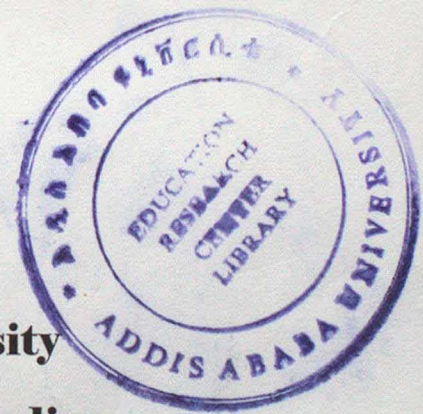


**SELF-OBJECTIFICATION, HABITUAL
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ADOLESCENT AND YOUNG ADULTHOOD
WOMEN**

Tadele Zebrea

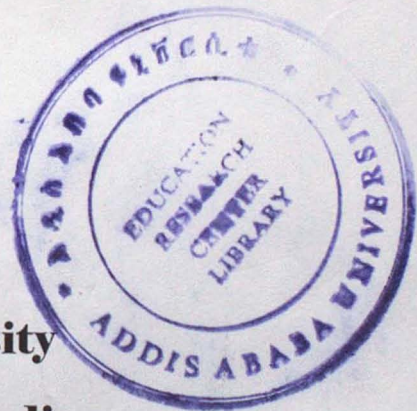


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**Addis Ababa
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**Thesis Submitted to the School of Graduate Studies of
Addis Ababa University in partial fulfillment of the
requirements for the degree of MA in Developmental
Psychology in Institute of Psychology**

**Addis Ababa University
School of Graduate Studies
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Acknowledgements

I am heartily thankful to my thesis advisor Dr. Desalegn Chalchisa, who generously devoted his time and professional knowledge to keep me on the right track through his unreserved guidance and constructive comments. I also appreciate his patience in correcting and providing critical comments which were a valuable input to my draft throughout the process. Had not been for his hearted follow-up, patience and cooperation, the completion of this study would have been hardly difficult.

I am also grateful to all participants of the study and the schools as well as the university staffs and administration for their cooperation and support during sampling and instrument administration. Especially my special thanks go to Fetiya Temam and Yonas Admasu for their unreserved contribution and help during sampling and questionnaire administration at schools.

My next heart felt gratitude also goes to my dear, Hirut Alemayehu, who contributed a lot for the realization of the study through her consistent and genuine emotional and material support.

Lastly, I offer my regards and blessings to my family, class mates, and friends who were there for me when ever I needed their support

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Abstract

This study investigated age related difference in self-objectification, habitual body monitoring and body dissatisfaction among adolescent and young adulthood women. In addition it was aimed at identifying the relationships among self-objectification, habitual body monitoring and body dissatisfaction. Furthermore it was designed to assess body perception and identifying whether girls/women are dissatisfied/feel anxious about their appearance or not. The study involved 300 randomly selected female students (150 from two high school and 150 from university) from Addis Ababa town. Questionnaire that was designed to measure tendency of self-objectification, habitual body monitoring, body dissatisfaction and body figure perception were used to gather information from the participants. The gathered data was recorded and analyzed using appropriate statistical packages. The finding revealed that women perceive their appearance fatter than they think they deserve and rate slim or thin body figure as appropriate for social approval, to attract opposite sex and to appear physically attractive. In addition, the finding showed that girls/women feel anxious about their appearance. Furthermore the finding disclosed that there was strong positive relationship between self-objectification, habitual body monitoring and body dissatisfaction. Finally, it was observed that, while there was age related change in body dissatisfaction among adolescent and young adults, the tendency of self-objectification and habitual body monitoring remain the same for the two groups.

CHAPTER 1: INTRODUCTION

1.1 Background of the Study

Self-objectification is one of the causes of adjustment problem among adolescent and young adulthood women (Frederickson & Roberts, 1997). Self-objectification encourages young women to relate to their bodies as objects which exist for the use of aesthetic pleasure of others and to work on its improvement. This will lead women/girls to critically consider and judge their body for its attractiveness or unattractiveness (Aapola, Gonick, & Harris 2004).

Self-objectification among girls is cultural phenomenon which girls are told to focus on their appearance. Girls are told from a very early age to pay attention to their appearance. Thus a young woman works hard on herself to achieve textually defined image (Aapola et al., 2004). In addition, it has been argued that women are expected to always submit themselves to the male gaze and present their bodies in such a ways with aim to please men (Dorland, 2006). To meet the stated standard of appearance they becomes 'the object of their project' (Aapola et al., 2004).

There is a definite female body which is considered the culture ideal in the western culture and others who are influenced by this culture. This "perfect" female body would be long-legged, good hair complexion, vigorous looking facial appearance, thin in appearance and long in height among others. If the girl/woman unable to maintain the ideal body appearance the may engage in dieting and exercise to have control over their body (Grewal & Kaplan, 2006).

The ideal female appearance seems dynamic from time to time and culture to culture. With the advancement of technology, there has been a tendency with in fashion and beauty writing and imagery toward the idealization of a female body with no fat on it at all. Therefore, achieving this "fashionable slimness" has become a routine part of many women's lives (Brannon, 2006). As a result

dieting, watching what you eat, feeling guilty about food, and exercising affect most women to a greater extent (Grewal & Kaplan, 2006).

The reasons behind this self-disgust may be the conflicts surrounding the cultural valuation of the sexual mature image. It seems as though women have to punish themselves for growing up and for becoming adults (Frost, 2001). This excessive concern on appearance leads women to self-monitoring and surveillance. Self-monitoring generally involves controlling food intake, intentional efforts to increase physical activity and other similar methods that can help them to decrease level of body fat (Encyclopedia of Psychotherapy, 2002).

Shumet (2006) indicated that women perceive the ideal female body as thinner than their own, and they believe that men found thinner female bodies attractive. Girls themselves keep a close eye on each other and create distinctions between those girls who get it 'right' and those who are 'wrong' (Aapola et al., 2004).

In fact body size is not the only factor that influences body image. There are many different physical characteristics affect body image, including skin color, nose, ear size, hair loss, facial features, straightness of teeth and so on (Jenkins, 1996; Interpersonal Encyclopedia, 2001). Indeed, nearly everybody part could influence overall body image, especially for those who perceive that body part to be unusual in some desirable or undesirable way (Interpersonal Encyclopedia, 2001).

Generally, this is all because physically attractiveness got important implications on long term relationships. Physically attractive individuals are initially seen as having more admirable characteristics, more likable, and get more positive evaluations for their performance and potential (Anderson & Nida, 1978).

Finally, Fredrickson and Roberts (1997) pointed out theories that explain why objectification occurs. Evolutionary theorists contend that women's physical attractiveness indirectly signals reproductive value, and so evaluating women physical attributes has become an important criteria in men's mate selection (Buss & Singh as cited in Fredrickson & Roberts, 1997). Others argue that the cultural practice of objectifying female bodies originated to create, maintain and express patriarchy (Connell, Kuhm, & Stoltenberg, as cited in Fredrickson & Roberts, 1997)

1.2. Statement of the Problem

Studies conducted in different cultures consistently confirmed that women are continually evaluated and judged by their appearance (Frost, 2001; Grewal & Kaplan, 2006; & Aapola et al., 2004). This preconceived idea affect girls well being in general. According to Aapola, Gonick and Harris (2004) a sexually mature young woman must learn competently manage her body to receive the appropriate amount of heterosexual approval.

Studies on body dissatisfaction suggest that significant number of late adolescent and college-age women engage in some degree of restricted eating, conscious vomiting, caloric restriction, and unhealthy weight loss (Grigg , Joiner & Kashubeck, as cited in Sinclair & Myers, 2004). To this effect, a large woman who is not apologizing for her size is certainly not a figure to invite to the dominant meanings which the culture attaches to femininity (Grewal & Kaplan, 2006).

Self-Objectification has many maladjustment implications. Perhaps the most profound effect of objectifying treatment is that it influences many women to view and treat themselves as objects (McKinley as cited in McKinley, Hyde & Lindberg, 2006). Being viewed by others in objectifying ways over time then invites a woman to internalize and adopt an observer's perspective on her body. This peculiar sense of self, in which a woman's attention is regularly disrupted by images of how she appears, can lead to a form of self-consciousness

characterized by habitual monitoring of the body's outward appearance. A result of this habitual body monitoring, or self-objectification, is that many women develop identities or concepts of self-worth that are strongly rooted in and defined by their physical appearance (Fredrickson & Roberts, 1997; McKinley et al., 2006). These in turn increase the chance of dissatisfaction with their appearance.

The tendency of being valued and judged by physical appearance, result in women having a punishing and self-hating relationship with their bodies. It means as if women had to punish themselves for existence of excess flesh at all, as if it is manifestation of a sort abnormality (Grewal & Kaplan, 2006). They have to also learn to inhibit their movements to become acceptably feminine (Frost, 2001).

Therefore, different studies conducted in different countries revealed that self-objectification, habitual body monitoring and body dissatisfaction are common among women and have effect on their psychological well-being (Fredrickson & Roberts, 1997; Grippo & Hill, 2007; Hall, 2009; Ilaria, 2006; Shumet, 2006; Tiggemann & Lynch, 2001).

Thus, this study explores how girls/women perceive themselves and to find out if there is age difference in self objectification, habitual body monitoring and body dissatisfaction among adolescent and young adulthood women.

1.3. Objectives of the Study

This study attempts to investigate the relationship between self-objectification, habitual body monitoring and body dissatisfaction as well as examines age difference in self-objectification, habitual body monitoring and body dissatisfaction that resulted from women/girls attempt to meet unrealistic standards of beauty.

More importantly this study attempts to thoroughly describe the following objectives

1. To identify the perception of adolescent and young adulthood women about their appearance.
2. To examine whether girls/women are anxious/dissatisfied with their appearance or not.
3. To investigate the relationship between self-objectification, habitual body monitoring and body dissatisfaction.
4. To determine age difference in self-objectification, habitual body-monitoring and body-dissatisfaction among adolescents and young adulthood women.

1.4 Basic Research Questions

1. How do adolescents and young adults perceive their body figure?
2. Do girls/women feel dissatisfied with their appearance?
3. Is there relationship between self-objectification, habitual body monitoring and body dissatisfaction?
4. Is there a significant age difference in self-objectification, habitual body monitoring and body dissatisfaction among adolescents and young adulthood women?

1.5 Significance of the Study

The result of this study can be used as a source of information in the awareness creation and gender mainstreaming program. In addition the finding of this study can be used to show the relationship between self-objectification and adjustment so as to advocate unconditional self-acceptance of women/girls. Furthermore as far as my knowledge there is no study conducted

on the area in the country. Therefore, future researchers can use it as a base to conduct study on similar areas.

1.6 Delimitation of the Study

This study was delimited to secondary schools of Addis Ababa town and Addis Ababa University. Among all secondary schools of Addis Ababa town and campuses of Addis Ababa University, it was limited to only two secondary schools (Future Generation Hope and Frehiwot № 2) and Addis Ababa University main campus students. Among these, in terms of year level, only grade 9 and 10 students from secondary schools and 4th and 5th year students from university were considered.

With respect to gender, the study was delimited to females. These was because, many findings on the area indicated that females are more subjected to cultural phenomenon of self-objectification than men.

Moreover the study was delimited to investigate age related differences in self-objectification habitual body monitoring and body dissatisfaction along with identifying the relationship between the three variables. Finally, regarding age, the study was focused on adolescent and young adulthood stage women.

1.7 Limitation of the Study

It is essential to have in mind that the student researcher came across several challenges when undertaking the study. There were no sufficient reference materials and local prior studies on the area. These would not allow the researcher to compare and contrast the results with similar study findings on similar participants. In addition, some participants' hesitation and reluctance to fill out the questionnaire and more importantly the financial constraint to carry out the study were among drawback that could affect the quality, depth and effectiveness of the study.

1.8 Operational Definitions

- **Self-Objectification**- is a process in which women relate to themselves from others perspective as objects to be looked at and evaluated, rather than from a first-person perspective as an active being capable of internal feeling and external accomplishment.
- **Habitual Body-Monitoring** -a tendency and practice of girls/women to continually control diet, dressing, hair do , appearance ...to ensure that one meets physical standards.
- **Body Dissatisfaction** - girls feeling of anxious and being sad about how they look.

CHAPTER 2: REVIEW OF RELATED LITERATURE

This chapter deals with the concept and theories of self-objectification. It also discussed self-objectification in relation to gender and age. Moreover, the relationship of self-objectification with body monitoring and body dissatisfaction along with factors that causes and its effect on psychological well being and personal competence are presented below.

2.1 Self-Objectification

Physical appearance is the most important domain contributing to children's and young adolescents' sense of self-worth (Frederickson & Roberts, 1997). The issues of body image start to be critical in middle childhood and predominantly continue throughout adolescence and early adulthood stage. Throughout childhood there is -in reality- no disembodiment, but the seemingly unconscious and un-influential attitude of adults towards children bodies may allow many girl children to be self-conscious in relation to their physical self (Frost, 2001).

