

Sociocultural Pressure and Body Image Internalization across Gender and BMI Categories among Indian University Students

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Abstract

Every individual face pressure from different sociocultural sources to make their body look better. Sociocultural pressures for thinness and muscularity plays an effective role in the development of body image. Failure to comply with these pressures consequently causes individuals to be anxious, depressed and unhappy, harms the physical, social and psychological health of individuals. Family, peer and media are the major sources of pressure. Among all of them family exerts the maximum pressure followed by media and peer, and this leads to the internalization of body ideals which are difficult to achieve. In case of gender, it was found that female participants perceived more pressure than their male counterparts. They perceive family pressure even if they have normal BMI. This shows how much physical appearance is important for females in the Indian society. Their appearance is more important than their health. Sometimes thinness is preferred over good health. Thus, if a woman pays extreme attention to physical appearance this may result in negative influence on their body image and body value. Females who have faith in the stereotypical gender specific role for females are less likely to plunge into the deception of beauty and physical appearance. Furthermore, advertisements which mostly focus on portraying females with a specific appearance makes the situation worse. They just use the stereotypes of female beauty to sell their products but the message of these advertisement is completely far from the reality. Falling into the trap of these unrealistic messages causes many social and psychological problems. It is also noted that physical appearance of males is also stereotyped. They need to look muscular and toned. Males will be criticized if he is thin no matter how healthy he is or not. But as a male one should look strong enough to rectify the stereotypes of male body image. In the last few decades, Popular media has broadcasted almost unachievable body images as ideals for men and women. The impossibility of these images is clearly seen in the omnipresence of six pack hunk look for male and size zero for female models and celebrities in media. This often results in extreme processes such as an unhealthy diet plan, excessive exercise, use of steroids or even use of drugs or plastic surgery to attain stereotypical body images.

Introduction

Thomas Cash (2011) propagated that body image construct is multidimensional in nature and it is not one body image but several body images. The phenomenon of body image is studied using various terms like; weight satisfaction, weight perception, overweight preoccupation, body satisfaction or dissatisfaction, body concern, body esteem, body schema, body percept, body shame, appearance evaluation, appearance orientation, fitness evaluation, fitness orientation, body shape, body size perception accuracy and body image discrepancy etc. Pruzinsky and Cash (2002) posited that the use of various body image terms results in “terminological confusion.” The multiplicity of definitions led to various researches which defined body image with sometimes complementary, sometimes conflicting results (Thompson, Altabe, Johnson, & Stormer, 1994; Thompson & Van Den Berg, 2002). In order to avoid this terminological confusion body image scholars classified body image into two different components; a). Perceptual Body Image, and b). Attitudinal Body Image (Cornelissen et al., 2019). These components of body image can be assessed by a range of measures like, paper pencil test, figural scale, video techniques and computer software. Perceptual body image is defined as self-perception of one's physical appearance which involves mental images of how one looks (Cash, 2012). These perceptions are most of the time inaccurate. Size perception accuracy or body image distortions are some measures which involves judgments about one's own body size. On the other hand, attitudinal body image is defined as the thoughts and feelings about the body, such as satisfaction with body and feelings of attractiveness (Pulvers et al., 2004).

Either it is perceptual or attitudinal it is influenced by three channels of society. Which is well described by sociocultural perspective of body image research. Marika Tiggemann (2011) in her article “Sociocultural Perspective on Human Appearance and Body Image” described the sociocultural model. The sociocultural model of body image in its simplest form has four basic components; 1). Societal ideals of body and beauty, 2). Tripartite channels (media, family and peers) for transmission of these ideals, 3). Internalization of these beauty ideals, and 4). Satisfaction or dissatisfaction with the body. Each culture has its own beauty ideals. These ideals are for body type, weight, colour, facial features, and shape or size of specific parts. Most of the researches in this domain is related with thinness and muscularity ideals. It is evident in many researches that thinness ideal is for women and muscular ideal is for men. Dakanalis, (2017) reported that average female model has BMI of 16 which is far below than normal BMI. The existing shared ideals for feminine beauty tremendously stress the demand of slimness, at a level that is unbearable for maximum females to attain. The perfect physique for men also stresses a V shape, delineated by broad shoulders narrowing to a thin waist with precise belly muscles. As with females, the amplified burden for males is to fit the societal superlative of beauty established in the media and to adopt the mesomorphic (i.e., muscular, with low body fat) physique type as ideal and experience muscularity and body fat discontent if their build does not match with the ideal.

The three sociocultural pillars that have been recognized as significant transmitters of sociocultural standards are family, peers, and media. A number of correlational studies support the role of these pillars (Stice, 1994; Shroff and Thompson, 2006; Jones, Vigfusdottin and Lee, 2004). For instance, there are studies which show that parents can impact the body image of their offsprings in equally direct (parental comment about the kid's

figure or appearance, or imposition of specific diet instructions) and indirect behaviours (through unintentional displaying of their own weight anxieties and dieting behaviours) Smolak and Levine, (2001); Clark and Tiggemann (2007). Peer role has been frequently studied among teenagers but it is also applicable to younger kids and adults (Dohnt and Tiggemann, 2006), for instance, “fat talk,” a script in which females feel comfortable for their anxieties about body weight. Adolescent girls, who are a part of a specific friend’s group have similar body image issues and eating restraint. Specific peer role that has been established include remarks (teasing) from peers for weight and shape, the displaying of weight anxieties and weight regulation, perceived peer standards, chats among peers related to weight or appearance, and the belief that approval is dependent on compliance to thinness or muscularity.

