

Psychosocial Correlates Of Life Satisfaction Among Youth



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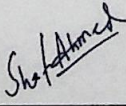
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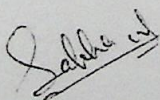
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Dedication

To my parents, siblings, friends, my supervisor and to my country, Pakistan.

ACKNOWLEDGEMENT

In the name of Allah, The Most Beneficent, The Most Merciful

First, in preparing this thesis, I was in contact with many people, researchers, academicians, and practitioners. They have contributed to my understanding and thoughts. In particular, I wish to express my sincere appreciation to my main thesis supervisor, Sir Shaaf Ahmed, for their encouragement, guidance, critics and friendship. I am also very thankful to Associate Professor Dr. Muhammad Faran for their guidance, advice and motivation. Without their continued support and interest, this thesis would not have been the same as presented here.

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ABSTRACT

Gender stereotyping is a broad concept underlying numerous attributes and characteristics including gender roles that are expected, acceptable behaviors, appearances, and attitudes that society assigns to people depending on their gender due to which satisfaction based on gender and physical appearance impacts both males and females. The aim of the study is to predict the impact of gender-related stereotypes including gender role beliefs and physical appearance comparison that leads to self-surveillance and body shame which further impact one's satisfaction with life, well-being, potential, and peak motivational experiences. The quantitative approach was used to collect data from late adolescents and young adults (15-24). Results of the study indicated that self-surveillance is positively significantly mediating the role between physical appearance comparison and life satisfaction which concluded that physical appearance predicts one's satisfaction to life when self-surveillance act as a mediator but there are insufficient evidences in explanation to body shame as a mediator. Furthermore, the findings of the study revealed that males were slightly higher in physical appearance comparisons than females. The study will be useful if future research into gender studies continued to be conducted and will also be helpful for upcoming academics to investigate the causes and effects of gender stereotypes.

ABSTRACT

Gender stereotyping is a broad concept underlying numerous attributes and characteristics including gender roles that are expected, acceptable behaviors, appearances, and attitudes that society assigns to people depending on their gender due to which satisfaction based on gender and physical appearance impacts both males and females. The aim of the study is to predict the impact of gender-related stereotypes including gender role beliefs and physical appearance comparison that leads to self-surveillance and body shame which further impact one's satisfaction with life, well-being, potential, and peak motivational experiences. The quantitative approach was used to collect data from late adolescents and young adults (15-24). Results of the study indicated that self-surveillance is positively significantly mediating the role between physical appearance comparison and life satisfaction which concluded that physical appearance predicts one's satisfaction to life when self-surveillance act as a mediator but there are insufficient evidences in explanation to body shame as a mediator. Furthermore, the findings of the study revealed that males were slightly higher in physical appearance comparisons than females. The study will be useful if future research into gender studies continued to be conducted and will also be helpful for upcoming academics to investigate the causes and effects of gender stereotypes.

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PSYCHOSOCIAL CORRELATES OF LIFE SATISFACTION

by Saleha Gul

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Introduction

In Western culture, many feminist theories presented to question objectifying ways of treating women such as psychologist Karen Horney, about 75 years ago, focused on socially sectioned rights for men to sexualize women and recently, Sandra Bartky mentioned that woman's body, body parts and its functions are considered as an instrument that is separated from her body and can be evaluated as if they were capable to represent her or not (Daniels et al., 2020a; Roberts & Fredrickson, 1997). Early notion of self, discussed attitudes, values and motivation but now female self-concept is associated with physical attractiveness and the male sense of self is associated with physical effectiveness (Roberts & Fredrickson, 1997).

A gender stereotype is a generalization and widely held notion about gender-specific traits, positions, or behaviors that have been ascribed or that certain members of a social group should exhibit (OHCHR, 2022). These are simplistic notions, character qualities, and actions that both men and women believe are appropriate and should be carried out (OHCHR, 2022). It has both beneficial and negative affects, including messages on how young people should act, appear, and play being broadcast to them on a regular basis (OHCHR commissioned report). Around the world, men are expected to uphold the values of strength and masculinity, perform "dirty tasks," engage in sports and video games, take charge of the situation, be lazy, be proficient in math, and other traits (Heidelbaugh, 2007) whereas women are expected to descend to a level of demureness and innocence that is deemed attractive, appealing, regarded to be weaker than men, do not

need to attend college, are not expected to speak up, are expected to appear lovely, to cook, clean, and raise the children (Rosenthal & Overstreet, 2016a).

Due to the stereotype that men are risk-takers, homicide and suicide ranked as the fifth leading cause of death in the United States in 2003, with males having a disproportionate ratio of 2.2 to females. Of the deaths among boys in the age range of 10 to 24 years, 71% were attributed to accidents or other unintentional injuries (Heidelbaugh, 2007). There are numerous stereotypes that have a long history and were developed as a result of certain economic, political, or social situations (Lucas & Phelan, 2012).

Self-harm is the third-leading cause of death; the risk of alcohol consumption, homicide, and interpersonal violence is four times higher among boys aged 10 to 19 than among adolescent girls worldwide; and there are stereotypes associated with both genders that result in 24 percent of adolescent girls (15 to 19 years old) and 13 percent of adolescent boys suffering from a lack of education, employment, or training (*UNICEF*, 2022). Gender role beliefs have an impact to the extent that only 7% of girls (6–19 years old) completed engineering model apprenticeships in the UK compared to 12% of boys (Egglestone et al., 2016); 80% of women are judged more harshly for their appearance than for their abilities; 10% of primary school teachers in Scotland are male; and 16% of girls in the UK are enrolled in computer science (IGB, 2016, 2018).

With a population of almost 227 million, Pakistan is the fifth most populated nation in the world. Sixty-four percent of Pakistan's population is under the age of 30, making it one of the world's greatest young populations (Hippler & Ahmed, 2022) and gender-related stereotypes are one of the significant concerns in Pakistan, including beliefs associated to both gender and comparison based on their physical appearance. In Pakistani society, men

are seen as the family's legal representatives and are expected to be resilient, receptive, and intelligent enough to handle the challenges of daily life (Ali et al., 2011). They are not permitted to cry or communicate their worries or pressures because doing so would make them appear weak and inadequate (Ali et al., 2011). The failure to criminalize marital rape due to the stereotype of women as the sexual property of men negatively affects an individual's self-image when they are dealing with such concern (Ertl et al., 2017). Examples include praising girls for being well-behaved and boys for their new innovative ideas and understanding of complex concepts (Ertl et al., 2017).

Stereotyping is a behavioral and cognitive process that involves attributing traits to a group. It can also be used as justification for a person to have an emotive or physical reaction (Allport et al., 1954; Link & Phelan, 2001a). It is the result of unconscious bias when people must process enormous amounts of information every second. To prevent being overloaded, subconscious mind makes assumptions about people's personalities based on previous experiences that are conveyed in the form of micro messages and look for patterns to expedite decision-making (Allport et al., 1954; Link & Phelan, 2001a). It comes from a culture that is prevalent in homes, among friends, in classrooms, and even on playgrounds (Rosenthal & Overstreet, 2016b). As young kids are regularly exposed to signals about how they should look, behave, and play without considering their interests, aptitude, capacity to make decisions, and life goals, these socially acceptable messages can have a harmful impact on both genders (Rosenthal & Overstreet, 2016b).

When parents decide to decorate their child's room based on their gender, stereotypes begin to form in infancy or even before the child is even born (Link & Phelan, 2001a). They are impacted by parents, friends, and the environment. They are ingrained in

a person's biology, learned as a language, through encounters, advertisements, and social media (IGB, 2016). Raising children by assigning chores that are associated with their genders, such as having girls do the cooking, cleaning, and laundry while having boys do the gardening and grocery shopping; having girls have sweet, kind, weak, and princess-like traits while having boys have strong and tough traits; using pink and purple colors for girls and blue and green for boys; and having girls wear tight, body-conscious clothes while boys wear loose, active clothes (Link & Phelan, 2001b).

Toys can also reinforce these stereotypes; for example, females may play with dolls and cooking toys, while boys may play with automobiles and trucks; boys may play sports like cricket, football, and soccer, while girls may create stories including a house and princesses (Link & Phelan, 2001a). Even when given unfettered access to a wide variety of toys of interest, a sizable majority of kids will lean toward gender-typical preferences, thus it's okay for males to choose football or race balls and for girls to prefer pink, orange, or purple (IGB, 2018; Link & Phelan, 2001a). The issue comes when stereotypes, whether negative or seemingly innocuous, unintentionally present skewed chances and discourage both genders from aspiring to the kind of person they believe they can be (IGB, 2018).

