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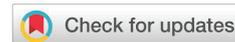
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Research Article

The Influence of Self Esteem and Body Image on the Mental Wellbeing of University of Ghana Students

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Abstract

This study was aimed at assessing the influence of body image and self-esteem on the mental well-being of students at the University of Ghana. Responses were collected from a total of 80 students. Results of the study indicate that there existed a very weak negative correlation between self-esteem and body image showing that there is not enough evidence to conclude that self-esteem is a good predictor of body image. Also, there existed a positive correlation between body image and mental health, however, the analysis was found to be insignificant. Therefore, there is not enough proof to conclude that body image will have a positive relationship with mental health. Studies also revealed a strong positive correlation between self-esteem and mental health, but it was found to be insignificant. As a result, there is not enough proof to conclude that self-esteem is a good predictor of mental health.

Introduction

Introduction and background of the study

Throughout the past few thousand years, historical accounts, philosophical treatises, and works of fiction and poetry have often depicted humans as needing to perceive themselves as good, and their actions as moral and justified. Within the last hundred years, several important figures in the development of modern psychology have also accepted this idea that people need self-esteem (e.g., Adler, 1930; Allport, 1937; Homey, 1937; James, 1890; Maslow, 1970; Murphy, 1947; Rank, 1959; Rogers, 1959; Sullivan, 1953). Karen Homey most thoroughly discussed the ways people try to attain and maintain a favorable self-image. The clinical writings of Horney, and other psychotherapists as well, document how people attempt to defend and enhance self-esteem; they also suggest that difficulty maintaining self-esteem, and maladaptive efforts to do so, may be central to a variety of mental health problems. According to Lane (1991) opinions about the "self" are the most highly valued of all our opinions and a crucial aspect of personality. Rosenberg (1965), conceives of self-

esteem as multidimensional, comprising notions of worth, goodness, health, appearance, skills, and social competence. Deficits in one area can be overcome by strengths in another (H.Goldsmith, Veum, & Jr., 1997). Self-esteem is related to a person's ability to hold a favorable attitude towards oneself and to retain such positive beliefs in situations that are challenging, especially situations that include being evaluated by others. Abraham Maslow is one of the pioneers of self-esteem. He emphasized this in his theory of the hierarchy of needs which is a motivational theory in psychology comprising a five-tier model of human needs, often depicted as hierarchical levels within a pyramid. From the bottom of the hierarchy upwards, the needs are physiological (food and clothing), safety (job security), love and belonging needs (friendship), esteem, and self-actualization. He classified the esteem needs into two categories: esteem for oneself (dignity, achievement, mastery, independence) and the desire for reputation or respect from others (e.g., status, prestige). Maslow also indicated that the need for respect or reputation is most important for children and adolescents and precedes real self-esteem or dignity (McLeod, 2020). There are three meanings of self-esteem. We have;



Global self-esteem: Most often, the term “self-esteem” is used to refer to a personality variable that captures the way people generally feel about themselves. Researchers call this form of self-esteem global self-esteem or trait self-esteem, as it is relatively enduring, both across time and situations.

Self-evaluations: The term self-esteem is also used to refer to the way people evaluate their various abilities and attributes. For example, a person who doubts his ability in school is sometimes said to have low academic self-esteem, and a person who thinks she is popular and well-liked is said to have high social self-esteem.

Feelings of self-worth: Self-esteem is used to refer to momentary emotional states, particularly those that arise from a positive or negative outcome. This is what people mean when they speak of experiences that boost their self-esteem or threaten their self-esteem. For example, a person might say her self-esteem was sky-high after getting an A course, or her self-esteem is low after getting a D in a course (Self-esteem, 2013).

The use of self-esteem as a psychological construct is attributed to the works of American philosopher and psychologist, William James who was also the lead proponent of the Behaviorist school of psychology. He proposed two perspectives on self. These two perspectives are the I-self and the ME-self. The ME self is the objectified self, the one a person looks at in the same way he or she looks at others. Comparisons with others are natural and emphasized in this self. James (1892) stated that three distinct types of the I-self give rise to the Me-self. They are the spiritual self, the material self, and the social self. Amongst all three, the social self comes closest to self-esteem and consists of all qualities of an individual that can be seen and assessed by others (Forster & Schwartz, 1994). Self-esteem of an individual can be measured using various measurement scales or tools. The Rosenberg self-esteem scale, developed by the sociologist Morris Rosenberg, is a self-esteem measure widely used in social science research. For Rosenberg, high self-esteem expresses the feeling that one is “good enough,” a “person of worth the purpose of the 10-item RSE scale is to measure the self-esteem of a wide variety of groups including adults, with norms available for many of those groups. Scoring involves a method of combined ratings. Low self-esteem responses are “disagree” or “strongly disagree” on items 1, 3, 4, 7, and 10, and “strongly agree” or “agree” on items 2, 5, 6, 8, 9. Two or three out of three correct responses to items 3, 7, and 9 are scored as one item. One or two out of two correct responses for items 4 and 5 are considered as a single item; items 1,8, and 10 are scored as individual items; and combined correct responses (one or two out of two) to items 2 and 6 are considered to be a single item. The scale can also be scored by totaling the individual 4-point items after reverse-scoring the negatively worded items. Test-retest reliability over 2 weeks reveals correlations of .85 and .88, indicating excellent stability. It also demonstrates concurrent, predictive, and construct validity using known groups (Rosenberg, 1979).