There are different direct and indirect methods the society use to induce girls with the social concept of physical appearance. The woman is encouraged to adopt a mode of self-policing and managing her body parts in line with the "ideal" body image specific to the culture (Radner, 2001).

Martin as cited in Frost (2001) argues that becoming sexually female causes inner fragmentation of the self. A woman must become only a physical body in order to be sexual. Her body becomes object to her'. Because of the fragmentation of the body in to separate areas, most women value certain aspects of their bodies: eyes, hair, teeth, smile and so on (Grewal & Kaplan, 2006). To put it differently, when a girl start to view herself as an object, there is the fragmentation of the body- the body is talked about in terms of different parts- "problem areas". The result is that women start to think about their

bodies in terms of parts, separate areas, as if these parts had some separate life of their own.

Objectified body always had to be worked out to meet the standards. This creates the perception that women's bodies can never be quite right, and can always be improved (Aapola et al., 2004). The improvement come an imperative of identity and happiness for young women due to the complex relationship between self and body (Stang, 1957).

It is as a result of this idea that many girls worry about, and spend a great deal of their money and energy on their appearance, clothes and adornment (Frost, 2001). For many young women, relationships to their bodies are in terms of sites of various 'beauty projects' and they are inclined to view their own bodies critically, as always lacking and in need of improvement. Failure to fulfill the dominant beauty ideals may lead young women to develop serious beauty image problems and even body hatred (Frederickson & Roberts, 1997).

To get the ideal body appearance, the female body has come to be seen as always 'under construction', 'a working site', whose maintenance and improvement requires a lot of time and attention; time spent on doing fitness or planning a low diet, as well as acquired managing clothing, applying make-up, adorning one's hair and so on (Aapola et al., 2004).

As tried to indicate, by using different methods girls/women want to maintain "ideal" body-appearance. In most cases the 'ideal' body appearance is associated with slimness (Frost, 2001). That's why the most important area where women/girls want to have upper hand over their body is on their body weight. This is may be attributed to the tendency of different cultures to attribute positive things with slimness. According to Shumet (2006), slim girls are rated positively by class mates and peers. Similarly Podjasek (1997) stated that majority of naturally slim people liked themselves and they had a high degree of self-esteem or self-love. The only area where flesh is tolerated is

around the breasts. But even with the breasts, the emphasis is on the “well-rounded” and “firm” nature of it.

Generally as Frederickson and Roberts (1997) stated, the psychosocial view of self is explained by social construction, reflecting the ways that other people view and treat that individual. It is this fact that complicate body image perception and girls/women relationships with it.

2.1.1 Theories of Objectification

There are three well known theories that explain objectification process. These theories are

2.1.1.1 Feminist Objectification Theories

Feminist objectification theories emphasize the social constructions that encourage specific beliefs and behaviors that contribute to body image dissatisfaction and other negative body experiences (Kaschak as cited in Ilaria, 2006). These theories focus on socio-cultural context, rather than on individual attribution or personality factors (Ilaria, 2006). For people who advocate the feminist theories attribute objectification phenomenon to cultural practices and teachings of the society.

2.1.1.2 McKinley and Hyde’s Theory of Objectified Body Consciousness (OBC)

McKinley and Hyde are the two well known theoreticians that come up with the idea of objectified body consciousness (OBC) theory. The construct of OBC describes the experience and feeling of one's body as an object whose main purpose is to be looked at by others, specifically by males. Results of this experience include the acceptance of a set of beliefs that change the way a woman views herself and her abilities as well as the development of a repertoire of behaviors that support and reinforce these beliefs (McKinley, Hyde, & Lindberg, 2006). These beliefs and behaviors are illustrated by the three

components of the OBC model: body surveillance; internalization of cultural body standards and body shame; and beliefs about appearance control (Ilaria, 2006). As stated in Ilaria (2006), let's explain each in brief

Body surveillance is the term used by McKinley and Hyde to refer to the ways in which a woman watches her body, constantly evaluating herself in terms of how her body looks rather than how it feels. A woman's relationship with her body becomes depersonalized as she comes to believe that her only purpose is to exist as an object to be looked at by men. This concept, that a woman learns to construct her value and identity as an object of male gaze, is the chief principle of OBC.

Internalization of cultural standards and body shame: An unavoidable result of the belief of being observed and judged by appearance is the need to see oneself always from an external perspective, that is, to become a constant self-surveyor in an effort to meet societal and cultural standards and avoid negative evaluation. To achieve this end, women implement body surveillance behaviors. The difficulty in achieving the ideal body standard can lead a woman to feel intense shame about her body.

The last component of the model, *control beliefs*, represents an underlying assumption that women can, with enough effort, exert active control over their body. Furthermore, they come to believe that they have the responsibility to do so, meaning that failure to meet the ideal is due to a lack of effort, motivation, etc., and they are thus accountable for these failures. The false belief that a woman can control her appearance magnifies shame and other negative feelings when she fails to meet up to the societal ideal.

2.1.1.3 Fredrickson and Roberts Objectification Theory

Objectification theory is the framework used by Fredrickson and Roberts (1997) to organize what they view as common experiences of women in different cultures. Their theory states that women's experiences are qualitatively

different from men's experiences due to established cultural norms that allow the practice of sexually objectifying women's bodies. They argue that there is an ongoing potential for women to be knowingly or unknowingly objectified, and that this potential for objectification results in subjective and mental health consequences for women.

As Fredrickson and Roberts (1997) argues, Sexual objectification occurs when women are viewed as objects for sexual gratification rather than as human individuals capable of agency. The common trend running through all forms of sexual objectification is the experience of being treated as a body (or collection of body parts) valued predominantly for its use to (or consumption by) others. Through the use of gaze, women /girls are constantly reminded they are potential targets of sexual objectification (Ilaria, 2006; Heldma & Cahill, 2007).

A major consequence of this is that, as stated earlier, women and girls may learn to internalize an observer's perspective and eventually begin to regard themselves as objects. This way of thinking about oneself leads to a habitual monitoring of one's physical exterior in order to ensure that one meets appearance standards.

Moreover the authors developed a model (fig. 1 below) that delineates the processes and projected outcomes that are associated with self-Objectification. These authors proposed that cultural practices of Objectification evolve sexualized Objectification where women may adopt the observer's perspective and see themselves as an object for visual consumption (Fredrickson & Roberts, 1997). The self-Objectification process involves , as indicated, pervasive self-monitoring, leading to increased feelings of shame and anxiety, less frequent "flow" or peak motivational states, increased risk of anxiety, mood disorders, and disordered eating (McKinley & Hyde as cited in McKinley et al., 2006); Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998).

Self-objectification Model

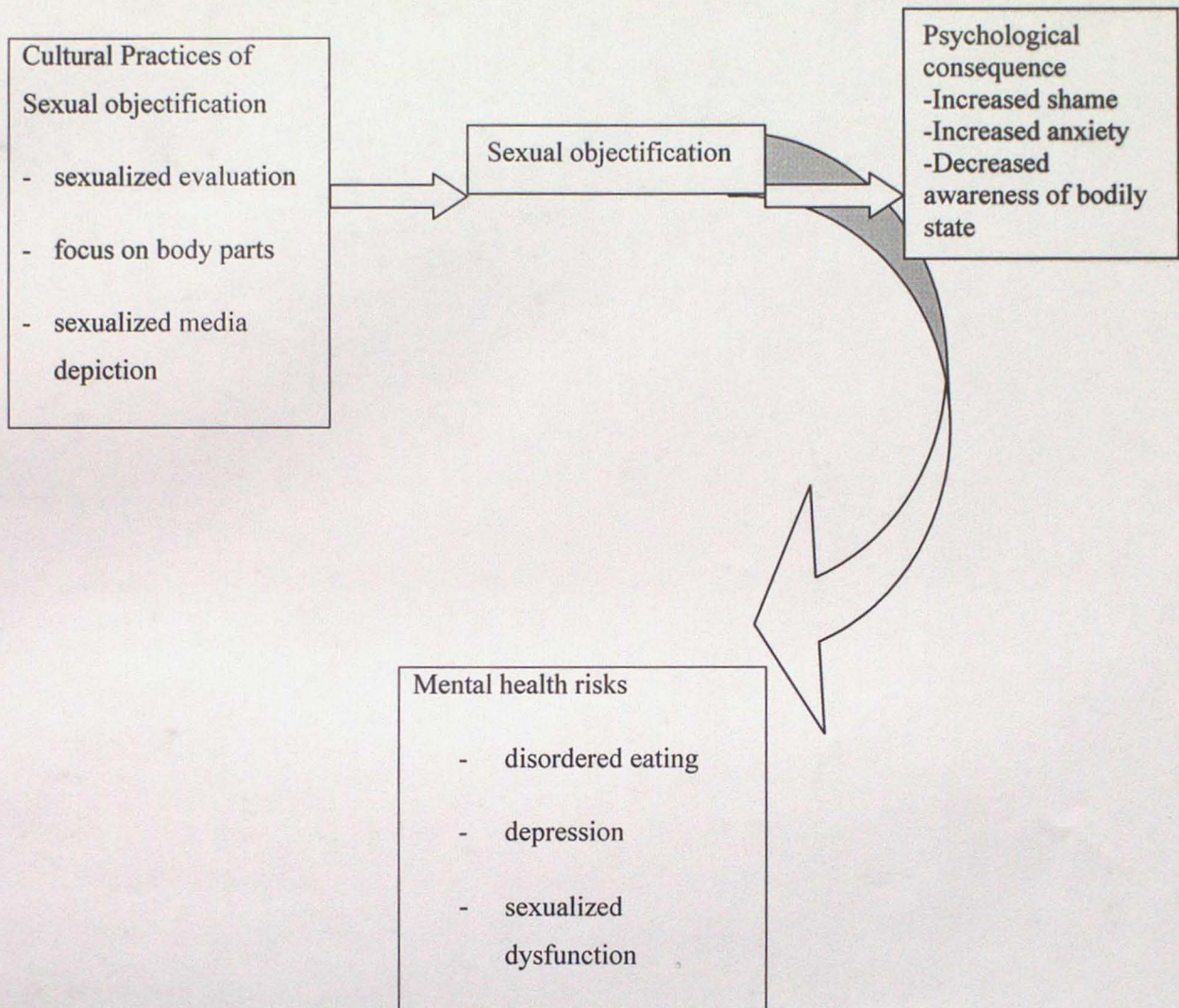


Fig. 1 Summary of self-objectification theory by Fredrickson et al., (1998)

Figure 1 above indicates that different cultural practices like sexualized evaluations and media influences leads to body objectification which could in turn lead to different psychological effects (like increased in shame and anxiety, and decrease in awareness of bodily state) and mental health risks (like eating disorder, depression and sexual dysfunction) .

2.2 Age and Self-Objectification

The tendency of self-objectification and its related practices may start at earlier age than anticipated. Self-objectification practices at adolescence or early adulthood stage may be attributed to parental and significant others treatment difference starting from a very early age. Even as infants, facially attractive ones receive more positive attention than unattractive infants. This different treatment continues throughout childhood. School teachers, nurses, and parents rate attractive children as having better personalities, greater academic ability, and being more likely to be successful than unattractive children (Interpersonal Encyclopedia, 2001).

Though children teachings about the way their physical appearance should be rooted to the very early age, they are not preoccupied by the idea as such at that early age. But as age increases they start to be conscious and start to shape their body according to the already pre-conceived norm. Body image discontentment appears even in pre-adolescent children (Brannon, 2008; and Papalia, Olds, & Feldman, 2001). As young as age 6/7 years old children choose an ideal body thinner than their own (Brannon, 2008). But the case will be serious during adolescence and early adulthood stage. According to study by Marika and Jessica (2001) on a sample of 322 women ranging 20 to 84 years, found out that although body dissatisfaction remain stable across the age range, self-objectification, habitual body monitoring, appearance anxiety and disordered eating symptoms all significantly decreased with age. Similarly in the study that participate 97 overweight and normal weight children (age range from 8.5 to 17.4) to determine the relationship between self-esteem and body-esteem, Mendelson and White (1985) found out that, at youngest age, overweight and normal weight children held similar self-esteem. At middle age self-esteem adversely affected on over weight boys than girls. But at the oldest age they found that self-esteem was affected in overweight girls but not

overweight boys. From these we can argue that starting from pre-adolescence through early adulthood stage is the stage where the crisis is really the issue.

Furthermore, according to Brannon (2008) body image and dissatisfaction begin during pre-adolescence and become established during early adolescence. Adolescence can be the enforced location of self or identity within the confines of gendered body (Radner, 2001). This may be attributed to the fact that, the physical change associated with period made most adolescents to be particularly conscious of their physical appearance.