In addition to roles assigned to each gender, gender stereotypes also include expectations regarding both genders' physical attributes (Jackson, 1992). Socio-biologists claim that women's physical appearance is more significant than men's because women have better reproductive potential than men, which necessitates better health and age in women, and women's health and age are better cued through physical appearance in contrast to men's reproductive potential, which is cued through materialistic possessions that indicate a higher likelihood of their offspring's survival and providing for them (Buss,

1987; Buss & Barnes, 1986; Symons, 1979). Therefore, it is preferable for men to choose women based on their attractiveness rather than women choosing men based on their worldly belongings (Buss, 1987; Buss & Barnes, 1986; Symons, 1979). Due to this compared to men, women are more inclined to engage in practices that improve their appearance, placing a higher priority on facial attractiveness than bodily pleasure (Buss & Barnes, 1986). Both sexes have worries about physical attractiveness and appearance, but there are differences in the implications and consequences of physical attractiveness for each gender (Jackson, 1992).

Females are more likely to monitor and evaluate themselves as passive objects (from another person's perspective) when they are expected to look good and substantial around others (Tolman et al., 2006). This increases their likelihood of compensating for feelings of inferiority by shaming themselves, questioning their abilities, and making them more susceptible to stress-inducing situations such as assimilation into a dominant male or European female cultural standards (where females are independent, can move freely) (Tolman et al., 2006). The negative effects of objectification of the body include depressive symptoms, dysfunctional sexual behavior, and other forms of disordered eating, which are further linked to body shaming and life satisfaction (Gervais et al., 2011a; Pecini et al., 2022a).

Body shaming is a negative emotion that makes people act self-consciously, and evaluate their bodies based on physical characteristics in comparison to idealized and internalized social beauty standards. This makes people feel inadequate about their bodies and feel the need to hide or disappear because they have fallen short of those idealized standards (Lewis et al., 1992). Due to how strongly patriarchal values influence Pakistani

society's social structure, norms, and beliefs, this study concentrated on gender roles, physical appearance comparisons, and the effects of these factors on how individuals perceive themselves as objects and how satisfied they are with their lives.

Diener's work has been at the forefront of life satisfaction studies since the 1980s (Akerman, 2018). Living conditions have a significant impact on the average level of life satisfaction, according to studies on how life satisfaction varies between countries. Consequently, economically developed nations tend to have a greater average level of life satisfaction than less developed ones (Helliwell et al., 2017). According to research, the primary determinants of life satisfaction may be divided into four groups that are followed in order: life opportunities, the course of events, the flow of experience, and life evaluation (Veenhoven, 1996).

Philosophical and psychological theories of happiness and well-being use the concept of life satisfaction (Hall, 2014; Helliwell et al., 2017). However, there are two unique meanings for the word "satisfaction": in some accounts, it means a sense of feeling satisfied with something, while in others, it means the seeming fulfillment of expectations or norms. There are essentially two different ideas of life satisfaction used in life satisfaction reports as a result of these various meanings of the word "satisfaction" (Hall, 2014)

“When we cannot find contentment in ourselves, it is useless to seek it elsewhere”.

Francois La Rochefoucauld

Rationale

Theoretical gap

Objectification theory (Roberts & Fredrickson, 1997) proposed female objectification leads to objectified body consciousness. The study also indicated that men pretend to be strong and hide their emotions which negatively affects their mental and physical health in the long term (Mayor, 2015). So, the present study included both males and females of age 15- 24 years and studied the impact of objectification on body shaming and its contribution to satisfaction with life, in consideration of the Pakistani cultural context.

The result of the study showed that body shame played a significant role in adversely affecting all aspects of body esteem, highlighting the need to focus on this part of OBC as it applies to men's experiences. On the contrary, body esteem was favorably influenced by appearance control-related variables. Findings overall supported the objectification theory's ability to accurately identify a pathway via which media imagery is internalized by men as well and may have a negative impact on their self-esteem (Boursier & Gioia, 2022).

Objectification theory has a limited explanation for the antecedent's contribution to internalized objectification but studies revealed that ideological patterns, personal values, and social and cultural standards act as an antecedent for objectification (Rollero & De Piccoli, 2017; Tiggemann & Williams, 2012). So, the present study was focused on the impact of gender role belief and physical appearance comparison that lead to internalized

objectification and evaluation of oneself which later affect positive psychological functioning.

Conceptual gap

In today's world, idealization makes it difficult for both men and women in Pakistani culture to reach those defined standards. Previous studies helped how defined attributes and characteristics among both genders have been studied so far.

As it is seen as incorrect in many ways, from our religious perspective as well, there are numerous reasons that contribute to standardized views and idealization, making it imperative for men and women to adapt to European ideals. This induces stress in both genders, particularly among young people in Pakistan (Chen et al., 2020).

To look younger and more attractive to others, people take great care and put a lot of time, money, and effort into cosmetic and dermatological procedures (Nestor et al., 2010). Young one's lack the maturity to comprehend the detrimental implications of gender stereotypes, which they come into contact with, learn, adapt, and utilize in a variety of circumstances without considering how they would impact their lives (E. Diener et al., 1998).

The most prevalent statements among men that "men don't cry," "guys are strong," and "don't act like a girl", are the main causes of their suffering. In contrast, women are connected with honor and families feel overprotected. Research revealed that such associations contribute to gender roles, gender identity, body objectification, self-objectification, or physical attractiveness which further contribute to mental health

concerns such as depression, dysfunctional sexual behavior, and eating disorders (Miner-Rubino et al., 2002; Tiggemann & Kuring, 2004; Tolman et al., 2006).

Additional studies have revealed a connection between body monitoring and decreased flow during physical exercise as well as lower levels of coping strategies that are constructive and adaptive (Greenleaf, 2005a; Sinclair & Myers, 2004). A limited but persuasive collection of research emphasizes the possibly detrimental effects that self-objectification may have on the welfare of women. To fully comprehend this effect, more study is required (Sinclair & Myers, 2004).

Higher surveillance was associated with lower self-esteem, while body shame and appearance anxiety attenuated this association. The identified pathways are not influenced by gender or traditional gender roles, with the exception of how masculinity interacts with self-awareness to predict body shame and anxiety over appearance (Choma et al., 2010a).

In terms of physical appearance, both genders can judge someone as attractive based on their body's balance, proportion, symmetry, complexity, contrast, and clarity. Abusive language, mocking stares, and abusive comments for both men and women who are deemed unattractive by females and ineffectual by males induce stress and body shaming, which may cause individuals to develop a dread of ever being unpleasant or ugly. Additionally, studies showed that body shaming, eating disorders, sexual dysfunction, depression, social anxiety disorder, generalized anxiety disorder, and body dysmorphic disorder are all brought on by self-objectification or monitoring of one's appearance. (Calogero et al., 2011; Rollero & De Piccoli, 2017; Schaefer & Thompson, 2018a; Tiggemann & Kuring, 2004; Winn & Cornelius, 2020).

Psychological wellness is made up of several psychological attributes that are associated with suffering yet are nonetheless connected to it. There is more to it than simply being free from suffering (Jahoda, 1958; Ryan & Deci, 2001; Ryff et al., 2003; Ryff & Singer, 1998). How self-objectification affects positive psychological functioning, such as subjective well-being or general psychological wellness, is an important yet understudied field of research (E. Diener et al., 1998).

Most adolescent females and a few males in Pakistan have suffered judgment, comparison, and criticism because of such dimensions. A recent study focused on gender stereotypes in which two proposed variables for the study included gender role belief and physical appearance comparison were used based on the antecedent of cultural standards in the Pakistani context to examine their impact on positive psychological functioning i.e. satisfaction with life.

Problem statement

Gender stereotyping leads to self-surveillance that causes body shaming, anxiety, and disgust among adolescent and adult males and females. Body shaming, anxiety, and disgust are contributing factors to life satisfaction. Also, mental health risks and psychological concerns negatively impact one's satisfaction with life, well-being, potential, and peak motivational experiences among adolescent males and females.

Research question

- Are pre-dispositional factors (gender role belief and physical appearance comparison) impacting satisfaction with life?

- Is there any mediating role of self-surveillance and body shame between predisposition factors and life satisfaction?
- Are there any gender differences in gender role beliefs and principals, physical appearance comparisons, self-surveillance, body shame and life satisfaction?

Research objectives

- To find a relationship between gender stereotypes, self-surveillance, body shame and life satisfaction.
- To examine the predictive effect of gender stereotypes on satisfaction with life.
- To find the mediating effect of self-surveillance and body shame between gender stereotyping and life satisfaction.
- To find the gender difference in gender stereotypes, physical appearance comparisons, self-surveillance, body shame and life satisfaction.

Hypothesis

- There is a positive relationship between gender role belief, physical appearance comparison, self-surveillance and body shame.
- There is a negative relationship of gender role belief, physical appearance comparison, self-surveillance and body shame with life satisfaction
- There is a positive predictive effect of gender role belief, and physical appearance comparison on self-surveillance, body shame and negative predictive effect on life satisfaction.
- There is a positive predictive effect of self-surveillance on body shame and negative predictive effect on life satisfaction.

- There is a negative predictive effect of body shame on life satisfaction.
- There is a mediating role of self-surveillance on life satisfaction.
- There is a mediating role of body shaming between gender stereotypes and life satisfaction.
- Physical appearance comparison, self-surveillance and body shame are higher among females.

