

Impact of Age and Residence on Ideal Body Image of Manipuri Women

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Abstract

Background: The people have been bestowing importance on body shape and its mould of beauty from the ancient times. However, it varies within and between societies according to their perceptions, socio-cultural milieus, biological and mental predispositions, environmental causes, etc. Such human fancy on their ideal body image is still being differed between sexes, person to person, urban to rural, young to old, etc.

Aims and Objective: To identify the impact of age and residence of women on their ideal body image in terms of multidimensional body-self relation scores of Manipuri women, India.

Method: The present study is based on a primary sample of 388 Manipuri women and its size was estimated on the prior information i.e., mean±SD = 2.67±26.81 of body image with an allowable error of 2.7 at 95% degree of precision. A well-validated Multidimensional Body-Self Relations Questionnaire (MBSRQ), developed by Brown A, Cash, Mikulka (1990) is administered as tool of the study and its scores are ascribed by the two important predictor's viz., age and residence.

Results: It is found that all the means of multidimensional body-self relation scores are very highly significantly varied ($P < 0.01$) over the four age groups except for health evaluation scores ($P = 0.057$). Urban women have better scores in nine body-self relation (appearance evaluation score, appearance orientation score, fitness evaluation score, fitness orientation score, health orientation score, illness orientation score, BASS score, self-classified score, and perceived dating partner score) out of the ten relations considered than that of their counterpart rural women while it is just reverse in health evaluation score.

Conclusion: The result highlights that age of the woman as well as her residence have definitely certain role towards the regulation of their multidimensional body-self relations.

Keywords: *Body image, Multidimensional body-self relation scores, Age, Residence.*

Introduction

Throughout history societies have focused on beauty and body shape.¹ In past researchers have studied the social and cultural factors that contribute to the formation of an ideal body image. Many researchers¹ agreed that western society has created and apostle of thin ideal body image. Thin ideal body image is often appeared in beauty and fashion magazines, in mass media and television shows, on internet sites, etc., in modern times. Indeed, body image is a person's perception of the aesthetics or sexual attractiveness of their own body.² It consists of mainly two components: body image evaluation (comprises the evaluative thoughts and beliefs that an individual may have about

his or her appearance and body satisfaction), and body image investment (extent to which an individual focuses on his or her physical appearance and engages in body-altering behaviours).²

Body image has received increasing empirical and clinical attention^{3,4} in part because of the high prevalence of body-image concerns especially among females in Western societies.^{5,6} A negative body image can result in adverse psychosocial consequences for both sexes, including disordered eating,⁷ social anxiety,⁸ impaired sexual functioning,⁹ poor self-esteem,¹⁰ and diminished quality of life¹¹. Quite a number of researchers equates these terms with "body or body-image dissatisfaction" including any displeasure with one or more aspects of

one's body or one's overall physical attractiveness. On the other hand, especially female adolescents are more conscious to control the weight through dieting by doing rigorous physical exercise or by undergoing cosmetic treatment or surgery to enhance look and to improve self-esteem and self-acceptance. Thus the thin ideal is becoming a trend as it is mostly associated with happiness, success, youthfulness and social acceptability to overall improvement of their personal appearance. With the increase exposition in better environments like better standard of living, better expose in social media, availability of cosmetic surgery clinics and gyms facility, women feel societal pressure to fit the mould of beautiful and often feel insecure thus leading to low self-esteem, eating disorder, mental health problems and depression.

Such human fancy on their ideal body image is not exception in our country, India in general and Manipuri in particular. In Manipur, the body image is emerging a social issue, to some extent, as it is one of the most common and debilitating clinical problems encountered by adolescent and young women of Manipur as the society promotes and accepts the idea of ideal body image. Since body image is becoming an important aspect for women it turns out to be a nagging problem in the society as it is attributed with psychologically, biologically, and social milieu. Even though the task encompasses a lot of scientific explorations, no work has so far been taken up in this tiny state of Northeast of India. Hence forth the crux of the article is to investigate the perception of Manipuri women on their ideal body image based on only two important parameters viz., age and residence of them.