The utmost influential and prevalent of these ideals is the mass media. Numerous correlational, experimental, and meta-analytic studies support the connection between exposure to magazines and TV, and the consequences of internalization of the thin ideal, body discontent, and eating disorder for women (Sypeck, Gray and Ahrens, 2004; López-Guimerà, Levine, Sánchez-Carracedo, and Fauquet, 2010). Studies have confirmed that mass media exposure (perceived pressure from media) is also related to negative body image for men (Agliata and Tenthleff-Dunn, 2004).

The presence of certain sociocultural ideals does not mean that there will be undesirable psychological outcomes for persons lacking these ideals. Researchers have proposed some mediating mechanism through which transmission of ideals from the tripartite channel can lead to body discontent. Earlier sociocultural models hypothesized internalization in terms of acceptance and adoption of body ideals as the key mediating processes (Thompson and Stice, 2001). Recently social comparison added to the understanding of mediating process. In social comparison person compares his appearance with the media images and internalizes these ideals (Kramer, Ingledew and Iphofen, 2008). Another process that is being studied recently is perceived pressure from media, family and peers (Rajagopalan and Shejwal, 2014). Studies suggest that social comparison, perceived pressure and internalization associate with body discontent but how these variables mediate the process is not well explored. Sociocultural model suggests that mostly people have body image issues, because the body ideals are unattainable and are transmitted in exactly the same manner by tripartite influences. But this is not the case. There are number of bio-psycho-social factors which moderate at each step of these processes. For instance, positive self-concept (including self-esteem, autonomy and resiliency) may moderate the relationship between socio-cultural pressure and internalization of ideals. Having positive self-concept might act as a shield for a person facing sociocultural pressure.

Sociocultural pressure are direct and indirect messages concerning attitudes, values, or behaviours that influence an individual to conform to group norms. There are three sources of sociocultural pressure; family, peers and media. The process of internalization plays a central role in the validated tripartite influence model of body dissatisfaction. The tripartite influence model proposes that three primary sources of influence (peers, parents, and the media) lead to the development of body dissatisfaction both directly and indirectly through two mediational processes, namely, internalization of appearance ideals and social comparison of one’s own appearance to the appearance of others. Additionally, the model posits that internalization mediates the

relationship between social comparison and body dissatisfaction. Empirical investigations of the overall tripartite model have supported the mediational role of internalization in male and female adult and adolescent samples. Among a sample of adolescent girls, Keery et al (2004) found that internalization of the thin ideal fully mediated the relationship between parent influence and body dissatisfaction. Internalization partially mediated the relationship between peer influence and body dissatisfaction, and the relationship between media influence and body dissatisfaction. Yamamia and colleagues (2008) demonstrated the mediational role of thin-ideal internalization in a sample of Japanese women, which exhibits the cross-cultural relevance of this construct. Among men, internalization of a muscular ideal has been shown to mediate the relationship between the three sociocultural influences and muscularity body dissatisfaction. Consistent with the tripartite influence model, Karazsia and colleagues (2009) also found that internalization mediated the relationship between social comparison and body dissatisfaction.

There are certain body ideals which are being transformed by these tripartite channels. Empirical investigations of the overall tripartite model have supported the mediational role of internalization in male and female adult and adolescent samples. Most of the researches focuses on thin-ideal internalization and muscular-ideal internalization. Thompson and Stice (2001) reported in a review paper that thin ideal internalization is a causal risk factor for body image and eating disturbances. They also suggest examining the specific media, peer and familial pressures which promote internalization. Low et al. (2003) studied the relationships between internalization and awareness of thin ideal with eating and body image concerns in college women. Internalization but not awareness was found to be associated with eating and weight concerns.

Mellor et al. (2008) reported limited sociocultural influences on dissatisfaction and body change behaviour among Malaysian adolescents. Yamamia et al. (2008) studied a sample of 289 Japanese female undergraduates and found that sociocultural attitudes influenced body image and eating disturbances. Gilbert et al. (2009) found that the relationship between internalization of thin ideal and disordered eating was moderated by ethnicity, with the relationship significant only for the African American group. They suggested that sociocultural model may not be as valuable in predicting eating disturbance in women from non-western societies. However, Rajgopalan and Shejwal (2014) studied 303 Indian females in the age range of 17 to 22 years and found that body image dissatisfaction was significantly related to sociocultural pressure. Also, self-consciousness of appearance partially mediated the relationship between body dissatisfaction and sociocultural pressure.