Significance of the study

The study will help to understand how defined attributes and characteristics within Pakistan impact both genders' mental health. The recent study will help later studies to propose a model based on Pakistani culture to study gender stereotyping among both genders. The study focused on gender stereotypes in which two proposed variables for the study, gender role belief and physical appearance comparison were used based on the antecedent of cultural standards in the Pakistani context to examine their impact on body shame and satisfaction with life. The literature revealed that ideological patterns contribute to objectification that can affect both genders but objectification theory focused on females only, so the study contributed to focus on the impact of beliefs associated with gender roles and comparison based on appearance in relation to life satisfaction and have been focused on studying the difference between gender when studying gender role belief, physical appearance comparison, self-surveillance, body shaming, and life satisfaction.

Literature Review/ Theoretical Framework

Studies have emphasized that globalization and technological development significantly impact gender roles in Pakistan. Over the years stereotypical views have decreased whereas acceptance and change are getting more evident especially among females in comparison to males. Males are more persistent with traditional gender roles whereas females have adapted their gender-based roles and attitude with the influence of technology (Zehra et al., n.d.).

Both genders (males and females) and different generations have different perceptions and manifestations of gender-related roles and behaviors (Camilo & Minas, 2023). These roles and beliefs shaped an individual's thinking patterns. Camilo and Minas (2023) suggested that because of the over-idealization of gender equality, women are overcharged with both family and work tasks and feel more satisfied when partners shared domestic duties and perceive that they are receiving support. The study further emphasized that men have greater domestic and labor power in comparison to females but sharing domestic duties with partners contributes to a decrease in well-being among males (Camilo & Minas, 2023).

Social norms are contextually and socially derived collective expectations of appropriate behaviors (Perrin et al., 2019). Harmful social norms include that women do not disclose because of social norms that blame the woman for the assault (e.g., she was out alone after dark, she was not modestly dressed, she is working outside the home), norms that prioritize protecting family honor over the safety of the survivor, and institutional acceptance of violence as a normal and expected part of conflict and men's authority to

discipline women and children consistently reported having negative impacts on physical, mental and reproductive health (Perrin et al., 2019).

Prioritizing physical appearance over body functioning burdened adolescent girls and young female adults to question their abilities when engaged in self-evaluation and regret themselves when they are unable to meet social standards which negatively affect their self-concept (Tolman et al., 2006; Winn & Cornelius, 2020).

Girls are raised in such a way that when they reached puberty they know how to live in a woman's body which includes learning to evaluate and monitor their body rather than to experience or feel their body (internalize male gaze) and internalizing those factors contributing to objectification including dissociation from physical hunger, managing bodies to conform with defined beauty standards and attraction (Daniels et al., 2020b; Tolman et al., 2006).

Capitalization of sexual attraction, presentation and appearance mediated the link between materialism and women's body surveillance, and appearance mediated the link between materialism and women's self-objectification (Teng et al., 2017).

Research has been conducted focusing on the effect of self-objectification on physical, mental and psychological health consequences (Sinclair & Myers, 2004). Sinclair and Myers (2004) revealed that body surveillance negatively impacts adaptive and positive coping strategies as well as overall women's physical and psychological well-being.

Unattractive women more engage in socially deviant behaviors than attractive women (Jackson, 1992). Body image concerns are getting more common in psychological research predominantly focused on body dissatisfaction among white women and girls.

Gender roles and ethnic racial identity commitment are also very common in black women, associated with skin tone, hair, facial satisfaction and appearance esteem, depressive symptoms and self-objectification (Jackson, 1992). Results revealed based on socially defined ideal standards of appearance in association with black adolescents' wellbeing-related concerns as the adolescents are at high risk of body-related concerns due to transitions in their life phase (Jackson, 1992).

With an increase in media pressures, socio-cultural pressures that promote individuals to conform to beauty ideals not only target women but have an adverse impact on body image and self-esteem among males. The study emphasized that media imagery related to body model are internalized and increasingly influence body esteem among males (Boursier & Gioia, 2022). Research findings also revealed that among both genders, an increase in facial satisfaction related to an increase in appearance esteem, lower self-objectification and a decrease in depressive symptoms (Ladd et al., 2022)

Mid-adolescent females are more prone than boys to state self-objectification, and the experimentally induced state self-objectification affects the groups of adolescent boys' and girls' creative ability in the visual domain (Mirucka & Kisielewska, 2022).

Studies revealed significantly favorable correlations have been shown between body shame, appearance anxiety, and self-objectification. It was discovered that appearance anxiety and body shame have a favorable relationship (Naqi et al., 2022). Additionally, it was discovered that the respondents' self-objectification was a predictor of body shame and appearance anxiety (Naqi et al., 2022).

Mustafa (2022) investigated that due to an increase in social anxiety and self-consciousness, emerging adults utilize photo editing software more frequently. Self-consciousness, social anxiety, and self-objectification were major problems for adult females, and research showed that these issues were positively connected with body shaming and self-objectification, which in turn led to photo-altering practices (Mustafa & Akram, 2022). Due to an increase in social anxiety and self-consciousness, emerging adults utilize photo editing software more frequently. Self-consciousness, social anxiety, and self-objectification were major problems for adult females, and research showed that these issues were positively connected with body shaming and self-objectification, which in turn led to photo-altering practices. The use of photo editing applications is more common among emerging adults because of an increase in self-consciousness and social anxiety. Self-consciousness, social anxiety and self-objectification were significant concerns among adult females which indicated in such a way and that increase in self-consciousness and social anxiety positively correlated with self-objectification and body shaming which later contribute to photo editing behaviors (Mustafa & Akram, 2022).

Objectification theory is limited in explaining the antecedents and consequences related to objectification. According to Rollero and Picolli (2017), antecedents such as socially constructed ideological patterns, personal values (not directly contributing to objectification but indirectly by shaping attitudes and behaviors), idealized media figures (figures coming in front of the public with beautiful physical appearance) religious and cultural standards that contributing to the gender stereotyping and cause both male and female to engage in objectification (Calogero & Jost, 2011; Rollero & De Piccoli, 2017; Tiggemann & Williams, 2012).

Negative consequences of objectification include a decrease in self-esteem, consciousness, self-concept, body shame, quality of life, peak motivational state, sexual victimization and cognitive functioning that will increase one's vulnerability towards psychological concerns and mental health risk including depression, psychosis, eating disorder, sexual dysfunction, body dysmorphic disorder and appearance anxiety disorder (Calogero et al., 2011; Rollero & De Piccoli, 2017; Tiggemann & Williams, 2012).

Objectification will be marked if any of such conditions will be observed or experienced including; Instrumentality (using subjects for advertising), denial of autonomy (lack of autonomy), inertness (treating someone as lacking in activity), fungibility (interchangeable), violability (direct or indirect experiences of physical or emotional abuse), ownership (honor killing), denial of subjectivity (no concern for others feelings or experiences) (Langton, 2009; Nussbaum, 1995).

Both genders differ in their exposure and reaction to stressors (Mayor, 2015). Beliefs about male gender roles such as men don't cry, didn't allow the male to express their feelings and expectation that men are strong and effective enough to deal with daily challenges, increase their vulnerability to developed unhealthy reactions such as aggression when faced with a stressful situation to conform with attributes and role assigned to male gender (Mayor, 2015). Females' reaction towards stress is comparatively adaptive due to which study revealed that although women experience stress more than men, life expectancy is higher among women than men (Mayor, 2015). Men pretend to be strong and hide their emotions which negatively affects their mental and physical health and quality of life in the long term (Mayor, 2015).

The study's findings showed a substantial relationship between verbal self-objectification, physical self-commentary, and psychological well-being. Self-objectification is a powerful indicator of young adults' psychological health. Young adults' verbal comments on physical appearance, self-objectification, and psychological well-being do not significantly differ by gender (Nasreen & Fareed, 2023).

When people attempt to live up to the socially prescribed ideals of beauty, they frequently feel unhappy with their physical appearance. Social comparison was discovered to be positively associated with both body dissatisfaction and body surveillance. It was discovered that social comparison significantly moderated the relationship between body surveillance and body dissatisfaction. On the measures of social comparison, body surveillance, and body dissatisfaction, average-weight and overweight females had significantly different levels of self-perceived body structure (Khan et al., 2023).

Importantly, some academics asserted that self-examining one's body might not necessarily be dangerous (DeVille et al., 2015) and that the increased body shame that women experience in relation to themselves when cultural standards of beauty are not satisfied is one of the unfavorable effects of self-objectification (McKinley & Hyde, 1996). Correlational and experimental research consistently demonstrated that increased body shame is directly associated to self-objectification in terms of heightened body surveillance, (Baildon et al., 2021; Greenleaf, 2005b; Kilpela et al., 2019; Mehak et al., 2018; Pila et al., 2021; Schaefer & Thompson, 2018a). Mercurio and Landry (2008) discovered a link between self-objectification and life satisfaction. The association was mediated by increased body shame, which in turn led to lower self-esteem (Mercurio & Landry, 2008a). In a similar vein, Choma et al. (2010) discovered that increasing body shame caused a

negative correlation between self-surveillance and self-esteem. As a result, women who self-objectify by keeping an eye on their bodies were more likely to report having low self-worth, and higher body shame explained this association (Choma et al., 2010b).