Over the last few years, there’s been a huge increase in focus on the concept of body image. Pictures of movie stars

and fashion models strongly impact an individual’s body shape and image perception. (Ansari, Clausen, Mabhala, & Stock, 2010). The concept of ‘body image’ was first developed as an important and integral psychological phenomenon by the German writer, Schilder, in his monograph “The Image and Appearance of the Human Body”. It was published in English in 1935. In his monograph Schilder spoke of body image as “the picture of our own body which we form in our mind, that is to say how the body appears to ourselves” (Slade, 1994). According to Slade, the definition of body image has recently expanded definition has been expanded to refer to “the picture we have in our minds of the size, shape, and form of our bodies; and to our feelings concerning these characteristics and our constituent body parts”. Body image is viewed as having two main components, a ‘perceptual component’ and an ‘attitudinal component’. These correspond to the distinction that is often drawn between ‘body percept’ and ‘body concept’. Similar to this conceptual distinction is one made practically in the experimental literature on eating and weight disorders, between techniques that are focused on the assessment of (1) the accuracy of an individual’s body size estimation; and (2) the attitudes/feelings an individual has towards their own body. The former is viewed as a ‘perceptual’ judgment, while the latter is generally considered to reflect ‘attitudinal, affective, and cognitive’ variables. Many factors influence body image; peers, past experiences, culture media, etc. (Burmeister, n.d.). A person’s body image ranges from positive, or satisfaction with their body, to negative, or dissatisfaction with their body. A negative body image can contribute to Body Dysmorphic Disorder (BDD), eating disorders, and other conditions. Having a positive body image includes accepting and appreciating the whole of one’s body, including how it looks and what it can do. A person with a negative body image feels dissatisfied with their body and their appearance compares him or herself with others and feels inadequate when doing so.

There is also been much attention on mental well-being and its contribution to all aspects of human life. The World Health Organization has defined mental well-being as a state that allows individuals to realize their abilities, cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their community. WHO has declared positive mental health to be the ‘foundation for well-being and effective functioning for both the individual and the community. The term positive mental health is often used interchangeably with the term mental well-being. It is described as a complex construct, covering both affect and psychological functioning with two distinct perspectives: - the hedonic perspective, which focuses on the subjective experience of happiness and life satisfaction, and the eudemonic perspective, focusing on psychological functioning and self-realization. Positive mental health is recognized as having major consequences for health and social outcomes. This has given rise to new positive psychological therapies that are explicitly focused on facilitating positive mental health. However, the field of positive mental health is under-researched partly because of the lack of appropriate population-based measures. There is demand from mental health promotion practitioners for a measure with which they can evaluate their programs. Measures with a



negative focus can suggest to participants that such programs are for people with mental health problems and in this way detract from, rather than support, these initiatives. There are many instruments in this field used to measure the well-being of an individual (Tennant, et al. 2007). The PANAS scale, the 54-item Scale of Psychological Well-Being (SPWB), and the positively worded five-item WHO Wellbeing Index (WHO-5) aim to measure overall well-being and cover aspects of physical as well as mental health and the most common and frequently used Warwick-Edinburgh Mental Wellbeing Scales. It was developed to enable the measuring of mental well-being in the general population and the evaluation of projects, programs, and policies that aim to improve mental well-being. This 14-item scale has 5 response categories, summed to provide a single score. The items are all worded positively and cover both feeling and functioning aspects of mental well-being, thereby making the concept more accessible. The scale has been widely used nationally and internationally for monitoring, evaluating projects and programs, and investigating the determinants of mental wellbeing and it's been translated in over 25 different languages (The Warwick Edinburgh Mental Wellbeing Scales - WEMWBS, n.d.).

Problem statement

Self-esteem is fundamentally linked to mental health. There have been many studies conducted in communities that have indicated the relationship between self-esteem and mental well-being as well as body image and mental well-being. Analyses from a study showed that high self-esteem at a baseline predicted fewer symptoms of mental disorders. Other results also indicate that low self-esteem may increase negative affectivity and anxiety. However, all these studies have one thing in common. These studies were conducted in the Western part of the world i.e., USA, UK, etc. and their results applied across the Ghanaian context. Self-esteem and body image research within the Ghanaian context is rare. The few research also conducted in Ghana do not factor in students. This study will examine how self-esteem may influence the mental well-being of students. It will also examine the influence of body image (how one sees him/herself) on the mental well-being of students. For this study, the researcher sought to assess whether the state of a student's overall evaluation of themselves and their body influences their mental well-being.