Shahyad et al. (2015) found direct correlation between body image dissatisfaction and thin ideal internalization. Koscička, Czepezor and Brytek-Matera (2016) studied body attitudes among children and their parents, and predictors of body attitudes in both groups. This study was conducted on 37 children (aged between 3 and 7) and 37 parents. Results revealed that 28 children (75.68%) chose the thin and average silhouettes as the ideal body shapes. The most undesirable silhouette was that indicating obesity (62.16%). There was a relationship between body dissatisfaction and thin ideal internalization. Muscular ideal internalization, family pressure, media pressure and peer pressure made parents wish to change their children's body shape. Univariate and multivariate logistic regression revealed that media pressure amongst children

and body dissatisfaction amongst parents were predictors of ideal silhouette in children. In addition, mediation analysis showed that media pressure had mediated the relationship between parent's body dissatisfaction and children ideal silhouette. Children and parents both preferred slim silhouettes. Body dissatisfaction was related to internalization of a society acceptable silhouette and to pressure to change body shape by parents. There is a risk that parents can create negative attitudes in their children towards their body.

Czepczar-Bernat, K et al. (2017) studied 213 Polish, Czech and American women and found that higher internalization of thin-ideal was in American women. They also found that the pressure to conform to the western ideal was a significant predictor of internalization. Parekh and Kanekar, (1994) in a mixed factorial study conducted by the Department of Applied Psychology, University of Bombay, India, found that female graduate students constantly regarded product class to be higher if the allied model was physically attractive. If the product was allied with a less attractive model, its quality was believed to be inferior.

Nagar and Virk (2017), in a study of adult Indian women found a significant increase in thin-ideal internalization and body dissatisfaction and a significant decrease in self-esteem as a result of exposure to thin-ideal media images. Hoffmann, Svenja & Warschburger, Petra. (2019) investigated the role of thin and muscular ideal internalization in resultant behaviours of restrained eating and muscularity related behaviour. This study was conducted on 973 participants across three time points. They found that thin ideal internalization plays a role in eating restraint and muscular ideal play a role in muscularity related behaviours.

Body ideals internalization can be a thin ideal specially for females and a masculine ideal for males. Thin-ideal internalization is the extent to which individuals, especially females, cognitively accept cultural standards regarding thinness into their own belief system and engage in behaviours designed to obtain that standard. Muscular-ideal internalization is the extent to which individuals, especially males, cognitively accept cultural standards regarding muscularity into their own belief system and engage in behaviours designed to obtain that standard.

The construct of internalization can be traced back at least 150 years to the early writings of Freud, who conceptualized it as a component of his defence mechanism of introjection. The definition then, as it is currently, is an acceptance and incorporation of the beliefs or standards of others into one's own world view or schema. In terms of body image, as outlined by Thompson and colleagues (2004), it is the acceptance of current societal standards of appearance and attractiveness into one's own approach to managing and thinking about one's appearance. Theoretical Models and Research Findings show that sociocultural influences play an integral role in the process of internalization of cultural standards of beauty. One way that these ideals may become internalized is through social reinforcement, which is the process by which people begin to adopt the attitudes and behaviours espoused by respected others. Powerful social agents, such as peers, parents, and the mass media, continually promote the ideals of thinness for women and muscularity for men in both subtle and explicit ways. Examples include direct commentary regarding one's appearance, encouragement to diet or engage in other appearance-enhancing behaviours, and the exaltation of individuals who meet an appearance ideal. Moreover, these sources also communicate messages regarding the expected benefits of thinness or muscularity, such as increased happiness, social desirability, and status. Researchers suggest that this

perpetual social reinforcement of appearance ideals promotes their internalization. Given that the current appearance ideals are virtually unattainable for most men and women, personal acceptance of these unreachable standards is thought to foster dissatisfaction with one's own appearance if the individual believes that his or her body does not match the ideal. Body dissatisfaction is then believed to lead to behaviours aimed at attaining the ideal appearance and increased risk for eating disturbance (e.g., excessive exercise or bodybuilding, dietary restraint, purging).

The first key component of the tripartite model centres on the relationships between each of the three proposed sociocultural influences and internalization of appearance ideals. To date, the bulk of the research examining these links has focused on the impact of media exposure on internalization. While media messages permeate the contemporary environment and reach us in a wide range of formats (including television, magazines, the Internet, radio, billboards, movies, books, video games, brochures, posters, and point-of-sale advertisements), research in this area has primarily focused on the appearance ideals found in television and magazines and their potential impact on consumers' levels of internalization. These studies have demonstrated that media images of women are increasingly dominated by a thin ideal, while media images of men depict an increasingly lean and muscular figure. In addition to the continual presentation of images or physical representations of appearance ideals, media outlets frequently emphasize the importance of striving to attain the ideal through diet, exercise, and appearance-altering products. Cross-sectional research has demonstrated a relationship between young girls' amount of exposure to appearance-related magazines and internalization of a slender beauty ideal. Similarly, Keery and colleagues (2004) found that girls' interest in watching appearance-related television shows and their perceived pressure from the media to lose weight are correlated with their level of thin-ideal internalization. In a study of adolescent girls, 69% reported that magazine pictures influenced their idea of the perfect body shape and 47% said that the images influenced their desire to lose weight. Longitudinal research among young girls has found that heightened levels of exposure to appearance-focused television at baseline were related to higher levels of thin-ideal internalization 1 year later. Taken together, these findings suggest that the media represents one major agent for socializing individuals to cultural ideals of beauty. Parents are also thought to influence their children's acceptance of appearance ideals through both direct and indirect means. Direct means of influence include appearance-related commentary, teasing, and criticism, as well as pressures to modify one's appearance (e.g., encouragement to lose weight). Indirect means of influence include parent modelling of appearance concerns and disordered eating. While both sons and daughters report receiving appearance-related comments (e.g., "That outfit looks great on you") from their parents, girls report a higher frequency of negative comments (e.g., "You're starting to look a little chunky"). Notably, girls also report higher rates of internalization and body dissatisfaction. Children may often be the targets of parental teasing regarding appearance. Among adolescent girls, 23% reported that at least one of their parents teased them about their appearance; those who experienced higher levels of appearance-related teasing also reported higher levels of thin-ideal internalization and body dissatisfaction. Parents also appear to influence their children's body image by modelling weight-related attitudes and