Fernández-Ballesteros et al. (2001) revealed factors contributing to one's satisfaction with life including self-esteem, race, socio-economic status, sexual satisfaction, gender, social interaction, social equality, political freedom, culture, and moral order; personal resources like social position, material property, political influence, social prestige, and family bonds; and individual abilities like physical fitness, psychic fortitude, social capability, and intellectual skills, need or affluence, attack or protection, solitude or company, humiliation or honor, routine or challenge, ugliness or beauty, loneliness' or love and rejection or respect (Fernández-Ballesteros et al., 2001).

In consideration of the relationship between body shame and life satisfaction, the study revealed that body shame mediated the relationship between self-objectification and self-esteem and lack of self-esteem mediated the relationship between body shame and life satisfaction (Mercurio & Landry, 2008b). Another study indicated that skin tone surveillance is associated with long women (Prusaczyk & Choma, 2018).

Studies further revealed that body shaming leads to the development of mental health risks (Tiggemann, 2011) whereas histrionic personality which includes unstable emotions, distorted self-image and an overwhelming desire to be noticed, originated from individuals with shame experiences and differential patterns of guilt including a dislike for their body, inability to cope, feeling that perfection is needed, inability to express emotions to others, frequent mood swings and feelings of unreal at times (Bills, 2005).

The findings showed an inverse relationship between self-esteem and confidence and an inverse relationship between body image consciousness and worry of about having a bad social appearance. Additionally, it revealed that women are more likely than men to experience body surveillance, body shaming, dread, anxiety, and low self-esteem associated with it. Low self-esteem and financial stability in the family are significantly positively correlated, according to the Pearson correlation (Shahid et al., 2022). Lower self-esteem was predicted by more self-surveillance (Lindberg et al., 2006). There was a consistent relationship between self-awareness and self-esteem in both men and women (Lindberg et al., 2006).

According to a study, there were no significant differences in life happiness according to sex or educational attainment, but age had a significant impact, with older people reporting better life satisfaction (Bibi et al., 2015)

High levels of satisfaction with various facets of life are another feature of gender difference (Yaremtchuk, 2014). Few other earlier research findings, generally show that women tend to have more life satisfaction than men do but no significant variations between age groups (Tiliouine et al., 2006).

The study demonstrates that gender is not a factor in determining subjective well-being and that both men and women evaluate their life or experience their subjective well-being in a similar way (Joshi, 2010). There is a considerable gender gap in the degree of life satisfaction, and there is no comparison between the levels of life satisfaction among male and female IT personnel. Male and female IT employees' levels of positive and negative affectivity were comparable, and there was no discernible gender difference in the level of positive affectivity (Joshi, 2010).

According to research, aspects associated to health, such as chronic illness, sleep issues, pain, obesity, smoking, anxiety, and physical activity are all substantially correlated with life satisfaction (Strine et al., 2008). It is obvious that life happiness and health go hand in hand; if you grow or improve one, the other will probably follow shortly after. The relationship may go both ways (Strine et al., 2008).

According to a recent study conducted by Chapman University researchers, life pleasure is really linked to a lower risk of death! Furthermore, it has been demonstrated that regular changes in life satisfaction are particularly detrimental to health and longevity (Boehm et al., 2015).

Medley's (1976) causal model is based on a prediction of life satisfaction variables that determine overall life satisfaction among individuals, which include independent variables such as satisfaction with family life, with the greatest importance for both genders; health satisfaction which shows a more important contribution to life satisfaction rather than actual health status, second important variable among males but third in females; satisfaction with standards of living rather than actual standard of living, third important variable among males but second among females; and financial situation based on family income and standards of living which shows indirect contribution to overall life satisfaction among males (Medley, 1976). Other factors such as, a decrease in one's daily life activity and a decrease in social interactions due to a decrease in health show an indirect contribution to life satisfaction as a whole among both genders (Medley, 1976). According to Medley's model, for people who are satisfied with certain aspects of their life, there is a greater probability of their satisfaction with life as a whole (Medley, 1976).

While the overall level of life happiness may not significantly alter with age, the elements that contribute to it and how much importance we give them do. Older folks tend to place more emphasis on family ties and long-term fulfillment from life, but they do not place as much value on things like status and money as younger adults do (Akerman, 2018).

Older individuals' happiness is more highly correlated with the quality of services offered within a city that enable residents to age in place, while younger adults' happiness is more strongly correlated with the accessibility of amenities that enhance a city's culture and place features. These findings suggest that cities should prioritize providing quality services (such as effective law enforcement, quality education, and easy access to healthcare), beauty and character, as well as easy access to transportation amenities and cultural and recreational opportunities in order to be all things to all people (Hogan et al., 2016).

A predictive model of life satisfaction presented by Najafi et al. (2016) based on positive psychology constructs, explained that direct and significant relationship between spirituality and variables that include religiosity, hope, optimism, self-esteem and self-efficacy with life satisfaction whereas also, the indirect and significant relationship of spirituality and religiosity with life satisfaction exists, using variables such as hope, optimism, self-esteem and self-efficacy as a mediator between spirituality and religiosity relationship with life satisfaction (Najafi et al., 2016).

Although one's overall physical health can be a significant predictor of life satisfaction, it appears that in later life, one's mental health is most likely to have a significantly greater impact on life satisfaction than physical health (Leyden Academy, n.d.).

Theoretical framework

Objectification theory

Many theories proposed to understand men's and women's objectification and expectations associated with their gender. Objectification theory was one of the theories that focus on understanding women's experiences, more specifically (Roberts & Fredrickson, 1997). According to the objectification theory, more women or girls than men or boys objectify their physical selves while socializing and internalizing the observer's perspective (Roberts & Fredrickson, 1997; Tiggemann & Kuring, 2004). The theory proposed that girl experiences or witnessed more objectification than boys (Roberts & Fredrickson, 1997). Such direct or indirect exposures make girls consider themselves as an object to be evaluated (Tiggemann & Williams, 2012). This referred to the phenomena of "self-objectification" e. g, when a woman witnesses objectification or sees someone else being objectified, this triggers their tendency to evaluate or monitor themselves from the other person's perspective (Tiggemann & Kuring, 2004). Such phenomena of objectification make girls value their physical appearance and internalize those norms and beliefs associated with them that increase their vulnerability towards objectification (Roberts & Fredrickson, 1997). This concept is similar to Darwin's concept of 'survival of the fittest' and Sigmund Freud's concept of 'vanity' among women, according to which women are bound to value their attraction to compensate for their inferiority feelings (Roberts & Fredrickson, 1997).

Self-objectification has two types; state self-objectification is linked to environmental factors as it includes internalization of objectification in particular to a

situation, e. g one's having a walk and experiencing objectifying gaze or whistling that leads them towards self-surveillance in particular to that situation (Winn & Cornelius, 2020). The other one is trait self-objectification which includes the frequency with which the state of self-objectification is experienced, also known as chronic self-objectification (Winn & Cornelius, 2020). Women engaged in chronic self-objectification, socialized to internalize sexualization which leads them towards self-surveillance and affects psychological functioning (Winn & Cornelius, 2020). Adolescents and youth suffer more than adults or older adults because in adulthood women live within as well as outside of themselves e. g their priorities shifted from physical appearance to their family (Mayor, 2015; Winn & Cornelius, 2020).

From a feminist perspective, McKinley (1999) developed the concept of Objectified body consciousness (OBC), another perspective very close to objectification theory. There are three components of objectified body consciousness; control belief is a belief that individuals can control the way they look; self-surveillance referred to habitual monitoring or evaluating one's own self; body shame includes shaming one's body when one does not conform to the cultural standards (Boursier et al., 2020; Lindberg et al., 2006; McKinley, 1999; McKinley & Hyde, 1996).

Fredrickson and Roberts (1997), on the other hand, distinguished self-objectification from body surveillance instead of viewing the two constructs as synonymous. Fredrickson and Roberts (1997) viewed body monitoring as the direct behavioral manifestation of self-objectification. Thus, women value and view themselves as sex objects (self-objectification) which leads them to constantly monitor how they appeared to other people (Roberts & Fredrickson, 1997).

