

Development of Body Dissatisfaction Scale for University Students

Mishal Tariq and Tazvin Ijaz

Government College University

The construct of body image has been considered to be important for young individuals. The present research was conducted to explore the construct of body dissatisfaction in university students of Lahore. In the first phase of the study, the construct of body dissatisfaction was explored through semi-structured interview questionnaires from 20 university students which yielded a list of 31 items. These items were then given to experts for content validity. Afterwards, the resultant scale of 26 items was administered on 529 university students including men and women. The factor analyses revealed that the construct of body dissatisfaction was construed quite differently by men and women, hence, separate factor analyses for both genders were carried out. It showed 4 factors (i.e., body shape, muscularity, facial features, and hair) for boys and 3 factors (i.e., bodyweight, skeletal structure, and facial features) for women. Concurrent Validity was established with the help of two measures of the Body Areas Satisfaction Scale of the Multidimensional Body Self-Relation Questionnaire-Appearance Scale (Brown, Cash, & Mikula, 1990) and the Figure Rating Scale (Stunkard, Sorenson, & Schulsinger, 1983). Test-retest reliability and Cronbach alpha values indicated that scale was highly reliable measure to study body dissatisfaction. The factor structure of the Body Dissatisfaction Scale was explained in the light of cultural variations.

Keywords. Body image, late adolescence, body shape, culture

The physical body is the first and foremost basis for an individual's sense of self. Every individual sets some standards for his/her ideal physical appearance. Body image is the way a person perceives, thinks, and feels about his or her body (Grogan, 2008). If a person experiences dissatisfaction with this image, it is labeled as

Mishal Tariq and Tazvin Ijaz, Government College University, Lahore, Pakistan.

Correspondence concerning this article should be addressed to Tazvin Ijaz at Clinical Psychology Unit, Government College University, Katchery Road, Lahore, Pakistan. E-mail: tazvin_ijaz@yahoo.com

body dissatisfaction. Body dissatisfaction is said to result from a discrepancy between one's perceived body and one's ideal body (Niide et al., 2011; Showers & Larson, 1999). According to Littleton and Ollendick (2003), body dissatisfaction increases with age and peaks during adolescence particularly in women. Large number of researches (Knauss, Paxton, & Alsaker, 2007; McCabe & Ricciardelli, 2009) provide evidence that the majority of girls and women are dissatisfied with their bodies, particularly with weight, size, and shape. Girls have been found to be experiencing body dissatisfaction even at the age of seven. From a very young age, girls learn that thin is synonymous with beauty, happiness, success, and youth (Tiggemann, 2011). The message of the thin ideal is internalized and girls try their best to achieve this ideal. Body dissatisfaction among women has been found to be so common in Western societies that it is considered to be normative discontent (McLaren & Kuh, 2004).

Earlier, psychologists had assumed that body dissatisfaction was a phenomenon mainly related to women but later research (Gorgan, 2008) showed that men also experience dissatisfaction with their bodies and at least one-third majority desires to be more muscular. Psychologists called this phenomenon the drive for muscularity (Murnen, 2011).

Body dissatisfaction has been found to be linked with different psychological problems including depressive mood (Stice, Hayward, Cameron, Killen, & Taylor, 2000), anxiety (Ivezaj et al., 2010), social physique anxiety (Brunet, Sabiston, Dorsch, & McCreary, 2010), and social phobia in both girls and boys (Paxton, Neumark-Sztainer, Hannan, & Eisenberg, 2006). Due to the implications of body dissatisfaction, it is important to study this phenomenon in Pakistani culture.

Some research work that has been done on body dissatisfaction in Pakistan focuses on exploring the risk factors associated with body dissatisfaction (Farooq, Latif, Abideen, & Khan, 2010; Khan, Khalid, Khan, & Jabeen, 2011). However, no effort has been made to explore the culture specific nature of body dissatisfaction. With increased awareness of the psychological problems associated with poor body image and body dissatisfaction, researchers (Brown et al., 1990; Stewart & Williamson, 2004) during the past two decades have focused on the development of many instruments to measure body image and body dissatisfaction.

There have been two frequently used approaches to measure body dissatisfaction that is figure rating scales and questionnaires. The most popular figural rating scales were developed by Stunkard et al. (1983)

and Thompson and Altabe (1991). The Figure Rating Scale developed by Stunkard et al. (1983) was used in the present research as it is a neutral, unbiased, and culture fair method of assessing the degree of body dissatisfaction experienced by an individual.

Some popular questionnaires to measure body dissatisfaction include the Body Esteem Scale by Franzoi and Shields (1984). This scale includes a list of various aspects of one's physical body, and the respondent is required to rate their degree of satisfaction or dissatisfaction with that part. This scale included many items which were not culturally appropriate such as sexual activities, sex drive, sex organs, agility, and reflexes.