During the adolescence years young female bodies are developing physically and sexually. The ideology of 'women as object' begins to dominate, as they increasingly become the focus of both female and male gaze or criticism (Garrett, 2004).

Tilaye (2005) found out that Pre pubertal body image was negatively correlated with adolescent girls' reaction to menarche. This means girls who perceived themselves attractive during pre-pubertal time fail to adjust themselves to the onset of menstruation. Those girls who negatively reacted to menarche were found to develop body image dissatisfaction. This indicates, as already stated, pubertal changes that come with age affect adolescent girls' perception of body image.

2.3 Gender and Self-Objectification

While very young children show virtually no differences in motor skills, movement, special perception, etc. differences seem to appear at elementary school and increase with adolescence (Frost, 2001). Aapola, Gonick and Harris (2004) suggested that happiness in youth is often associated with mastery of skills and knowledge. But still there is a difference: girls often gain this competence with regard to the body while boys with regard to material things. As girls move away from childhood, their body introduces more and limits them more. They 'police' their body more, exercise more and discipline it more. They

adopt a reluctance to reach, stretch and extend the body in sport and in the performance of physical tasks (Frost, 2001). In other words, according to Strang (1957) improved personal appearance for girls and increased strength for boys are among the strongest motivations for healthful living.

Similarly, according to Heldman and Cahill (2007) and Interpersonal Encyclopedia (2001) Women primary valuation is physical attractiveness, while societal norms prescribe that men are evaluated in terms of success and achievement. As a result, increasing levels of objectification can not affect men in the same way as women. Therefore, Self-objectification is a female phenomenon. Perhaps due to cultural images and cultural pressures, girls more readily develop a consistent response to objectified image of women (Heldman & Cahill, 2007).

Body contributes to sense of self differently for girls than for boys: For girls, positive self-concept hinges on perceived physical attractiveness, whereas for boys, it hinges on perceived physical effectiveness (Frederickson & Roberts, 1997). Even as adults, Men and women who see themselves as overweight, want to lose weight, but even overweight men are not as dissatisfied with their bodies as women are (Brannon, 2008).

Finally, Grewal and Kapal (2006) pointed out that Dissatisfaction with shape and size is so common among women that "there is considerable overlap between clinical populations of women with eating disorders and 'normal' women in terms of eating behaviors and attitudes toward body and weight".

2.4 Self-Objectification and Body Monitoring

As tried to indicate at different sections above, critical repercussion of being viewed by others in sexually objectifying ways may lead individuals to be coaxed to internalize an observer's perspective on self, an effect termed *self-objectification*. This is a peculiar perspective on self, in turn can lead to a form of self-consciousness characterized by habitual monitoring of the body's

outward appearance. The habitual self-conscious body monitoring that result from self-objectification might best be viewed as a strategy many women develop to determine how other people will treat them, which has clear implications for their quality of life. This habit of self-conscious body monitoring can profoundly disrupt a woman's flow of consciousness. Women's conscious attention can often be concerns by concerns related to real or imagined, present or anticipated surveyors of their physical appearance. In a culture that objectifies the female body, whatever girls and women do, the potential always exists for their thoughts and actions to be interrupted by images of how their bodies appear. This habitual body monitoring can create a predictable set of subjective experiences that may be essential to understanding the psychology of women (Frederickson & Roberts, 1997).

Bodies are harder to change than actions. Viewed in this light, women's ongoing efforts to change body and appearance through diet, exercise, fashion, beauty products, and, perhaps most dangerously, surgery and eating disorders, reveal what may be a perpetual and hardly adaptive body-based shame. The extent to which body "correction" is motivated by shame elevates the task of meeting societal standards of beauty to a moral obligation. Thus, women who fail to live up to this obligation have been deemed uncivilized and immoral (Reynolds, 2008).

In sum, the habitual body monitoring encouraged by a culture that sexually objectifies the female body can lead women to experience shame that is recurrent, difficult to alleviate, and constructed as a matter of morality (Frederickson & Roberts, 1997).

2.5 Self-Objectification and Body-Dissatisfaction

If girls/women do not assume the 'ideal' body type, they start to be dissatisfied by their appearance. Their Self-identity would closely tie with negative attitudes and feelings. Consistently, the young women taking up this position

endured 'big body concerns' which impact significantly on their sense of identity, social behavior and involvement in physical activity (Garrett, 2004)

According to study by Fea and Branno (2006) on 185 undergraduate women students at Kansas University, women high on trait self-objectification displayed substantial greater body-shame and appearance anxiety than low on trait of self-objectification. Shumet (2006) also come up with consistent finding by the study he conducted on 284 female Bahir Dar town students age range 13 to 21, to determine the relationship between body-image, self-esteem and sociability. The finding revealed that there is strong relationship between body-image satisfaction and self-esteem. In addition, the result also indicated that there is a positive relationship between sociability and body-image satisfaction.

Body image dissatisfaction among women is usually related to self-perception of overweight. Believing oneself to be overweight whether one is or not, is closely related to body image dissatisfaction (Interpersonal Encyclopedia, 2001). According to Shumet (2006) most adolescent girls are dissatisfied with their physical appearance and they show greater preoccupation with their appearance. He added that, they also perceive that others are more beautiful than themselves. Female participants thought male preference would be for much thinner figures than themselves (Furnham, Tan, & McManus, 1996). They also believe that their friends, classmates, peers and families, undermine them while they are rating their physical appearance. These aggravate the tendency of self-disgust. Moreover, excessive attention to make up and clothes may indicate certain lack of self acceptance. (Strang, 1957).

Those who are disgust on their appearance are extremely conscious of their appearance and internalized a form of self surveillance and focused on 'fat'. Dissatisfaction with the body is evident in their posture, their talk and their motion as such they had embodied a damaged physical identity. Their mind bring Some seriously thought that their entire life experience would be change

and social transition would be smoother if their body was different (Garrett, 2004).

Generally self-objectification can be considered as a main factor of body dissatisfaction among girls/women. Since no amount of change is perceived satisfactory to bring the unrealistic 'ideal' image, those who are preoccupied by bodily issues experience body dissatisfaction.

2.6. Factors that Contribute for Self-Objectification

Women bodies are looked at, evaluated, and always potentially objectified in heterosexual relationships (Frederickson & Roberts, 1997). There are different factors that contribute for women body objectification. The most commonly mentioned factors in different literatures are

2.6.1 Sexualized Evaluations

Muth and Cash as cited in Ilaria (2006) pointed out that it is socially sanctioned right of all males to sexualize all females regardless of age, status etc. This sexualization occurs in many forms, ranging from sexual violence to sexualized evaluation. The most common way of sexualized evaluation is enacted through gaze or visual inspection of the body.

Sexualized gaze occurs with in actual interpersonal and social encounters. Studies narrated by Fredrickson and Roberts (1997) demonstrate that first women are gazed at more than men; second women are more likely to feel "looked at" in interpersonal encounters; third men direct more non reciprocated gaze towards women than vice versa particularly in public places; and finally men's gazing is often accompanied by sexually evaluative commentary. This all are evidence that demonstrate socially approved and supported men right to evaluate women in a sexualized ways.

2.6.2 Media influences

Media advertisements are the other potential factors for body objectification. Strang (1957) indicated that interest in clothes and desire in improvement in personal appearance has been stimulated by commercial advertising Medias.

Media image of male tend to glorify their strength and power, even their violence. In contrast, media images of women focus on feminine beauty and grace. The most disturbing images of female are those of body builder (Crawford & Unger, 2000). Furnham, Tan, & McManus (1996) stated that Media and fashion glorifies slimness to much extent that underweight figures as most attractive. This is also supported by Shumet (2006) as most adolescent girls responded as they are highly affected by TV and Magazine image of women.

Television commercials are much more sexism than the programming. Women are much more likely to be provocatively dressed on television than men are. Women are particularly likely to be presented as sex objects in advertisements (Crawford & Unger, 2000).

-Pornography, Visual arts, television programs, music and videos are also contributed their part to self-objectification and related problems (Furnham et al., 1996).

Therefore, media played a prominent role in the tendency of viewing women as sexualized object that can be critically judged and valued by their physical appearance than intellectually oriented competences.

2.6.3 Parental influences

Children learn many things from their parents and family members. As Fea and Branno (2006) identified Children of parents who are preoccupied by their body appearance and physical attractiveness have a great tendency of self-objectification at later years. Therefore parental influences are among factors that contributed for self-objectification of women.

2.7 Consequences of Self-Objectification

Self-objectification among girls is associated with so many adjustment problems. Some of the effects are

2.7.1 Consequences on subjective experience

Fredrickson and Roberts (1997) proposed four psychological and experiential consequences of sexual objectification: the emotion of shame; the emotion of anxiety; peak motivational state; and lesser awareness of internal bodily state.

The first effect of self-objectification according to the authors is, *the emotion of shame*, which is a negative emotion that occurs when one compares oneself to an internalized or cultural ideal and discovers that one does not meet that ideal appearance. Shame results from a fusion of negative self evaluation with the potential for social exposure. The second potential psychological effect is *the emotion of anxiety*; by which Fredrickson and Roberts' objectification theory proposes that Women are more likely to experience appearance anxiety and safety anxiety as a result of living in an objectifying culture. Women's appearance anxiety may have roots in negative early life social experiences, including histories of receiving negative appearance-related comments. *Peak motivational state/less flow*, the third effect pointed out by the authors, when Women tend to report fewer experiences of flow (aspect of intrinsic motivation), which is a likely result of having one's intellectual and emotional resources drained by habitual self-monitoring. The last effect, *lesser awareness of internal bodily state* which women have been found to demonstrate less sensitivity to internal bodily cues than men do. Fredrickson and Roberts (1997) cited studies suggesting that women's abilities to detect physiological sensations (heartbeat, stomach contractions and blood-glucose levels) are less accurate than men's abilities to detect these stimuli. Objectification theory posits that women's perceptual resources may be exhausted by habitual body monitoring of their external selves, leaving little energy to attend to internal states.

2.7.2 Mental Health Risks of Self-objectification

The risk for negative mental health outcomes like depression, and anxiety are common among girls related to self-objectification (Sinclair & Myers, 2004). Similarly, Fredrickson and Roberts (1997) hypothesized that women who are at risk to be objectified will engage in habitual self-monitoring of their bodies, which is likely to produce greater experiences of shame, anxiety, decreased opportunities for peak motivational states, and diminished awareness of internal body states. This set of circumstances is thought to contribute to the increased incidence of unipolar depression, sexual dysfunction with male partners, and disordered eating in women

An expanding body of research has supported the continued existence of a high incidence of body dissatisfaction and use of extreme weight loss strategies in adolescent girls (Strang, 1957). These are themselves problematic in young women, but more importantly it is associated with potential health risks like eating disorder (Paxton, 2008). Regarding gender, Men have experienced fewer problems with body image than women have (Brannon, 2008; Interpersonal Encyclopedia, 2001). Ilaria (2006) also agrees that body image disturbances have become so prevalent among women. In addition, Women expressed significant higher shame and guilt than men towards body experience (Harvey, 1996).

2.7.3 Effects on Personal Competence

Self-objectification has also so many effects on personal competence of girls/women. Girls/women perceived inability to achieve the "standard" body appearance could lead them to isolation from social interaction. The restricted social interaction which is created by self-objectification obviously limits the opportunity of girls/women to acquire social and academic skills (Howson, 2005).

Furthermore, Psychological literature has sufficiently established that the quality of one's body image is related to the level of one's self-esteem and psychosocial adjustment (Shumet, 2006; Frost, 2001; Interpersonal Encyclopedia, 2001; Heldman & Cahill, 2007). According these studies, body image disturbance, (also referred to as body image-dissatisfaction) is likely to contribute to lower levels of self-esteem and decreased psychosocial adjustment (Shumet, 2006). Moreover Heldman and Cahill (2007) found out that cognitive functioning is diminished among girls/women who self-objectify because their attention is partially dedicated to body monitoring. Shame and body dissatisfaction is most likely to occur among women who holds 'unhealthy' components of body image and whose body satisfaction is unremitting source of conflict and negative effects (Davis, Dionne, & Shuster, 1996)

CHAPTER 3: METHODS OF THE STUDY

In this section the research design, the samples and sampling procedure, the instrument, data collection procedure, and statistical techniques of data analysis are presented.

3.1 Research Design

For this study quantitative paradigm was followed, specifically co relational design was employed.

3.2 Participants of the Study

The data sources were adolescent and young adulthood women. For this, Addis Ababa university undergraduate graduating class female students (early adulthood women) and two secondary schools grade 9 and 10 (adolescence stage) students were considered during participant selection for the study. Multi stage random sampling technique was employed to select the participants.

In the first stage, by using simple random sampling specifically by employing lottery method among the ten sub cities of Addis Ababa two were selected. These were Nefas-Silk lafto and Kirkos. In the second stage, from the two selected sub-cities again by applying similar sampling method one private secondary school was selected from each. From 12 privately owned secondary schools Frehiwot-2 and from 13 privately owned secondary schools Future Generation Hope were selected respectively.

