving of life. Today, it is acknowledged that the Self-Esteem construct plays a significant role in learning outcomes. A socio-psychological concept called "Self-Esteem" evaluates a person's attitudes and sense of self-worth. Understanding one's own quality as an object,or how good or bad, valuable or worthless, positive or negative or superior or inferior one is, is how to define one's Self-Esteem. Individual assessments of self-Esteem are formed through two interrelated processes. First, individuals compare their social identities, opinions and abilities with others. To the extent that individuals feel that they are inferior to those with whom they interact, their self-Esteem will be negatively affected. Second, individuals assess themselves through their interaction with others. People learn to see themselves as others believe them to be. (Agarwal, S., & Srivastava, N. March, 2013).

B. Self Esteem Consists of two Types

Low Self-Esteem: People who struggle with low Self-Esteem are unable to reach their full potential. It is a miserable condition. Low Self-Esteem makes a person feel unworthy, unqualified and incompetent. Infact, people who have low Self-Esteem actually think so poorly of themselves that these feelings cause them to continue to feel this way. And it is more common that financially unsuccessful people tend to have low Self-Esteem, which affects their ability to take risks. (As cited in Agarwal, S., & Srivastava, N. March, 2013)
High Self-Esteem: In general, people with high Self-Esteem feel good about their ability to participate, secure in social settings and are content with the way they are. The following characteristics are typically present in them: self-assurance, a strong sense of self-worth, a positive outlook on life, a willingness to support others and effective communication. They take initiative and are motivated, aspirational and they learn from their mistakes. They are empowered by these factors to take charge of their lives, be adaptable and learn from their mistakes fearlessly. (Cutler, N. E, 1995, as cited in Agarwal, S., Srivastava & N. March, 2013).

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Virk & Singh (2020) conducted a study on adolescence on their Self Esteem and Body Image. The self-perception about their appearance is important to the development of self-Esteem and is also understood to be an important predictor of self-worth. Research has shown that inappropriate perception of the Body Image and dissatisfaction can lead to physical and psychic problems in the youth. In today's society, with the growing sense of ideal Body Image, adolescents and young adults try to lose or gain body weight to attain perfect body. The Objective of the study is to find out the proportion of students dissatisfied with their Body Image and the association of various determinants with Body Image dissatisfaction and self-Esteem.

A cross-sectional study was done among 125 first year medical students located in rural Haryana. A semi-structured questionnaire was used to collect data on various determinants associated with Body Image dissatisfaction and self-Esteem.

Body Image dissatisfaction was present among 16.8% of the students. Low self-Esteem was observed among 21.6% of the students. Low body mass index (<18.5) was found to be significantly associated with Body Image dissatisfaction. A moderately positive correlation ($r=0.384$, $p<0.001$) was observed between self-Esteem and Body Image satisfaction. Study findings support the fact that Body Image dissatisfaction has its impact on self-Esteem among college-going youth. It is imperative that effective interventions be planned to educate the youth on ideal body weight and protect this young generation from pressures and consequences of negative Body Image.

Barak et.al (1998) conducted a study on the Self Esteem and Body Imagein a group of 35 relapsing-remitting multiple sclerosis (MS) patients using the H Scale (BES) and the Eysenck Self Esteem Scale (ESES) and compared to age and sex matched normal controls. The study consisted of 23 females and 12 males in the MS patient's group; average age 38.9 years (range: 22–52). All participants completed the self-rated BES evaluating the following subscales: females—sexual attractiveness, physical condition and weight concern; males—physical attractiveness, physical condition and upper body strength. In addition all participants were scored, following a semi-structured interview, on the ESES. Psychiatric co-morbidity was excluded using a semi-structured interview by the consulting psychiatrist. All evaluations were carried out during the remitting phase. Statistical analysis, comparing patients to healthy controls, demonstrated lowered self-rating of the physical condition (males < 0.05, females < 0.001). On the other hand, no significant differences were found in the physical (male) or sexual (female)—attractiveness subscales. The mean ESES score in the patients group was 23.2 ± 4.0, slightly above the reported average. The controls mean ESES was 28.4 ± 3.6, ($P < 0.05$). No correlation was found between self and Body Imageamongst M.S. patients. This study emphasises impaired perception of Body Imagein multiple sclerosis patients even in remission. The preservation of physical and sexual attractiveness may be related to the non-disfiguring nature of the disease. Preservation of self-Esteem in MS patients suggests that Body Image should be the focus of supportive treatment.