behaviours. Children of parents who model dieting behaviours are more likely to engage in both healthy and potentially unhealthy behaviours (i.e., restriction of high-fat or high-carbohydrate foods) aimed at controlling their own weight. While parental modelling of dieting, disturbed body image, or unhealthy weight-control behaviours can have a negative impact on children's attitudes toward their own bodies, direct parental encouragement to lose weight appears to have a more profound impact on children's body image. Wertheim and colleagues (1992) found that about 25% of parents report that they have encouraged their children to lose weight, and research among adolescent boys and girls suggests that encouragement to diet by either parent is related to daughters' increased drive for thinness and body dissatisfaction, even when controlling for the child's body mass index. Notably, maternal encouragement to lose weight appears to have a greater influence on children's body image than paternal encouragement.

Peers also have a remarkable impact on internalization of appearance ideals, particularly in adolescence. Peer groups represent a key forum in which individuals share feelings of dissatisfaction with their bodies, discuss preferable appearance attributes, and compare their own appearance to that of those around them. Conversations about appearance among peers may accentuate the importance of looking good among friends and serve to further develop or maintain conceptions of appearance standards. Similarly, peer criticism or appearance-related teasing may reinforce the thin or muscular ideals and foster body dissatisfaction by highlighting the ways in which an individual's appearance does not conform to the ideal. Cross-sectional research among adolescent boys and girls by Jones and colleagues has examined the relationship between internalization and appearance-focused conversations with friends, as well as the relationship with peer criticism of appearance. While both appearance conversations and peer criticism were significantly related to internalization, appearance-related conversations had the strongest relationship with internalization of media ideals. Internalization also mediated the relationships between conversations and body dissatisfaction, lending further support to the overall tripartite influence model. Longitudinal research has also supported the importance of appearance conversations in the process of thin-ideal internalization. For example, one study found that the extent to which girls engaged in appearance conversations at baseline was positively associated with increased levels of internalization 1 year later. In parallel to the work on parental appearance-related teasing, research on peer teasing about weight or appearance indicates that this form of body commentary among friends may also influence individuals' acceptance of appearance ideals. The final pathway in the tripartite influence model focuses on the relationship between internalization and body dissatisfaction, which is itself a major risk factor for eating pathology. Cross-sectional research has consistently demonstrated a significant relationship between internalization of appearance ideals and increased body dissatisfaction. A meta-analysis by Cafri and colleagues (2005) compiled the results from 18 primary studies (N= 7079) investigating this relationship among all female samples and revealed an average effect size of $r = 0.50$. While issues surrounding proper measurement of internalization and body dissatisfaction for men often cloud the relationship between these two constructs, internalization is consistently associated with male's body dissatisfaction when the construct is defined as dissatisfaction with muscularity and internalization is assessed using measures appropriate for men. Prospective studies by Stice

and colleagues (2006) evaluating the proposed temporal precedence of internalization have found that initial levels of thin-ideal internalization predicted subsequent growth in body dissatisfaction. Furthermore, randomized experiments by Stormer and colleagues (1998) that aimed to reduce thin-ideal internalization in women through guided critiquing of the ideal have found that reduction in internalization resulted in decreased body dissatisfaction. Based on the mounting empirical evidence, experts now assert that internalization can be considered a causal risk factor for body image disturbance and eating pathology.

Objective of the study

To study whether differences exist in sociocultural pressure and body image internalization across gender and BMI categories.

Method

Design- The current study employed a correlational survey research design. A correlational survey research design is a type of research design in which a researcher seeks to understand the types of relationships that exist between research variables. It also enables the researcher to comprehend the structural relationship between variables.

Sampling- In the current study, a convenient sampling method was used based on the research objectives and the nature of the research population.

Sample- Sample consists of 170 males and 213 females with mean age of 22.91, in which 136 participants were from normal BMI category, 86 from underweight BMI category and 218 from overweight BMI category.

Measurement Tools- Following measures were used in this study.