Another scale which has been frequently used is The Body Dissatisfaction Scale of the Eating Disorder Inventory (EDI) by Garner, Olmstead, and Polivy (1983). The items of this scale are only related to four areas of the body namely, hips, thighs, buttocks, and stomach. All the other body areas that could lead to body dissatisfaction are not included in this scale. Similarly, Body Shape Questionnaire (Cooper, Taylor, Cooper, & Fairburn, 1986) has also been often used. Scale measures the degree of concern experienced by an individual about their appearance. The scale could not be used as it was primarily developed for women only. It does not reveal whether an individual is satisfied or dissatisfied with their appearance. Also several of its items were in colloquial English which may be foreign to our target population. The Multidimensional Body-Self Relations Questionnaire-Appearance Scales (MBSRQ-AS; Brown et al., 1990) assesses the different dimensions of body image. One of its subscales, Body Areas Satisfaction Scale, particularly, assesses the degree of satisfaction one experiences with different body sites. This scale was quite neutral and culture fair, hence, it was used in the present research to establish the concurrent validity. Although, this scale was relatively culture fair, but it did not tap the culture specific manifestation of body dissatisfaction in our indigenous context.

After reviewing the existing scales developed in the West, it was found that those scales may not accurately tap the nature of body dissatisfaction in an Islamic and conservative country like Pakistan. Therefore, current study was designed to develop an indigenous scale to explore the culture specific nature of body dissatisfaction.

Method

Generating Item Pool

In order to generate item pool for body dissatisfaction, questions for a semi-structured interview were developed through literature

review. The questions were open ended, for example, “in your opinion, what are the dimensions of body that can lead to dissatisfaction in an individual?” After developing questions, a series of semi-structured interviews were conducted by the researcher individually. Twenty BS Honors students (10 men & 10 women) with age range of 17 to 24 years were conveniently selected from four public-sector universities of Lahore; and interviewed in the respective University after getting their consent; and each interview took 30 minutes on the average. Items were extracted from qualitative data and later on categories were established by using factor analysis. Some of the items were commonly reported by both men and women; differences were identified through statistical procedures that is factor analysis. The main difference included the focus on muscles by men. These differences have been thoroughly discussed in results and discussion part.

The list of items was reviewed by two researchers having Ph.D degree in Psychology and having an experience of at least 5 years. The repetitive items were eliminated and grammatical amendments were made. After thorough review, a list of 27 items was finalized for empirical validation. To establish the content validity of the items generated, the list of 27 items was given to 5 experts including clinical psychologists ($n = 3$) and university students ($n = 2$). They were requested to rate each item on a 5-point rating scale, indicating how relevant each item was to the construct of body dissatisfaction. After obtaining ratings from all the experts, a league table was developed and only those items were retained that had at least 60 % agreement. Therefore, all items except one were retained. The list of 26 items was then transformed into a scale with a 5-point rating scale; 0 (*not at all*), 1 (*rarely*), 2 (*sometimes*), 3 (*often*), to 4 (*always*); indicating the degree to which the participants were dissatisfied with that particular aspect of their body. The maximum score on the scale was 104 and higher the score, greater was the degree of dissatisfaction.

Establishing Psychometric Properties

In order to establish psychometric properties of Body Dissatisfaction Scale (BDS), the scale was then given to 600 university students; out of which, 529 filled the complete form. The population was BS honors students and the sample was selected using multistage sampling. In multistage sampling, the population was initially divided into two main strata of men and women. These strata were further subdivided into four strata of university students enrolled

in each of the four years of Bachelors. From each class approached, every third student was included in the sample to ensure randomization. The sample comprised of men ($n = 271$) and women ($n = 258$) with an age range of 17 to 24 years ($M = 20.41$, $SD = 1.41$). The students who participated in the initial interviews were excluded from the sample. The data were collected from four universities of Lahore; 2 public-sector universities and 2 private-sector; and 150 participants were taken from each university.

Instruments

Figure Rating Scale. The Figure Rating Scale (Stunkard et al., 1983) was used to establish the concurrent validity of the BDS. The tool is based on figures and was considered to be culturally fair. It was used to further check the validity of the scale developed in this study. It consisted of 9 figures (separate figures for males and females), ranging from very thin to very large, was used to assess the degree of body dissatisfaction experienced by an individual. The participant was asked to choose the figure that they felt like that they had and the one they wanted to look like. The discrepancy between the two was used as an indicator of body dissatisfaction.

