

A Study of Self-Esteem and Body Image in Adolescents and Young Adults Experiencing Anxiety in a Tertiary Care Hospital in Eastern India

ABSTRACT

Background: Anxiety, body image, and self-esteem are critical psychological factors influencing the mental well-being of adolescents and young adults. Research indicates that these factors are interrelated, yet there is limited understanding of how they interact within clinical populations in India, particularly in young adults.

Methodology: The study utilized cross-sectional analytical methods and was conducted at IMS & SUM Hospital, Siksha 'O' Anusandhan University in Eastern India. Participants included 100 adolescents and young adults aged 15 to 24, divided into two groups: 50 individuals with anxiety (BAI >21) and 50 without anxiety (BAI <21). Convenience sampling was used, and data were collected through three standardized assessment tools - the Beck Anxiety Inventory (BAI) for anxiety levels, the Rosenberg Self-Esteem Scale (RSES) for self-esteem, and the Body Shape Questionnaire (BSQ-16) for body image concerns.

Results: The study found that individuals with anxiety reported significantly lower self-esteem (mean score = 12.52, $p < 0.001$) and higher body dissatisfaction (mean score = 63.80, $p = 0.022$) than those without anxiety. Correlation analysis showed a positive correlation between anxiety and body dissatisfaction ($r = 0.279$, $p = 0.050$) and a negative correlation between anxiety and self-esteem ($r = -0.478$, $p < 0.001$).

Conclusion: The findings of the study suggest that anxiety may intensify body image concerns and reduce self-worth, creating a cycle of negative self-perception, underscoring the need for culturally sensitive mental health interventions in India, targeting both anxiety and its impact on body image and self-esteem. Future research could explore longitudinal approaches and intervention strategies that focus on breaking this cycle of negative self-concept in adolescents and young adults.

Keywords: Anxiety, Self-Esteem, Body Image, Adolescents, Young Adults, Mental Health.

1. INTRODUCTION

Anxiety disorders, which affect approximately 264 million people worldwide (Xiaong et al., 2022), are particularly prevalent among adolescents and young adults due to stressors like academic pressure, social media, and body image concerns. This demographic is especially vulnerable at such a critical stage of psychological and emotional development, with nearly 30% experiencing anxiety (Cartwright-Hatton et al., 2006). The relationship between anxiety,

body image dissatisfaction, and low self-esteem further complicates the mental well-being of young people. Self-esteem, a person's belief in their worth, is crucial for mental health. High self-esteem boosts resilience, while low self-esteem can lead to anxiety, depression, and other mental health problems (Orth et al., 2012). Adolescence and young adulthood are critical times for shaping self-esteem, as young people become more sensitive to social influences and body image expectations (GB, S. 2017). In India, studies have shown that low self-esteem in adolescents often goes hand-in-hand with higher anxiety levels, especially when faced with societal pressures and concerns about body image (Kumar & Mondal, 2018).

The view on how individuals see themselves or their body image is a very critical factor affecting the mental health of young people. Negative body image is linked to low self-esteem, unhealthy eating habits, and higher anxiety levels (Grabe et al., 2007). Both male and female adolescents globally struggle with body dissatisfaction, often influenced by unrealistic body standards in the media (Kuper et al., 2020). In India, cultural expectations, especially for girls, exacerbate this issue. Studies in Eastern India have shown that body dissatisfaction is associated with increased anxiety and lower self-esteem (Choudhary et al., 2022; GB, S. 2017).

Many studies have explored the relationship between self-esteem, body image, and anxiety. A meta-analysis by Sowislo and Orth (2013) found that low self-esteem often leads to higher levels of anxiety and depression, especially in adolescents. In India, research by Deb et al. (2016) in Kolkata showed that young people with low self-esteem and negative body image are twice as likely to experience anxiety compared to others. Similarly, Diengdoh and Ali's (2022) study in Shillong, Meghalaya, highlighted the connection between body image dissatisfaction and increased anxiety in college students. While studies like Grabe et al. (2008) and Tiggemann (2005) have illuminated the global picture, more research is still needed to understand how these factors interact specifically within Indian clinical populations, particularly among young people seeking care at tertiary care hospitals.

Despite the wealth of global research, there remains a limited understanding of how body image and self-esteem interact in clinical populations in India, especially within tertiary care hospitals. This study seeks to address this gap by examining the relationships between body image, self-esteem, and anxiety among adolescents and young adults in Eastern India. This study fills this gap by examining how these psychological factors influence each other in an Eastern Indian setting. By understanding how anxiety might affect the relationship between body image and self-esteem, we hope to develop more effective mental health interventions tailored to Indian cultural nuances.