1. **Sociocultural Attitudes Towards Appearance Questionnaire –**

SATAQ-4 identified 22 items on five factors which represented the following subscales: 1). Internalization: Thin/Low Body Fat, 2). Internalization: Muscular/Athletic, 3). Pressures: Peers, 4). Pressures: Family, 5). Pressures: Media (Schaefer et al., 2015). Answers on all scale is given by a five-point Likert scale. The SATAQ-4 subscales showed good internal consistency (.82 or higher) among U.S. females and women from other countries such as Italy and Australia (.84 or higher). The subscales of the SATAQ-4 also showed adequate internal consistency (.75 or higher) for males. Additionally, the SATAQ-4 had good convergent validity with other measures of eating disorder psychopathology, body dissatisfaction, and self-esteem (Schaefer et al., 2015).

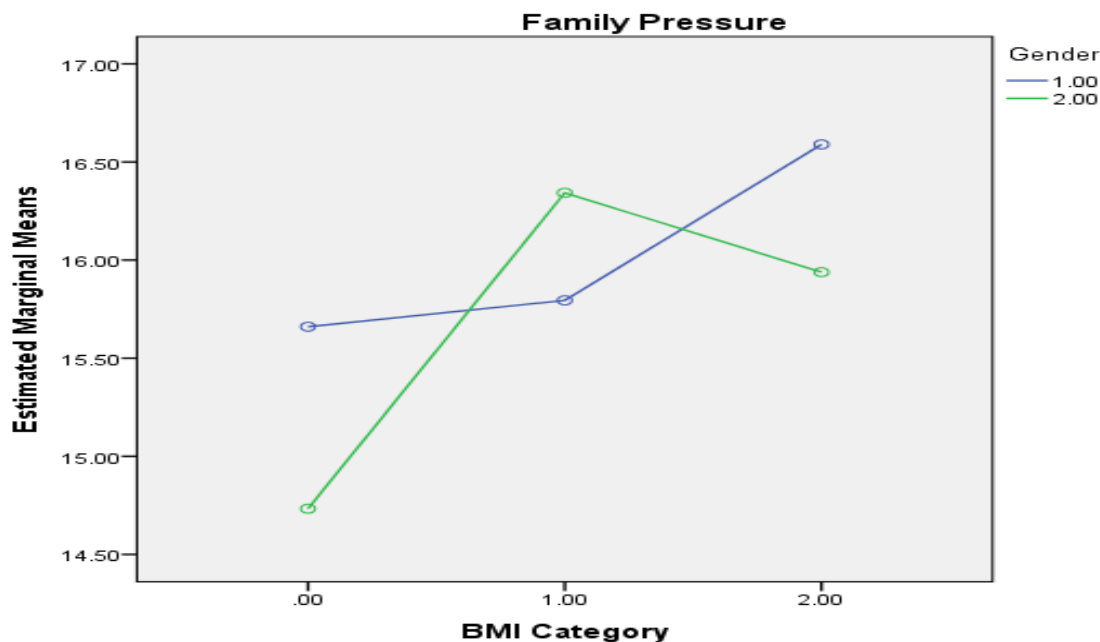
2. **Body Mass Index (BMI) -** Participants self-reported their height and weight, which we used to calculate their BMI as kg/m^2 . Self-reported height and weight data have been shown to be very strongly correlated with measured data and are valid for identifying relationships in population studies (Spencer, Appleby, Davey, & Key, 2002).

For data students were contacted in their departments from University of Allahabad and constituent colleges. Data analysed by using SPSS.

Results

Table 1: Two Way ANOVA (BMI Categories and Gender) with Family Pressure

Source		Type III Sum of Squares	df	Mean Square	F	Sig.
BMI Category	Hypothesis	80.823	2	40.411	3.649	.215
	Error	22.152	2	11.076 ^b		
Gender	Hypothesis	8.147	1	8.147	.742	.466
	Error	26.336	2.399	10.978 ^c		
BMI Category * Gender	Hypothesis	22.152	2	11.076	1.103	.333
	Error	3785.394	377	10.041 ^d		



Graph 11: Showing the interaction among three categories of BMI and gender on Family Pressure.

Table 1 and graph 1 shows that female participants who were fall in overweight category perceived highest pressure from family followed by underweight and normal category. However, in male participants it was found that participants who fall in underweight category perceived highest family pressure followed by overweight and normal category. Normal males perceived less family pressure than normal females, underweight females perceived less family pressure than underweight males and overweight female participants perceived more family pressure than males.

Table 2: Two Way ANOVA (BMI Categories and Gender) with Peer Pressure

Source		Type III Sum of Squares	df	Mean Square	F	Sig.
BMI Category	Hypothesis	3.221	2	1.611	.111	.900
	Error	28.940	2	14.470 ^b		
Gender	Hypothesis	12.489	1	12.489	.890	.434
	Error	32.191	2.295	14.027 ^c		
BMI Category * Gender	Hypothesis	28.940	2	14.470	1.475	.230
	Error	3697.691	377	9.808 ^d		