Multidimensional Body Self Relations Questionnaire-Appearance Scale (MBSRQ-AS). After getting the permissions from the authors, the Body Areas Satisfaction Subscale of MBSRQ-AS (Brown et al., 1990) was used to establish the concurrent validity of the BDS. The MBSRQ-AS consisted of 34 items which were divided into five subscales: Appearance Evaluation, Appearance Orientation, Body Areas Satisfaction Scale, Overweight Preoccupation, and Self Classified Weight, there was no composite score on MBSRQ-AS. In the present study, Body Areas Satisfaction Subscale was selected because it also measure the degree of satisfaction or dissatisfaction from the respondents. Body Areas Satisfaction Scale measure the degree of dissatisfaction with one's body (9 items; scoring ranged from 1 = *very dissatisfied* to 5 = *very satisfied*; maximum score = 45). The items were to be rated on 5-point rating scales. The internal consistencies for the subscales ranged from .66 to .88 and the test-retest reliability ranged from .78 to .85 (Brown et al., 1990).

Procedure

The administrative heads of the four universities were briefed about the purpose of the research and requested for permission for

data collection from the students. After getting permission from the heads, the teachers of the respective classes were approached and were requested to give permissions to collect data from their classes. Group administration in the classrooms was done in this research. The respondents were briefed about the topic of the research and given the right to refuse. The students who wished to participate were given the questionnaires. Written informed consent was obtained from the respondents and they were ensured of the confidentiality of the information provided. The students were given verbal instructions on how to respond to the questions. The students and teachers were thanked for their cooperation and were debriefed after the administration of tools.

Results

The psychometric properties of the scale were established using factor analysis, Cronbach Alpha, concurrent validity, and test re-test reliability. Initially, a factor analysis was conducted on overall data which yielded an unclear and mixed factor structure having many cross loadings. So, two separate exploratory factor analyses with Varimax rotation were conducted for both genders separately. The separate factor analyses resulted in a clear factor structure. There were lesser dubious items and cross loadings. The factors which emerged had unique significance for either gender.

Factor Analysis of Body Dissatisfaction Scale for Men (BDS-M)

The factor analysis of BDS-M was conducted on the data obtained from men ($n = 271$) which revealed a four factor solution. The value for Kaiser Myer Olkin test was found to be .86 and Bartlett test of Sphericity value was 2500.38 which was significant at .001. Only those factors were included that had the Eigen value greater than 1 and had the factor loadings $>$ than .30.

Table 1 shows the results of the factor analysis of BDS-M. Factor I explains 26.87% of the variance; Factor II explains 9.93% of variance, while Factor III and IV explains 6.91% and 5.32% variance, respectively. The four factors that emerged are labeled according to the emerging themes of each factor and the titles are finalized by the researchers after thoroughly reviewing the items converged on each factor. The reliability of overall BDS-M is found to be .88 (see Table 1).

Table 1
Factor Loadings, Eigen Values, Percentage Variance, and Cumulative Variance for Exploratory Factor Analysis of BDS-M (N = 271)

S.No.	Items	Factors			
		F1	F2	F3	F4
1.	Not having fair complexion.	.13	.23	.52	.17
2.	Disliking the hair texture.	-.03	.05	-.02	.76
3.	Not having the desired hair length.	.01	.13	.16	.68
4.	Having less hair (on the head).	.23	.03	.20	.56
5.	Not having the desired face cut.	.03	.16	.73	.23
6.	Disliking the shape/size of the eyes.	.14	.17	.60	.15
7.	Disliking the shape/size of the nose.	-.05	.00	.76	-.04
8.	Disliking the shape/size of the lips.	.22	.14	.63	-.00
9.	Having dark circles around the eyes.	.42	.17	.14	.33
10.	10. Not having clear skin.	.32	.29	.23	.26
11.	11. Having hair on the skin.	.28	.11	.29	.52
12.	Not having desired shape/size of hands.	.24	.12	.45	.23
13.	Not having desired shape/size of feet.	.36	.06	.34	.21
14.	Being fat.	.83	-.08	.09	.11
15.	Not having a narrow waist.	.72	-.06	.09	.08
16.	Not having desired size of shoulders.	.29	.59	.16	.08
17.	Having wide hips.	.75	.17	.18	.06
18.	Having fat thighs.	.72	.15	.22	.04
19.	Having a protruding stomach.	.80	-.01	.05	.00
20.	Not having the desired size of the arms.	.10	.61	.18	.09
21.	Being skinny.	.01	.67	.09	.12
22.	Not having a slim appearance.	.65	.21	.00	.06
23.	Being short heighted	.38	.17	.27	.09
24.	Not being muscular.	.01	.82	.15	.01
25.	Upper body (chest, arms) not muscular.	.07	.81	.07	.07
26.	Body weight not in harmony to height.	.50	.39	.12	.26
Eigen Values			2.58	1.78	1.38
% of Variance		26.87	9.93	6.91	5.32
Cumulative %		26.87	36.80	43.72	49.03

Note. Factor loadings >.30 have been boldfaced.