2. MATERIALS AND METHODOLOGY

The study included 100 adolescents and young adults aged 15–24 years recruited from a tertiary care hospital in Eastern India. Participants were divided into two groups based on their anxiety status: Group 1, consisting of 50 individuals who met the clinical criteria for anxiety with a Beck Anxiety Inventory (BAI) score >21 , selected conveniently without discrimination, and Group 2, comprising 50 individuals without clinical anxiety (BAI score < 21), matched to Group 1 by age and sex for comparability. Exclusion criteria included severe psychiatric conditions and a history of substance abuse to reduce confounding variables. A convenience sampling method was employed to recruit participants for the study. Eligible participants were informed about the purpose of the research, and consent was obtained before data collection.

2.1 Instrumentation

The following standardized instruments were used for data collection:

1. Beck Anxiety Inventory (BAI): This 21-item self-report questionnaire assessed participants' anxiety severity. Responses ranged from 0 ("not at all") to 3 ("severely"), with higher scores indicating higher anxiety levels (Beck et al., 1988).
2. Rosenberg Self-Esteem Scale (RSES): The RSES, a 10-item scale, was administered to measure global self-esteem (Rosenberg, 1965). Participants rated each item on a 4-point Likert scale ranging from 1 ("strongly agree") to 4 ("strongly disagree").
3. Body Shape Questionnaire (BSQ-16): The BSQ-16 assessed body image concerns (Cooper et al., 1987). It consists of 16 items on a 6-point Likert scale ranging from 1 ("never") to 6 ("always"). Higher scores indicated greater dissatisfaction with body shape.

These tools have been validated in multiple cultural contexts and are reliable measures for anxiety, self-esteem, and body image.

2.2 Procedure and Data Analysis

The study was conducted over two months at a tertiary care hospital in Eastern India. After receiving ethical approval from the institution, participants were invited to complete the questionnaires in a supervised setting. Written informed consent was obtained, and participants were assured of the confidentiality of their responses. Data were collected in person, ensuring a high response rate and minimizing missing data. All statistical analyses were performed using IBM SPSS Statistics ver. 25.0 (IBM Co., Armonk, NY, USA). Descriptive statistics were used to summarize demographic data, including age and gender distribution. To examine the differences between the two groups (with anxiety and without anxiety), independent t-tests were conducted for self-esteem and body image scores. The Pearson correlation coefficients were calculated to explore the relationships between anxiety, body image, and self-esteem.

3. RESULTS AND DISCUSSION

The study included 100 participants, evenly divided between Group 1 (with anxiety) and Group 2 (without anxiety). The mean age was 19.56 years (± 2.80) for Group 1 and 19.54 years (± 2.77) for Group 2, showing no significant age difference between the groups. Gender distribution was similar, with 42% males and 58% females in Group 1 and 44% males and 56% females in Group 2. Educational attainment showed that in Group 1, 50% were at the intermediate level, 30% were graduates, and 2% had post-graduate education, while in Group 2, 46% were at the intermediate level, and 30% were graduates, with no post-graduate participants. Marital status was consistent across both groups, with 90% being single and 10% married. Income levels indicated that 64% of participants in both groups were from lower-income backgrounds, while 34% in Group 1 and 36% in Group 2 were middle class; only 2% of Group 1 were in the middle-upper class, with no wealthy participants. Finally, in terms of domicile, 70% of participants in Group 1 resided in urban areas, compared to 56% in Group 2. A higher proportion of Group 2 participants (44%) lived in rural areas than 30% in Group 1. This distribution suggests that anxiety may be more

prevalent among urban residents. The socio-demographic details of all participants have been summarized in Table 1.

Table 1. Socio-demographic characteristics of study participants

Data		Group 1 (With Anxiety)	Group 2 (Without Anxiety)
Age	Mean	19.56 ± 2.801	19.54 ± 2.772
Gender	Male	21 (42%)	22 (44%)
	Female	29 (58%)	28 (56%)
Education Level	High School	9 (18%)	12 (24%)
	Intermediate	25 (50%)	23 (46%)
	Graduate	15 (30%)	15 (30%)
Marital Status	Post-Graduate	1 (2%)	0 (0%)
	Single	45 (90%)	45 (90%)
	Married	5 (10%)	5 (10%)
	Divorce	0 (0%)	0 (0%)
	Widowed	0 (0%)	0 (0%)
Income	Others	0 (0%)	0 (0%)
	Lower Class	32 (64%)	32 (64%)
	Middle Class	17 (34%)	18 (36%)
	Middle Upper Class	1 (2%)	0 (0%)
Domicile	Wealthy Class	0 (0%)	0 (0%)
	Urban	35 (70%)	28 (56%)
	Rural	15 (30%)	22 (44%)