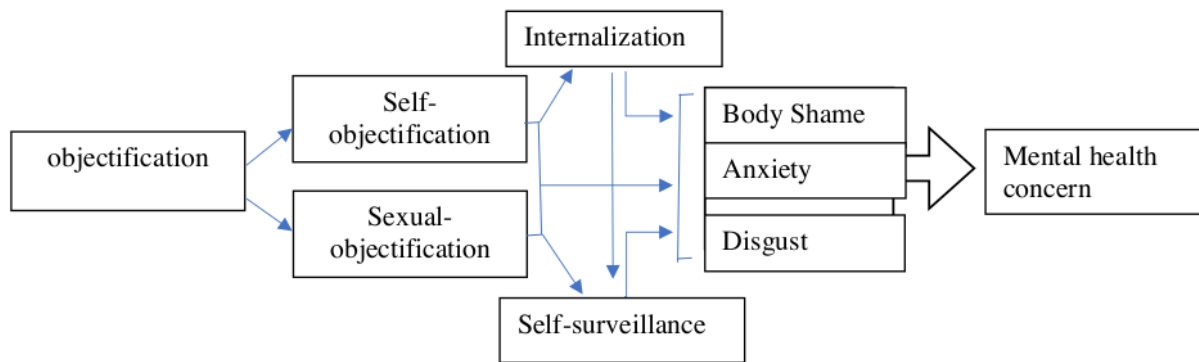


Figure 1 Objectification Theory Model

Fredrickson and Robert (1997) discussed 3 mechanisms of body objectification that increase women's vulnerability towards depression and anxiety about their physical appearance, it includes that it is impossible for every woman to reach the ideal state which causes them to develop body shame and anxiety; woman unable to experience their peak motivational state due to which their quality of life and perceived motivation and reinforcement will be compromised and increase their vulnerability towards depression; the third mechanism was direct and indirect sexual victimization and harassment that women faced (Allport et al., 1954).

Whole Life satisfaction theory

Measuring life satisfaction is typically subjective, or based on the factors that an individual feels particularly significant in their life. Quality of life is a measure of happiness or well-being that is influenced by elements of daily living, such as the quantity and quality of one's food, health, and living arrangements (such as their shelter) (Veenhoven, 1996).

Two major categories of theories about life satisfaction exist:

1. Theories from the bottom up: life satisfaction is a result of contentment in a variety of life domains (Headey et al., 1991).
2. Life happiness as a domain-specific satisfaction influencer, according to top-down theories (Headey et al., 1991).

According to bottom-up theories, we find fulfillment in a variety of areas of life, including employment, relationships, family and friends, personal growth, and health and fitness. Our total level of life satisfaction is the result of how satisfied we are with each of these aspects of our existence. Top-down theories, on the other hand, contend that our level of life satisfaction as a whole affect (or perhaps dictates) our level of life satisfaction across a wide range of domains. Although there is still room for disagreement on this point, most people are satisfied with the fact that overall life satisfaction and satisfaction in a variety of life areas are intertwined (Headey et al., 1991).

The Whole Life Satisfaction theory (Suikkanen, 2011) is a bottom-up theory that states that a person is content when they believe their actual life is in line with their ideal life plan. This is due to the fact that the agent's perception of how their life is progressing is at the core of happiness, according to the most widely accepted theory of happiness (Feldman, 2008). It is contended that everyone has a set of objectives. These objectives are generally quite constant, even if some of them alter as people progress through their lives. They have either already accomplished some of their goals or would have liked to, and the other ones will be ones they want to accomplish in the future. Their "ideal life plans" might be defined as the strategies they use to achieve as many of these objectives as they can during the various stages of their lives. They typically have some idea of what has happened to them in their life and some beliefs about what they may experience in the

future. In this circumstance, they assess how well their lives align with their ideal life plans. The Whole Life Satisfaction theory is based on these evaluations (Suikkanen, 2011). Based on the premise of the standard Whole Life Satisfaction theory, there are three primary possibilities with modest variations.

According to a simplified version of the Cognitive Whole Life Satisfaction (CWLS), a person is happy to degree n at a time if they have lived a particular life up to that time, have an ideal life plan, have a moderately detailed idea of how their life has gone so far, and believe that their actual life has matched their ideal life plan to degree n (Feldman, 2004). According to a simplified version of the Cognitive Whole Life Satisfaction (CWLS), a person is happy to degree n at time t if they have lived a particular life up to that time, have an ideal life plan, have a moderately detailed idea of how their life has gone so far, and believe that their actual life has matched their ideal life plan to degree n (Feldman, 2004).

This concept holds that happiness is a cognitive state that reflects how closely an agent's real-life matches their life plan. Therefore, according to CWLS, they are unable to be content until they genuinely believe that their life is fulfilling their ideal life plan. Based on this understanding, people are able to create a life plan that may include having a secure upbringing, receiving a decent education, having friends and a family, having a fulfilling career, and other things. It seems logical to assume that they are happy if they also think that, so far, their life has largely followed this goal (Suikkanen, 2011).

Affective Whole Life Satisfaction contends that happiness is a particular type of positive affective state based on an agent's idea of their life. Some philosophers contend that CWLS cannot be the actual theory of pleasure since it reduces happiness to only

holding specific views, which they believe to be too cerebral (Feldman, 2008). They contend that happiness with one's lifestyle is more vital than any belief ever could be. It is important to note that, in accordance with these viewpoints, the pertinent affective state must at the very least be the outcome of the agent's implicit and hazy evaluation of how well their life is going generally. According to one version of this viewpoint, a person, is content to degree n at time t if a person has lived a particular life up until t and at t , a person finds degree n satisfaction in having lived that life so far (Feldman, 2010).

A third alternative is the hybrid viewpoint, which holds that to be happy, an agent must be in a happy state of mind along with a belief of how well their life is going in terms of their life plan (Foot, 2003). According to the Hybrid Whole Life Satisfaction (HWLS) view, a person is content to degree $n = f(p, q)$ at time t if a person has lived a particular life up to t , has an ideal life plan, has a moderately detailed conception of how life has unfolded so far, a person judges that their actual life matches their ideal life-plan to degree p . HWLS states that ' n ', the measure of an agent's pleasure, is a function of two factors. Their level of optimism and how much they truly believe that their life is going according to their plans (abbreviated " p ") (Suikkanen, 2011).

Suikkanen (2011) develops a new Whole Life Satisfaction theory, which is motivated by Michael Smith's guidance model of desirability (1995). According to this theory, a person is happy when they believe that their real life is in line with the best possible course of action (Smith, 1995). The resulting "advice version" of the Hypothetical Whole Life Satisfaction (ADHYWLS) view could assert that if a person, has lived a specific life up to time t in the evaluated circumstances, and if, at time t , an idealized version of a person, $S+$, were to form an ideal life-plan for their life, and at time t , $S+$ were

to form a moderately detailed conception of how their lives in the evaluated circumstances have transpired so far, then, at t, S+ would judge that person's actual life matches S+'s ideal life plan for the person to degree n (Suikkanen, 2011).

With this idea, Feldman's criticisms of the actualized CWLS and the hypotheticals HYWLS are sidestepped. The agent whose happiness is evaluated by ADHYWLS is not required to actually create any life plans or views about how her existence comports with are

version of the provided agent may make. Therefore, the arguments against the actual CWLS do not hold for this viewpoint (Suikkanen, 2011).

Conceptual framework

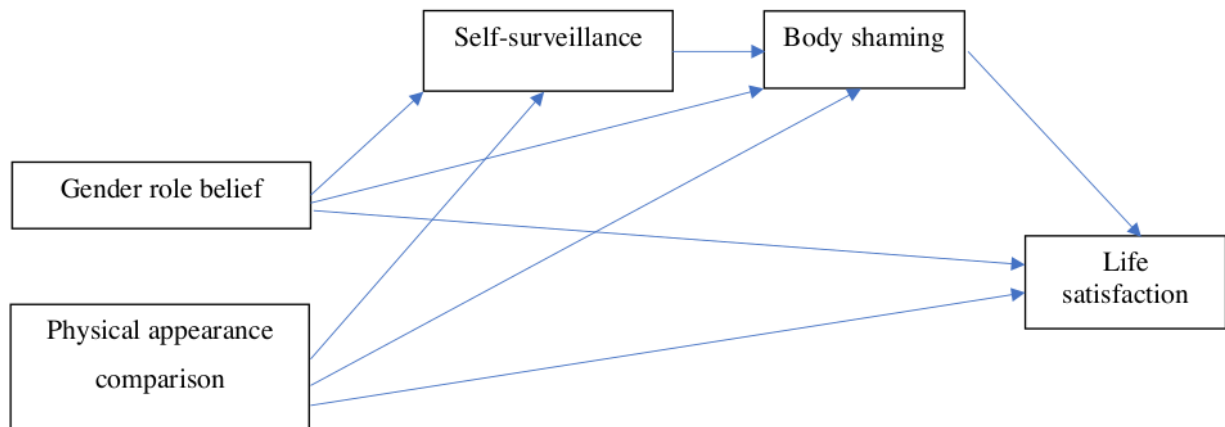


Figure 2 Model for psychosocial correlates of life satisfaction

Research Methodology

Research Approach

A deductive research approach was used to study the impact of gender stereotyping on satisfaction with life when self-surveillance and body shame acts as a mediator.

Research strategy

Quantitative research in which correlational research design was used.

Population and sampling

Participants of age 15-24 years (older adolescents to young adults) (WHO, 2023) were selected through convenience sampling (non-probability sampling) procedure from different cities of Pakistan including different schools, colleges, universities, training institutions, public places, etc.

As per G-power, a sample size of approximately 270 participants was selected. The researcher tried to get sufficient variance in the selection of the participants based on their age, gender, education, socioeconomic status, etc.

Inclusion criteria.