Materials and Method

The present study is based on a primary sample of 388 Manipuri females, encompasses 202 urban dwellers and 186 rural dwellers, who are within the age range of 15 to 55 years. The sample size is estimated on the

prior information i.e., mean±SD = 2.67±26.81 of body image with an allowable error of 2.7 at 95% degree of precision. *Purposive Sampling* and hospital based *Cross-sectional Study* are adopted as the sampling technique and the type of study respectively. A well-validated Multidimensional Body-Self Relations Questionnaire (MBSRQ), developed by Brown A, Cash, Mikulka (1990) is administered as tool of the study. It consists of 10 subscales: appearance evaluation, appearance orientation, fitness orientation scale, fitness evaluation scale, health orientation scale, health evaluation scale, illness orientation scale, body area satisfaction scale, self-classified weight, and overweight preoccupation. The study subjects are those Manipuri women (both married and unmarried) from rural and urban areas of Manipur. As a survey technique, *Personal Interview Method* was administered, during 2017-2018., considering only those who have given their written consent.

After thorough scrutiny and diagnosing the data, statistical analysis was performed by using SPSS Statistics Version 21. For the comparison of two means scores for every subscale, *Independence Sample t-test*, commonly known as *unpaired t-test* is used while the comparison of more than two means scores, *ANOVA (Analysis of Variance)*, commonly known as *F-test* is applied. All comparisons are two-sided and the P-values < 0.05, < 0.01 and < 0.001 are taken as the cut off values for significant, highly significant and very highly significant respectively.

Results

There are 202 urban and 186 rural women considered in the present study, and maximum (42.5%) of them are within the age range of 26-35 years which is followed by 25.3% within the range of 16-25 years; 17.5% within 36-45 years; and least women (14.7%) pertains to the age range of 46-55 years.

Table 1: Mean±SD of multidimensional body-self relation scores with respect to age

Scores	Mean±SD					F-value	P-value
	16-25 yr. (98)	26-35 yr. (165)	36-45 yr. (68)	46-55 yr. (57)	Total (388)		
Appearance Evaluation	4.65±.75	4.90±.43	5.22±.40	4.66±.39	4.86±.56	19.108	<.001
Appearance Orientation	5.53±.57	5.25±.51	5.31±.25	5.11±.32	5.31±.49	11.420	<.001
Fitness Evaluation	5.42±.60	5.23±.67	5.75±.87	5.84±.56	5.46±.72	16.262	<.001
Fitness Orientation	6.10±.30	6.03±.22	5.90±.07	5.83±.20	6.00±.24	22.146	<.001

Scores	Mean±SD					F-value	P-value
	16-25 yr. (98)	26-35 yr. (165)	36-45 yr. (68)	46-55 yr. (57)	Total (388)		
Health Evaluation	6.30±.84	6.12±.37	6.16±.23	6.20±.32	6.18±.51	2.535	.057
Health Orientation	4.87±.46	5.00±.58	5.07±.29	4.72±.54	4.94±.52	6.237	<.001
Illness Orientation	6.16±1.02	5.93±.75	6.42±.75	6.17±.91	6.11±.86	5.765	.001
BASS	2.87±.51	2.91±.70	3.09±.51	2.77±.22	2.91±.58	3.333	.020
Self-Classified	2.92±1.19	2.98±.75	3.65±.65	3.39±1.34	3.14±1.00	10.594	<.001
Overweight Pre-occupation	2.55±.73	2.60±.81	2.95±.48	2.94±.74	2.70±.75	6.918	<.001

SD: standard deviation; F (variance ratio); df: degree of freedom; P-value: probability due to chance factor

As the highest (5.22) and the lowest (4.65) mean appearance evaluation score belong to those women of age groups of 36-45 years and 16-25 years respectively, that imply those who are in the age group of 36-45 years feel mostly positive and satisfied with their appearance whilst those who are in the age group of 16-25 years feel generally unhappiness with their physical appearance. For the appearance orientation score the highest (5.53) and the lowest (5.11) belong to the age groups of 16-25 years and 46-55 years respectively which means those who are in 16-25 years bestow more importance on how they look, pay attention to their appearance, and engage in extensive grooming behaviours while those who are in 46-45 years feel apathetic about their appearance, no importance to their looks, and no much effort to look good. Again, for the fitness evaluation score the highest mean scores (5.84) and the lowest scores (5.42) are found to be in the age groups of 46-55 years and 16-25 years correspondingly which further means those who are in 46-55 years regard themselves as physically fit in shape, or athletically active and competent, and they value fitness and more actively involved in activities to enhance or maintain their fitness, nevertheless those who are in 16-25 years believe themselves physically unfit, out of shape or athletically unskilled, don't value physical fitness and don't regularly incorporate exercise activities into their lifestyle. In case of the fitness orientation score the highest mean (6.10) and the lowest mean (5.83) go to the age groups of 16-25 years and 46-55 years respectively which specify the women of the age 16-45 years have value fitness and actively involved in activities to enhance or maintain their fitness and the women of the age 46-55 years don't value on physical fitness and don't regularly incorporate exercise activities into their lifestyle; and yet again, for the health evaluation score the highest mean (6.30) pertains to