Agarwal and Srivastava (2013) conducted a study which examined the Self Esteem among young adults across gender. There were 120 respondents total, 60 of whom were male and 60 of whom were female, chosen from the Lucknow city. The Rosenberg Self Esteem Scale and a self-administered interview schedule were used to gather the data. Frequency, percentage, and Chi-square were used to code, tabulate, and analyse the data that had been collected. The results which were derived from the study revealed that the male participants had good Self Esteem as compared to the female participants. Through this study it was also concluded that the Self Esteem of both the genders did not possess much difference based on the analysis of the findings which indicated that the Self Esteem of an individual is not influenced or dependent based on the gender of the individual. Every individual be it male or female can and will have a significant influence on their Self Esteem based on various existing factors and neither of the genders are subjected to having lesser or more influence compared to the other.

Clay, Vignoles & Dittmar (2005) led an examination on "Body Image and Self Esteem among young adolescent girls aged 11-16 years". In a study involving 136 British girls between the ages of 11 and 16, experimental exposure to either average-sized or extremely thin magazine models decreased body satisfaction and as a result, self-Esteem. The self-esteem of older girls was also lower than that of younger girls. According to structural equation modelling, this age trend was partially explained by a corresponding decline in body satisfaction; this, in turn was fully explained by upward age trends in awareness and internalisation of socio-cultural attitudes towards appearance as well as social comparison with media models. The findings support the need for early educational interventions to assist girls in dissecting media and advertising images.

Barak et.al (1999) conducted a study on 101 stroke patients which examined various Body image dimensions. The patients were examined 6 months after the stroke. They were scored with the Barthel Index (BI) as the disability score, the Hamilton Depression Scale (HDS) and the Body ImageScale (BES). Significant lower Body Image($p < 0.0001$) was found for both sexes and for all Body Image Subscales in subjects suffering from a left cortical lesion compared with other stroke locations. Physical attractiveness sub-scores among males were significantly lower in subjects with a right cortical lesion ($p < 0.005$).

No correlation was found between time of disability and Body Image except on the upper body strength (V) subscale among males ($p = 0.04$). No correlation was found between the Barthel index (BI), size of lesion, or age and Body Image Scale (BES).

Bak-Sosnowka et.al (2014) conducted a study on 171 overweight and obese adult females which were examined by a general practitioner and a specialist in obesity management. The ego-state, global self-Esteem and body self-Esteem were assessed using the Ego State Questionnaire (ESQ), the Coopersmith Self-Esteem Inventory and the Body Image Scale, respectively. For this study the participants were divided into three subgroups: A – no attempts at weight loss currently (35.1%), B – self-attempted weight loss (33.9%), C – professional obesity treatment (31.0%). Age, education level, professional status, marital status and number of children, along with the onset of being overweight or obese were similar in all subgroups. Subgroups B and C statistically and significantly made frequent attempts at weight loss ($p<0.001$) and experienced yo-yo effect ($p<0.001$) more than subgroup A. Effective weight loss attempts were observed significantly more often in subgroups C ($p<0.001$). Only mean lies scale results were significantly higher in subgroups A and C compared to B ($p<0.05$ and $p<0.01$, respectively). While self-Esteem, sexual attractiveness, weight concern, physical condition and ego-states were similar in all study subgroups, the structure of the Ego-states, self-Esteem and Body Image did not influence the strategies of coping with being overweight. Self-Esteem is related to spontaneous Ego-child and Ego-adult levels, while the sense of sexual attractiveness is affected only by Ego spontaneous child.

Kornblau, Pearson & Breitkopf (2007) conducted a study on low income female adolescents and its influence on their Body Image by collecting data in a women's health clinic in southeast Texas as part of a larger investigation. A total of 271 female individuals aged 16–21 years completed the Body ImageScale (BES), which yields scores for total Body Esteem, sexual attractiveness, weight concern and physical condition. Participants answered questions regarding smoking and the presence of acne. Height and weight were measured by a nurse using standard instrumentation and technique. Of the participants, 35% were African-American, 31% white and 34% Hispanic; and 48% reported an annual household income less than $20,000. The mean body mass index (BMI) was 26.1 (SD = 6.5).Race and their ethnicity was associated with total Body Esteem, sexual attractiveness, weight Esteem and physical condition (all $p < .01$). African-American participants demonstrated greater Body Image on all scales relative to white participants. Adolescents reporting annual household incomes less than $20,000 (vs. greater) demonstrated higher overall Body Esteem, sexual attractiveness and physical condition (all $p < .01$). Current smokers (vs. non-smokers) reported lower physical condition ($p < .01$), lower weight concern ($p < .05$) and lower overall Body Image($p < .02$). BMI was associated with weight concern ($p < .001$) and total Body Image($p = .05$). Adolescents reporting acne (vs. not) reported lower scores for total Body Esteem, sexual attractiveness and weight concern (all $p < .05$).