The details of the four factors are as follows:

Factor I: Body Shape and Weight. The first factor that emerged from the factor analysis of BDS-M is related to appearance. The underlying theme of the factor is related to body areas that contribute to overall outward appearance, for example, being overweight, being short heighted, and so on. It contains 11 items with a maximum score of 44. Reliability coefficient of .86 has been achieved for this subscale.

Factor II: Muscularity. The second factor is related to the presence or absence of overall muscularity and in particular body

areas, for example, not being muscular, not having the desired shoulder size, etc. The factor contains 5 items with a maximum score of 20 and Cronbach alpha of .78 is acquired for this subscale.

Factor III: Facial Features. The third factor, containing 6 items is related to those bodily features that are easily visible to others such as facial features; for example, not having fair complexion, not having the desired face cut, etc. The maximum score on this subscale is 24; while alpha coefficient of .74 is obtained in the present study.

Factor IV: Hair. The fourth factor is related to hair. The emergence of this factor indicates the importance that hair has for the male population in our culture. This factor contains 4 items with a maximum score of 16. Sample items include having less hair, not liking the texture of hair, etc. Cronbach alpha of .62 is achieved for this subscale. The alpha values showed that the overall scale items measure the same construct of body dissatisfaction.

Factor Analysis of Body Dissatisfaction Scale for Women (BDS-W)

The exploratory factor analysis with varimax rotation is conducted for BDS-W. It revealed a three factor solution. The value for Kaiser Myer Olkin test was found to be .81 and Bartlet test of Sphericity value is 3306.91 which is significant at .001. The items with factor loadings greater than .30 were retained in each factor.

Table 2 shows the three Factors of BDS-W. The variance explained by Factor I, II, and III is found to be 26.85, 11.57, and 6.19; respectively. The three Factors that emerged are labeled according to the emerging themes of each Factor and the titles are finalized by the researchers after thoroughly reviewing the items converged on each factor. Overall reliability of the total BDS-W is found to be .88 (see Table 2).

The detail of the three retained factors is as follows:

Factor I: Body Shape and Weight. It is related to body shape and weight. All the items are related to overall body weight and that of particular body areas for example, being overweight, not having a narrow waist. The factor contains 8 items with a maximum score of 32; while, alpha coefficient of .90 is achieved for this subscale.

Factor II: Skeletal Structure. The second factor is related to the size and shape of different body areas that are overtly observable for example, being very skinny, being short heighted. The factor contains 11 items with a maximum score of 44. Cronbach alpha of .78 is obtained for this subscale.

Factor III: Facial Features. The third factor, contains items related to those bodily features that are easily visible to others for example, not having fair complexion, having dark circles around the eyes. This factor consists of 7 items with a maximum score of 28 and alpha coefficient of .71 is attained for this subscale.

Table 2

Factor Loadings, Eigen Values, % Variance, and Cumulative Variance for Exploratory Factor Analysis of BDS-W (N=258)

S.No.	Items	Factors		
		F1	F2	F3
1.	Not having fair complexion.	.06	.30	.54
2.	Disliking the hair texture (e.g. curly, straight).	.04	.13	.72
3.	Not having the desired hair length.	.05	.11	.68
4.	Having less hair (on the head).	.16	.08	.68
5.	Not having the desired face cut.	.29	.58	.24
6.	Disliking the shape/size of the eyes.	.12	.64	.01
7.	Disliking the shape/size of the nose.	.21	.44	.14
8.	Disliking the shape/size of the lips.	.05	.65	.22
9.	Having dark circles around the eyes.	.12	.18	.41
10.	Not having clear skin.	.24	.18	.49
11.	Having hair on the skin.	.28	.20	.33
12.	Not having the desired shape/size of hands.	.17	.47	.22
13.	Not having the desired shape/size of feet.	.29	.45	.27
14.	Being fat.	.88	-.04	.12
15.	Not having a narrow waist.	.80	.04	.10
16.	Not having the desired size of the shoulders.	.33	.43	-.07
17.	Having wide hips.	.83	.01	.19
18.	Having fat thighs.	.81	.05	.23
19.	Having a protruding stomach.	.70	.04	.29
20.	Not having the desired size of the arms.	.57	.25	.02
21.	Being skinny.	-.18	.60	.06
22.	Not having a slim appearance.	.76	.05	.03
23.	Being short heighted	.05	.43	.15
24.	Not being muscular.	.05	.51	.09
25.	Upper body (chest & arms) not muscular.	.01	.64	.12
26.	Body weight not in accordance with height.	.56	.28	.09
Eigen Values		6.98	3.01	4.61
% Variance		26.85	11.57	6.19
Cumulative %		26.85	38.42	44.61

Note. Factor loadings >.30 have been boldfaced.

