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INTRODUCTION

According to the World Health Organization (WHO), worldwide obesity has nearly tripled since 1975. In India alone, 135 million people are obese, as per the Indian Journal of Community Medicine. Furthermore, the National Centre for Biotechnology Information (NCBI) estimates that by the year 2030, 27.8 percent of worldwide obesity would be dictated by Indians, which would account for 5 percent of global population. Obesity stigma, a form of social discrimination, is responsible for a host of negative psychological and physiological effects on individual well-being. Research indicates that self-reported incidents of weight-based discrimination have increased in the last few decades. The media has long portrayed larger individuals as unattractive, unappealing, and as objects of ridicule. As such, these "fat-shaming" stereotypes perpetuate weight stigma in our culture. The media's negative portrayals of obesity often lead to deleterious consequences not only for the stigmatized target individuals, but also for others who are exposed. These frequent negative media portrayals promote the belief that individuals with obesity lack self-discipline. In addition, higher exposure to mass media outlets is positively correlated with stigmatizing attitudes towards obese children. More importantly, research indicates that the most significant predictor of stigmatizing attitudes towards this group is personal causal attributions, and there are significantly more media references alluding to personal responsibility rather than social determinants or attributions of responsibility. Even when overweight people are included in television, they often play minor, stereotyped roles. Weight bias translates into inequities in employment settings, health-care facilities, and educational institutions, often due to widespread negative stereotypes that overweight. There is also evidence that especially young adults and adolescents experience weight stigma on social media. For example, a study suggests that adolescent patients with obesity experience derogatory comments

about weight and visual self-presentation in their online social networks. The study found that this was particularly evident among girls and that they avoided sharing weight-related images on social media. In the educational setting, those who are overweight as youth often face peer rejection and are bullied more. Overweight children have poorer school performance if they experience weight-based teasing. Weight stigma can lead to difficulty obtaining a job, worse job placement, lower wages and compensation, unjustified denial of promotions, harsher discipline, unfair job termination, and commonplace derogatory jokes and comments from co-workers and supervisors. Weight-based teasing in childhood and adolescence has been associated with a variety of damages to psychosocial health, including reduced self-esteem and lower self-concept, higher rates of depression and anxiety disorders, and even greater likelihood of entertaining suicidal thought. According to World Health Organisation obesity is defined as normal or excessive fat accumulation that present to health. And also obesity can be regarded as a state of excessive chronic fat storage (Berthoud and Morrison 2008). Obesity is defined on the basis of statistic called the Body Mass Index BMI. people with a BMI below 18.5 are considered underweight 18.5 to 24.9 is considered normal 25 to 29.9 is overweight and obesity is defined as having a BMI above 30. It should therefore come as no Surprise that the World Health Organisation recognise obesity as one of the to 10 Global health problem. People who are overweight are often harshley by others. They are routinely ridicule, discriminated against and stigmatized (car and freedman 2005). Self-esteem is a term used in psychology to reflect a person's overall evaluation or appraisal of his or her own worth self esteem encompasses beliefs 'I am competent, I am worth and emotions such as triumph, despair, pride, and shame. A, person with low self esteem may show some symptoms like chronic indecision, excessive will to please, perfectionism, neurotic guilt, defensive tendency. According to Maslow, self esteem is included

in his hierarchy of needs. Without the fulfilment of the self esteem need, individuals will be driven to seek it and unable to grow and obtain self-actualisation. According to Rogers every human being, with no exception, for the mere fact to be it, is worthy of unconditional respect of everybody else; he deserves to esteem himself and to be esteemed. During the past two decades, a large number of studies on gender difference in self esteem have found that men have higher self-esteem than women. The most common explanations for gender difference in self esteem are gender roles or biological difference. In more studies men may report higher levels of self esteem because they are lower in neuroticism, lower in agreeableness, or higher in self enhancement. A powerful source of this is the media which perpetuated weight based stereotype and often defeat people who are overweight in a very negative light. Not only in media but also weight bias is even found in healthcare professional who may blame patients who are overweight and having weight related health problem (Mold and Forbes 2011). But being overweight may not be the personal choice that many people believe it is. Overweight individuals still experience discrimination, which may have detrimental implications in relation to both physiological and psychological health. These issues are compounded by the significant negative physiological effects that are already associated with overweight. Individuals may feel ostracized and excluded from normal weight group activities. So, this study shows light on these issues of weight stigma.

The aim of the present study is to be whether there is any significant difference between the overweight youth and non-overweight youth and also whether these exist any gender difference among them with respect to self-esteem.