In Frehiwot 2 secondary school there were 10 grade 9th and 10 grade 10th classes. Then 3 classes from grade 10 and 2 classes from grade 9 were selected using simple random sampling method specifically lottery method. Similarly among 5 grade 9th and 6 grade 10th classes in Future Generation Hope secondary school 3 classes from grade 9 and 2 cases from grade 10 were selected. Therefore, 10 classes 5 from each level were selected from the two

secondary schools. From all the selected 10 classes (5 classes from each level) of each secondary schools equal (N=15) female students were selected as participants of the study from the name list collected from record office. The number female students in each class in both schools were ranging from 30 to 35. Once the female students' names in each class were arranged in alphabetical orders, all odd number students were selected as sample participants for the study.

For young adulthood stage participants, stratified simple random sampling was employed. There were three broad divisions in main campus (Law School, College of Education and Institute of Language Studies) which have different departments under. From the two broad branches (College of Education and Institute of Language Studies) two departments were randomly selected from each: Psychology, Business Education; English and Theatrical Arts respectively. There were one department under law school and it was included for participant selection. Female in those departments were included as participants of the study. According to the office of registrar there were 178 female students in these departments, but actually there were 160 female students.

Thus, female adolescents of grade 9 and 10 Future Generation Hope and Frehiwot-2 secondary school students (N=1020) and female undergraduate graduating classes Addis Ababa University main campus female students (N=667) were the target population of the study.

Finally a total of 300 participants were selected by using Krejcie and Morgan (1970) guidelines: equal number of adolescent (N=150) and young adulthood (N=150) female students. 7% (N=20: 10 from each) of the total sample was added incase if some questionnaires were not be returned or not filled appropriately. Among 320 participants who received the questionnaire 7 university students failed to return the questionnaire. Similarly among the questionnaires distributed to adolescents 4 were not returned. On the other

hand 3 young adults and 6 adolescent participants were not able to complete the questionnaire. Therefore the remaining 300 questionnaires were considered during analysis.

3.3. Instruments

The instrument that were employed for the study were originally developed by Noll and Fredrickson as cited in Frederickson et al.,1998 (self-objectification questionnaire (SOQ)), McKinley and Hyde as cited in Denchik (2005) (self-monitoring scales), Dion, Dion & Keelan as cited in Ilaria, 2006) (body dissatisfaction scale) and Stunkard, (1983) (figural stimuli/body figure perception). Their reliability was 0.89, 0.79, 0.89 and 0.79 respectively. After adopting the instruments to integrate items which were culture relevant, it was validated by using experts' judgments (10 MA second year developmental psychology students) (for face validity) and pilot test (for reliability evidence). In addition for language convenience the instrument were translated to Amharic.

Self-Objectification Questionnaire (SOQ) - Self-Objectification was measured by the current version of the Self-Objectification Questionnaire (SOQ) (see Appendix -A). The SOQ was a 12-item scale designed to assess self-objectification. The instrument was intended to measure the extent to which an individual was concerned with external, appearance-related variables (e.g., sex appeal, physical attractiveness) relative to internal, competence-based items (e.g., strength, health). Respondents rank a list of body attributes in descending order of impact, from most impact (rank = 12) to least impact (rank = 1).

Habitual body monitoring scale :(appendix B) used to assess the extent to which an individual monitors him/herself and views his/her body from the perspective of an outside observer. The scale was a 30-item scale designed – as already stated- to assess the extent to which an individual monitors him/herself. Participants respond to items on a 5-point Likert-type scale (1 = strongly disagree to 5 = strongly agree).

Body-dissatisfaction scale- measures the extent to which an individual feels shame if his or her body does not meet cultural standards. This construct was measured by the body dissatisfaction Scale (Dion et al., as cited in Ilaria, 2006) (see Appendix C). The measure consists of 30 items scored on a 5-point Likert scale (1= "never," 5 = "always"). Scores range from 30 to 150 with higher scores indicating greater levels of appearance anxiety.

Figural stimuli questionnaire- this instrument was used to assess girls/women perception of their figure and different figure sizes in relation to social acceptance, heterosexual relationship and attractiveness. Figural stimuli were introduced by Stunkard (1983) as an easy-to-administer self-report measure of body image. The administration of Stunkard's standard requires respondents to choose the picture/figure that most closely resembles how they usually look as well as the picture/figure that represents how they would like to look. These results in five measures: current size, socially desired size, attractive to opposite sex size, most attractive(desired) size and a discrepancy score (current-desired), which has been interpreted as a measure of body dissatisfaction.

3.4 Pilot Testing

The Amharic version of the habitual body monitoring and body dissatisfaction scales were pilot tested on a randomly selected thirty graduating female students of Addis Ababa university main campus students.

Negatively stated statements were reversely coded (Items No. 2,3,4,7 & 8 for habitual body monitoring and items No 1, 6-8, 14-16, 21, 22, & 24-30 for body dissatisfaction questionnaire). The responses of the respondents were scored and the reliability of the items computed by using chronbach alpha method. Up on the results habitual body monitoring $r=0.85$ and body dissatisfaction questionnaire found out to be $r=0.77$. Therefore all items with minor modifications used for final study.

The four items designed to measure the perception of girls/women about their figure were also discussed with sample participants to check out clarity of the items and statements to rephrase it again based on the feedback. From the feedback the necessary modification was done.

For face validity 10 developmental psychology 2nd year graduate students were given the instruments with the operational definitions. Items which were agreed by 70% and above of judges were considered for final version. Based on their judgment, five statements (1 from body dissatisfaction scale and 4 from habitual body monitoring scale) were rephrased so as to make them more understandable.

3.5 Procedures

Before pilot testing, the items were translated in to Amharic and retranslated to English using two language graduated graduate students for the sake of language equivalence.

Regarding instrument administration there were four types of questionnaire that measure the four main variables other than the demographic characteristics. The instruments were administered for the selected high school students at two different times. For Addis Ababa University participants, the instruments were administered for different departments at different times.

The instruments were administered on the selected participants with the help of two assistants. Assistants were given appropriate orientation on how to administer the instrument and collect data. As the same time, the participants were given relevant instruction on how to fill the questionnaire.

The instruments were designed in ranking order (self-objectification questionnaire), five point likert scales (habitual body monitoring and body dissatisfaction questionnaires) and figural stimuli instrument (selecting different sized figure). Having collected the data, the response were tallied and made ready for appropriate statistical analysis.

Self-objectification questionnaire has 12 items in it that measures whether the individual focuses on the external appearance attributes or competence based attributes. The respondents would give rank for the 12 items according to their level of concern. Then the score gained from competence based items (items 1, 2,4,7,9 and 12) were summed up and subtracted from summed appearance based attributes (Items 3, 5, 6, 8, 10 and 11). The scores range from 36 to -36. The positive value indicates higher level of self- objectification.

For self monitoring questionnaires: it is designed in five point likert scale ranging from strongly disagree (1) to strongly agree (5) with a mid point neither agree nor disagree. The scoring protocol for the scale was to calculate an average by summing up the scores from each item answered and divided by the number of non missing items (Mckinley et al., 2006). The score ranges from 1.0 to 5.0 with higher score indicating high self monitoring.

Body dissatisfaction: measure consists of 30 items scored on five point likert scale (1= never, 5= always). The scored items will be summed up. The score ranges from 30 to 150 with the higher score indicating greater level of body dissatisfaction (Dion et al., as cited in Ilaria, 2006).

Standard figural stimuli (Appendix -A): Nine figures of females ranging in size from very slim to overweight were presented to the students. The figures were developed by Stunkard (1983) for a study on obesity and thinness. These stimuli were validated and correlated with Body mass index (BMI) by Stunkard, Bulik, Wade, Health, Martine and Eaves (2001). The researcher asked the participants to answer several questions based on the figural stimuli. The questions attempt to find discrepancy between personal ideal and current body shape.

Therefore, participants were asked to identify current figure size, socially desirable size, appealing to opposite sex and ideal/most attractive. They put the number of the figure respective to each questions. The figure number was going

to be translated to body mass index value as designed by Stunkard et al., (1983). The figure number and the respective body mass index for girls is

Table 1: Body Mass Index (BMI)

Figure number	1	2	3	4	5	6	7	8	9
BMI:	18.3	19.3	20.9	23.1	26.2	29.9	34.3	38.6	45.4

BMI = Kg/M²

According to the standard, figure 6 or 29.9kg/m² and above is considered obese/ fat, where as figure 4 or 23.1kg/m² and below is considered thin/slim.

3.6 Methods of Data Analysis

As already indicated the general objective of this study was to examine the relationship between self-objectification, habitual body monitoring and body dissatisfaction among girls/women and explore age difference in self-objectification, habitual body monitoring and body dissatisfaction among others.

To show the appropriate statistical procedure employed for the study lets correspond the methods with the specific objectives of the study.

To determine how women/girls perceive their appearance, descriptive statistics and paired sample t-test analysis were employed.

To see whether girls/women feel anxious about their body appearance and body parts, descriptive statistics was computed. Indeed mean and median were determined and analyzed to see the nature of the distribution.

To explore the existence of relationship between self-objectification, habitual body monitoring and body dissatisfaction, correlation analysis was used. In addition having determined the discrepancy between current and ideal/most

attractive figure sizes, it was used among the self-objectification, habitual body monitoring and age to predict their contribution on body dissatisfaction during multiple regression analysis.

Finally, to answer the final objective: to show age difference in self-objectification, habitual body monitoring and body dissatisfaction among adolescent girls and young adulthood women, independent t-test analysis was used separately.

CHAPTER 4: DATA PRESENTATION AND ANALYSIS

In this chapter, the data gathered by the instruments were presented and analyzed in such a way that it could meet the objectives of the study.

4.1 Demographic characteristics of the participants

All the participants were adolescent and young adulthood female students selected from two secondary schools and Addis Ababa university main campus respectively.

Table 2: Level of Education and Grade/Year of Study Participants

Level of Education	Grade/Year	N
Secondary School	9 th	75
	10 th	75
University	4 th	105
	5 th	45

Among 300 female research participants 150 were from Secondary school and the rest from university. From the two secondary schools equal number (N=75) of participants were selected from grade 9 and 10. All the 150 participants from University were graduating class students: 45 from law departments and the rest from other four departments (psychology, theatrical arts, business education and English).

Table 3: Age of Study Participants

Level	N	%	\bar{X}	SD
Secondary school students	150	50.0%	15.73	0.97
University Students	150	50.0%	22.95	1.19
Total	300	100.0%	19.34	3.78

The mean age of participants from secondary school was 15.73 with the standard deviation of 0.97 and the mean age and standard deviation of participants from University were 22.95 and 1.19 respectively.

4.2 Perceptions of Adolescents and Young Adulthood Women about their Body Figure

In the questionnaire, participants were given 9 different sized figures which were ranged from extremely thin to extremely fat. Based on the presented figure participants were asked to identify their current figure, socially appropriate figure, desirable figure to attract opposite sex and most attractive figure. Up on their response the analysis was computed separately below for adolescent and young adulthood stage participants and finally for both.

4.2.1 Difference between Perceived Current Figure and Perceived Socially Desirable Figure, Perceived Attractive Figure To Opposite Sex and Perceived Most Attractive Figure

To determine difference between perceived current figure and perceived socially desirable figure; perceived current figure and perceived attractive to opposite sex and perceived current figure and perceived most attractive figure, paired sample t-test was computed. Body mass index was used during computation.

The computation was conducted separately for adolescent and young adulthood participants.

4.2.1.1 Difference between Perceived Current Figure and Perceived Socially Desirable Figure; Perceived Attractive Figure to Opposite Sex and Perceived Most Attractive Figure for Adolescent Participants

Having identified participants' selections from the given figures, the figure types were transformed to scores based on body mass index (BMI) (Table 1). According to the standardized instrument body mass index 29.9kg/m² (figure 6) and above were considered as very fat/obese where as below 26.2 kg/m² (figure 5) as thin or slim.

Table 4: Mean and Standard deviation of different perceived figures for adolescent participants

Figure Type	N	\bar{X}	SD
perceived current figure	150	26.43	5.28
perceived socially acceptable figure	150	24.15	3.96
perceived ideal figure to attract opposite sex	150	23.49	3.33
perceived most attractive figure	150	23.10	2.91

From the computed body mass index of 150 adolescent participants the perceived current body figure mean was 26.43 with the standard deviation of 5.28. The mean and the standard deviation for perceived socially acceptable figure were 24.15 and 3.96 respectively. Similarly 23.49 and 3.33 were values of mean and standard deviation respectively for perceived ideal figure to attract opposite sex. Finally, as can be observed from table 4 the perceived most

attractive figure was found to have a mean value of 23.10 with the standard deviation of 2.91.