Concurrent Validity

The concurrent validity of BDS was established with two other measures. First, it was established by correlating the scores obtained

on BDS with the scores on the Body Areas Satisfaction Subscale of MBSRQ-AS (Brown et al., 1990). The correlation coefficient for Men version was equivalent to .72 and for Women version it was found to be .78, which indicated that there was a high positive correlation between the two scales. Hence, concurrent validity was established against an already developed tool. The concurrent validity of the BDS with Degree of Body Dissatisfaction on Figure Rating Scale (Stunkard et al., 1983) was also established. One Way ANOVA was used to compare the BDS means among the four Degrees of Body Dissatisfaction of Figure Rating Scale (Stunkard et al., 1983), namely No Body Dissatisfaction, Some, Moderate, and Significant Body Dissatisfaction. Results showed that there was a highly significant difference in BDS scores among the three degrees of Body Dissatisfaction $F = 8.05$, $df = 527$; $p < .001$. The post hoc analysis revealed that as degree of body dissatisfaction increased on Figure Rating Scale (Stunkard et al., 1983), so did the score on BDS. Hence, concurrent validity was established between BDS and Figure Rating Scale (Stunkard et al., 1983).

Test Re-Test Reliability

To establish the test-retest reliability of the BDS, 10% of the originally tested sample (54 participants; 23 men and 31 women) was given the BDS one week after the original administration. The duration of retesting was limited to one week, due to the relatively stable nature of body dissatisfaction and in order to prevent the events that can affect the view of one's body dissatisfaction. The correlation coefficient for Men version was found to be .94 and for Women version was .89, which was significantly high, indicating that the scale has high test-retest reliability.

Cut-Off Scores

The data obtained from the present sample of 529 university students was analyzed separately for both genders to identify the percentile scores and their suggested significance. These values can be used as a guideline to interpret the scores obtained on BDS and identify the degree of body dissatisfaction in an individual.

Table 3 shows the BDS scores at various percentiles in the present study and their significance for men and women. The significance of the scores provides a useful guideline to identify the degree of body dissatisfaction in an individual.

Table 3

BDS Scores, Percentiles, and Their Significance for Men and Women

Percentile	Women (n = 258)				Men (n = 271)					Level of Body Dissatisfaction
	BSW	SS	FF	BDS-W Total	BSW	M	FF	H	BDS-M Total	
25	4	3	6	16	6	3	1	2	17	No Dissatisfaction
50	10	6	9	26	11	6	3	5	27	Borderline
65	15	8	11	32	17	8	5	6	33	Mild
75	18	11	13	39	20	9	6	7	39	Moderate
90	25	16	18	51	27	13	10	11	52	Severe

Note. BSW = Body Shape & Weight; SS = Skeletal Structure; FF = Facial Features; BDS-W = Body Dissatisfaction Scale-Women; M = Muscularity; H = Hair; BDS-M = Body Dissatisfaction Scale-Men.

Table 4

Degree of Body Dissatisfaction among Men and Women on Respective Version of BDS (N = 529)

Degree of Body Dissatisfaction	Men (n = 271)	Women (n = 258)
	f (%)	f (%)
No Dissatisfaction	132 (49)	126 (49)
Borderline	39 (14)	34(13)
Mild	30(11)	32(13)
Moderate	42(16)	42(16)
Severe	28(10)	24(9)

Table 4 shows that both men and women experience almost similar degree of body dissatisfaction. Moderate degree of body dissatisfaction is experienced by 16% of men and women; while, 9% women and 10% men experience severe degree of dissatisfaction with their bodies.

Discussion

Physical appearance has great importance for most individuals as societies set standards for the ideal body. Most people strive to attain this ideal as it is frequently equated with beauty, success, and happiness. When an individual experiences a discrepancy between their current and ideal body, they begin to experience body dissatisfaction. Body dissatisfaction is a problem that is frequently lamented and significantly prevalent in many societies.

Body dissatisfaction is not limited to one's physical self, but it has been found to be a psychosocial construct. Researchers have demonstrated that body dissatisfaction affects one's psychological health as well (Striegel-Moore & Franko, 2002; van den Berg, Mond, Eisenberg, Ackard, & Neumark-Sztainer, 2010). Though researchers suggest that body dissatisfaction may often start at a young age, it has been found to reach its peak during adolescence (Littleton & Ollendick, 2003).

The few researches (Farooq et al., 2010; Khan et al., 2011) that have been conducted on Pakistani populations have used assessment tools that were developed and standardized in Western societies. The available Western tools were reviewed, and it was found that although they were quite reflective of the construct of body dissatisfaction, but they may not completely tap the manifestation of body dissatisfaction in a collectivistic and Islamic country. Therefore, the initial objective of the present study was to develop an indigenous assessment measure of body dissatisfaction to understand the manifestation of body dissatisfaction in Pakistani young adults.