Review of literature (global studies)

1. Difference between overweight and non-overweight

A study by Bark (2019) focus on difference in self-esteem between normal weight & overweight white females' adults, on 4594 adults of African and mean, SD, T statistics were used. Results showed that white females with overweight presented with relatively poor self-esteem.

2. According to Hill (2017) in his study difference in self-esteem b/w children & youth obesity of studies (administered Rosenberg scale and conducted mean, SD & t statistics. Results that youth tend to have lower (n=1047) indicated that paediatric obesity treatment results. In self-esteem than children.
3. A study by Gow (2020) & occlusion to determining the effect of multicomponent paediatric obesity treatment intervention on self-esteem & body image 64 studies were conducted. Meta analysis of 49 studies increased self-esteem postintervention. Similarly, meta-analysis of 40 studies (n=2729) indicated improvements in our body image postreaction. These findings may underpin improvements in other psychological outcomes.
4. Self-esteem administered for the study. They include body image questionnaire and the Rosenberg self-esteem scale. Result indicated that medical student's level of is quite high, the result also showed that housewives have the lowest level of self-esteem and medical students have the highest.

Patil & Patton kar (2016) did on important study on body image perception among females' students. On 63 females' students of Vijayapura city. They administered self-questionnaire containing details of basic socio demographic information and a validated visual analogue scale and conducted chi-square statistics . Results indicated that a 39.7% of participants were underweight/obese. Majority of underweight and overweight girls perceived

themselves as normal weight. Body image satisfaction of significantly associated with their body image perception

Literature review (Indian index)

1. A study by Ajmal (2019) focus on the impact of body image on self-esteem, in adolescents in male& females.290 students are taken from school, collage and university of Mutton. She administrated Rosenberg scale. Results more corneous feelings about their weight as compared to male.
2. A study by ti (2016) focused on difference b/w relationship with body image and self esteem among females. On 300 females of Thiruvananthapuram city, Kerala. India belonging to varied vacations, such as sports person (50), Medical person (50), housewife (50), clerical staff (50), general college students (50) and teachers (50) were selected of random for the study.

Methodology

Aim of the study

- To the find out difference in self-esteem between the overweight youth & their non overweight counter parts.
- To find out whether these exist any gender difference among the youth with respect to self-esteem.

Operational Definition

Self-esteem- Self-esteem means you mostly feel good about yourself. Self-esteem, is the positive or negative evaluations of the self, as in how we feel about it.

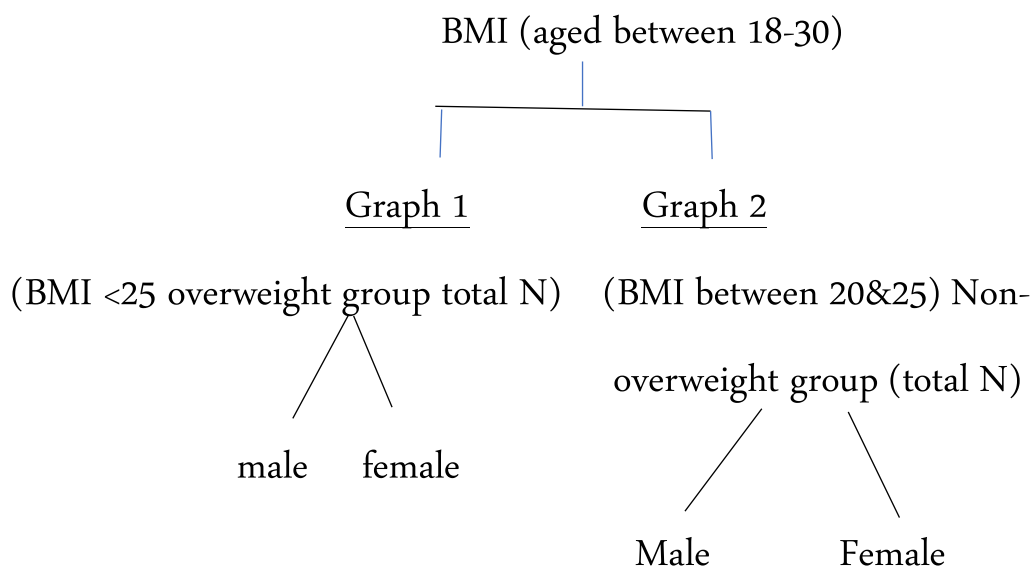
Overweight – The terms “overweight “refer to body weight that is greater than what is considered Normal or healthy for a certain height. Overweight is generally due to extra body fat. However, overweight may also be due to extra muscle, bone or water.