3.1 Clinical Characteristics

In the study group (with anxiety), the mean duration of illness was 1.52 years (± 0.93), showing individuals having anxiety for a much more extended period. The most common type of anxiety reported was Generalized Anxiety Disorder, affecting 28% ($n = 14$) of the participants, followed by panic disorder at 26% ($n = 13$), Specific Anxiety Disorder at 24% ($n = 12$), and Social Anxiety Disorder at 22% ($n = 11$). All participants in this group have been diagnosed with some anxiety. A family history of anxiety was present in 36% ($n = 18$) of participants, while 64% ($n = 32$) reported no such history. Additionally, 28% ($n = 14$) of the participants had been previously diagnosed with anxiety, indicating that the duration of illness was much higher. In contrast, the remaining 72% ($n = 36$) had no prior condition diagnosis. Table 2 presents the clinical characteristics the participants diagnosed with anxiety used to understand the nature of anxiety disorders within the group.

Table 2. Clinical characteristics and features of participants diagnosed with anxiety

Clinical Characteristic		Group 1 (with anxiety)
Duration of Illness	Mean	1.5208 ± .93258
	None	0
Type of Anxiety	Specific Anxiety Disorder	12 (24%)
	Social Anxiety Disorder	11 (22%)
	Generalized Anxiety Disorder	14 (28%)
	Panic Disorder	13 (26%)
Family History of	Yes	18 (36%)

Anxiety	No	32 (64%)
Previously Diagnosed with Anxiety	Yes	14 (28%)
	No	36 (72%)

3.2 Differences in self-esteem and body image

The results showed significant differences in both self-esteem and body image between individuals with and without anxiety. Participants with anxiety reported significantly lower self-esteem (Mean = 12.52, SD = 5.79) compared to those without anxiety (Mean = 19.08, SD = 6.95), with a highly significant p-value ($p = 0.000$). Similarly, body image dissatisfaction was significantly higher in the anxiety group (Mean = 63.80, SD = 29.28) compared to the non-anxiety group (Mean = 49.56, SD = 32.02) ($p = 0.022$).

Table 3. Comparison of mean scores for body image concerns (BSQ-16) and self-esteem (RSES) between participants with and without anxiety

Scale	Group 1 (With Anxiety)	Group 2 (Without Anxiety)	df	f	p
Body Image Questionnaire	63.80 ± 29.276	49.56 ± 32.016	97.226	0.000	0.022*
Rosenberg Self-Esteem Scale	12.52 ± 5.790	19.08 ± 6.945	94.924	2.360	0.000**

* f = Levene's Variance, df = Degree of Freedom, f =Person correlation p =Significant* Highly Significant**

3.3 Correlation between anxiety, self-esteem, and body image

The Pearson correlation analysis revealed a positive correlation between anxiety and body image dissatisfaction ($r = 0.279$, $p = 0.050$), suggesting that individuals with higher anxiety levels experience greater body dissatisfaction. Additionally, a negative correlation was found between anxiety and self-esteem ($r = -0.478$, $p = 0.000$), indicating that higher anxiety is associated with lower self-esteem. The correlation between body image and self-esteem was also significant ($r = -0.326$, $p = 0.021$), reflecting the close relationship between negative body image and low self-worth.

3.4 Discussion

This study sheds light on the interrelationship between anxiety, self-esteem, and body image among adolescents and young adults in Eastern India, highlighting the significant psychological impact of anxiety on self-perception and body dissatisfaction. The sample comprised 100 participants, divided evenly between anxiety and control groups. Both groups had a mean age of approximately 19.5 years and similar gender distributions, with around 42-44% males and 56-58% females. This demographic alignment is consistent with previous studies, indicating that anxiety affects individuals across genders and age groups equally (Gater et al., 1998; McLean et al., 2011). Smaller sample sizes, like in this study, may not always detect gender-related differences, as observed in other studies with balanced gender distributions (Sramek et al., 2016). Participants primarily had high school or intermediate education, suggesting that academic and financial pressures could be contributing to increased anxiety, consistent with prior findings on the link between educational stress and anxiety (Beiter et al., 2015). Furthermore, the majority were single, aligning with studies

suggesting that anxiety affects both single and married individuals, potentially due to factors like social isolation and future uncertainties (Whisman et al., 2000; Cairney et al., 2003).

In terms of the duration of anxiety, the average was 1.52 years, which indicates that most participants were in the early stages of anxiety. This early onset aligns with findings that show anxiety often goes undiagnosed for extended periods, influencing body image perceptions and self-esteem (McLaughlin et al., 2010). The adolescent and young adult age group (mean age 19.5) corresponds with a critical developmental period for body image and self-esteem (Bandelow & Michaelis, 2015). Generalized Anxiety Disorder was the most prevalent diagnosis, followed by Panic Disorder, Specific Anxiety Disorder, and Social Anxiety Disorder. Early-onset anxiety without timely intervention can often lead to chronic anxiety disorders, further impacting body image and self-esteem over time (Kessler et al., 2005). Additionally, the high rate of undiagnosed anxiety in the sample reflects the challenges in recognizing and addressing mental health issues among young adults, mainly due to factors like stigma and limited access to mental health services (Rickwood et al., 2005; Gulliver et al., 2010).