The factor analyses of BDS revealed some interesting findings for both genders. Firstly, it was observed that for men, 26 items scale converged into 4 clear factors, while, for women it converged into 3 main factors. The items referring to muscularity in men and skeletal structure in women were similar, but were labeled differently to make the scale more gender specific because in previous literature the term muscularity is used more frequently to describe male's body (Smolak & Stein, 2006) and skeletal structure is used more often to describe female's body structure (Newman & Newman, 2006).

The factor analysis of indigenously developed BDS-M revealed a four factor solution: Body Shape and Weight, Muscularity, Facial Features, and Hair. The 'Body Shape and Weight' factor relates to those aspects of the body that affect one's overall appearance, such as having a short height; being overweight; not having clear skin; or not having symmetrical appearance. Having a protruding belly, wide hips or broad waist is considered undesirable by Pakistani men. Such an appearance goes counter to the ideal V-shaped body, which has a narrow waist, narrow hips, and a flat stomach. Height significantly affects one's overall appearance and Pakistani men expressed a desire to be tall. Five feet 6 inches is on average, which is medium compared to the average height of American men which is 5 feet 10 inches (Leung, 2009). The advent of Western media in Pakistan may be leading to dissatisfaction with height in Pakistani men.

‘Muscularity’ encompassed the second factor of BDS-M. It includes items related to overall muscularity and particularly upper body muscularity. The trend for a broad-shouldered and muscular man has been idealized throughout history (Grogan, 2008). It has been cited as a key dimension in the Male Body Attitudes Scale (Tylka, Bergeron, & Schwartz, 2005). The subscale of Upper Body Strength in the Body Esteem Scale (Franzoi & Shields, 1984) stresses the significance that upper body muscularity has for men. With the increased prevalence of Westernized images in the media, this muscular ideal has become popular in Pakistani society too, influencing the body image of men.

The third factor ‘Facial Features’ is related to those bodily features that are easily visible to others such as facial features. It appears somewhat unique to our culture, as it includes items such as desire for fair complexion and particular facial features such as eyes, nose, and face cut. These features have not received much attention in Western studies, perhaps because their focus has been on muscularity, height, and low body fat in men (Tylka, et al., 2005). The desire for fair complexion was believed to affect women previously. However, with the portrayal of fair men in the popular media and the advent of fairness creams designed for men, more men are experiencing dissatisfaction with their complexion, which is typically moderate to dark in Pakistani men. So, it appears that cultural factors have played a role and complexion is equally important for men in Pakistani culture.

The factor analysis revealed a new factor of ‘Hair’ in BDS-M, which has not been found in the Western researches. It signifies the importance of hair for men. Asian men typically have thick hair. Therefore, if for any reason, a man starts to lose hair or the hairline starts to recede, he feels increasingly concerned and body dissatisfaction results. Adolescents who have particularly invested in their appearance, desire to have a particular texture and length of hair, which is easy to mold into the perfect hairstyle. While, the ideal man has abundant hair on the head, body hair is undesirable (Murnen, 2011). This standard has gained popularity in Pakistan with the portrayal of male models with no hair on the chest or arms.

The factor structure of BDS for men shows some similarities and some variations from the Western tools. The factors of muscularity and body shape have emerged in earlier researches (Franzoi & Shields, 1984; Tylka et al., 2005), however, the factors of facial features and hair have emerged as culturally unique factors. This shows that body image of Pakistani men is affected by multiple

influences, not limited to muscularity and overall appearance, but also affected by complexion, facial features, hair and so on.

The factor analysis conducted on BDS-W revealed a three factor solution: Body Weight, Skeletal Structure, and Facial Features. Factor 1, that is Body Shape and Weight is significantly important for women in most cultures (Franzoi & Shields, 1984; Murnen, 2011). It is no different in Pakistani culture, as thin women are considered the epitome of beauty. The portrayal of thin and perfect women in the popular media leads to body dissatisfaction in the average women, as attainment of thinness is not possible for many. Also, late adolescence and early adulthood is a time when women get married in Pakistan. The objectification by prospective husbands and their families adds to the pressure to be thin. Hence, at this life stage in particular, body weight is of great significance and leads to considerable body dissatisfaction in women.

The second factor, Skeletal Structure relates to those factors that affect one's overall body structure. Women in the Pakistani culture idealize sharp facial features, which include large eyes and a small nose. Not possessing such facial features leads to body dissatisfaction in women. Height is also an aspect of the body, which has a significant impact on women's body image. Pakistani women idealize a medium height of 5 feet 5 inches like their American counterparts. However, they tend to be on the short side, averaging at 5 feet 3 inches (Leung, 2009). Therefore, they experience body dissatisfaction with their appearance if their height is not ideal. Pakistani girls want an overall appearance that makes them look feminine, but not weak, as despite their desire to be thin, they do not wish to be too skinny either.