Non-overweight- The term “non-overweight” refer to body weight that is less than what is considered overweight. Non-overweight is generally due to Less than body fat.

BMI- BMI (body mass index) is a measure that related body weight to height. BMI is sometimes used to measure total body fat and whether a person is a healthy weight.

Sample

Sample Distribution: The sample is composed of a total number of 95 adults aged between 18 & 30. Among them 12 values 37 females belong to overweight, Non-overweight (BMI between 20>25)



Tool used:

- I. General information Schedule
- II. General health questionnaire

III. Rosenberg self-esteem Questionnaire

Description of the tools

I General information Schedule –

A schedule is a structure of a set of question on a given topic which are asked by the interviewer or investigators personally. The investigator can explain the question if the respondent faces any difficulty. It contains direct questions as well as question in tabular form.

2. General health questionnaire –

The general health questionnaire -28(GHQ-28) is self-reported screening measure used to detect possible psychological disorder. The GHQ-28 identifies two main concerns. I. The inability to carry out normal functions; and II. The appearance of new and distressing phenomena (Goldberg and thriller 1979)

The GHQ-28 is derived from the original 60-item general health questionnaire. There is also 30items version (GHQ-30) and 12item version (GHQ-12)

3. Rosenberg's self-esteem questionnaire

A-10 item scale that measured global self-worth by measuring both positive and negative feelings about the self. The scale is believed to be unidimensional. All items are answered using a 5-point Liked scale format ranging from strongly agree to strongly disagree.

4. procedure of data collection

The adult's people were individually contacted and were explained regarding the purpose of the study. Permission was taken from each other and information was taken. Data was collected by visiting the houses of each of

the subject. The first part of the participants followed by the GHQ and then self-esteem inventory. They were carefully read each item in the list and indicate how much they have been bothered by their feelings.

Inclusion criteria

Age range-18-30

SES-

General intelligence-Aug

Absence of any physical, psychological neurological element, BMI-between 20.25 (for non-overweight group) BMI-above 25 (for overweight group)

Education level-

Exclusion Criteria

Age range- below-year &above-yes

SES-

General intelligence-Below Aug.

Presence of any since physical, psychological & neurological elements.

BMI-less than 20

Education level-

Scoring

Scoring of all scale was done following the scoring procedure written in manual as mentioned briefly in the section 'Description' of the tools.

Statistic

In this study 40marks, 55 female and 49 non-overweight, 46 overweight adults respectively. Since the number of subjects were greater than 30 and the overweight and non-overweight groups and male and female groups and two individuals' group and these two separate unequal

scores. That's why we use "large independent sample unequal size". In the value we use the critical value of 0.05 and 0.01 level

Tabulation

The investigator collected the data personally from adults' males & females. The data were the tabulated as per the plan of the study. The raw data of each questionnaire was calculated based on the respective scoring procedure of the scale used. Then the following statistical treatments of the data proceed in the order to test the hypotheses presented before. In order to determine the control tendency and the variability of the scales. The mean and the standard division were calculated. For testing significance of the difference between means of scores of all the groups on each dimension of information, general health and self-esteem, the suitable statistical technical were done.

Result

df	Level of significant	Critical value
93	0.05	1.98
	0.01	2.63

From the above table, it can be sun that, the obtained value of t in over weight & non-over weight is 0.102. the critical value of t in overweight & non-overweight at 0.05 level is 1.98 and 0.01 level is 2.63 respectively against df 93.

The obtained value of t in overweight & non-overweight is lower than the critical value of t at 0.05 level. So, it can be said that the obtained value of t in overweight & non-overweight is not significant at 0.05 level against df 93. So null hypothesis is acceptable and alternative hypothesis is rejected at 0.05 level. Hence between overweight and non-overweight at 0.05 level.

The obtained value of t in overweight & non-overweight is lower than the critical value of t at 0.01 level. So, it can be said that the obtained value of t in overweight & non-overweight is not significant at 0.01 level against df 93. So null hypothesis is accepted and alternative hypothesis is rejected at 0.01 level. Hence there is no significant difference in self-esteem that between overweight & non-overweight at 0.01 level.

From the above table, it can be seen that, the obtained value of t on male & female is 0.66. The critical value on t on male & female at 0.05 level is 1.98 and at 0.01 level is 2.63 respectively against df 93.

The obtained value of t on male & female is lower than the critical value of t at 0.05 level. So, it can be said that the obtained value of t on male & female is not significant at 0.05 level against df 93. So null hypothesis is accepted and alternative hypothesis is rejected at 0.05 level. Hence there is no significant difference in self-esteem that between male & female at 0.05 level.