It is also demonstrated that individuals with anxiety showed significantly lower self-esteem and greater body dissatisfaction than their non-anxious counterparts, consistent with prior research showing a strong link between anxiety, low self-esteem, and negative body image (Tylka et al., 2011; Grogan, 2016; Veale et al., 2016). Anxiety can heighten self-consciousness and body dissatisfaction, leading to negative self-perception, as well as frequent body-checking behaviors (Sowislo & Orth, 2013; Arusha & Biswas, 2020). This increased self-scrutiny, especially during adolescence and young adulthood, exacerbates feelings of inadequacy (Aldao et al., 2010; Auerbach et al., 2018). In particular, individuals with social anxiety tend to experience social isolation and inferiority, leading to lower self-esteem and limiting positive social interactions (Levinson et al., 2012; Clay et al., 2005).

The results highlight that cultural factors in India may significantly influence body image and self-esteem. Indian society often places a high value on appearance, especially among women, with an emphasis on slimness as an ideal body type, which can lead to body dissatisfaction and low self-worth (Grabe et al., 2008; Clay et al., 2005). Both traditional values and media portrayals contribute to unrealistic beauty standards, intensifying pressure on young adults to conform, particularly those already struggling with anxiety (Choudhary et al., 2022; Grogan, 2021). These cultural expectations can explain the higher dissatisfaction levels in female participants with anxiety (Sarma, 2017; Mukherjee & Hussain, 2020). Additionally, urban settings in India, characterized by academic pressures and social comparison, may heighten anxiety, especially among young adults facing rapid lifestyle changes and media-driven beauty standards (Peen et al., 2010; Anand et al., 2018; Arsandaux et al., 2021). The more significant proportion of urban participants in the anxiety group suggests that city life may contribute to increased psychological challenges, particularly in self-perception and body image (Craske et al., 2011; Grogan, 2021).

Moreover, the results align with global research linking anxiety to low self-esteem and body dissatisfaction, with prior findings indicating that low self-esteem can predict anxiety and depression across age groups (Sowislo & Orth, 2013). Research specific to Indian populations supports these associations, showing high anxiety levels in individuals with low self-esteem and body dissatisfaction (Deb et al., 2016). This study adds to this body of evidence, underscoring that these relationships are applicable within a clinical population in Eastern India and emphasizing the need for culturally adapted mental health interventions (Essau & Petermann, 2013; Soohinda et al., 2019).

This work reinforces the importance of integrated mental health programs targeting anxiety, self-esteem, and body image in young adults. School and university initiatives that promote body positivity and challenge societal beauty norms can be particularly beneficial in alleviating psychological distress among adolescents and young adults (Levine & Piran, 2004; Tylka, Cash, & Smolak, 2011). Future research should prioritize longitudinal studies to understand how these factors evolve and evaluate the effectiveness of culturally sensitive interventions to reduce anxiety-related body image concerns in Indian youth (Bandelow & Michaelis, 2015; Diengdoh & Ali, 2022).

4. CONCLUSION

This study demonstrates that anxiety has a profound impact on self-esteem and body image in adolescents and young adults in a clinical population. Individuals with anxiety exhibit significantly lower self-esteem and greater body dissatisfaction compared to those without anxiety. These findings suggest that addressing anxiety through mental health interventions could help improve self-esteem and body image, ultimately enhancing overall psychological well-being. Future research should explore longitudinal designs to assess how these factors evolve and investigate the effectiveness of targeted interventions for young people experiencing anxiety. The results of this study highlight the need for mental health professionals to address anxiety's impact on body image and self-esteem in adolescents and young adults. Schools, universities, and clinical settings should prioritize interventions that promote body positivity, self-worth, and emotional resilience. Additionally, public health policies should focus on reducing the stigma surrounding mental health issues and increasing access to mental health services for young people in India. The study's cross-sectional design limits the ability to draw causal conclusions about the relationship between anxiety, self-esteem, and body image. The sample size and clinical setting may also limit the generalizability of the findings to other populations. Future research should employ longitudinal studies to track changes in these psychological factors over time and include more diverse samples from different regions of India. Furthermore, research should explore the role of social media and peer influence in shaping body image concerns among young people.

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ETHICAL APPROVAL

Informed consent was obtained from all individual participants included in the study.

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