'Dea (2012) stated that past research has focused predominantly on Body Image and Self-Esteem in children and adolescents. More recently, research in this area has begun to focus on older people. 4 concerns are associated with overall poor self-concept in early adolescents, including poor physical, social and academic self-concepts as well as low overall Self-Esteem. The adverse outcomes of poor Body Image among children and adolescents suggest an urgent need for these issues to be addressed in both health and educational settings. Similarly, self-Esteem is influenced by factors such as Body Image, body weight, academic performance and sporting ability and participation. In particular, heavier body weight has been found to predict lower self-Esteem in girls. Self-Esteem plays a central role in the mental health of young people.

C. Summary of literature review

The review of literature on Self Esteem and Body Image has a mixed opinion based on various factors. Many research studies based on Self Esteem and Body Image have concluded based on their findings that an individual tend to possess a lower level of their self or Body Imagewhich is stemmed through different causes which can be their economic status, their physical attributes, their disabilities or limitations and also through influence from the outside world which distorts our view. The gender of an individual does not act as a factor for hampering their level of self perception and their confidence in their physical attributes. The ideal picture is usually created based on the influence of the growing socio-cultural trends and the standards set by the society, people tend to adopt Western style or nowadays even the East Asian trends and standards have been idealised and followed by people.

D. Research question(s)

Is there a relationship between self-Esteem and Body Image Of youths?

Hypothesis

- H0: There is no significant relationship correlation between Self Esteem and Body Image Among Youth.
- H1: There is a positive correlation between Self Esteem and Body Image Among Youth.

III. METHODOLOGY

This chapter consists of details that discuss the necessary measures during the procedure which are undertaken for conducting this study. It includes the sample size (number of participants included in this study), sampling method (techniques or the methods applied to select a set of population to make a statistical inference of the population), sampling procedure (the sampling method utilized to include the population or the participants in this study), inclusion criteria (main factors that are required in an individual to participate in this study), exclusion criteria (factors which are regarded as ineligible and with which an individual cannot be included in the study), operational definition (a method of specifically describing the terms of the variables and its meanings for applying in this study), research design (the framework of research method which will be used to determine in which way the data was collected and analyzed), variables (used for determining whether changes in one result might influence and affect other result), tools for the study (the instruments which were utilized to collect the data), demographic details (specific background information of the participant), procedures (steps which were followed for conducting this study), data analysis (systematically applying statistical techniques to evaluate this study) and ethical consideration (required ethical code of conduct which are applied while conducting this study).

The procedural measures mentioned above will provide a clear indication of what the study intends to do, why certain measures were specifically chosen for the study and also give a clear layout to provide details for replicating the study).

A. Sample

The sample portion consists of the number of participants involved in the study, the sampling technique or the method used in selecting the final participants from the population and how the sampling technique was applied. This section also gives reasons as for why these measures were chosen in particular for this study.

B. Sample Size

The initial sample population consisted of 100 general youths irrespective of their gender, who are currently studying and working in Bangalore. Out of which there were 5 participants aged 18, 3 participants aged 19, 6 participants aged 20, 15 participants aged 21, 24 participants aged 22, 11 participants aged 23, 15 participants aged 24, 10 participants aged 25, 5 participants aged 26 and 6 participants aged 27. All the participants were students.

C. Sampling Method

This study used a simple random sampling technique that is probability sampling. The reason behind using a simple random sampling technique for this study was to obtain data from anyone who possessed the requirements to participate in the study and to give equal chane to everyone eligible. This technique also avoids the administration of unnecessary biases as the participants are randomly selected from a large group of population and provides every individual an equal probability of being selected from a larger group which in turn creates a balanced set of sample population from a group. This technique is also simple to apply as the name suggests and is less complicated when compared to other sampling methods.