Literature review

Theoretical framework

This section discusses the theories that were adopted by the researcher when carrying out this research. There are many theories supporting this research. The first theory is the Self Determination theory. Self-determination is a vital piece of psychological well-being. It links personality, human motivation, and optimal functioning. This approach uses traditional empirical methods while employing an organismic metatheory that highlights the importance of humans' evolved inner resources for personality development and behavioral self-regulation [1]. There are two main types of motivation— intrinsic and extrinsic. Intrinsic motivation comes from within.

There are internal drives that inspire us to behave in certain ways, including our core values, our interests, and our sense of morality. According to Deci and Ryan, extrinsic motivation is a drive to behave in certain ways based on external sources and it results in external rewards. Both intrinsic and extrinsic motivation are highly influential determinants of our behavior, and both drive us to meet the three basic needs identified by the SDT model.

Autonomy: People have a need to feel that they are the masters of their destiny and that they have at least some control over their lives; most importantly, people need to feel that they are in control of their behavior.

Competence: Another need concerns our achievements, knowledge, and skills; people have a need to build their competence and develop mastery over tasks that are important to them.

Relatedness (also called Connection): People need to have a sense of belonging and connectedness with others; each of us needs other people to some degree (Deci & Ryan, 2008).

This theory best explains the significance of self-esteem. SDT argues that true, authentic self-esteem is stable (Kernis as cited in Ryan & Deci, 2000) and secure when people are most alive and vital, fully functioning and motivated when all their 'needs' are satisfied. Self-esteem appears fragile and unstable when cultural values and needs are introjected rather than integrated; given the significance of relatedness as a basic need, people will often forego autonomy and competence to preserve relationships [1] but with obvious negative effects on well-being [2].

Stanley Coopersmith's Self-Esteem Theory is another theory supporting this research. This is also another theory supporting this research. Coopersmith studied how self-esteem is learned, ways in which self-esteem could be nurtured, and what might be done to modify it when necessary. He also looked at the four different types of self-esteem (high, low, medium, and discrepant self-esteem) and ways of assessing it [3]. His theory is of the view that self-esteem is directed/ routed in early childhood with a foundation of trust, unconditional love, and security, impacted as life progresses by a combination of positive and negative evaluations. Stanley Coopersmith's (as cited in Seligman, 1996, p.32) self-evaluation scale measured self-esteem in children and then assessed the parent's child-rearing practices for those children with high self-esteem and concluded that the origins of higher self-esteem lay in clear rules and limits enforced by the parents. This gives insight into how low and high self-esteem come about. Parents seem to be the center of it [2].

Self-Ideal Discrepancy Theory [4]. The Self-discrepancy theory focuses on body image. This theory was developed by Edward Tory Higgins in 1987. It states that individuals compare their "actual" self to internalized standards or the "ideal/ ought self". The inconsistencies between "actual", and "ideal" (idealized version of yourself created from life experiences), and "ought" (who persons feel they should be or should become)



are associated with emotional discomforts (e.g., fear, threat, restlessness). Self-discrepancy is the gap between two of these self-representations that leads to negative emotions. The greater the discrepancy between one's perceived self and the perceived ideal, the greater the dissatisfaction [5]. This theory provides a platform for understanding how different types of discrepancies between representations of the self are related to different kinds of emotional vulnerabilities. Higgins sought to illustrate that internal disagreement causes emotional and psychological turmoil (Self Discrepancy Theory, n.d.).

Body image and mental health

According to Merino, et al. [6], the examination of body image and its significant influence on psychological health is becoming a more important field of study. Body image is one of the most important psychological factors that affects adolescents' personality and behavior, because adolescents view their body organs as separate parts, and each part plays a role in his/her personality; sometimes he/she is not satisfied with a certain organ of his/her body which may lead to anxiety; females in particular feel anxious due to obesity or fat build up in body's parts. (Kafafi and Neyal, 1996). 70% of female adolescents and 50% of male adolescents were dissatisfied with their body image and wished to change their physical appearance. (Richardson, Shanel, Paxton, and Thomson, 2009).

A study done by Scheffers, et al. also showed that there's a relationship between body image and mental disorders. 267 individuals were used in this experiment; 176 women and 91 men in regular psychiatric treatment. They were asked to complete the Dresden Body Image Questionnaire, the Outcome Questionnaire, the Manchester Short Assessment of Quality of Life, and the Mental Health Confidence Scale. Measurements were repeated after four months. At the end of the study, it was revealed that patients with mental disorders, especially those with post-traumatic stress disorder (PTSD), scored significantly lower on body image, with large effect sizes, in comparison with the healthy controls. Also, negative body image is a common problem occurring in most patients with mental disorders [7].