the age group of 16-25 years that means those who are in the age group have an opinion that their bodies are in good health while the lowest mean (6.12) is in the age group of 26-35 years indicates that those who are in the age group feel unhealthy and experience bodily symptoms of illness or vulnerability to illness. Similarly, the highest mean (5.07) for health orientation score is found to exist amongst those in the age group of 36-45 years which indicates they are health conscious and try to lead a healthy lifestyle while the lowest mean (4.72) is witnessed to exist in those who are in 46-55 years and they are more apathetic about their health correspondingly. And for illness orientation score the highest mean (6.42) belongs to the age group of 36-45 years which point to that this age group are alert to personal symptoms of physical illness and are apt to seek medical attention and those who within 26-35 years are not especially alert or reactive the physical symptoms of illness as the group has the lowest mean (5.93). Yet again, the age groups 36-45 years and 46-55 years maintained the highest and the lowest means of BASS scores i.e., 3.09 and 2.77 respectively and consequently the former indicates that who are in the age group are generally content with most areas of their body and the latter demonstrates that who are in the age group (46-55) are unhappy with the size or appearance of several areas. In the same way, the age groups 36-45 years and 16-25 years maintained highest mean (3.65) and lowest mean (2.92) of self-classified score respectively which indicate that the women of 36-45 years have better reflection on fat anxiety, weight vigilance, dieting, and eating restraint than that of those women of the age group 16-25 years. As same age group as the above i.e., age groups 36-45 years and 16-25 years uphold highest mean (2.95) and lowest mean (2.55) of overweight pre-occupation score which highlight that the women of the former group perceives and labels their

weight as underweight whilst the women of the latter age group perceives and labels their weight as overweight.

Further, F- test values with (3, 384) degree of freedom (df) each suggest that all the means of multidimensional

body-self relation scores are very highly significantly varied ($P < 0.01$) over the four age groups except health evaluation score which is not significant ($P=0.057$). Again, BASS score which is also found to be varied significantly as its P-value is less than 0.05.

Table 2: Mean±SD of multidimensional body-self relation scores with respect to residence

Scores	Mean±SD			t-value	P-value
	Urban (202)	Rural (186)	Total (388)		
Appearance Evaluation	4.94±.54	4.77±.56	4.86±.56	3.031	.003
Appearance Orientation	5.37 ±.45	5.24 ±.51	5.34±.49	2.659	.008
Fitness Evaluation	5.52±.73	5.39±.70	5.46±.72	1.713	.088
Fitness Orientation	6.03±.25	5.96±.23	6.00±.24	2.725	.007
Health Evaluation	6.13±.58	6.24±.42	6.17±.54	-2.105	.036
Health Orientation	4.98±.48	4.89±.56	4.94±.52	1.648	.100
Illness Orientation	6.25±.78	5.96±.93	6.11±.86	3.310	.001
BASS	3.03±.53	2.78±.61	2.91±.58	4.343	<.001
Self-Classified	3.28±.95	2.99±1.04	3.14±1.00	2.857	.005
Overweight Pre-occupation	2.70±.86	2.70±.60	2.70±.75	-.082	.935

SD: standard deviation; t-value: independent samples t-test value; df: degree of freedom; P-value: probability due to chance factor

When multidimensional body-self relation scores is analysed with respect to residence of the woman, the scores of the eighth sub-scales viz., appearance evaluation score, appearance orientation score, fitness evaluation score, fitness orientation score, health orientation score, illness orientation score, bass score, and self-classified score are found higher in urban woman than that of her rural counterpart whilst for the health evaluation score the pattern is quite reverse. Besides, in case of the subscale of overweight pre-occupation score, both the urban and the rural dwellers have same mean score i.e., 2.70 each. Further t-test is applied to compare the variations between the two means, one for urban and another for rural, within each subscale with 386df.

Out of the 10 scores considered, seven are found to be significant statistically and the remaining 3 are insignificant even at 5% probability level. The significant score consists of appearance evaluation score, appearance orientation score, fitness orientation score, health evaluation score, illness orientation score, BASS score and self-classified score, while insignificant score comprises fitness evaluation score, health orientation score and overweight pre-occupation score. The overall findings recommend that urban women have better score

in appearance evaluation score, appearance orientation score, fitness evaluation score, fitness orientation score, health orientation score, illness orientation score, BASS score and self-classified score than that of their rural counterpart. On the contrary rural women have better score in health evaluation score than that of their counterpart urban women. In case of overweight pre-occupation score the means for urban and rural are found to be the same.