The value in above presented table 4 showed that the mean of the perceived current figure for adolescent participants was much larger than the index that regarded as slim/thin. On the other hand the mean for perceived socially acceptable figure, perceived ideal figure to attract opposite sex and perceived most attractive figure were on the range regarded as thin or slim according to body mass index.

Table 5: Mean differences between perceived current figure and perceived socially desirable figure, attractive to opposite sex and most attractive figure for adolescents

Figure Type		N	\bar{X} difference	SD	t
Pair-1	perceived current figure - perceived socially acceptable figure	150	2.29	5.34	5.25***
Pair-2	perceived current figure - perceived ideal figure to attract opposite sex	150	2.94	5.70	6.32***
Pair-3	perceived current figure - perceived most attractive figure	150	3.33	5.60	7.28***

***P < 0.001

Table 5 above revealed that there was a significant mean difference between perceived current figure and perceived socially desirable figure ($t = 5.25$, $df = 149$; $P < 0.001$); perceived current figure and perceived ideal figure to attract opposite sex ($t = 6.32$, $df. = 149$; $P < 0.001$) and perceived current figure and perceived most attractive figure ($t = 7.28$, $df. = 149$; $P < 0.001$) among adolescent participants. The result disclosed that though adolescents' rate slim figure as

appropriate for social acceptance, mate selection and beauty, they rated their current figure as approaching to fat.

4.2.1.2. Difference between Perceived Current Figure and Perceived Socially Desirable Figure, Perceived Attractive Figure to Opposite Sex and Perceived Most Attractive Figure for Young Adulthood Participants

As that of adolescent participants young adults perception of body figure regarding different issues may be different. To know the case for young adulthood participants' similar procedures as that of adolescent participants were followed.

Table 6: Mean and Standard Deviation of different perceived figures for young adult participants

Figure Type	N	\bar{X}	SD
perceived current figure	150	26.26	5.24
perceived socially acceptable figure	150	24.16	3.89
perceived ideal figure to attract opposite sex	150	23.58	3.54
perceived most attractive figure	150	23.49	3.44

For N = 150 young adulthood stage participants descriptive statistics was computed. As presented in the above table 6 the mean and the standard deviation for perceived current figure were 26.26 and 5.24 respectively. Similarly 24.16 and 3.89 were the respective mean and the standard deviation of young adults' perceived socially acceptable figure. In addition, perceived ideal figure to attract opposite sex found to have a mean value of 23.58 with the standard deviation of 3.54. Finally, the perceived most attractive figure body index result showed that the mean was 23.49 and the standard deviation was 3.44.

As that of adolescent participants the mean of perceived current figure of young adults, according to body mass index interpretation, was approaching to label 'fat or obese'. In contrast the mean for perceived socially desirable figure, perceived ideal figure to attract opposite sex and perceived most attractive figure indicated thin or slim figure. It simply means that adults perceive their figure as fat while they consider thin/slim figure is ideal in relation to social acceptance, heterosexual relationship and beauty.

Table 7: Mean differences between perceived current figures and perceived socially desirable figure, attractive to opposite sex and most attractive figure for young adults

Figure Type		N	\bar{X} difference	SD	t
Pair 1	perceived current figure - perceived socially acceptable figure	150	2.10	5.24	4.91***
Pair 2	perceived current figure - perceived ideal figure to attract opposite sex	150	2.68	5.43	6.06***
Pair 3	perceived current figure - perceived most attractive figure	150	2.77	5.07	6.70***

*** P < 0.001

Obviously, huge discrepancy between perceived current body figure and perceived ideal body figure could create problem in self acceptance.

As shown in the table 7 above paired sample t-test was computed to determine difference perceived current figure have with socially acceptable figure, desirable to attract oppose sex and most attractive figures.

The result showed that there was a statistically significant mean difference between perceived current figure and perceived socially desirable figure ($t = 4.91$, $df. = 149$; $P < 0.001$); perceived current figure and perceived ideal figure to attract opposite sex ($t = 6.06$, $df. = 149$; $P < 0.001$) and perceived current figure and perceived most attractive figure ($t = 6.70$, $df. = 149$; $P < 0.001$).

4.2.1.3 Difference in Perceived Current Figure and Perceived Socially Acceptable Figure, Ideal Figure to Attract the Opposite Sex and Most Attractive Figure for Adolescents and Young Adulthood Women

To see the nature of discrepancy between the mentioned different perceptions for the whole participants, the following analysis was computed.

Table 8: Mean and Standard Deviation of different perceived figures for adolescents and young adults

Figure Type	N	\bar{X}	SD
perceived current figure	300	26.35	5.25
perceived socially acceptable figure	300	24.16	3.92
perceived ideal figure to attract opposite sex	300	23.54	3.43
perceived most attractive figure	300	23.30	3.19

The total participants' descriptive statistics was computed using the body mass index data. As present in table 8 above the mean and standard deviation of perceived current figure for both adolescents and adulthood were 26.35 and 5.25 respectively. On the other hand the mean of perceived socially desirable figure was 24.16 while the standard deviation was 3.92. For perceived ideal figure to attract opposite sex, the mean was 23.54 while the standard deviation

was 3.43. Finally perceived most attractive figure of adolescents' and young adults' found to have a mean of 23.30 and standard deviation of 3.19.

As expected, the mean for perceived current figure was approaching the zone that considered fat or obese. Unlike the perceived current figure mean value of the perceived socially desirable figure, perceived attractive figure to opposite sex and perceived most attractive figure indicated thin/slim. It simply means that participants consider them selves as fat while they believe they should have thin figure that is ideal in many aspects.

Table 9: Mean differences between perceived current figures and perceived socially desirable figure, attractive figure to opposite sex and most attractive figure for adolescents and young adults

Figure Type		N	\bar{X} difference	SD	t
Pair 1	perceived current figure - perceived socially acceptable figure	300	2.19	5.28	7.20***
Pair 2	perceived current figure - perceived ideal figure to attract opposite sex	300	2.81	5.56	8.77***
Pair 2	perceived current figure - perceived most attractive figure	300	3.05	5.34	9.89***

*** P < 0.001

Consistently, with the above findings, perceived current figure found to have a statistically significant mean difference with perceived socially desirable figure (t= 7.20, df. = 149; P < 0.001); perceived ideal figure to attract opposite sex (t = 8.77, df. = 149; P < 0.001) and perceived most attractive figure (t = 9.89, df. = 149; P < 0.001) for both adolescent and young adults.

4.3. Dissatisfaction with Appearance

To know whether participants were anxious or feel dissatisfied with their appearance or not they were provided with scale that measures how much they were dissatisfied with their appearance. As collected by the instrument, the observed data was presented and interpreted below for adolescent and young adulthood stage participants.

Table 10: Descriptive statistics for body dissatisfaction of adolescents and young adults

Level	N	Max.	Min.	Range	Median	\bar{X}	SD
Secondary school	150	119	37	82.00	71.00	71.25	16.83
University	150	118	34	84.00	68.00	66.57	15.88

Table 10 above showed that the maximum values for adolescent and young adulthood participants in body dissatisfaction were 119 and 118 respectively. On the other hand the minimum scores indicated a value of 37 and 34 respectively. Therefore the range is 82 and 84 for young adolescent and adulthood study participants on body dissatisfaction scale.

As computed in table 10 above the mean for adolescent participants was 71.25 with the standard deviation of 16.83. Similarly the mean of body dissatisfaction score for young adults was 66.57 with standard deviation of 15.88. The median score tell as that 50% of adolescents and young adulthood participants score above 71 and 68 respectively on body dissatisfaction scale.

The data showed that the both mean and median scores for both adolescent and young adulthood stage participants were far larger than the expected minimum score. It means that there was a tendency of body dissatisfaction among majority of adolescent and young adulthood stage women.

4.4 The relationship between Age, Self-objectification, Habitual Body Monitoring and Body Dissatisfaction

According to different literatures it is believed that there is strong relationship between self objectification, habitual body monitoring and body dissatisfaction. In addition, the three variables also believed to have relationship with age. To see the existing relationship among the three variables and with age correlation analysis was computed.

Table 11: Inter-correlation matrix: age, self objectification, habitual body monitoring and body dissatisfaction

Variables	Inter-correlation			
	1	2	3	4
Age (1)	-			
Self-objectification (2)	0.08	-		
Habitual body monitoring (3)	0.13(*)	0.55(**)	-	
Body-dissatisfaction (4)	-0.10	0.38(**)	0.26(**)	-

* P < 0.05 level (2-tailed).

** P < 0.01 level (2-tailed).

As presented in table 11 above, there was statistically insignificant positive relationship between age and self-objectification ($r = 0.08$, $p > 0.05$). However, age found to have statistically significant positive relationship with habitual body monitoring ($r = 0.13$, $P < 0.05$). The case was different for the relationship between age and body dissatisfaction. Even though it was statistically

insignificant, age had a negative relation with body dissatisfaction ($r = -0.10$, $P > 0.05$).

In addition, Based on the analysis it was found out that there was statistically significant positive relationship between self-objectification and habitual body monitoring ($r = 0.55$, $P < 0.01$). The value for self-objectification and body dissatisfaction, similarly, showed positive and statistically significant ($r=0.38$, $P < 0.01$). Moreover, as indicated in table 11, there was a statistically significant positive relationship between habitual body monitoring and body dissatisfaction as well ($r=0.26$, $P<0.01$).

4.4.1 The Strength of Relationship between Body Dissatisfaction and Predictors

The proportion of variance in body dissatisfaction by the combined effects of self-objectification, habitual body monitoring, discrepancy score and age was explored using multiple regression analysis.

Other than variables used in correlation matrix one value was added: i.e. discrepancy between perceived current figure and perceived ideal/most attractive figure as predictor of body dissatisfaction. Its correlation was found statistically significant with body dissatisfaction ($r=0.13$, $P<0.05$). However it has statistically insignificant relationship with age ($r=-0.04$, $P>0.05$), self-objectification ($r=0.06$, $P>0.05$) and habitual body monitoring ($r=0.05$, $P>0.05$).

Table 12: Multiple regressions to predict Body dissatisfaction from age, self-objectification, habitual body monitoring and discrepancy

Variables	Regression weight (b)	Std. Error	Beta coefficients (β)	t
Self-objectification (X ₁)	0.33	0.06	0.34	5.39***
Habitual body monitoring(X ₂)	2.70	2.11	0.08	1.28
Discrepancy(X ₃)	0.31	0.16	0.10	1.90
Age (X ₄)	-0.60	0.23	-0.11	-2.58*

P* < 0.05

Constant=72.27

R = 0.42

R² = 0.18

P*** < 0.001

Dependent Variable: Body-dissatisfaction

Predictors: constant, self-objectification, habitual body monitoring, discrepancy score and age

On the bases of data in table 12 the raw score regression equation was

$$Y = 0.33X_1 + 2.70X_2 + 0.31X_3 - 0.60X_4 + 72.27$$

Table -12 above showed that all the predictors (self-objectification, habitual body monitoring, discrepancy and age) together accounted 18% of the variation in body dissatisfaction. However, among the predictor variables self-objectification (t=5.39, P<0.001) and age (t=-2.58, P<0.05) had significant contributions to the changes in body dissatisfaction. On the other hand Habitual body monitoring (t=1.28, P>0.05) and discrepancy (t = 1.90, P > 0.05) found to contribute least and which was statistically insignificant.

To determine the relative contribution of each predictor variables in predicting criterion variable and to identify the strongest predictor, step wise multiple regression analysis was computed.

Table 13: Summary of step wise multiple regression for predicting body dissatisfaction form self-objectification, discrepancy and age

No of steps	Variables entered	Multiple		Change in R ²
		R	R ²	
1	Self-objectification	0.38	0.15	0.15
2	Discrepancy	0.40	0.16	0.01
3	Age	0.42	0.18	0.02

Dependent Variable: Body-dissatisfaction

Predictors: self-objectification, discrepancy score and age

In the first step of the analysis self-objectification was entered in the regression model. The proportion of variance accounted for body dissatisfaction by self-objectification was about 15%. Then discrepancy entered in the regression model. The increase in body dissatisfaction attributed to discrepancy was about 1%. Finally age was entered and showed increase in variance of body dissatisfaction by 2%. The three predictors (self-objectification, discrepancy between current and ideal and age) together accounted 18% of variation in body dissatisfaction.

The step wise regression analysis disclosed that self-objectification appears to be best predictor of body dissatisfaction. Its contribution was statistically significant ($P < 0.001$). Similarly the contribution of age on body dissatisfaction found to be marginally significant ($P < 0.05$). The result for the contribution of habitual body monitoring and discrepancy was so small that the test showed statistically insignificant ($P > 0.05$).