The third factor, Facial Features is related to those elements which are easily evident and can lead to certain amount of body dissatisfaction if they are less than ideal. For instance, one's complexion is overtly visible to all. Pakistani individuals tend to have a wheatish or medium brown complexion, in general. However, they greatly desire a fair complexion, which is synonymous with beauty in Pakistan (Mirza, May 7, 2012). Girls feel the pressure to have a fair complexion significantly, as it is one of the first requirements by prospective in-laws. Coupled with fair complexion, girls are made to believe that having blemishes, pimples, or hair on the skin is highly undesirable. Therefore, it is a source of body dissatisfaction for girls. Asian girls typically have thick luscious hair. Pakistanis are no exception and they frequently emphasize that long thick hair is ideal for any girl. Therefore, having less than ideal hair is a source of body dissatisfaction for girls.

The factor structure of BDS-W is similar to the Western tools, such that body weight and skeletal structure are equally important for women in Pakistan as well as those in other cultures. The emergence of the factor of facial features shows some cultural variation, as this highlights the cultural ideal of fair complexion, thick hair, and sharp features. This shows that body image in Pakistani women is not only affected by weight and overall appearance, but also by the presence or absence of particular features.

The Pakistani culture has its own unique traditions, which influence body dissatisfaction in individuals. For instance, marriages are mostly arranged and much emphasis is on the physical appearance of the one to be married. This adds considerable pressure to the young individuals, both men and women, to make an effort to conform to the ideal body image. Hence, this general trend in the society applies to both genders, not only to women, resulting in significant concern with appearance and body dissatisfaction.

Limitations

The scale was developed on the university students of Lahore. It can further be tested on other subcultures and on students with rural backgrounds. The scale was administered and tested in university students of Lahore only. To ensure the generalizability of the findings, the scale can be administered on students of other cities. The Body Mass Index was not calculated in current research, but it is considered to be an important dimension to establish the current weight of the person and can be used in future research as an important indicator for body dissatisfaction.

Conclusion

To sum up the findings of present research, this study has served a number of purposes. Firstly, it has explored the domain of body dissatisfaction in university students of Pakistan; an area which has received little attention from researchers in the past. Next, an indigenous assessment measure that is, BDS was developed which can aid culture relevant assessment in the future. The factor analyses of the BDS revealed separate factors for men and women indicating that different aspects have varying importance for both genders.

References

- Brown, T. A., Cash, T. F., & Mikulka, P. J. (1990). Attitudinal body image assessment: Factor analysis of the Body-Self Relations Questionnaire. *Journal of Personality Assessment*, 55, 135-144.
- Brunet, J., Sabiston, C. M., Dorsch, K. D., & McCreary, D. R. (2010). Exploring a model linking social physique anxiety, drive for muscularity, drive for thinness, and self-esteem among adolescent boys and girls. *Body Image*, 7, 137-142. doi:10.1016/j.bodyim.2009.11.004.
- Cooper, P. J., Taylor, M. J., Cooper, Z., & Fairburn, C. G. (1986). The development and validation of the Body Shape Questionnaire. *International Journal of Eating Disorders*, 6, 485-494.
- Farooq, W., Latif, A., Abideen, Z. U., & Khan, S. (2010). Do TV and magazine cause body dissatisfaction and eating disorder: An empirical investigation with reference to young females of Lahore, Pakistan. *International Bulletin of Business Administration*, 9, 157-170.
- Franzoi, S. L., & Shields, S. A. (1984). Body Esteem Scale: Multidimensional structure and sex differences in a college population. *Journal of Personality Assessment*, 48(2), 173-178.
- Garner, D. M., Olmstead, M. P., & Polivy, J. (1983). Development and validation of a Multidimensional Eating Disorder Inventory for anorexia nervosa and bulimia. *International Journal of Eating Disorders*, 2(2), 15-34.
- Grogan, S. (2008). *Body image: Understanding body image in men, women, and children*. New York: Routledge.
- Ivezaj, V., Saules, K. K., Hoodin, F., Alschuler, K., Angelella, N. E., Collings, A. S., ... Wiedemann, A. A. (2010). The relationship between binge eating and weight status on depression, anxiety, and body image among a diverse college sample: A focus on bi/multiracial women. *Eating Behaviors*, 11, 18-24.
- Khan, A. N., Khalid, S., Khan, H. I., & Jabeen, M. (2011). Impact of today's media on university student's body image in Pakistan: A conservative, developing country's perspective. *BioMed Center Public Health*, 11, 379. doi:10.1186/1471-2458-11-379.
- Knauss, C., Paxton, S. J., & Alsaker, F. D. (2007). Relationships among body dissatisfaction, internalization of the media body ideal, and perceived pressure from media in adolescent girls and boys. *Body Image: An International Journal of Research*, 4(4), 353-360.
- Leung, S. (2009). *Average height by country (males < 20)*. Retrieved from <http://www.interbasket.net/forums/showthread.php?9287-Average-Male-Height-By-Country-Updated-%28official-data%29Scientific-research>
- Littleton, H., & Ollendick, T. (2003). Negative body image and disordered eating behaviour in children and adolescents: What places youth at risk