Another study was also done by Yun [8] to examine the effect of body image distortion on mental health in adolescents. The study sample comprised 49,180 adolescents. Yun found out that, compared to adolescents without body image distortion, those with body image distortion showed a significantly higher risk of having stress, depression, and suicidal ideation [8]. Another study was conducted on students in Birjand in the 2016 Academic Year. The study aimed to determine the relationship between body image and the mental health of university students. 372 students studying in Birjand in 2016 were selected by convenience sampling method. Data collection tools administered included a demographics form, the General Health Questionnaire (GHQ-28), and the Multidimensional Body-Self Relations Questionnaire (MBSRQ). The data were analyzed using descriptive statistics and Spearman's correlation test, Kruskal-Wallis H test, Mann-Whitney U test, and simple linear regression. The results showed that there is an inverse relationship between body image and mental health [9].

There is a great deal of evidence that body image is experienced negatively by the majority of women and girls. Many are dissatisfied with their body, particularly with their body size and weight, and wish to be thinner, so much so that weight has been aptly described as "a normative discontent" for women. They try to hide the negatives of their body; their satisfaction with their body image is affected by remarks and appraisals of others. They initially focus on certain body parts and later shift their focus to others. They concentrate mainly on their body weight, breast size, acne, and periorbital dark circles. This indicates that they concentrated on the social side of their body image (Ata, Ludden, and Lally, 2007). Even in adulthood, underweight is much more prevalent among women than men (Ali & Lindstrom, 2006).

[10] Designed a study aimed at investigating the relationship between body image and some emotional variables. The study sample consisted of 600 males and females from middle and high schools in Al-Taef (KSA). The results indicated that males were more satisfied with their body image than females, and there were significant statistical differences in the relationship between body image and anxiety, shyness, and depression for both sexes. Studies conducted have also indicated a negative correlation between body image and emotional disorders. Adolescents with high satisfaction with their body image are less stressed and socially withdrawn, and have high self-esteem and high level of adaptation, while adolescents with low satisfaction with their body image, have emotional and social problems, such as shyness, insecurity, low self-esteem, depression, aggressive behavior, and food disorders (Newman, Sontag, and Salvato, 2006).

A study was conducted to examine the impact of gender, racial-ethnic group, and perceived pubertal timing on body image and adolescent mental health. 877 teens (13-18 years) with diverse social and demographic characteristics were used for this study. Interviews in English or Spanish were conducted in person. The content of the interview emphasized emotional distress and problematic behavior, exposure to social stressors, coping resources and behaviors, and socioeconomic and demographic characteristics of the adolescent and his or her family. Results at the end of the study indicated that girls were more depressed and had lower self-esteem than boys, but not after controlling for body image. Negative feelings about their bodies contribute to the higher prevalence of depressive symptomatology and lower self-esteem among girls [11].

Self-esteem and mental health

Empirical studies over the last 15 years have indicated that self-esteem is an important psychological factor contributing to health and quality of life (Evans, 1997). Recently, several studies have shown that subjective well-being significantly correlates with high self-esteem and that self-esteem shares significant variance in both mental well-being and happiness (Zimmerman, 2000). Self-esteem is the most dominant and powerful predictor of happiness (Furnham and Cheng, 2000). While low self-esteem leads to maladjustment, positive self-esteem, internal standards, and aspirations actively seem to contribute to 'well-being' (Garmezy, 1984; Glick and Zigler,



1992). Tudor (1996), claims that self-concept, identity, and self-esteem are among the key elements of mental health [12]. Self-esteem is reported to have a significant impact on important life outcomes including health and social outcomes during adolescence and adulthood. There is a clear connection between higher self-esteem and positive outcomes, such as occupational success, better social relationships, a sense of well-being, positive perceptions by peers, academic achievement, and good coping skills. Low self-esteem is causally related to depression, substance abuse, antisocial behavior, and suicide [13].

A longitudinal study conducted examined the role of global self-esteem in the development of symptoms of anxiety/depression and attention problems, simultaneously, in a clinical sample of adolescents while accounting for gender, therapy, and medication. A sample of 201 adolescents—aged 13–18—referred to the Department of Child and Adolescent Psychiatry in Trondheim, Norway was used in the experiment. In the baseline study, self-esteem, and symptoms of anxiety/depression and attention problems were measured by means of self-report. Participants were reassessed 3 years later, with a participation rate of 77% in the clinical sample. Analyses showed that high self-esteem at baseline predicted fewer symptoms of both anxiety/depression and attention problems 3 years later after controlling for prior symptom levels, gender, therapy (or not), and medication [14].