D. Sampling Procedure

The sample population of 100 was randomly selected from Bangalore. The instrumentations utilised for this study were randomly distributed amongst the population without considering any irrelevant factors which could influence the study other than the scientifically agreed upon procedures which provide clarity of the sampling method applied.

E. Inclusion Criteria

1) Both male and female population in general is included in the study.
2) They should be students who are currently studying in Bangalore, irrespective of their stream or class as long as they are anywhere under the age from 18 to 27 (age group for youths as stated by National Youth Policy of India 2014). The purpose for choosing this age group is because these people are exposed, vulnerable and susceptible with the topic of the research as compared to the other groups of the present existing generation
3) Both the local and non-local students had the equal chance and rights of participating as this state has a diverse population and every individual should have equal rights and opportunities in life as an existing being of the society.
4) They should be able to understand English as the instruments that were utilised were in English.

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F. Exclusion criteria

1) Working students are not eligible to be a part of this study even if they are under the required age.
2) If they are unable to understand the language used on the instrument, they are not eligible to be a part of the study as it is not feasible to go and translate it to all those who do not understand it.
3) Students who do not fall under the required age group are not eligible to participate.
4) Those who are already familiar with the questionnaires are not eligible to be a part of this study as it might lead to biassed answers.

G. Research Design

Quantitative study using correlation research design was applied to analyze the data of this study. As the study aims to obtain clear objectives by collecting the data and analysing it statistically, quantitative research study was carried out as it was most applicable with the study's purpose.

H. Variables

Variables are the key attributes used for measuring the dependent and independent variables and its cause-and-effect relationships in the study. These variables help to determine if changes in one, can result in changes of the other results. The variables involved in this study follows.

I. Independent Variable

Independent variables in this study include the Self Esteem of the participants, gender, age and their educational level. These variables help us to determine if the independent variable has any influence on measuring the dependent variable of the study.

J. Dependent variable

The dependent variable involved in this study is the Body Imageof the students as the study is trying to find if there is relation and influence between the Self Esteem and Body Esteem.

K. Tools for the Study

The study was conducted using two different questionnaires which were developed by different authors.

In the first section of the study, the Self Esteem Rating Scale (SERS) was used. This scale was developed by William R. Nugent and Janita W. Thomas to measure Self Esteem. The SERS is a 40-item instrument that was developed to provide a clinical measure of self-Esteem that can indicate not only problems in self-Esteem but also positive or non problematic levels. The items were written to tap into a range of areas of self-evaluation including overall self-worth, social competence, problem-solving ability, intellectual ability, self-competence and worth relative to other people. The SERS is a very useful instrument for measuring both positive and negative aspects of self-Esteem in clinical practice.

The SERS is scored by scoring the items shown at the bottom of the measure as p/+ positively and scoring the remaining items (N/-) negatively by placing a minus sign in front of the item score. The items are summed to produce a total score ranging from - 120 to + 120. Positive scores indicate more positive self-Esteem and negative scores indicate more negative levels of self-Esteem.

The second section of the survey used the Body Image Avoidance Questionnaire (BIAQ) which was developed by James C. Rosen, Debra Srebnik, Elaine Saltzberg and SallyWendt to measure behavioural tendencies that frequently accompany body-image disturbance. The BIAQ is a 19-item instrument designed to measure behavioural tendencies that often accompany body-image disturbance. In particular, the questionnaire deals with avoidance of situations that provoke concern about physical appearance, such as avoidance of physical intimacy, social outings and tight-fitting clothes. Since these avoidance behaviours are common in persons with body dissatisfaction and since there are no measures of this component of the problem, the authors interviewed 40 randomly selected female residents of a university dormitory and categorised commonly reported complaints of behavioural changes associated with negative Body Image into the items of this questionnaire. The measure is viewed as useful for targeting changes in avoidance of these situations as a result of treatment. The BIAQ is scored by simply totaling the scores on the individual, 6-point items, providing a potential range of scores from 0 to 94. Although the BIAQ comprises four factors derived through factor analysis (clothing, social activities, eating at restaurants and grooming and weight), these factors are not scored separately.