- Participants were within the age range of 15-24 years.
- Included different ethnic groups.
- Study included the Body Mass Index (BMI) and dieting history (if any) of the participants.
- Study included participants with different perceptions of self.

- Parent's occupations and parent's level of education of the participants were included.

Exclusion criteria.

- Study excludes individuals with severe mental health concerns.
- Study excluded participants with body dysmorphic disorder.
- Participants with previous treatment histories were excluded from the study.

Operational definitions

Gender role beliefs are views regarding gender-specific responsibilities and expectations that both males and females have, in a society,

Physical appearance comparison is an individual's tendency to evaluate another person's physical attributes by comparing one's own to theirs.

Self-surveillance is defined as an individual's habitual monitoring of one's own actions, thoughts and feelings.

Body shame is defined as being involved in judgment and comparison to degrade and criticize one's own appearance or self.

Life satisfaction is a subjective indicator of a person's attitudes and sentiments about their entire life as opposed to merely concentrating on one particular period.

Procedure

Participants of age 15-24 years (among older adolescents and young adults) (WHO, 2023) were included for the research data due to which Urdu version of scales were used, in consideration to the age of below 18 years and participants of government school and colleges.

The gender role attitudes, beliefs, and principals scale (GRABPS) and satisfaction with life scale (SWLS) were already available in the Urdu version so the already Urdu translated version of Gender role attitudes, beliefs, and principals scale (GRABPS-U) and satisfaction with life scale (SWLS-U) were used for the study. The physical appearance comparison scale (PACS-3) and subscales of Self-surveillance and Body shame of Objectified body consciousness scale (OBC) was translated from English to Urdu version as per population, by following WHO guidelines on translation (World Health Organization, 2009);

Translation and adaptation of PACS-3 and OBC subscales (Body-Surveillance & Body Shame) was conducted in 4 steps;

1. Forward translation of PACS-3 and OBC subscales (Body-surveillance & Body shame)
2. Backward translation of PACS-3 and OBC subscales (Body-surveillance & Body shame)
3. Pre-testing and cognitive interviewing
4. The Main Study.

Forward translation of PACS-3 and OBC subscales (Body-Surveillance & Body Shame)

For Urdu translation of PACS-3 and OBCS subscales (Body-Surveillance & Body Shame), WHO (world health organization) recommended translation guidelines determined to consider.

To make the target demographic easier to understand, the scale was translated into Urdu. These scales had questions that, when the researcher initially used them on herself,

highlighted some cultural issues. It was therefore chosen to translate and modify these scales.

Bilingual Experts. With the aid of bilingual experts, the translation was completed. For the aim of translation and adaption, the researcher contacted four bilingual experts. Both languages may be comprehended and understood by them. Two PhDs in Psychology with strong English backgrounds and one MA English expert in psychology were present.

Procedure. All the bilingual experts were approached by the researcher and were briefed about the research purpose for their better understanding. These translators fit into the criteria as described by WHO which include that the translator should be able to produce target language items that the eventual group of respondents can easily understand. They should also have a firm grasp of the source language and be familiar with the instrument being translated, including its underlying concept, objectives, procedures, and rules.

These translators were given instructions about the translation procedures and were requested to translate items as accurately as they could so that it conveys the same meanings. Additionally, it was asked the translators to point out any items they felt did not fit with Pakistani culture and offer the best replacements.

A committee method was adopted to pick the most acceptable and accurate translation after obtaining all of the translations.

Expert panel. The translated materials were examined by a group made up of the researcher, two Ph.D. experts. The committee members discussed each item to ensure that the translation accurately conveyed its meaning. Only those things were selected that were

communicating meaning in accordance with the context of the original scale as opposed to the literal interpretations of the original phrases. The committee members also assessed the translated texts in terms of context, grammar, and phrase, with a focus on conceptual equivalence to ensure that the original and target languages could be compared fairly.

All the accurately translated items of PSCS-3 and OBCS subscales (Body-Surveillance & Body Shame) were enlisted and given to bilingual experts for backward translation.

Backward translation of PACS-3 and OBC subscales (Body-surveillance & Body shame)

Most of the cross-cultural researchers recommended back translation in which a source language material is translated into a target language and then back-translated into a source language by independent translators working alone or in committee. Breslin (1983) has found that instruments translated through double procedures show higher reliabilities than those that were translated from source to target language only.

The details of the back-translation procedures are as follows;

Bilingual Experts. 2 bilingual experts were included in the back translation. They were one MSc (Psychology) and one PhD (Psychology). They both were unfamiliar with the original English version of all three scales.

Procedures. All the bilingual experts were briefed about the scales and were instructed to translate the Urdu items in English. Instruction for the back translation was the same as given for the translation procedure. The committee was presented with all of the scales' items (PACS-3, Body-surveillance, and Body shame) for final selection.

Committee approach. Two PhDs were on the committee. The back-translated and original items were discussed by the committee. Only those pieces that express the same meaning as the original scale items were chosen.

Adaption of Urdu translated version of PACS-3 & OBC subscales (Body-Surveillance & Body Shame)

The Physical Appearance Comparison scale (PACS), as well as the Body surveillance and Body shame subscales of the OBCS, were observed to have no items that needed to be modified or changed during the forward translation and back translation processes.

Pretesting and cognitive interviewing

In this section of the study, the PACS, Body Surveillance, and Body Shame Subscales of OBCS were pilot studied. The purpose of this part of the investigation was;

1. To estimate the understandability of the instructions format and items of the translated scale.
2. To determine the psychometric properties of the translated versions of the scale.

Sample. The sample of phase II consisted of 60 individuals (30 males and 30 females) with a mean age of $N=18.70$, $SD=3.45$. Data was collected by personally visiting schools from different sectors (G-6, G-7, F-6 and F-7) of Islamabad and also from different areas of Rawalpindi city by using snowball technique and convenient sampling.

Procedure. When participants were accessible, the researcher approached the people and obtained their consent before approaching them. Before answering the three

questions, students were given instruction papers and a quick summary of the study, which included the purpose of the research. They were requested to complete the assessment and offer comments, recommendations, and proposals for the scale's enhancement, modification, and cultural adaptation. They were further asked to complete the questionnaire on their own, without consulting anyone, and given the assurance that their answers would be kept private and used only for research purposes. The instruction page did not include a list of the names of the scales. After completing the scale, the respondent spoke with the researcher and gave their recommendations. Finally, items that had been translated and modified were put in order for additional analysis.

Along with the questionnaires (Urdu translated version of PACS and Urdu translated version of Body surveillance and Body shame subscales of OBCs) an instruction and demographic sheet was also given to collect information regarding age, gender, parent's education, parent's occupation, self-perception, dieting history and disorder history of the participants. After collecting data from the participant's reliability of the scales was analyzed.

The alpha reliability of the Urdu translated version of PACS scale is .86. The scale's validity is ensured and reliability for the PACS-3 subscales ranges from .73 to .82 whereas the alpha reliability of the OBCS subscales, self-surveillance and body shame were 0.55 and 0.51.

The Main Study

After analysis, the researcher approached further participants for the main study. After building satisfactory rapport with the respondents, they were briefly informed about

the objective of the study and their consent was obtained. After taking consent, the research instruments were presented. Participants were given instructions to carefully read the items and ask questions if they had any confusion regarding any statement or difficulty in understanding any items. The first instrument was a short demographic sheet, followed by Urdu-translated versions of GRABPs, PACS-3, Body Surveillance, Body Shame, and SWLS.

Participants were approached from different cities of Pakistan including different schools, colleges, universities, training institutions, public places, etc. Participants were provided with as much time as they want, to read and carefully fill out the questionnaire. In case any participant wished to withdraw, they politely were asked for the reason and allowed to withdraw. The data gathered was analyzed in the Statistical Package for Social Sciences.

Data collection

Instruments for the study included Informed consent, a demographic sheet, and data collection tools.

Demographic sheet

The demographic sheet helped in getting the profile of the respondents. Based on the previous literature, the study included age, gender, ethnic group, self-perception, socioeconomic status, parent's occupation, parent's level of education, Body Mass Index (BMI), subject of interest, dieting, history of the disorder, religiosity, country of origin (Dahl, 2014; Prasad & Baron, 1996; Schaefer & Thompson, 2018b; Tolman et al., 2006).

The demographic sheet helped in getting the profile of the respondents. Based on the previous literature, the study included age, gender, ethnic group, self-perception, socioeconomic status, parent's occupation, parent's level of education, Body Mass Index (BMI), subject of interest, dieting, history of the disorder, religiosity, country of origin (Dahl, 2014; Prasad & Baron, 1996; Schaefer & Thompson, 2018b; Tolman et al., 2006).

Gender role Attitude, Beliefs and Principals Scale (GRABPs)

The measure of Gender role attitudes, beliefs and principals scale was originally developed by Prasad and Baron (1996) and translated into the Urdu language by Khan (2006). The items were rated on a 5-point Likert scale ranging 1 (strongly agree) to 5 (strongly disagree). The alpha reliability of belief items is 0.90 and for moral items is 0.73. The purpose of the scale is to measure prescriptive beliefs about appropriate behavior for men and women or gender roles and general moral principles concerning gender equality and inequality (Prasad & Baron, 1996).