Veselska, et al. (2009) investigated the association between self-esteem, resilience, and various forms of risk behavior among adolescents. The data revealed that negative self-esteem seems to play an important role in the risk behavior of boys and girls. In this study, negative self-esteem, for example, was a risk factor for cigarette and marijuana use. Another study by Kavas (2009) investigated the relationship between self-esteem and health risk behavior such as the use of cigarettes, alcohol, and other drugs in a group of Turkish adolescents. The study revealed that self-esteem was negatively associated with alcohol and illicit drug use. Comparisons between the genders did not indicate differences in the self-esteem scale, but male adolescents reported significantly greater use of cigarettes and drugs.

A study by (Avanci, Assis, Oliveira, Ferreira & Pesce, 2007) showed that adolescents with low self-esteem are almost seven times more likely to present minor psychiatric disorders (subjective experience of non-specific malaise with physiological and psychological repercussions) compared to those with high self-esteem. Those not satisfied with their lives present 2.22 times more disorders investigated in comparison to those who are satisfied. Moreover, the study revealed that boys have a lower risk for the development of mental disorders when compared to girls. Martinez, et al. (2010) observed the relationship between self-esteem and depression in adolescents and young adults, and the higher the levels of depressive symptoms, the lower the levels of self-esteem. Low self-esteem, in this sense, explained 25% of the symptoms of depression in the study participants [15].

Several studies have associated mental health and self-esteem (Avanci, et al. 2007; Barry, Grafeman, Adler, & Pickard, 2007; Glashouwer, Vroling, Jong, Lange, & Keijser, 2013; De Raedt, Schacht, Franck, & Houwer, 2006; Sowislo & Orth, 2013). The results indicate that self-esteem influences the mental health of adolescents [15].

Another study showed the relationship between low self-esteem and psychiatric disorders. The study was conducted by Silverstone & Salsali (2003). The experiment was conducted on a consecutive sample of 1,190 individuals attending an open-access psychiatric outpatient clinic. There were 957 psychiatric patients, 182 cases with conditions not attributable to a mental disorder, and 51 control subjects. Patients were diagnosed according to DSM III-R diagnostic criteria following detailed assessments. At screening, individuals completed two questionnaires to measure self-esteem, the Rosenberg self-esteem scale and the Janis and Field Social Adequacy scale. Statistical analyses were performed on the scores of the two self-esteem scales. They discovered that low self-esteem increases the susceptibility to the development of psychiatric disorders, and the presence of a psychiatric disorder, in turn, lowers self-esteem. Self-esteem was lowest in patients with major depressive disorder, eating disorders, and substance abuse.

Self-esteem and body image

Body image and self-esteem have long been known to be linked and are salient issues for young people, particularly during adolescence and puberty. They affect people throughout the life span, from childhood to old age. Body image during adolescence is influenced by factors including self-esteem, gender, media messages, and pressure or support from peers and family [16]. Similarly, self-esteem is influenced by factors such as body image, body weight, academic performance, and sporting ability and participation. Heavier body weight has been found to predict lower self-esteem in girls [17]. A study conducted explored the impact of body image on self-esteem in adolescents in males and females. The Sample consisted of 290 students (144 males and 146 females) taken from schools, colleges, and the University of Multan. Their age range was between 11–19 years old. The scale used in this research are Rosenberg Self-Esteem Scale by (Dr. Florence Rosenberg's Self-Esteem Scale (1960) and Body Image Scale developed by Chari's Evans (1986). Results indicated that a lot of people have body image problems mostly females and also youngsters. However, results indicated that males have high levels of body image and self-esteem. Also, females reported more conscious feelings about their weight as compared to males [18]. An exploratory was conducted by Defora in Brazil in 2012–2013 on self-perception and the level of confidence among young people. The participants were assessed on the relationship between body image and self-esteem using the Rosenberg Self-Esteem. There were 387 participants (youths). The outcome demonstrated that 30.6% of adolescents showed body disappointment. 56% of youths had low self-esteem because of dissatisfaction with their body image. Findings demonstrate that there is a critical effect of self-perception on self-esteem [18].



Aims of the study

1. To examine the effect of self-esteem on mental well-being
2. To examine the effect of body image on mental well-being
3. To assess the relationship between self-esteem and body image and whether the level of self-esteem has any effect on the body image of students.

Statement of hypothesis

1. University of Ghana students with high self-esteem will have a positive mental health/wellbeing
2. University of Ghana students with positive body image will have positive mental health/wellbeing
3. Students with high self-esteem at the University of Ghana will also have a positive body image.

Research questions

1. Does the level of self-esteem affect the mental well-being of students?
2. Does the level of self-esteem influence the body image of students
3. Does the level of body image affect the mental well-being of students?
4. Are females more likely to have a negative body image than males?

Operational definitions

For this research, the following terms are operationalized as follows:

Self-esteem: This refers to an individual's overall feelings about himself and how he or she accepts everything about himself and deals with it.

Esteem: Refers to how well a person accepts and deals with who he views himself to be. In this study, a person who openly accepts the good qualities about himself is also a narcissist and self-conceited individual. The higher the scores of the participant on the self-esteem scale, the higher the self-esteem of the individual.