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L. Procedure

The Self Esteem Rating Scale (SERS) and the Body Image Avoidance Questionnaire (BIAQ) was taken from the book of "Measures For Clinical Practice" third edition, Volume 2 Adults by Kevin Corcoran and Joel Fischer. The consent letters and forms for the students and also the questionnaires included were distributed in google form. Students studying in Bangalore were selected at random to circulate the questionnaires. A total of 100 participants were a part of this study. Necessary information to the participants were informed verbally along with an instruction which was included in the consent form of the participants. To be precise, the survey packet included a brief explanation on the purpose of the study, confidentiality, potential risks and discomfort, voluntary participation, eligibility criteria of the participants and also personal information of the research like contact number and email address for any queries or question of concern with regards to the research study were all included in the survey packet. As part of agreeing to participate in the survey, a typed form stating "I have read the form and understood the information given above, I have the right to ask any question and to accept or decline to participate and I consent to participate in today's research study." alongside the signature of the particular participant and the date of their participation was taken. The participants were also asked to respond candidly to the questions based on their belief system as there were no right or wrong answers to the items.

M. Data Analysis

To analyse the data obtained in a statistical form, Pearson's coefficient correlation method was applied to draw if there were a co relational relationship between the two variables of the study and to draw out an overall conclusion on how the Self Esteem of the youths were affected by their Body Image Which was represented using a spreadsheet of graphical representation.

N. Ethical Consideration

During the course of this research, all ethical guidelines and considerations were kept in mind while conducting the study.

1) A written informed consent will be obtained from all people participating in the research.
2) Their participation will be completely voluntary and they have the right to decline whether to participate in the course of the research.
3) Participants will also be informed of the confidentiality of their data collected and that it will be used only for research purposes.
4) It will be made sure that the subject answers all the questions.
5) The process will be kept honest and transparent.

IV. RESULTS AND DISCUSSION

Table No 1. Correlations between Body Image and Self Esteem

	Self Esteem	Body Image
Self Esteem	1	-0.283**
Body Image	-0.283**	1

**. Correlation is significant at the 0.01 (2-tailed).

Interpretation- There is a negative significant correlation between body image and self-esteem at the 0.01 level of significance, suggesting that there is an inversely proportional relationship between body image and self-esteem.

V. DISCUSSION

The analysis of this course was done by Pearson correlation, and the results showed that there is a statistically significant relationship between body, image and self-esteem, such that as one variable increases, the other variable tends to decrease suggesting that there is an inversely proportional relationship between body, image and self-esteem. Specifically, the correlation coefficient between the two variables is negative and significant at a level of 0.01. This means that the probability of the cold relation occurring by chance is less than one person, and therefore the correlation is considered very strong. The hypothesis made has been rejected. The hypothesis stated that there is a significant relationship between body image and self-esteem, which has been rejected as the result states that there is a negative correlation between body image and self-esteem.

The future researchers and studies which will be conducted on this topic must consider it as an essential psychological aspect which can and will contribute to the formation of an individual‘s personality and well-being. Furthermore, to prevent and mediate, the ever growing issues of people, developing negative opinion on the body, leading to lower level of self-esteem; psychologist, policymakers, educationist, parents, and also the media play, say, the social media should all join forces in spreading and teaching as well as emphasising on the positive inner aspects of an individual‘s intellect and beauty. The need of the hour is to provide such a tool to the people so that they can critically evaluate the images and influences around them, as human beings tend to fall prey to the ideas and opinions of others and easily get swayed by the crowd, but it is time we encourage people to be able to recognise beyond the physical beauty, beyond the fake standards and scenarios created on the screen and to be able to embrace oneself as they are with their attributes, their emotional competencies and their uniqueness as a beauty construct, which makes them as one unique individual.

VI. CONCLUSION

There is a negative significant correlation between body image and self-esteem.

Positive body image and healthy self-esteem are important to one’s health and well-being. Sadly, poor body image and self-esteem among youth is common and continuing to increase. The negative effects of these feelings can last throughout a person’s life. This study is not only significant to the researcher but also for the people to be able to have a clear understanding about the gravity of this topic. This study has important implications for the way society functions. The people need to be taught more about the overall construct of social standards and their harmful aspects as there is a lack of understanding on the negative side of it.

A. Limitations

There are some limitations in this study. Some of them are:

- The study was limited only to people within the age of 18 to 27 as this study only focused on the youth who are studying.
- The study was conducted only in the state of Bangalore, Karnataka.
- The participants may not have fully understood some questions or items which may have led to inaccurate answers causing a rift in the findings of the study.
- The current mood of the participants might have acted as a factor in the way they answered the questionnaire.
- The participant might have given the answers for questions as the respondents might at times, select answers which the belief is required or expected by the researcher instead of choosing the answer which day actually relates with.