Table 14: ANOVA Summary of stepwise multiple regression for the Effect of self-objectification, habitual body monitoring, discrepancy and age on body dissatisfaction

	Sum of Squares	df	Mean Square	F
Regression	14552.29	4	3638.07	16.05***
Residual	66865.10	295	226.66	
Total	81417.39	299		

P < 0.001

R²=0.18

In general the above ANOVA table 14 for multiple regression revealed that body dissatisfaction was significantly affected by self-objectification, age, habitual body monitoring and discrepancy scores ($F_{4, 29} = 16.05, P < 0.001$). The mentioned variables all together have statistically significant contributions and explained 18% of the variation in body dissatisfaction.

4.5 Age Difference in Self-Objectification, Habitual Body Monitoring and Body Dissatisfaction for Adolescent and Young Adulthood Women

One of the main objectives of the study was to determine age related differences in self objectification, habitual body monitoring and body dissatisfaction. The data gathered by the employed instruments were organized in such way that independent t-test analysis could be computed independently for self objectification, habitual body monitoring and body dissatisfaction. From the results interpretation is forwarded.

Table 15: Mean difference in self-objectification, habitual body monitoring and body dissatisfaction among adolescents and young adulthood women

Variables	Level	N	\bar{X}	SD	T
Self-objectification	Secondary-School	150	1.77	17.30	-0.80
	University	150	3.35	16.75	
Habitual body monitoring	secondary-School	150	2.37	0.46	-1.59
	University	150	2.46	0.53	
Body-dissatisfaction	Secondary-School	150	71.25	16.83	2.48*
	University	150	66.57	15.88	

*P < 0.05

There were equal number (N=150 for each) of young adulthood and adolescent female participants in the study. The self-objectification result showed that adolescent participants had mean result of 1.77 with the standard deviation of 17.3 while young adult participants had a mean of 3.35 with the standard deviation of 16.75. For habitual body monitoring, based on the analysis, mean and standard deviation for adolescent and young adulthood participants were found to be 2.37, 0.46 and 2.46, 0.53 respectively. Furthermore, for body dissatisfaction the mean for adolescent and young adulthood participants were found 71.3 and 66.6 respectively. Adults' standard deviation indicated a value of 15.9 while adolescents' show a value of 16.8.

The result presented above in table 15, revealed that there was no statistically significant age related differences between adolescence and young adulthood female participants in traits of self-objectification ($t=-0.80$, $df. = 298$, $P>0.05$). It means that both adolescent and young adulthood stage female participants

have similar tendency of self objectification and the seemingly existing age difference was not statistically significant.

Equally important to self objectification, habitual body monitoring was the other important area of focus for girls/women to be concerned with at adolescence and young adulthood stages. As presented in table 16 above there was no statistically significant age difference in habitual body monitoring for adolescent and young adulthood study participants ($t=-1.59$, $df. 298$; $P>0.05$).

However, based on the independent t-test analysis for age related difference in body dissatisfaction score among adolescents' and young adulthood participants', the value indicated statistically significant. ($t = 2.47$, $df = 298$; $P<0.05$).

CHAPTER 5: DISCUSSION

As stated in the introductory paragraph in chapter one there were four objectives that this study aimed to achieve. Let's relate major findings and discussion with the objectives intended to achieve.

5.1 Perception of Adolescent and Young Adulthood Stage Women about their Body Figure

As a developmental task, some of the most important issue at the stages of adolescence and early adulthood are: getting acceptance by others (Ruutel, 2004), establishing romantic heterosexual relationships and appearing good looking or attractive (Ilaria, 2006). These all are so much to do with perception of own figure.

It was found out that slim figure is ideal to adolescents and young adulthood women in many respects. This is may be because slim body figure among girls is associated to so many positive qualities. As Podjaskey (1997) stated, slim women/girls like themselves, have high self esteem and self love. Moreover, as Hall (2009) identified slim figure is perceived to be important criteria for social approval and crucial sign of beauty among girls/women. Consistently to the mentioned findings majority of the participants associated thin/slim figures with social acceptance, good criteria in heterosexual relationship (to be liked by opposite sex partner) and to physical attractiveness. Shepeliak (2006) come up with exactly similar finding by his study on 144 college students (103 were females) to investigate the gender and cultural variation in the relationship between body image dissatisfaction and self-esteem.

In the present study the majority of research participants labeled themselves as having body size approaching to the index of fat. This finding is consistent to Shumet (2006) and Ruutel (2009). They found out that girls perceive themselves to be heavier and wish to weigh less and to be thinner.

However, as stated earlier, it was found that slim/thin body figure is appropriate for social acceptance (by friends, class mates, family members and so on), to attract opposite sex partner and to appear beautiful or attractive. This was evidenced by statistically significant difference perceived current figure have with perceived socially acceptable figure, perceived ideal figure to attract opposite sex and perceived idea/most attractive figure. This means that as Shumet (2006) stated girls/women rate positively body figure size thinner than themselves. This may attribute to many socio-cultural factors as: parental, peers and media influences on idealization of body image (Hall, 2009; Lipschuetz, 2002).

5.2 Body Appearance Dissatisfaction among Adolescent and Young Adulthood Participants

One of the ideas which was consistently confirmed by various studies is the existence of appearance anxiety especially after childhood stage with the onset hormonal and bodily change that happen at puberty. With this perception change eating disorder and body hatred may characterize the relation of women/girls with their body (Ruutel, 2009).

From the data presented in table 10 girls/women found to have had serious concerns about bodily issues. Though the extent may vary majority of adolescents and young adults scored a value that showed that they were dissatisfied with their appearance. This indicated that majority of the participants were dissatisfied by their weight, height and other bodily appearance issues.

Consistently, Sarah, Suzanne, & Elizabeth (2002) found out that approximately 40-70% of adolescent girls were dissatisfied with their body.

Tendency of being valued and judged girls/women by physical appearance may create feeling of being anxious with oneself which in turn may lead to having punitive and self hating relationship with their bodies (Grewal & Kapal, 2006). Similarly according to Frederickson and Roberts (1997) girls may develop serious beauty image problems or even body hatred if they fail to achieve "appropriate" body appearance. This is may be due to the reason as Shumet (2006) stated girls perceive most of their friends or classmates are more physically attractive than they are.

According to Ruutel (2004) girls/women are less satisfied with their body parts and body weight. This implicated that body dissatisfaction which characterizes the life of many women/girls attributed to the current trend that consider thinness as hallmark of contemporary beauty. In addition Champion and Furnham (2010) suggested that the media, consistently portraying thin, stereotypically attractive bodies, exacerbates the phenomenon of body dissatisfaction, and in consequence may be partly responsible for the increase in the prevalence of body dissatisfaction. Internalization of the current thin ideal set for females and the belief that achieving thinness and the ideal appearance will result in many different social benefits, such as acceptance and popularity, is also thought to promote body dissatisfaction (Hall, 2009).

In the current study a considerable portion of adolescent and young adult participants expressed their great concern towards all complex issues raised in relation to body appearance. This finding could confirm the idea that adolescent and young adulthood stage female relations with their body part are surrounded by different conflicts and reservations (Lipschuetz, 2002).

Though there was age related difference in body dissatisfaction between adolescent and young adulthood stage participants, the concern was common for both.

Generally, this fact can be explained by the phenomenon of girls' body objectification. The society evaluates girls by their appearance and related issues which lead themselves to supervise and monitor it. This big concern could lead to appearance anxiety and being dissatisfied by self which may develop in to body hatred.

5.3 Relationship between Self-objectification, Habitual Body Monitoring and Body Dissatisfaction

The tendency of evaluating girls by their appearance and body attribute, lead girls to self objectification. This self-objectification in turn leads to the habit of body monitoring to maintain the ideal body appearance. Again this excessive concern towards different body parts could lead to feeling of dissatisfaction with one self (Fredrickson et al., 1998; Berick-Aharony, 2007). From these logical discussion it is possible to assume the existence of strong positive relationship between self-objectification, habitual body monitoring and body dissatisfaction. The fact was also found to be true for this study as well.

There was strong positive relationship between self-objectification and habitual body monitoring; self objectification and body dissatisfaction; and habitual body monitoring and body dissatisfaction. Study by Grippo and Hill (2007) on 138 European American heterosexual women ranging in age from 40 to 87 years old come up with consistent finding. Their study revealed that self-objectification and habitual body monitoring were positively correlated with body dissatisfaction. Similarly Dorland (2006) reached at similar conclusion that self-objectification has significant positive relationship with habitual body monitoring.

With respect to age, self-objectification found to have positive relationship with age though it is statistically insignificant. However, the relationship between age and habitual body monitoring found to be positive and statistically significant. Age found to have negative relationship with body dissatisfaction.

Though it is statistically insignificant, it means that as age increases body dissatisfaction decreases. This may be attributed to the fact that the importance of body appearance seems to decrease with increasing age (Tiggemann & Prichard, 2005). On the other hand according to Lipschuetz (2002) the transition into adolescence is typically more stressful for girls because girls meet many normative development challenges at once, including weight gain, dating, and emerging sexuality. Therefore, by his study he found out that, body satisfaction declines for girls from age 12 to 15, then levels off and sometimes increases slightly in middle and late adolescence. Similarly as Tilaye (2007) indicated with the onset of pubertal changes during adolescence things change their feature. Those who consider themselves attractive before start to change their idea with the onset of menstruation.

Further multiple regression analysis showed that age, self-objectification, discrepancy and age together contribute for significant change in variance of body dissatisfaction. When we see the independent contribution of each predictor, step wise multiple regression analysis showed that self objectification was best predictor of body dissatisfaction. It was followed by age then discrepancy between perceived ideal and current body figures. Even though self-objectification contributes most and discrepancy relatively least, their contribution was statistically significant to body dissatisfaction. However, Habitual body monitoring found to be least contributor of body dissatisfaction and its contribution was statistically insignificant. Consistently, Ilaria (2006) found self objectification to be best predictor of appearance anxiety and depression.

5.4 Age Difference in Self-Objectification, Habitual Body Monitoring and Body Dissatisfaction among Adolescents and Young Adults

Up on the presentation in table 15 in chapter four there was no statistically significant age difference in trait of self-objectification and habitual body monitoring among adolescents and young adults. But the case was different for body dissatisfaction. It was found to be statistically significant for adolescent and young adulthood participants. Generally it is possible to conclude that while self objectification and habitual body monitoring remain stable across adolescent and young adulthood stages the tendency of body dissatisfaction changes for the two age groups, specifically decrease with age. The result revealed that at adolescence years dissatisfaction is more than adulthood years.

Tiggemann and Lynch (2001), on the other hand, came up with the inconsistent finding that body dissatisfaction remained stable across the age range. They also suggested that self-objectification and habitual body monitoring were significantly decreased with age. Similar finding is reported by Grippo and Hill (2007). The inconsistency of the finding with the mentioned study findings may attribute the fact that the researchers were not included adolescents as a participant of study. They conducted their study on different cohorts of adulthood stage participants.

CHAPTER 6: SUMMARY, CONCLUSION AND RECOMMENDATIONS

In this final chapter, brief summary of the whole research process and the conclusions reached at are presented. Based on the finding and insight gained thorough the process appropriate recommendations are forwarded.

6.1 Summary

The main objective of this study was to identify age relate differences in self-objectification, habitual body monitoring and body dissatisfaction among adolescent and young adulthood stage women. In addition the study was aimed at identifying the existing relationship between self-objectification, habitual body monitoring and body dissatisfaction. Furthermore knowing whether women/girls were anxious about their body or not and identifying their body perception were the other objectives this study aimed to achieve.

Indeed, 300 adolescent and young adulthood stage participants were selected from Addis Ababa using random sampling technique. Questionnaire that measure tendency of self-objectification, habitual body monitoring, body dissatisfaction and perception of different body figure were prepared and administered among the participants. Their response were recorded and analyzed using percentages, mean scores, Pearson moment product correlation, multiple regression, paired sample t-test and independent sample t-test analysis.

The finding revealed that there was strong positive relationship between self-objectification, habitual body monitoring and body dissatisfaction. With respect to age, the finding disclosed that there was no age related difference in self-objectification and habitual body monitoring. But body dissatisfaction found to be decreased with age. Generally the study was revealed the following major findings

- The perception of adolescents and young adults about their current appearance was marginally fat. But they consider slim/thin figures as more appropriate to social acceptance, establishing heterosexual relationship and to appear physically attractive.
- There was statistically significant difference between perceived current figure and perceived socially desirable figure; perceived current figure and perceived attractive figure to opposite sex; and perceived current figure and perceived most attractive figure among adolescent and young adulthood women.
- Most adolescents and young adults were dissatisfied about a certain body parts and appearance. They scored far more on dissatisfaction scale than expected minimum score.
- Age does not have statistically significant relationship with self-objectification and body dissatisfaction.
- Age have statistically significant positive relationship with habitual body monitoring. It means that as age increases the tendency of body monitoring increases.
- There was statistically significant positive relationship between and among self-objectification habitual body monitoring and body dissatisfaction.
- Age, self-objectification, habitual body monitoring and discrepancy together have statistically significant contribution to body dissatisfaction.
- Self-objectification was best predictor of body dissatisfaction followed by age and discrepancy score between perceived current figure and perceived ideal/most attractive figure. On the other hand habitual body monitoring was least contributor of variance in body dissatisfaction.