In other words, it might demonstrate that urban women feel mostly positive and satisfy with their appearance and give more importance on how they look, pay attention to their appearance, and engage in extensive grooming behaviours, regard themselves as physically fit in shape, or athletically active and competent, value fitness and actively involved in activities to enhance or maintain their fitness, value fitness and actively involved in activities to enhance or maintain their fitness, health conscious and try to lead a healthy lifestyle, alert to personal symptoms of physical illness and apt to seek medical attention, content with most areas of their body, one perceives and labels one's weight from very underweight. While rural women feel, their bodies are in good health but both urban and rural women are

preoccupied with fat anxiety, weight vigilance, dieting, and eating restraint.

Discussion

The results demonstrate that age of the woman has definitely certain role towards the regulation of her multidimensional body-self relation which is in agreement with the findings of the many scholars in the pasts.¹² In fact, body image is frequently shaped during late childhood and adolescence but body dissatisfaction can affect people of all ages but it is more prevalent in midlife, as young adulthood, of women.¹³ As children enter adolescence, numerous developmental factors converge to shape individuals' perceptions of their physical personae. Rapid physical change in association with puberty, increased cognitive capacities, identity formation-processes, and onset of romantic and sexual interests further strengthen role played by physical appearance for individuals' self-perceptions. Consequently, a range of studies show that adolescence represents a stressful period in terms of these perceptions, and it has been reported that both girls and boys report exacerbated concern over their bodies during this time.¹⁴ Girls, however, are particularly likely to develop body image concerns as they enter adolescence.¹⁵ However, body image concerns become more evident as children grow older and move into adolescence.¹⁶

The perception and craving of the individuals particularly women on ideal body image is certainly link with their ageing process. Perhaps, it may be due to the strong association of body image with age as it develops throughout the lifespan because of individual experience, cultural norms and cues, physical appearance and changes in the body, and relationships with other parameters like maintaining beauty and youthfulness.¹⁷ On average, older adults report feeling younger than their actual age^{18,19, 20} and feeling younger than one's chronological age and feelings of satisfaction about age are thought to be positive reflections of the aging process.^{21,22}

The outcomes of the current study on the association between body image and residence, reveal that the superior scores of multidimensional body-self relations being attributed with urban women than that of their rural counterpart. This is because urban women are having better chance to expose themselves in several confounding factors like congenial environment leading to better education and standard of living,

better expose in mass media, availability of cosmetic surgery and gyms facility, etc. Besides, they are often involved in various dietary activities to reduce body weight and they are more conscious for their body image. Even in India's society, where adolescents are more conscious for their body weight and body image in urban area due to high cultural reforms.²³ The reason for this could be that women in urban areas likely to be exposed to foreign images and ideals of thinness through in magazines and advertisements, on television and internet, etc.²⁴ Besides, in urban metropolitan cities many slimming clubs and gyms have sprung up and the clientele consist mostly of the rich and affluent families. The quest for slenderness seems to be stronger among young independent urban women.²⁵

Conclusion

Concerns about body image it prevails in the society since decades. The socio-demographic, culture and tradition, social media, families, and peers have bombarded women regarding their acceptable beauty standards; and they might be feeling better about their body image than previous generations. Along these very sensitive human perceptions and insightful trend an effort is made in the present study on the impact of two important socio-demographic parameters – age and residence – of Manipuri women on their ideal body image using MBSRQ. The results reaffirm that age of the woman has significant role towards the regulation of her multidimensional body-self relation. It might be due to a strong association between long cherish aspiration of ideal body image along with the advancement of age. Indeed, woman usually wishes to maintain her beauty and youthfulness throughout her lifespan which is influenced by mental predispositions, cultural norms and cues, physiological changes, etc. At the same time, urban woman has higher scores of multidimensional body-self relations than that of their rural counterpart. This is owing to the fact that urban woman has time and again exposed in better environments like better education and standard of living, better expose in social media, availability of cosmetic treatment clinics and gyms facility, so and so forth. In brief, ideal body image of a woman is significantly inclined by her age as well as her residence i.e., urban or rural. The results arrived might be quite interesting and fascinating ones which may further feel the long gap information on the women's ideal body image of Manipur, a tiny state of Northeast India.

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