B. Future Scope

Four studies that will be conducted in the future, it would be more reliable if the sample population is taken from more areas and also with population types as this can help us draw out the differences which might exist between them. We can also brought in our research by adding on different variables, which might be acting as an influence for our self-esteem.

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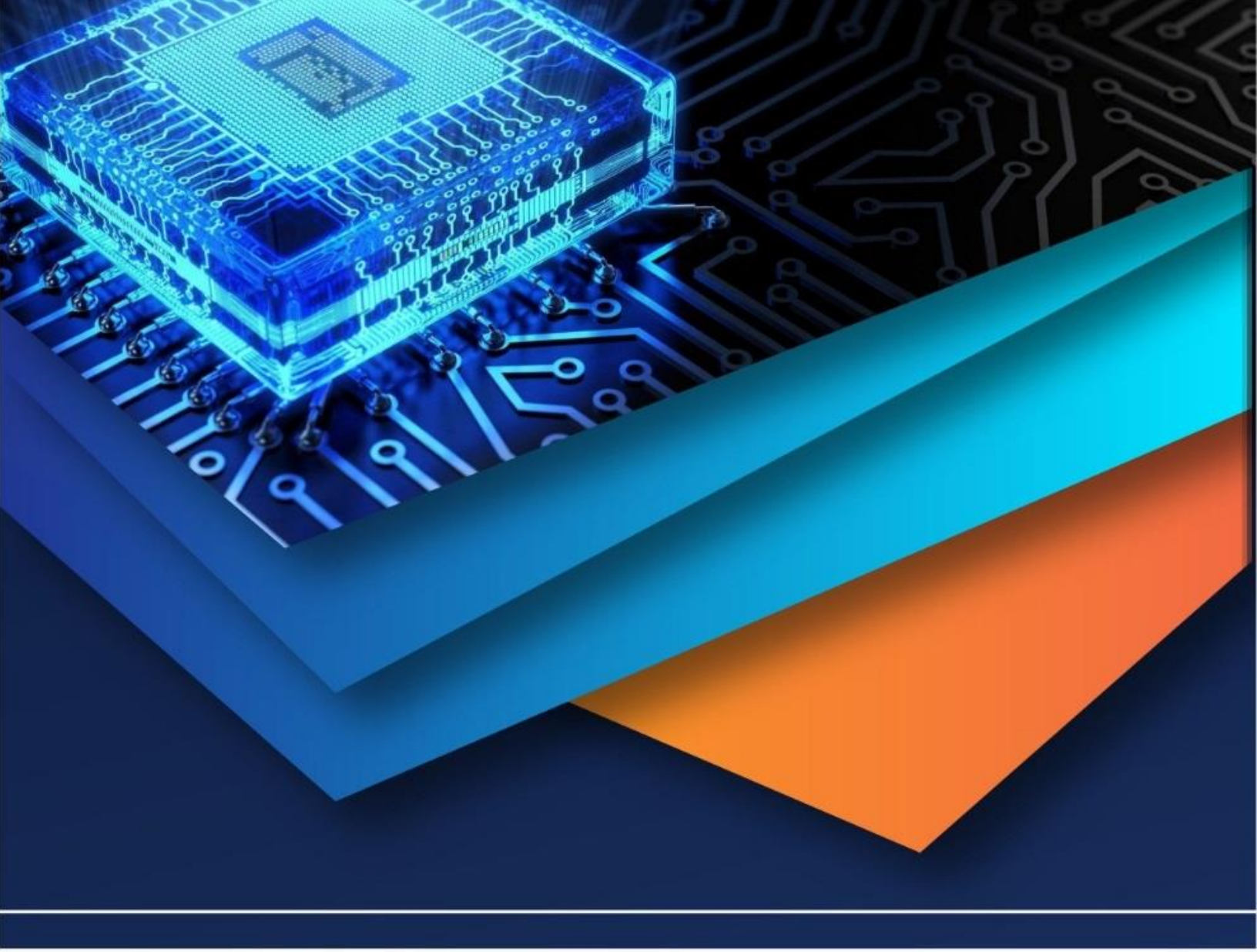
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