- There was no age related difference in tendency of self-objectification and habitual body monitoring among adolescent and young adulthood women.
- There was age difference in body dissatisfaction among adolescent and young adulthood women.
- Girls at adolescence years found more dissatisfied with their body than young adulthood women.

6.2 Conclusion

Based on the above major findings, the researcher arrive at the following conclusions

1. Adolescent and young adulthood women perceive their appearance as fatter than it should be. They emphasized that slim/thin body figure is appropriate for social approval, love mate selection and to appear physically attractive.
2. Adolescents and young adulthood women feel uncomfortable about their height, general body appearance, physical attractiveness and some aspects of their body parts. This was evidenced by their high score in body dissatisfaction scale.
3. Self-objectification and body dissatisfaction remain stable across the age range while habitual body monitoring increases with age.
4. There is strong positive relationship between self-objectification habitual body monitoring and body dissatisfaction.
5. Self-objectification, habitual body monitoring, discrepancy and age together have statistically significant contribution to body dissatisfaction.
6. Self-objectification is major predictor of body dissatisfaction and habitual body monitoring is least predictor.

7. There is no age related difference in self-objectification and habitual body monitoring among adolescent and young adulthood women.
8. There is significant age related change in body satisfaction among adolescent and young adulthood women.

6.3 Recommendations

From all the study process and findings I would like to forward the following recommendations about practical implications and further investigations

1. Parents and family members should be given education that they should judge and evaluate girls/women by their competence in different aspects of life starting from a very early age.
2. It is important to note that self-objectification shifts girls' attention to body monitoring and other related activities. As a result they become less competent in their academic and social skills. Therefore extensive training and awareness creation program is important to mitigate the effect.
3. Training should be given for girls at schools and universities so that they can give ample attention for their skills and knowledge than their appearance.
4. All stakeholders should know that appearance related evaluation is the major factor of sexual violence among girls.
5. Beauty contest, modeling, fashion etc. conducted on school settings has so many things to do with self objectification. These practices should be changed by academic competition, debate on different issues and other related activities that can enrich students' academic and social knowledge.

6. Girls club at universities and schools should be equipped with skilled man power on the area so that they can create awareness among the school community.
7. Researcher should make further investigation on the issue. Areas like effect of self objectification, gender difference in self-objectification and so on can be interesting issues of further research.

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APPENDIX B
PART 2: THE SELF-OBJECTIFICATION QUESTIONNAIRE

The questions below identify 12 different body attributes. Please, rank order these body attributes from that which has the greatest impact on your physical self-concept (rank this a "12"), to that which has the least impact on your physical self-concept (rank this a "1"). It does not matter how you describe yourself in terms of each attribute. Please first consider all 12 attributes simultaneously, and record your rank ordering by writing the ranks in the column provided to the right of each item. **Scale: 12 = most impact to 1 = least impact.**

IMPORTANT: Do Not Assign the Same Rank to more than One Attribute!

When considering your physical self-concept...

No	Body Attribute	Rank you assign
1	Physical coordination	
2	Health	
3	Weight	
4	Muscular strength	
5	Sexual appeal	
6	Physical attractiveness	
7	Physical energy level	
8	Firm or sculpted muscles	
9	Physical fitness level	
10	Coloring (e.g., skin tone, eye, hair color)	
11	Measurements (e.g., chest, waist, hips)	
12	Stamina (physical or mental endurance)	

PART 3: HABITUAL BODY MONITORING

The following questions refer to habitual body tendency of girls/women. Please rate them on a five point scale (1=strongly disagree, 2=disagree, 3=neither agree nor disagree, 4=agree and 5=strongly agree) and respond by putting a tick (✓) mark in the box of your choice against each item.

No	Items	1	2	3	4	5
1	I feel ill if I do not have enough time to make myself look good in the morning.					
2	I think it is more important that my clothes are comfortable than whether they look good on me.					
3	I think more about how my body feels than how my body looks					
4	I rarely compare how I look with how other people look.					
5	During the day, I think about how I look many times.					
6	I often worry about whether the clothes I am wearing make me look good.					
7	I rarely worry about how I look to other people.					
8	I am more concerned with what my body can do than how it looks.					
9	When I can't control my weight, I feel like something must be wrong with me.					
10	I feel uncomfortable of myself when I haven't made the effort to look my best.					
11	I feel like I must be a bad person when I don't look as good as I could.					
12	I shave my leg to make it smooth looking					
13	I exercise daily to gain control of my body weigh.					
14	When I'm not exercising enough, I question whether I am a good enough person.					

15	I use different make ups to improve how I look to others					
16	I wear heal shoes to increase my height.					
17	I restrict the amount of food I eat					
18	I only eat fruits, vegetables and other low calorie foods					
19	I usually attempt different methods to control my body size					
20	I usually try different hair styles to improve my appearance					
21	I usually visit beauty salons to check up how I look!					
22	I am in control of my body parts					
23	If I had a chance I could do plastic surgery in any part of my body!					
24	I am constantly thinking about my body size, shape and weight and I am always working on it to improve it.					
25	Because much of my physical appearance is beyond my control, I do not do well on it.					
26	I would like to change the way I look.					
27	when I see a model in magazine and TV I want to look like her					
28	I am excessively concerned about people's opinion about my physical appearance.					
29	I feel that being good looking is very important.					
30	I often escape dinner to control my body height.					

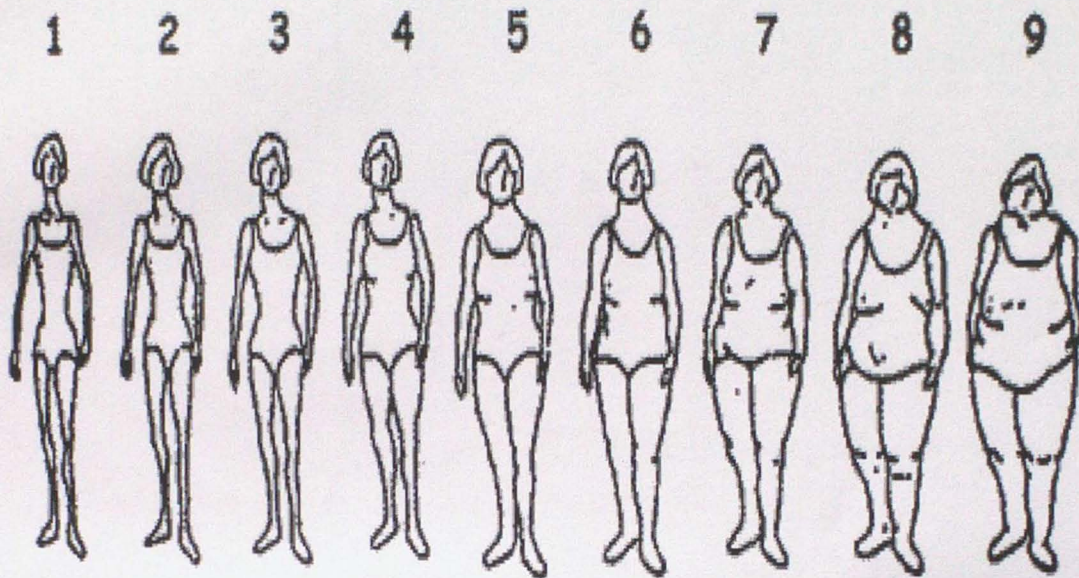
PART 4: BODY DISSATISFACTION QUESTIONNAIRE

The following questions refer to body dissatisfaction tendency of girls/women. Please rate them on a five point scale (1 = never, 2 = sometimes, 3= often, 4= very often, and 5 = always) and respond by putting a tick (✓) mark in the box of your choice against each item.

No	Items	1	2	3	4	5
1	I enjoy looking at myself in the mirror.					
2	I don't participate in sports, swimming and other activities because I am embarrassed about my body posture.					
3	I get nervous when others comment on my appearance.					
4	My appearance bothers me enough that I have thought about having cosmetic surgery.					
5	I feel helpless to change my appearance.					
6	I feel comfortable with my facial attractiveness.					
7	I am satisfied with my body weight.					
8	I am satisfied with my body's build or shape.					
9	I would be uncomfortable without products to enhance my appearance.					
10	I feel uncomfortable with certain aspects of my physical appearance					
11	I feel ashamed of my physique or figure.					
12	I feel that most of my friends are more physically attractive than myself					
13	I wish that I was better looking.					
14	I am satisfied with my overall appearance					
15	I am happy with the way I look.					
16	I think my physical appearance is exactly the way I always wish.					
17	I hide part of physical trait such as teeth, eyes ...etc because it is not perfect.					
18	I wish I were some one with different physical appearance.					
19	No matter what clothes or adornments I use, my physical appearance does not please me.					
20	I feel disappointed with what I see when I look at my self in a mirror.					
21	I like my skin color					
22	I have a good hair texture					
23	I wish I was taller					
24	I like my eyes appearance					
25	I am satisfied with by my appearance of teeth					
26	my breast are attractive (I like my breast size)					
27	I have attractive nose					
28	I am satisfied with my hips and legs					
29	I like my facial complexion (my face is pretty).					
30	I have just the right height					

PART 5: BODY PERCEPTION

This part of the questionnaire will examine the perception of girls/women about ideal body type and their current figure would look like. Read the questions simultaneously and answer it by writing the number of the picture that you think is right to the question.



- 1- Please write the body number that matches with your current figure. _____
- 2- Indicate a figure your parents/friends would want for you. _____
- 3- Please select a figure most desirable to the opposite sex. _____
- 4- Which figure do you think is most attractive _____

APPENDIX B

አዲስ አበባ ዩኒቨርሲቲ

ድህረ ምረቃ ትምህርት

ስነ-ትምህርትና ጠባይ ትምህርት ክፍል

ሳይኮሎጂ ኢንስቲቲዩት

ክፍል 1

የዚህ ጥናት አላማ በጉርምስናና በወጣትነት ዘመን የሴቶችን የሰውነትን አካላዊ ገፅታ ከሌሎች አንፃር መመልከትን ለሌሎች እይታ አንዲመች ማሳመርን፣ አካላዊ ገፅታን መቆጣጠርንና፣ በአካላዊ ገፅታ አለመርካትን በእድሜ ልዩነት ምክንያት የሚታዩትን ለውጦችን ለማወቅ ነው። ጥናቱ የሚደረገው በእድገታዊ ሳይኮሎጂ የማስተርስ ዲግሪ ማሟያ ነው። ጥያቄዎቹ ትክክለኛ ወይም ሀሰተኛ የሚባል መልስ የላቸውም። የሚሰጠው ትክክለኛ መረጃ ጥናቱ የተሳካ ለማድረግ ከፍተኛ ሚና አለው። በተጨማሪም የሚገኘው ማንኛውም መረጃ ከጥናቱ ውጪ ለሌላ አላማ አይውልም።

ስለ ትብብርሽ በቅድሚያ አመሰግናለሁ።

ግላዊ መረጃ

እድሜ -----

- የትምህርት ደረጃ -----ከፍተኛ ሁለተኛ ደረጃ የግል
- ከፍተኛ ሁለተኛ ደረጃ የመንግስት
- ዩኒቨርሲቲ
- የትምህርት ደረጃ -----ከፍተኛ ሁለተኛ ደረጃ ተማሪ
- የመጀመሪያ ዲግሪ ተማሪ
- የሁለተኛ ዲግሪ ተማሪ
- ክፍል ወይም አመት -----9ኛ ክፍል
- 10ኛ ክፍል
- 3ኛ አመት
- 4ኛ አመት
- 1ኛ አመት
- 2ኛ አመት

ክፍል 2: አካላዊ ገፅታ ላይ ማተኮር

ከስር 12 የተዘረዘሩ አካላዊ ባህርያት አሉ። እባክሽ በጣም ያሳስበኛል ከምትይው ምንም አይመስለኝም ወደምትይው ደረጃ በመስጠት አመልክቶ። በጣም ያሳስበኛል የምትይውን የምትሰጭው ደረጃ 12 ሲሆን ምንም አይመስለኝም የምትይው ደረጃው 1 ይሆናል። በቅድምያ ሁሉንም አንዴ በማንበብ ከትልቁ ወደ ትንሹ ደረጃ በተሰጠው ክፍት ቦታ ላይ ስጪ። ደረጃ አሰጣጡ 12- በጣም ያሳስበኛል፣ 1-ምንም አይመስለኝም ይሆናል።