The obtained value of t on male & female is lower than the critical value of t at 0.01 level. So, it can be said that the obtained value of t on male & female is not significant at level of 0.01 against df 93. So null hypothesis is accepted and alternative hypothesis is rejected at 0.01 level. Hence there is no significant difference in self-esteem test between male & female at 0.01 level.

Definition

The basic aim of the study is to prove into the self-esteem of the overweight or non-overweight group.

To fulfil this aim it was felt necessary to consider two groups of youths and to find out how being overweight might have an impact in their self-esteem. In

the selected samples, one groups comprised of overweight individuals (having BMI of 25& more) and one group being non-overweight (having BMI 20-25). Theoretically, observation is it was expected that overweight adults, being bullied & stigmatized for their weight, are more prove to have low self esteem compassed to their non-overweight outer pant. Since many earlier studies suggest being overweight or body image has a detrimental impact on person's mental health. Such as it might lower the self-esteem of the individual. This finding can be corroborated with the study by Gong Et Al (2012)

- Gender difference & self esteem

There is no significant difference between male & female with respect to self-esteem. Reason can be manifold. In present days, females are no longer considered to be weaker. The picture is changing in our society. They have become more achievement oriented. As a result, the two groups are not significantly different with respect to their self-esteem.

- Description statistics

Group Difference with respect to self esteem

- Fig 1 Graph

The above figure shows that the mean is more for non-overweight youth than the overweight youth with respect to the self-esteem variable. This finding can be corroborated with the study by French Et Al (1995) Which suggest lower self-esteem in children and adolescents. Question of information schedule showed the similar trend where most of the person with obesity reported similar views. (give the particular) question). The reason behind thin might be due to the fact that having a long history of obesity / being overweight, provides a dissatisfaction about their body image while growing up (Grio Et Al 1994), hence poorer self esteem. They have experienced many negative

comments and have become the various of sigma & nation . As a result, young adults characterized by a lower level of self esteem (Niespialowsly Et Al, 2016)

- Gender difference with respect to self esteem
 - Fig-2 Graph- gender & self-esteem

The above figure shows that mean of male is higher than the females with respect to their self esteem. Many earlier studies reflect this similar trend where self esteem is higher in men than women (king Et Al 1999) and it increases form adolescent to adulthood (Orth & Robins, 2014) men's self esteem can be linked to individuals process in which one's personal distinguishing achievements are emphasize. (Joseph's Et Al 1992). Study by Nupur & Mahapatro (2016) showed the similar trend.

The reason behind this might be attributed to the fact that most emotional support are available hoe helping the male by the society. Their achievement in general is openly appreciated by society on the whole. The expected picture in that being a male ought to be strong, sharp, bold which are the feature of masculinity. Thus their openness in character is more and they have high regard & Better evaluation about themselves, proves the finding by Dukes Et Al (1994) that values have higher global self esteem than females.

- Group difference with respect to self-esteem

No significant mean difference has been found between overweight and non-overweight samples with respect to self esteem. This might be attributed to the fact that most of them had a long history of obesity. They have obesity from their growing years, as a result they might get habituated with the treatment they received from others for their weight issues. As a result, it might affect them negativity but not the extent of lowering them self-esteem. Self esteem is

an evaluation of self or regard for self, Part of beach is compiled of how old are evaluate see them. Adolescent is a vulnerable stage, when they are or conscious about how other view them or they are conscious about their experience or body image. But with the maturity, adult people no longer that sensitive regarding their body image, they are developed their own identity for other positive factors (such as careers). This might be one reason why there is not much difference between the two groups with respect of self-esteem.

Conclusion

On the basis of the findings of the study the following conclusions may be arrived at:

1. There is no significant difference between the overweight & non-overweight youth group with respect to their self-esteem.
2. There is no significant gender difference with respect to the self-esteem of the young adult individuals.

However, on the basis of the above findings it can be summarised that overweight youth have poorer self-esteem compassed to their non overweight counterparts (through no significant). Moreover, woman scored poorer than men group with respect to self-esteem (through not significant)

Limitation of the study

- 1.The result obtained in the present work are based on where & population only.
2. the sample size (N) is too small for the result to be genialized thus supporting the ideographic approach.
3. in this study, individual from class socio economic status have been included. Inclusion of other SES would have given a different result.

4. questionnaire could not eliminate chances of taking or giving socially desirable responses on the part of the subjects.
5. cause & effect relationship among the included variables was not examined.
6. all the subject belonged to the age group of 20-30 years. Therefore, thus results cannot be generalised for those belonging to the group below or above it.