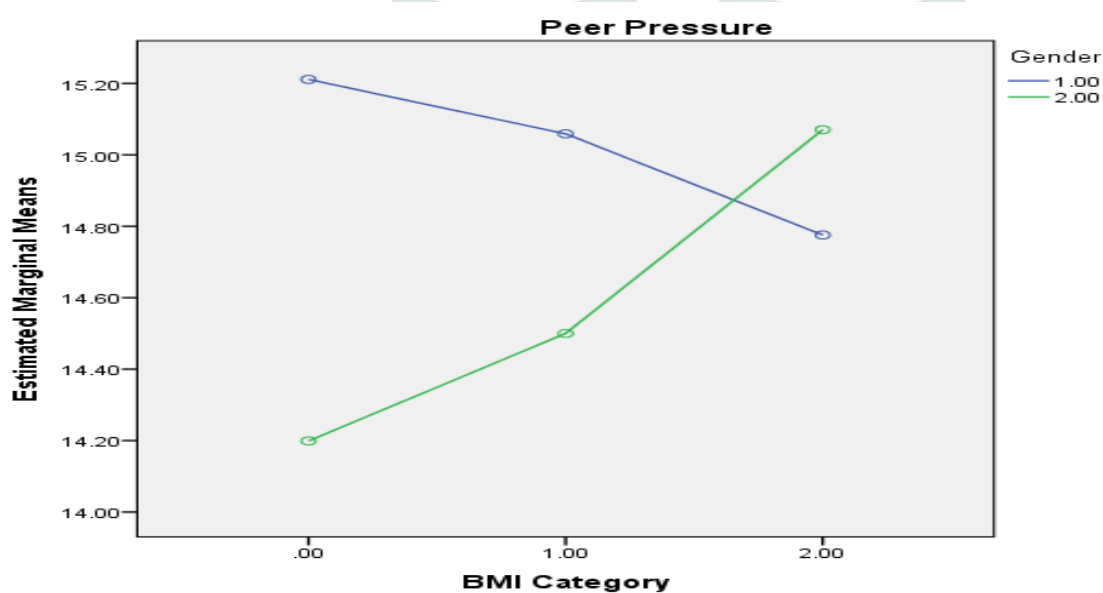
**Graph 2: Showing the interaction among three categories of BMI and gender on Peer Pressure.**

Table 2 and graph 2 shows that female participants who fall in underweight or normal category perceived more peer pressure than those females who fall under overweight category. Male participants who fall in normal or underweight category perceived less peer pressure than males who fall in overweight category. Male participants who fall in overweight category perceived more peer pressure than female counterparts. Whereas mean peer pressure was higher in females than males.

Table 3: Two Way ANOVA (BMI Categories and Gender) with Media Pressure

Source		Type III Sum of Squares	df	Mean Square	F	Sig.
BMI Category	Hypothesis	219.914	2	109.957	7.552	.117
	Error	29.120	2	14.560 ^b		
Gender	Hypothesis	12.586	1	12.586	.872	.435
	Error	34.670	2.401	14.438 ^c		
BMI Category * Gender	Hypothesis	29.120	2	14.560	1.097	.335
	Error	5003.560	377	13.272 ^d		

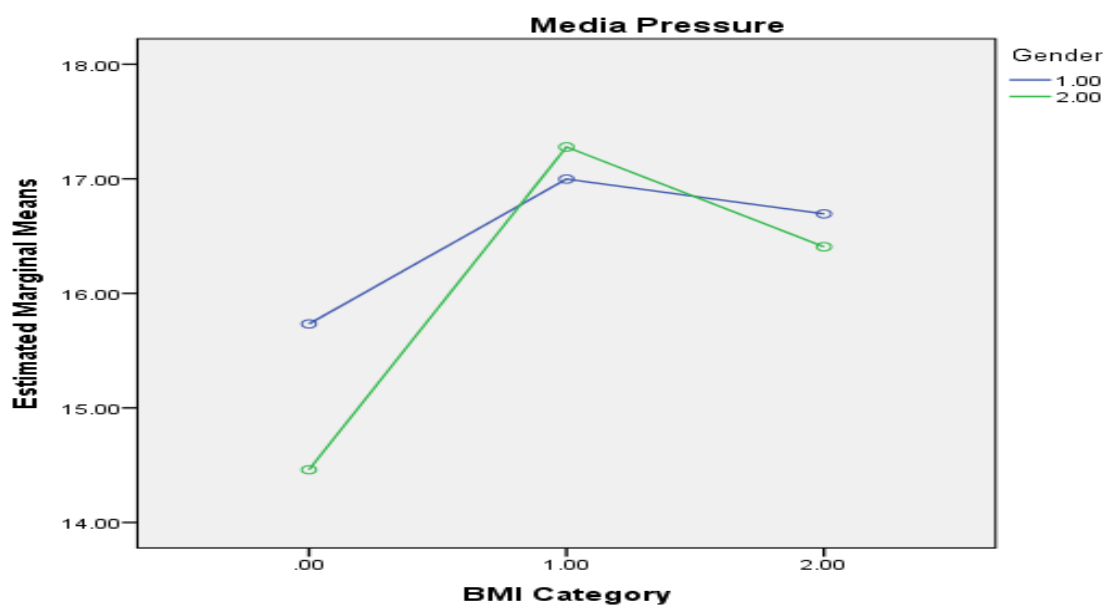
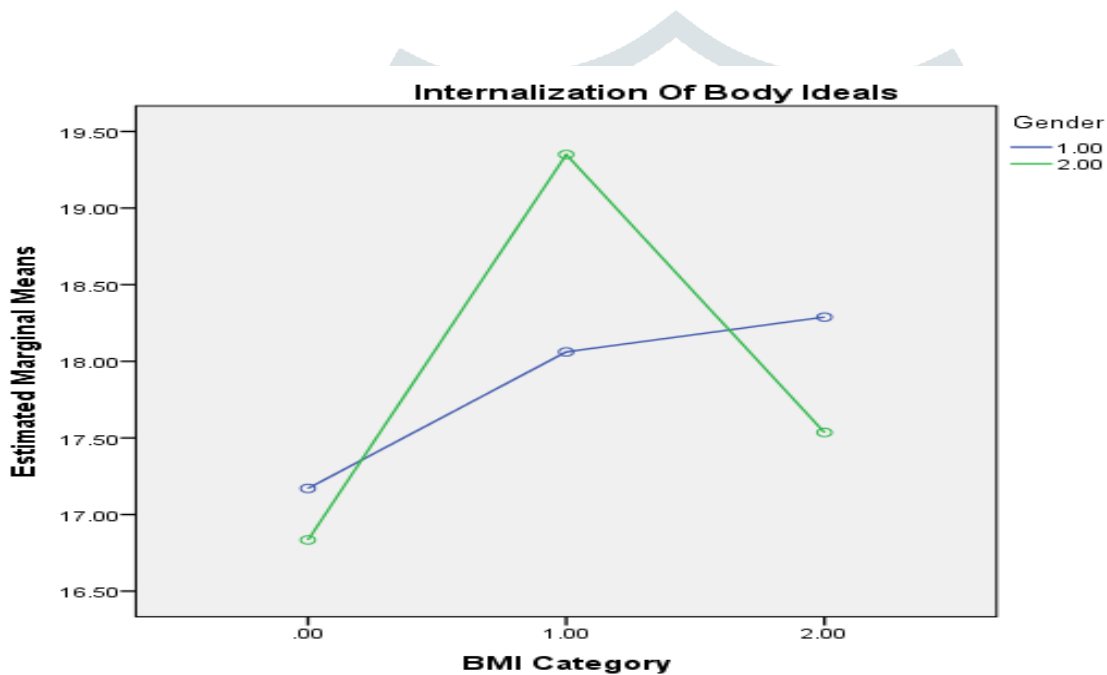
**Graph 3: Showing the interaction among three categories of BMI and gender on Media Pressure.**