እባክሽ ተመሳሳይ ደረጃ ለሁለት ቦታ እንዳታስቀምጧ። አንድ ደረጃ ለአንድ ቦታ ተጠቀሟ።

ገፅታሽን ስታስቡ ትኩረትሽ

ተራ ቁ	አካላዊ ባህርያት	የምትሰጭው ደረጃ
1	የአካላዊ ክፍሎች ቅንጅት	
2	አካላዊ ጤንነት	
3	የሰውነት ክብደት	
4	አካላዊ ጥንካሬ	
5	አማላይነት	
6	ቁንጅና	
7	የሰውነት ሀይል መጠን	
8	የተወጠረ ወይም ያልተሸበሸበ ሰውነት	
9	የአካል ብቃት	
10	ከለር (ምሳሌ- የቆዳ፣ የዐይን፣ የፀጉር)	
11	መጠን (ምሳሌ- የደረት, የወገብ, የዳሌ)	
12	አካላዊ ወይም አዕምሮአዊ ፅናት	

ክፍል 3: የዘውትር አካላዊ ገፅታ ቁጥጥር/ ማሳመር

ከስር የተዘረዘሩት ጥያቄዎች ሴቶች ምን ያህል ዘውትር የራሳቸውን አካላዊ ገፅታቸውን እንደሚቆጣጠሩ/ለማሳመር እንደሚጥሩ ለማወቅ የተዘጋጁ ናቸው። በባለ አምስት ነጥብ (1- በጣም አልስማማም፣ 2- አልስማማም፣ 3- አልስማማምም እስማማለሁም ፣4 እስማማለሁ፣ 5 በጣም አስማማለሁ) መልስ መስጫ መልስ የምትይውን በጥያቄው ትይዩ በሚገኘው ቦታ ምልክት (✓) አድረጉ።

ተራ ቁ.	ጥያቄዎች	1	2	3	4	5
1	ጠዋት ራሴን ለማሳመር በቂ ጊዜ ካላገኘሁ የታመምኩ ያህል መጥፎ ስሜት ይሰማኛል።					
2	እንደማስበው ክልብሶቼ ውበት ይልቅ ምቹታቸው በጣም አስፈላጊ ነው።					
3	ከገፅታዬ ይልቅ የሰውነት ስሜቴ ትኩረቴን ይወስዳል።					
4	ራሴን ከሌሎች ጋር ብዙም አላነፃፅርም።					
5	ምን ልመስል እንደምችል በቀን ብዙ ጊዜ አስባለሁ።					
6	የምለብላቸው ልብሶች ምን ያህል እንደሚያሳምሩኝ ዘውትር አስባለሁ።					
7	ለሌሎች ምን እንደምመስል ብዙም አልጨነቅም።					
8	የማስበው ከሰውነት ገፅታዬ ይልቅ ስለ ሰውነት ችሎታዬ ነው።					
9	ክብደቴን መቆጣጠር ካቃተኝ የሆነ ችግር ያለብኝ ይመስለኛል።					
10	ራሴን ካላሳመረኩ ምቹት አይሰማኝም።					
11	ማማር የምችለውን ያህል ራሴን ካላሳመረኩ መጥፎ ሰው እንደሆንኩ ይሰማኛል።					
12	የእግራ ቆዳ ልስላሴ ለመጠበቅ የእግራን ፀጉር እላጫለሁ።					
13	የሰውነቴን ክብደት ለመቆጣጠር ዘውትር አካላዊ እንቅስቃሴ አደርጋለሁ።					
14	በቂ አካላዊ እንቅስቃሴዎችን ካላደረግሁ የራሴን ጥሩ ሰውነት እጠራጠራለሁ።					

15	የተለያዩ የማስዋዕታና ማሳመሪያ ምርቶችን እጠቀማለሁ።				
16	ቁመቴን ከፍ ለመድረግ ታኮ ያላቸውን ጫማዎችን አዘወትራለሁ።				
17	የምበላውን የምግብ መጠን እወስናለሁ።				
18	ፍራፍሬዎችን አትክልቶችንና የማያወፍር ምግቦችን ብቻ እመገባለሁ።				
19	የሰውነት መጠኔን ለመቆጣጠር የተለያዩ ዘዴዎችን አሞክራለሁ።				
20	ገፅታዬን ለማሳመር የተለያዩ የፀጉር አሰራሮችን እሰራለሁ።				
21	ውበቴን ለመጠበቅ አዘወትራ የውበት ሳሎን እሄዳለሁ።				
22	ሰውነቴ ሙሉ በሙሉ በኔ ቁጥጥር ስር ነው።				
23	አጋጣሚውን ባገኝ የሆነ የሰውነት ክፍሌን በቀዶ ጥገና ባስተክክል ደስ ይለኛል።				
24	ዘወትር ስለ የሰውነት መጠኔ ቅርፅና ክብደቴ አስባለሁ ለማሻሻልም እጥራለሁ።				
25	አካላዊ ገፅታዬ ከኔ ቁጥጥር ውጭ ስለሆነ ምንም የማደርገው ነገር የለም።				
26	ገፅታዬን ብቀይር ደስ ይለኛል።				
27	በቴቪ ወይም በመፅሐፍት የሞዴል ፎቶ ሳይ እንደሷ መሆን እመኛለሁ።				
28	ሰዎች ስለአካላዊ ገፅታዬ የሚሰጡት አስተያየት እጅግ በጣም ያሳስበኛል።				
29	ቆንጆ ሆኖ መታየት በጣም አስፈላጊ እንደሆነ ይሰማኛል።				
30	ክብደቴን ለመቆጣጠር እራት ሁል ጊዜ አልበላም።				

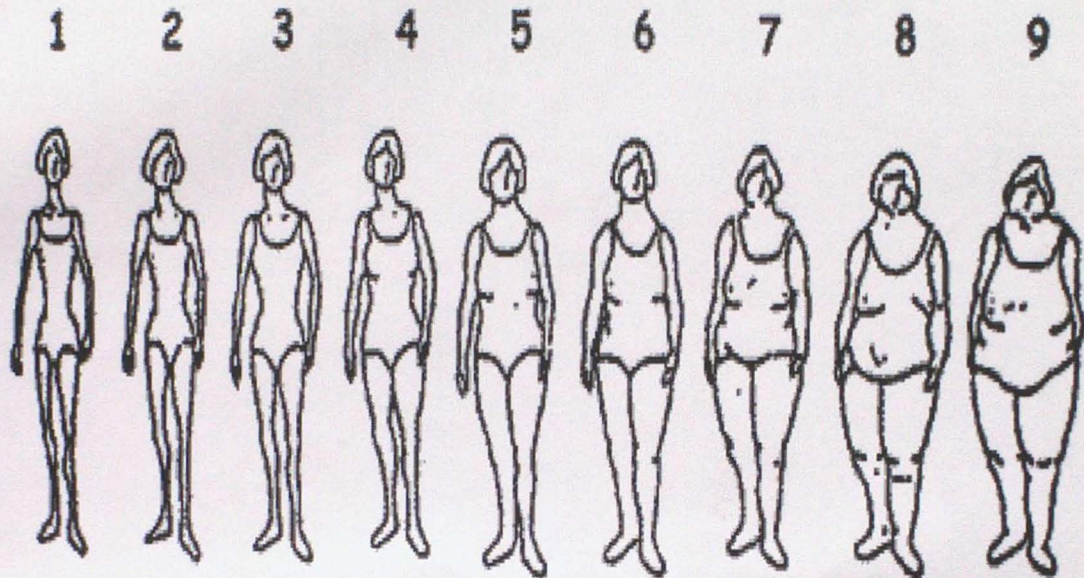
ክፍል 4: በአካላዊ ገፅታ ደስተኛ አለመሆንና አለመርካት

ከስር የተዘረዘሩት ጥያቄዎች ሴቶች ምን ያህል በአካላዊ ገፅታቸው ደስተኛ አለመሆንና አለመርካት እንደሚሰሩ ለማወቅ የተዘጋጁ ናቸው። በባለ አምስት ነጥብ (1- በፍፁም፣ 2- አንዳንዴ፣ 3- በብዛት፣ 4- በጣም በብዛት፣ 5- ሁል ጊዜ) መልስ መስጫ መልስ የምትይውን በጥያቄው ትይዩ በሚገኘው ቦታ ምልክት (✓) አድረግ።

ተራ ቁ.	ጥያቄዎች	1	2	3	4	5
1	ረሴን በመስታወት መመልከት ያስደስተኛል					
2	በሰውነት አቋሜ ስለምበሳጭ በስፖርት፣ በዋናም ሆነ በሌሎች እንቅስቃሴዎች አልሳተፍም።					
3	ስለተክለሰውነቴ ሌሎች አስተያየት ሲሰጡ እናደግለሁ።					
4	ስለ ሰውነት ገፅታዬ ካለመደሰቴ የተነሳ በቀዶ ጥገና ባስተካከልኩት እያልኩ እመኛለሁ።					
5	የሰውነት ገፅታዬ በመቀየር ረገድ ተስፋ ቆርጫለሁ።					
6	የፊት ቁንጅና ይመቸኛል።					
7	በሰውነት ከብደቴ ድስተኛ ነኝ።					
8	በሰውነት ቅርፍ እርካታ ይሰማኛል።					
9	የውበት መጠበቂያ ምርቶችን ካልተጠቀምኩ ምችት አይሰማኝም።					
10	በአንዳንድ የሰውነት ክፍሎቼ ደስተኛ አይደለሁም።					
11	በተክለ ሰውነቴ ወይም በቁመናዬ ሀፍረት ይሰማኛል።					
12	ከኔ ይልቅ ብዙዎቹ ጓደኞቼ ቆንጆ እንደሆኑ ይሰማኛል።					
13	ከዚህ በተሻለ ቆንጆ ብሆን ምኞቴ ነበር።					
14	ባለኝ አጠቃላይ አካላዊ ገፅታዬ እርካታ ይሰማኛል።					
15	በአካላዊ ገፅታዬ ደስተኛ ነኝ።					
16	ያለኝ አካላዊ ገፅታ በትክክል የምፈልገውና የምመኘው አይነት ነው።					
17	አሪፍ ስላልሆኑ አንዳንድ የሰውነት ክፍሎቼን (ለምሳሌ ጥርሴን፣ ዐይኔን ወዘተ) እደብቃለሁ።					
18	ሌላ አይነት አካላዊ ገፅታ ያለው ሰው ብሆን በጣም ደስ ይለኝ ነበር።					
19	ምንም ያህል አሪፍ ልብስ በለብስና የተለያዩ ሜካፕ ብጠቀም በአካላዊ ገፅታዬ አልደሰትም።					
20	ራሴን በምስታወት ስመልከት በማየው ነገር በጣም አዝናለሁ።					
21	የቆዳ ከለሬን እወድዋለሁ።					
22	ለስላሳ ፀጉር አለኝ።					
23	ትንሽ ረዘም ብል ደስ ይለኝ ነበር።					
24	ዐይኔን እወደዋለሁ።					
25	በጥርሴ አቀማመጥና ንጣት ርካታ ይሰማኛል።					
26	ጡቴ ያምራል (መጠኑ ይመቸኛል)።					
27	ደስ የሚል አፍንጫ አለኝ።					
28	በእግሮቼና በዳሌዬ ደስተኛ ነኝ።					
29	የፊቴ ገፅታ አሪፍ ነው።					
30	ትክክለኛውን የቁመት መጠን ታድያለሁ።					

ክፍል 5: ስለ ተክለ ሰውነትና አካላዊ ገፅታ ያለ አመለካከት

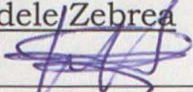
ይህ የመጠይቅ ክፍል ሴቶች ያላቸው የሚመስላቸውና ትክክለኛ ነው ብለው የሚያስቡትን ተክለ ሰውነትና አካላዊ ገፅታቸውን እንዴት እንደሚገነዘቡት ለመወቅ የተዘጋጀ ነው። ስዕሎቹን በመመልከት ከጥያቄው አንፃር መልስ ነው የምትይውን ሥዕል ቁጥር በመፃፍ መልስ በባዶ ቦታው ላይ ስጭ።




- 1- አሁን አለኝ ብለኝ የምታስቢው አካላዊ ገፅታ የቱ ነው _____
- 2- ጓደኞቻችን ወይም ቤተሰቦቻችን እንዲኖርኝ የሚፈልጉት አካላዊ ገፅታ የቱ ነው _____
- 3- ተቃራኒ ፃታን ለመማረክ ትክክለኛው አካላዊ ገፅታ የቱ ነው _____
- 4- በጣም ቆንጆ የሆነው አካላዊ ገፅታ የቱ ነው _____

Declaration

I, the undersigned, declare that this thesis is my original work, has not been presented for any degree in any other university and that all sources of materials used for the thesis have been duly acknowledged.

Name: Tadele/Zebrea
Signature: 
Date of submission: 18/06/10

This thesis has been submitted for examination with my approval as a university advisor.

Name: Desalegn Chalchisa (PhD)
Signature: 
Date of submission: 18/06/10

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