In the present study, the Urdu-translated version of the scale were used that consists of 30 items of gender role attitudes, beliefs and principles of which 22 were belief items and the last 7 were moral items, with alpha reliability is .82 (Khan, 2006).

Physical Appearance Comparison Scale (PACS-3).

The measure of the Physical appearance comparison scale was modified to examine the aspects of comparisons with relevance to body image, body satisfaction, eating pathology and self-esteem. The scale was published online by Lauren M. Schaefer and J. Kevin Thompson (2018). PACS-3 comprises 27 items and 9 subscales including proximity frequency, proximity direction and proximity effect, distal frequency, distal direction and

distal effect, muscularity frequency, muscularity direction a muscularity effect. The subscale of frequency ranges from never to almost always, the subscale of direction ranges from much better to much worst and the subscale of effect ranges from very positive to very negative. The scale's validity is ensured and reliability for the PACS-3 subscales ranges from .74 to .88 (Schaefer & Thompson, 2018b).

In the present study, the scale is translated into the Urdu language, with alpha reliability is .86. The scale's validity is ensured and reliability for the PACS-3 subscales ranges from .73 to .82. The higher scores on frequency subscales indicate engagement in more frequent comparisons, higher scores on direction subscales indicate a greater tendency towards upward comparisons and higher scores on effect subscales indicate a more negative emotional response to comparisons (Schaefer & Thompson, 2018b).

Objectified Body Consciousness (OBC)

The OBCS (McKinley & Hyde, 1996) is a 24-item scale rated on a 7-point scale (from 1 = strongly agree to 7 = strongly disagree), designed to measure the three dimensions of body surveillance, body shame, and control beliefs. Body surveillance behavior assessing viewing the body as an outside observer was measured on 8 items of the body surveillance subscale of the objectified body consciousness scale whereas the body shame subscale contains 8 items and assesses feelings of shame associated with one's body not conforming to cultural standards. The subscales were valid and the alpha reliability of the body surveillance subscale was 0.85 whereas the body shaming subscale of the Objectified Body Consciousness Scale was 0.84 (McKinley & Hyde, 1996). Items included for the Body Surveillance subscale were 1, 3, 7, 9, 14, 16, 18 and 20 whereas items for the body shame subscale were 2, 5, 8, 11, 13, 15, 17, from the OBC scale. The High score on

body surveillance indicates frequently think of their body in terms of how it looks whereas the low score indicates rarely watch their appearance. The High score on body shame indicates that the person feels bad about their body whereas the low score indicates that the person feels okay about their body (McKinley & Hyde, 1996).

The Urdu-translated and adapted version of McKinley and Hyde (1996) Objectified Body Consciousness Subscales (OBCS), was used for measuring self-surveillance and body shame among older adolescents and young adults. The alpha reliability of the OBCS subscales, self-surveillance and body shame were 0.55 and 0.51. All of the items of the subscales cover the maximum contents of the self-surveillance and body shame which was aimed to explore by this study, so the researcher prefer to use this scale.

Satisfaction with Life Scale (SWLS)

Satisfaction with Life Scale (SWLS) is a 7-point Likert scale ranging from strongly disagree (if M = 1.0 – 1.9), disagree (if M = 2.0 – 2.9), slightly disagree (if M = 3.0 – 3.9), neither agree nor disagree (if M = 4.0 – 4.9), slightly agree (if M = 5.0 – 5.9), agree (if M = 6.0 – 6.9) and strongly agree (if M = 7) comprising of different statements to obtain information on 5 items of life satisfaction (E. D. Diener et al., 1985). The internal consistency of the SWLS is 0.74 (E. D. Diener et al., 1985). In a present study, the Urdu-translated version of the scale is used (Butt et al., 2014).

Data Analysis

IBM Statistical Package for Social Sciences (SPSS) were used. For quantitative data descriptive statistics, reliability, Structural equational model (SEM), T-test, one-way ANOVA and correlational analysis were drawn to find the relationship between gender role belief,

physical appearance comparison, self-surveillance, body shaming and life satisfaction. Regression were drawn to find the predictive nature of gender stereotypes in life satisfaction.

Ethical Consideration

Research ethics was ensured including permission from the department and the ethical committee was ensured, informed consent was taken, the nature of the study was informed and the confidentiality of the participants was ensured. Participants were free to discontinue and withdraw from the study whenever they want to do so. Data from the participants can only be used for the research purpose. The physical, and emotional health and protection of the participants were ensured and in case of any harm important precautions were taken to ensure their safety.

Results

Table 1

Frequencies and percentage of demographic characteristics of the sample (N=280)

| Demographic variables | Categories | f | (%) | M | SD |
|-----------------------|------------------|-----------------------|------|-------|------|
| Age (years) | | | | 18.30 | 2.93 |
| Gender | Male | 147 | 52.5 | | |
| | Female | 133 | 47.5 | | |
| Body Mass Index | | | | 20.18 | 3.55 |
| Ethnic Group | Punjabi | 15 | 55.0 | | |
| | Sindhi | 10 | 3.6 | | |
| | Baloch | 04 | 1.4 | | |
| | Saraiki | 11 | 3.9 | | |
| | Kashmiri | 20 | 7.1 | | |
| | Pashtun | 34 | 12.1 | | |
| | Others | 47 | 16.8 | | |
| | Self-perception | Much better than most | 9 | 3.2 | |
| Better than most | | 51 | 18.2 | | |
| The same | | 90 | 32.1 | | |
| Worse than most | | 91 | 32.5 | | |
| Much worse than most | | 39 | 13.9 | | |
| Father's occupation | | Government employee | 112 | 40.0 | |
| | Private employee | 79 | 28.2 | | |
| | Businessman | 43 | 15.4 | | |
| | Forces | 36 | 12.9 | | |
| | Teacher | 6 | 2.1 | | |
| | late | 4 | 1.5 | | |

| | | | |
|---------------------|---------------------|------------|------|
| Mother's occupation | Housewife | 251 | 89.6 |
| | Government employee | 4 | 1.4 |
| | Forces | 5 | 1.8 |
| | Teacher | 18 | 6.4 |
| | Doctor | 2 | .7 |
| | Father's education | Uneducated | 1 |
| Father's education | Under matric | 44 | 15.8 |
| | Matric | 82 | 29.3 |
| | F. Sc | 49 | 17.5 |
| | Bachelors | 86 | 30.7 |
| | Masters | 12 | 4.3 |
| | PhD | 6 | 2.1 |
| | Mother's education | Uneducated | 12 |
| Under matric | | 71 | 25.4 |
| Matric | | 87 | 31.1 |
| F. Sc | | 40 | 14.3 |
| Bachelors | | 57 | 20.4 |
| Masters | | 5 | 1.8 |
| PhD | | 8 | 2.9 |
| Dieting | No | 210 | 75.0 |
| | Yes | 70 | 25.0 |
| History of Disorder | No | 246 | 87.9 |
| | Yes | 34 | 12.1 |
| Subject | Literature | 78 | 27.9 |
| | History | 11 | 3.9 |
| | Arts and Humanities | 34 | 12.1 |
| | Sciences | 65 | 23.2 |
| | Mathematics | 43 | 15.4 |
| | Islamic Studies | 21 | 7.5 |

| | | | |
|------------------------|----------------------|-----|------|
| | Web Development | 16 | 5.7 |
| | Business | 9 | 3.2 |
| | LLB | 3 | 1.1 |
| Religion | Islam | 247 | 88.2 |
| | Others | 33 | 11.8 |
| Importance of Religion | Very important | 3 | 1.1 |
| | Somewhat important | 1 | .4 |
| | Somewhat unimportant | 12 | 4.3 |
| | Very unimportant | 264 | 94.3 |
| Country of origin | Pakistani | 279 | 99.6 |
| | Foreigners | 1 | .4 |

Note: f=frequencies of demographic variables, % = percentage M= mean and SD= standard Deviations

Table 1 indicates frequency, percentages of the categorical variables and mean and standard deviation of the continuous variables.

Table 2

Alpha reliabilities of the Study Variables (N=280)

| Variables | K | M | SD | Range | α |
|---------------|----|-------|-------|--------|----------|
| GRABPs | 30 | 61.77 | 14.69 | 34-129 | .84 |
| GRABs | 22 | 46.07 | 11.85 | 26-101 | .82 |
| GRPs | 8 | 15.61 | 4.79 | 8-36 | .59 |
| PACS | 27 | 78.03 | 12.84 | 35-112 | .86 |
| PACS-F | 9 | 25.33 | 5.33 | 9-42 | .73 |
| PACS-D | 9 | 25.67 | 4.89 | 9-38 | .76 |
| PACS-E | 9 | 43.44 | 7.33 | 21-62 | .82 |
| SS | 8 | 33.15 | 7.78 | 14-53 | .55 |
| BS | 8 | 29.80 | 7.80 | 7-50 | .51 |
| LS | 5 | 17.90 | 5.95 | 5-34 | .61 |

Note: K=Number of items, M=Mean, SD=Standard Deviation, and α = Cronbach alpha reliability

Table 2 shows the alpha reliabilities of GRABs, GRPS, PACS and its subscales, OBC subscales and life satisfaction scale. The alpha value of the GRABs scale is 0.82 and GRPs is .59. The alpha reliability of PACS is 0.86. The alpha reliabilities PACS subscale of Frequency is .73, the reliability of the PACS-Direction subscale is .76 and the reliability the of PACS-Effect subscale is .82. The alpha reliability of OBC subscale SS is 0.70 whereas BS scale has an alpha reliability of 0.59. The alpha reliability of LS is 0.61. These properties of scale confirm that they have adequate reliability. Skewness and kurtosis were also in range.