Table 3 and graph 3 shows that female and male participants who were fall in underweight category perceived highest pressure from media followed by overweight and normal category. Normal males perceived less media pressure than normal females, underweight males perceived more media pressure than underweight females and overweight female participants perceived more media pressure than males.

Table 4: Two Way ANOVA (BMI Categories and Gender) with Internalization Of Body Ideals

Source		Type III Sum of Squares	df	Mean Square	F	Sig.
BMI Category	Hypothesis	127.167	2	63.583	2.996	.250
	Error	42.444	2	21.222 ^b		
Gender	Hypothesis	.303	1	.303	.014	.914
	Error	51.903	2.445	21.232 ^c		
BMI Category * Gender	Hypothesis	42.444	2	21.222	.995	.371
	Error	8040.426	377	21.327 ^d		



Graph 4: Showing the interaction among three categories of BMI and gender on internalization of body ideals.

Table 4 and graph 4 shows that male participants who were fall in underweight category showed highest body ideals internalization followed by overweight and normal category. However, in female participants it was found that participants who fall in overweight category showed highest body ideals internalization followed by underweight and normal category. Normal males showed less body ideals internalization than normal females, underweight females showed less body ideals internalization than underweight males and overweight female participants showed more body ideals internalization than males.

Discussion

The results of present research show that female participants who fall in overweight category perceive highest pressure from family followed by underweight and normal category BMI participants. However, in male participants it was found that participants who fall in underweight category perceived highest family pressure followed by overweight and normal category BMI participants. In Indian culture females are appreciated if

they are thin or underweight, while males are considered good if they are muscular and heavy. Girls are pressurized by their parents to lose their weight even at the cost of their health. According to societal norms a thin girl looks more attractive than an overweight girl. Kantanista et al. (2018) found that young women who fall in overweight BMI category and have obesity issues report negative feelings about their body image and physical appearance. Yates et al. (2004) also found a negative correlation between BMI and body image in women participants. Another study by Jones and Crawford, (2005) shows that weight and muscularity concerns are significantly greater among boys with underweight BMI category. Furthermore, heavier women report less satisfaction with their body image and engage in serious attempts to lose weight, whereas men try to gain weight, for a heavy appearance and expend efforts to increase muscle mass (Garrusi B et al., 2012). Males who fall in normal BMI category perceived less family pressure than females who fall in normal BMI category. In the Indian society females are judged by their physical appearance that is why they are under pressure to maintain and improve their physical appearance.