Low self-esteem: Refers to individuals who have a cloudy perception about themselves and do not very well accept who they are. The lower the scores of the participant, the lower his self-esteem.

Body image: Body image refers to a person's emotional attitudes, beliefs, and perceptions of their own body. It relates to what a person believes about their appearance, how they feel about their body, height, weight, shape, and how they sense and control their body as they move.

Positive body image: Refers to when individuals understand that their sense of self-worth does not depend on their appearance.

Negative body image: A person with a negative body image feels dissatisfied with their body and their appearance. They compare themselves with others and feel inadequate when doing so, feel ashamed or embarrassed, lack confidence, feel uncomfortable or awkward in their body, and see parts of their body, such as their nose, in a distorted way.

Mental well-being: Mental health is a state of well-being in which an individual realizes his or her abilities, can cope with the normal stresses of life, can work productively, and can contribute to his or her community.

Methodology

Population

The population was University of Ghana undergraduate students who are residents of the main campus, Legon. The Legon campus was a good setting to select a sample for this study because it houses many students from diverse backgrounds.

Sample

A total number of 80 students participated in this study; 33 males and 47 females. Out of this number, 10 of the participants were level 100 students, 3 were level 200s, 4 were level 300s and 63 were level 400 students. Their ages ranged from 16 to 30 with 10 participants within the range 26-20, 67 participants within the range 21-25, and 3 participants within the range 26-30. This sample size was based on the number of students available on campus due to COVID-19. The University went on a double tract system which meant that only Level 100 and 400 students were on campus during the data collection phase. Hence, the sample size reflected the number of students available. Non-undergraduate students at the University of Ghana were excluded from the sample size making this the only exclusion criterion. As such, undergraduate students enrolled in levels 100 to 400 were considered the population.

Sampling

The non-probability convenience sampling technique was used in this study. This technique involves the researcher requesting volunteers to participate in the study from a group of available people who meet the specific requirements of the study. For this study, questionnaires were sent out to students who were available and willing to participate in the study, after appropriate measures were followed.

Materials

I obtained the quantitative data from the participants using online Google Forms shared over WhatsApp and Telegram. These platforms are amongst the largest social media platforms suitable for reaching all manner of possible participants in the study. The online forms were divided into three parts. The first part measured self-esteem, the second



part measured body image and the last part measured all aspects of mental wellbeing. Self-esteem was measured using the Rosenberg self-esteem scale, body image was measured using the modified version of the Body Shape questionnaire, and mental well-being was measured using the Warwick-Edinburgh Mental Well-being Scale.

Rosenberg self-esteem scale: A 10-item scale that measures global self-worth by measuring both positive and negative feelings about the self. The scale is believed to be uni-dimensional. All items are answered using a 4-point Likert scale format ranging from strongly agree to strongly disagree. Strongly Disagreeing indicates that the individual rejects completely the idea of the item and strongly agreeing indicates that the participant is supportive of the item. The scale is the most widely used in measuring self-esteem and has been tested for its validity and reliability. The 10 items are signified by 10 statements that pertain to general feelings about the individual and can be used on every participant.

Warwick-edinburgh mental well-being scale: It measures mental well-being in the general population and also evaluates projects, programs, and policies that aim to improve mental well-being. This 14-item scale has 5 response categories, summed to provide a single score. The items are all worded positively and cover both feeling and functioning aspects of mental well-being, thereby making the concept more accessible.

The Body Self-Image Questionnaire (BSIQ): BSIQ consists of 39 items with a Likert-type five-point scale under nine factors including overall appearance evaluation, fatness evaluation, health/fitness evaluation, negative affect, health/fitness influence, social dependence, investment in ideals, attention to grooming, and height dissatisfaction. A Likert-type five-point scale (Not at all true of myself = 1, slightly true of myself = 2, about halfway true of myself = 3, Mostly true of myself = 4, and completely true of myself = 5) was used for all items.

Design

A correlational research design was used in this study. It is one of the designs under the Quantitative approach and will seek to identify the relationship that exists between the variables that are being studied; self-esteem, body image, and mental well-being. The survey was conducted once during the study and data was kept confidential.

Procedure

Data was collected via Google Forms with WhatsApp as the main social media app for link distribution. The data gathered was exported into an Excel document. The data collected was crosschecked to determine whether there were any natural or intentional errors that could impede the research. The link for collecting data was only shared among University of Ghana students. The questionnaires included a section that described the nature of the research and addressed the confidentiality of

the research and the ethical considerations that the researcher, and I have taken. The Excel document that contains data from the survey was exported to SPSS which was the main software for analyzing data before results were discussed.