- and how these problems can be prevented. *Clinical, Child, and Family Psychology Review*, 6(1), 51-66.
- McCabe, M. P., & Ricciardelli, L. A. (2009). A longitudinal study of pubertal timing and extreme weight change behaviors among adolescent boys and girls. *Adolescence*, 39, 145-166.
- Mirza, F. (May 7, 2012). The complexion obsession. *Dawn*. Retrieved from <http://dawn.com/2012/05/07/the-complexion-obsession/>
- McLaren, L., & Kuh, D. (2004). Women's body dissatisfaction, social class, and social mobility. *Social Science and Medicine*, 58, 1575-1584.
- Murnen, S. K. (2011). Gender and body images. In T. F. Cash & L. Smolak (Eds.), *Body image: A handbook of science, practice and prevention* (pp. 173-179). New York: The Guilford Press.
- Newman, B. M., & Newman, P. R. (2006). *Development through Life: A psychosocial approach*. Belmont, California: Wadsworth.
- Niide, T. K., Davis, J., Tse, A. M., Derauf, C., Harrigan, R. C., & Yates, A. (2011). Body ideals and body dissatisfaction among a community sample of ethnically diverse adolescents on Kauai, Hawaii. *Hawaii Journal of Public Health*, 3(1), 1-7.
- Paxton, S. J., Neumark-Sztainer, D., Hannan, P. J., & Eisenberg, M. E. (2006). Body dissatisfaction prospectively predicts depressive mood and low self-esteem in adolescent girls and boys. *Journal of Clinical Child and Adolescent Psychology*, 35(4), 539-549. doi: 10.1207/s15374424jccp3504_5
- Showers, C. J., & Larson, B. E. (1999). Looking at body image: The organization of self-knowledge about physical appearance and its relation to disordered eating. *Journal of Personality*, 67, 659-700. doi: 10.1111/1467-6494.00069.
- Smolak, L., & Stein, J. A. (2006). The relationship of drive for muscularity to sociocultural factors, self-esteem, physical attributes, gender role, and social comparison in middle school boys. *Body Image: An International Journal of Research*, 3, 121-129. doi:10.1016/j.bodyim.2006.03.002
- Stewart, T. M., & Williamson, D. A. (2004). Assessment of body image disturbances. In J. K. Thompson (Ed.), *Handbook of eating disorders and obesity* (pp. 495-514). Hoboken, New Jersey: Wiley.
- Stice, E., Hayward, C., Cameron, R. P., Killen, J. D., & Taylor, C. B. (2000). Body-image and eating disturbances predict onset of depression among female adolescents: A longitudinal study. *Journal of Abnormal Psychology*, 3, 438-44.
- Striegel-Moore, R. H., & Franko, D. L. (2002). Body image issues among girls and women. In T. F. Cash & T. Pruzinsky (Eds.), *Body Image: A handbook of theory, research, and clinical practice*. London: Guilford Press.
- Stunkard, A. J., Sorenson, T., & Schulsinger, F. (1983). Use of Danish adoption register for the study of obesity and thinness. In S. Kety, L. P.

- Rowland, R. L. Sidman, & S. W. Matthysse (Eds.), *The genetics of neurological and psychiatric disorders* (pp. 115-120). New York, USA: Raven.
- Thompson, J. K., & Altabe, M. N. (1991). Psychometric qualities of the Figure Rating Scale. *International Journal of Eating Disorders*, 10, 615-619.
- Tiggemann, M. (2011). Sociocultural perspectives on human appearance and body image. In T. F. Cash & L. Smolak (Eds.), *Body image: A handbook of science, practice and prevention*. London, England: Guilford Press.
- Tylka, T. L., Bergeron, D., & Schwartz, J. P. (2005). Development and psychometric evaluation of the Male Body Attitudes Scale. *Body Image: An International Journal of Research*, 2, 161-175. doi:10.1016/j.bodyim.2005.03.001.
- Van den Berg, P. A., Mond, J., Eisenberg, M., Ackard, D., & Neumark-Sztainer, D. (2010). The link between body dissatisfaction and self esteem in adolescents: Similarities across gender, age, weight status, race, ethnicity and socioeconomic status. *Journal of Adolescent Health*, 47, 290-296.

Received January 28th, 2014

Revision received September 10th, 2015