It was found that there are three main sources of pressure which leads to the engagement of body ideals internalization. The three main sources of pressure are Family, Peer and Media. Keery et al. (2004) proposed the tripartite influence model which focuses on three main sources of pressure namely the media, peers and family. Findings of the present research also support the significance of socio-cultural (family, peer and media) factors in internalization of body ideals. It was found that among all these three sources of pressure, family pressure plays a more important role ($\beta = .33$) in internalization of body ideals than media ($\beta = .21$) and peers ($\beta = .04$). The possible explanation for this trend could be the social structure of the Indian society. In the Indian society, parents and family members play a significant role in the lives of young adults. They have control over the decisions of the young adults in different areas of life. Another reason could be the increasing use of mobile phones and social networking sites. Nowadays, young adults spend a good amount of time on mobile phones and computers, they miss out on interactions with their peer group. This could be reason behind little influence of peer pressure in internalization of body ideals and body image attitudes. Rajagopalan and Shejwal (2014) also found family as a strongest influencing factor in body satisfaction in young college going girls. They also argued that as young girls live with the family and have every day interaction with them; so, family influence is as an important factor in the internalization of body ideals and development of body image attitudes. The findings of the present study support the proposition that greater the family pressure to become thin or muscular, higher is the probability of distorted body image attitudes.

Derogatory comments or attitudes from family members about physical appearance can lead to poor or distorted internalization of body ideals and body image attitudes. Family pressure to be fit and have a perfect body shape (muscular for male and thin for female) can intensify the process of internalization and lead to body dissatisfaction (Brown & Ogden 2004). McKinley (1999) argued that one of the noteworthy predictors of distorted body image or body dissatisfaction is the child's (girl child) belief of whether her family accepts her physical appearance. Parents and guardians can influence the body image attitudes in a significant positive

direction through their positive attitude and words of encouragement and they can promote the negative body image through criticism or hurting behaviour (Rodgers, Sales and Chabrol 2010). In a study by Berg et al. (2010) it was found that females tend to be more influenced by family pressure than males. Thus, it is very important for family members to have a positive attitude towards their child and avoid criticism and comments in order to prevent their child from so that they do not engaging in any maladaptive practice regarding their physical appearance.

The Active Influence Theory (Rodgers, 2012) also suggests that attitudes and behaviour of family members regarding the body image of an individual significantly influences the individual's own body image. They termed active influence as different from or opposed attitudes of family towards individual's body image. This theory advocates that family expectations and pressure includes not only the parents and others close family members but distant family relatives. This theory claimed that criticism or teasing within the family context may have strong influence on the development of body image. Another theory which supports the role of family pressure in development of body image is known as The Modelling Theory (Rodgers, 2012). The modelling theory is based on Bandura's social learning theory and suggests that body image attitudes of an individual is modelled by the body image attitudes of significant others. During young adulthood family members and peers are the closest and important members of individual's social network. A young adult observes his/her parent's attitude toward body image and physical appearance. They also observe how their parents and other family members dress or maintain their body image. In this process of socialization, they imbibe the significant other's ideals and consciously or unconsciously this leads to imitating or following them. A study by Graber et al. (1994) also found that family plays a central and significant role in body image concerns and weight management. Results of present research also shows that family pressure is positively associated with internalization, appearance orientation, overweight preoccupation, discrepancy, social appearance anxiety and loneliness, whereas it is negatively associated with body areas satisfaction, appearance evaluation, resilience, psychological well-being, affect-balance and self-esteem. In the literature, along with family pressure, peer pressure is also found as an important factor in the development of body image attitudes in young adults. Young adulthood and late adolescence are considered as an age of strong peer relationships (Steinberg, L., & Monahan, K. C. (2007). In this age people discuss many issues with peer and get affected by their suggestions. The results of present research are in alignment with previous studies. Edlund et al. (1999) found that peer pressure influences the body image attitude and satisfaction/dissatisfaction.

Media pressure also emerged as a significant influencing factor in internalization and body image attitudes. A study by Menzel et al. (2011) showed that family pressure, peer pressure, and media pressure are negatively associated with body image satisfaction. In the present study media was found to be significantly associated with internalization of body ideals and body image attitudes. The results are in alignment with many previous researches which found media as an important factor in perception of body image in young adults (men and women). Internalization and body image attitudes are significantly influenced by different images portrayed by media for male and females (Schooler et al. 2004). Previous researches also showed that family, peer and

media are the major sources of socio-cultural pressure (Blowers et al. 2003). The findings of this study suggest that perceived socio-cultural pressure for socially accepted standardized physical appearance is related to distorted body image attitudes and its consequences. It was also found that for females' thinness is more important than normal BMI; while for males' thinness has more negative outcomes than normal BMI or over weight category. If a female is notably thin, she will be more satisfied than if she has normal BMI and it may become a serious problem if she puts on some extra kilos. In case of male participants this trend is reversed. For male participants adding some more weight is not a problem but if they are thin, they experience more socio-cultural pressure as shown by the results of present research and literature. Media may indirectly influence the development of family pressure. It is quite possible that family pressure to be thin for female participants is a consequence of portrayal of such bodies by today's media. In the last few years, Indian media has portrayed a gender specific body image (thin for females and muscular for males).

It can be concluded that the more messages a young adult receives from family, peer and media about how he/she should look and more there is emphasis on changing his/her physical appearance, the greater is the chance of developing body dissatisfaction, distorted internalization which is linked with negative body image attitudes, social appearance anxiety and social loneliness.

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