Scoring of data

The Likert scale on the Rosenberg self-esteem scale uses answers ranging from Strongly Disagree which was scored 1, Disagree scored 2, Agree scored 3, and Strongly Agree scored 4. However, items 2, 5, 6, 8, and 9 were reversed to be able to detect biases in the answering of the questionnaire by participants. The second section; body image was scored based on a six-point Likert scale ranging from never – 1, rarely – 2, sometimes – 3, often – 4, very often – 5, and always – 6. The Warwick-Edinburgh Mental Well-being Scale was scored by summing responses to each item answered on a 1 to 5 Likert scale. The minimum scale score is 14 and the maximum is 70.

Results

Background characteristics of participants

The total number of students who participated in the study was 80. Out of this number, 33 (41.3%) were males and 47 (58.8%) females. Most of the participants were between the ages of 21-25 with a percentage of 85. The majority of the participants (78.8%) were in level 400 (Table 1).

Rosenberg self-esteem scale of participants

According to Rosenberg's self-esteem, the majority of the participants strongly agreed and agreed to most of the questions except for the question "all in all, I am inclined to feel that I'm a failure which had most of the participants strongly disagreeing. Most females strongly agreed that they have high self-esteem as compared to the males. A statistically significant difference was observed between the ability to do things as most others and certainly feeling useless at times and participants.

Table 1: Background characteristics of Participant.

Variable	n (%) N=80
Age	
16-20	10 (12.5)
21-25	67 (83.8)
26-30	3 (3.8)
Gender	
Male	33 (41.3)
Female	47 (58.8)
Level of study	
100	10 (12.5)
200	3 (3.8)
300	4 (5.0)
400	63 (78.8)



Body self-image of participants

The self-esteem image revealed that the majority of the participants do perceive that they are not at all true to themselves while the least body self-image perception was mostly true to myself with a lowest percentage of 5. About 30% revealed that they feel slightly true to themselves. Very few of the participants also revealed that they were very true to themselves. Most of them also revealed that they are halfway true to themselves.

Warwick-edinburgh mental well-being scale

The Warwick-Edinburgh Mental Well-being revealed that most of the participants, some of the time, perceive a strong feeling and thought about their well-being. Most of them also revealed that they often have strong thoughts and feelings about their wellbeing. Also, some of the participants revealed that all the time they have strong thoughts and feelings about their wellbeing. The answer to all the questions shows that the participants rarely have strong thoughts and feelings about their well-being.

Hypothesis 1: University of Ghana students with high self-esteem will have a positive mental health/wellbeing

A Bivariate analysis using the Pearson correlation coefficient was used to analyze the relationship that could exist between self-esteem and mental health. The hypothesis assumed a positive correlation between self-esteem and mental health. There existed a strong positive correlation ($r = 0.056$) between self-esteem and mental health. However, the analysis was found to be insignificant ($p = 0.623$) since the p-value was greater than 0.05. The hypothesis cannot be accepted then since there is not enough proof to conclude that self-esteem is a good predictor for mental health (Table 2).

Hypothesis 2: University of Ghana students with positive body image will have a positive mental health/wellbeing

A Bivariate analysis using the Pearson correlation coefficient was used to analyze the relationship that could exist between body image and mental health. The hypothesis assumed a positive correlation between body image and mental health. There existed a positive correlation ($r = 0.039$) between body image and mental health. However, the analysis was found to be insignificant ($p = 0.730$) since the p-value was greater than 0.05. Therefore, the hypothesis that University of Ghana students with positive body image will have positive mental health/well-being cannot be accepted since there is not enough proof to conclude that body image will have a positive relationship with mental health (Table 3).

Hypothesis 3: Students with high self-esteem in the University of Ghana will also have positive body image

A Bivariate analysis using the Pearson correlation coefficient was used to analyze the relationship that could exist between self-esteem and body image. The hypothesis assumed a position correlation between body image and mental health. There existed a very weak negative correlation ($r = -0.071$)

between self-esteem and body image. However, the analysis was found to be statistically insignificant ($p = 0.534$) since the p-value was greater than 0.05. Thus, the hypothesis cannot be accepted since there is not enough proof to conclude that self-esteem has a positive relationship with body image (Table 4).

Discussion

Summary of results

The relationship that exists between a person's self-esteem, his or her body image, and mental well-being has been charted by so many scholars in the past. This study was to build on the pre-existing findings and to explore the remaining areas that have not yet been extensively explored. This study aimed to examine the effect of self-esteem on mental well-being, the effect of body image on mental well-being and assess the relationship between self-esteem and body image and whether the level of self-esteem has any effect on the body image of students.

Based on the findings of this study, the researcher arrived at the following conclusions. Three hypotheses were tested in this study. Hypothesis 1 assumed a positive correlation between self-esteem and mental well-being. The results, however, suggested otherwise. They indicated that there is a positive correlation between self-esteem and mental well-being. However, it is insignificant thereby disputing the hypothesis. Therefore, it would not be accepted since there is not enough proof to conclude that high self-esteem would be a predictor of positive mental well-being. The results are contrary to findings by Henrikson, Ranoyen, Indredavik, and Stenseng (2017) who researched the role of global self-esteem in the development of symptoms of anxiety/depression and attention problems.

Table 2: Correlations Self Esteem and Mental Health.

		Self Esteem	Mental Health
Self Esteem	Pearson Correlation	1	.056
	Sig. (2-tailed)		.623
	N	80	80
Mental Health	Pearson Correlation	.056	1
	Sig. (2-tailed)	.623	
	N	80	80

Table 3: Correlations Mental Health and Body Image.

		Mental Health	Body Image
Mental Health	Pearson Correlation	1	.039
	Sig. (2-tailed)		.730
	N	80	80
Body Image	Pearson Correlation	.039	1
	Sig. (2-tailed)	.730	
	N	80	80

Table 4: Correlations Body Image and Self Esteem.

		Body Image	Self Esteem
Body Image	Pearson Correlation	1	-.071
	Sig. (2-tailed)		.534
	N	80	80
Self Esteem	Pearson Correlation	-.071	1
	Sig. (2-tailed)	.534	
	N	80	80



Analyses showed that high self-esteem at baseline predicted fewer symptoms of both anxiety/depression and attention problems (positive mental well-being).

The second hypothesis of this study was that students with positive body image will have a positive mental well-being. The findings, however, did not support this hypothesis. The bivariate analysis used to analyze the relationship that could exist between body image and mental health revealed a positive correlation between the two variables however, the analysis was found to be insignificant therefore, the hypothesis that University of Ghana students with positive body image will have a positive mental health/wellbeing cannot be accepted since there is not enough proof to conclude that body image will have a positive relationship with mental health. This opposes the results found by Yun [8] when examining the effect of body image distortion on mental health in adolescents. Yun found out that, compared to adolescents without body image distortion, those with body image distortion (negative body image) showed a significantly higher risk of having stress, depression, and suicidal ideation (negative mental well-being) [8].

Extensive research conducted on students in Birjand to determine the relationship between body image and mental health of university students also showed that there is an inverse relationship between body image and mental health. That is, a positive body image equals fewer mental health problems (strong mental health) [9]

The third hypothesis which stated that students with high self-esteem will have a positive body image, assumed a positive correlation between self-esteem and body image. However, the analysis revealed that self-esteem is not a predictor of body image. It therefore cannot be predicted that students with high self-esteem will have a high body image. This finding contrasts the study by Defora in Brazil in 2012-2013 on self-perception and the level of confidence among young people. The results showed that 56% of youths had low self-esteem because of dissatisfaction with their body image. Also, an article by JA O'Dea revealed that heavier body weight has been found to predict lower self-esteem in girls [17].

Limitations of the study

When conducting this study, one of the major problems I encountered was the gathering and collection of data. This research took place during the novel coronavirus pandemic which required people to stay clear of each other through what is termed as "physical distancing" and to take stringent sanitary measures to protect themselves. As a result, the researcher had to collect the required data online using Google Forms which were distributed to the participants via WhatsApp. This affected the rate of the responses as they were not forthcoming, and this delayed the duration of the research. There was also the issue of some participants not answering some of the questions properly and this could be attributed to the participants not paying attention to the questions. All such responses were, however, discarded by the researcher. A large quantity of the questionnaires was shared with acquaintances

of the researcher and although the participants were assured that their identities would be kept anonymous, some of them might have given untrue responses due to the sensitivity of some of the questions.

Another limitation was that the participants did not fully represent the university population. This was due to the double-track system adopted by the university. Level 400 and 100 students were on campus while 200 and 300 were on vacation at home. As a result, the majority of the participants were level 400 and 100.

Also, the sample size of eighty participants was quite small. All of this makes it quite difficult to generalize the findings of this study to the entire population. There was also an uneven percentage of males to females with significantly fewer males than females.

Further research

Based on the findings of this study, it is recommended that further research be conducted with a more even percentage of females to males: the sample size must have an equal proportion of males to females.

The research should also be conducted when the double track system at the University of Ghana has been canceled. That is all students, 100, 200, 300, and 400 should be on campus at the time of the research.

Another recommendation is that the study should be conducted in various localities with a strong cultural sense to determine the influence of cultural settings on body image and self-esteem.

Declaration

I, hereby declare that except for references to other people's work, which I have duly acknowledged and referenced, this long essay is the result of my research work, and that it has neither in part nor wholly been presented elsewhere a requirement for another degree.

Additionally, all procedures performed in this study involving human participants were in accordance with the ethical standards of the institutional and/or national research committee. Informed consent was obtained from all individual participants included in the study, ensuring confidentiality and voluntary participation.

The study was approved by the Ethics Committee for Basic and Applied Sciences (ECBAS) located within the College of Basic and Applied Sciences under the University of Ghana Research Ethics Committees.

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This research project is submitted to the psychology department, university of ghana, legon in partial fulfillment of the requirements for the award of bachelor's degree in psychology.

(Appendix)

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