Table 3

Descriptive statistics and inter-scale correlational analysis between Gender Role Attitudes, Beliefs and Principals scale, Physical Appearance Comparisons scale, Self-Surveillance, Body Shame and Life Satisfaction (N=280)

| Scale | 1 | 2 | 3 | 4 | 5 | 6 |
|---------------------------------|--------|-------|---------|---------|---------|---|
| Gender Role Attitudes, Beliefs | - | - | - | - | - | - |
| Gender Role Principals | .441** | - | - | | | |
| Physical Appearance Comparisons | .091 | .013 | - | - | - | - |
| Self-Surveillance | .009 | -.074 | .444** | - | - | - |
| Body Shame | .025 | .033 | .247** | .231** | - | - |
| Life Satisfaction | -.091 | .046 | -.393** | -.428** | -.146** | - |

*Note: * $p < 0.05$, ** $p < 0.01$*

Table 4 shows that gender role belief was insignificantly correlated with physical appearance comparison, self-surveillance, body shame and life satisfaction. The results indicated that physical appearance comparison is positively, significantly correlated (at $p < .01$) with self-surveillance, body shame and satisfaction with life which means that with an increase in physical appearance comparison, self-surveillance, body shame and life satisfaction increases whereas the self-surveillance is positively and significantly correlated with body shame and life satisfaction. Body shame is significantly positively correlated to life satisfaction.

Table 4

Fit Indices for Gender role beliefs and principals, physical appearance comparison, self-surveillance, body shame on satisfaction with life among late adolescents and young adults (N=280)

| Model | χ^2 | Df | χ^2/df | GFI | CFI | NNFI | RMSEA | SRMR |
|---------------|----------|----|-------------|-----|-----|------|-------|------|
| Initial model | 36.60 | 13 | 2.82 | .97 | .96 | | .08 | .046 |
| Model fit | 59.70 | 20 | 2.99 | .95 | .94 | .91 | .08 | .058 |

Note. All changes in chi-square values are computed relative to the model, $\chi^2 > .05$. GFI= Goodness of fit index, CFI=comparative fit index, NFI = normed fit index; RMSEA=root mean square error of approximation, SRMR=Standardized root mean square

The Structural equation was computed using AMOS to test model fit.

Model fit indices were indicated for gender role beliefs and principals, physical appearance comparison, self-surveillance, body shame on satisfaction with life among late adolescents and young adults. Since it is viewed that the chi-square range of fit indices were computed relative to the Model, i.e., model fit. Hence, to evaluate the model fit suggested fit indices including GFI, CFI, NNFI, RMSEA, SRMR were analyzed. Theorists recommend that χ^2/df ought to be in the middle of 0 and 5, RMSEA and SRMR Indices should be .08 or lesser. In, compression CFI, FI, and NFI indices of .90 or higher are considered excellent .9 $\leq .8$ is viewed as passable in some cases (Hair et al. 2010; Hu and Bentler, 1999).

So, the χ^2/df was 20 of the model fit whereas the RMSEA and SRMR were .08 and .058. However, GFI, CFI, and NNFI indices were .95, .94 and .91, respectively. Hence, the sample variance-covariance and population variance-covariance were invariant. After being

done with the model fit, the estimates were analyzed for direct, and indirect effects with 5000 bootstrapped samples (Hayes, 2013).

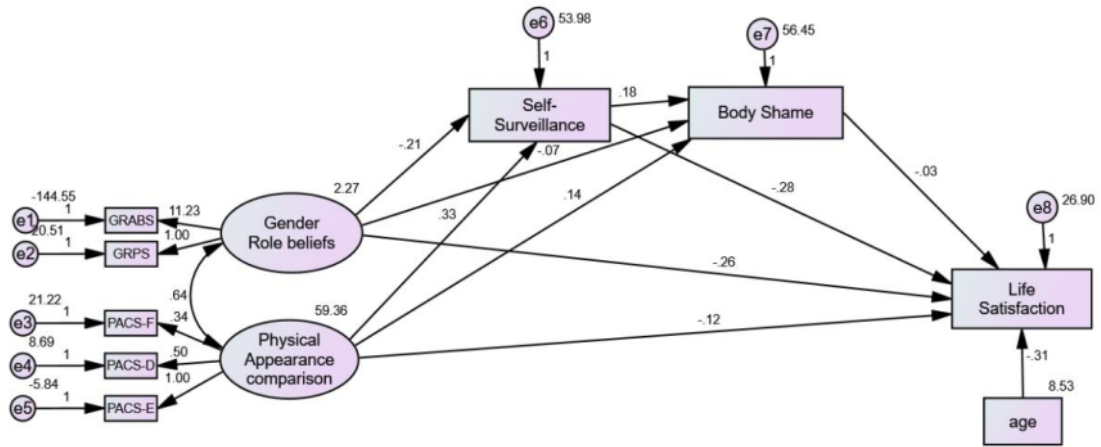


Figure 3 Model fit

Table 5

The direct effect of Gender role beliefs and principals, physical appearance comparison, self-surveillance, and body shame on satisfaction with life among late adolescents and young adults (N=280)

| Antecedents | Mediators | | | | Consequence | |
|---|-------------------|-----------|------------|-----------|------------------------|-----------|
| | Self-surveillance | | Body shame | | Satisfaction with life | |
| | β | <i>SE</i> | β | <i>SE</i> | β | <i>SE</i> |
| Gender role Beliefs, attitudes and principals | -.21 | .20 | -.07 | .20 | -.26 | .15 |
| Physical appearance comparison | .33** | .06 | .15 | .06 | -.12 | .04 |
| Self-surveillance | - | - | .18 | .06 | -.28** | .04 |
| Body shame | - | - | - | - | -.02 | .04 |
| Life satisfaction | - | - | - | - | - | - |
| Covariance | | | | | | |
| Age | | | | | -.31 | .11 |
| R^2 | .11 | | .07 | | .23 | |

Note: β = standardized regression coefficient, *SE*= standard error

Table 6, depicted the predictors, mediators, and outcome variables in the prediction to self-surveillance, body shame and life satisfaction. It showed that gender role beliefs and physical appearance comparison as potential antecedents, self-surveillance and body shame

as a mediator, and satisfaction with life as the consequent variable. Covariates such as age was also included.

The results of direct effect showed that gender role beliefs and physical appearance comparisons were found to be insignificantly in prediction to life satisfaction. Indirect effect showed that physical appearance comparison was found to be positively significant in the prediction to self-surveillance whereas self-surveillance is negatively ($\beta=-.28$) and significantly predicted life satisfaction which indicates that the increase in physical appearance comparison led to an increase in self-surveillance which contributed to decrease in satisfaction with life. Physical appearance is insignificant in predicting body shame and life satisfaction. Gender role beliefs were insignificant in the prediction to self-surveillance, body shame and life satisfaction. Self-surveillance is insignificant in predicting body shame and life satisfaction. Furthermore, body shaming is insignificant in predicting life satisfaction.

Table 6

Mediating Effect of Self-surveillance and Body Shame for the Relationship between Gender role beliefs and Principals and Satisfaction with Life (N=280)

| Variables | Satisfaction with life | | |
|---|------------------------|--------|------|
| | β | 95% CI | |
| | | LL | UL |
| Indirect | | | |
| Gender role beliefs → Self-surveillance | .057 | -.14 | .14 |
| Gender role Beliefs → Body shame | .002 | -.007 | .053 |
| Gender role beliefs → Self-surveillance → Body shame | .001 | -.003 | .010 |

Table 7 shows the mediating effect of self-surveillance and body shame between gender role beliefs and life satisfaction. It indicated that both self-surveillance ($\beta=.05$) and body shame ($\beta=.00$) individually and collectively ($\beta=.00$) were insignificant in mediating the role between gender role beliefs and satisfaction with life.

Table 7

Mediating Effect of Self-surveillance and Body Shame for the relationship between Physical appearance comparison and Satisfaction with Life (N=280)

| Variables | Satisfaction with life | | |
|---|------------------------|--------|-------|
| | β | 95% CI | |
| | | LL | UL |
| Indirect | | | |
| Physical appearance comparison → Self-surveillance | -.090** | -.147 | -.049 |
| Physical appearance comparison → Body shame | -.004 | -.023 | .005 |
| Physical appearance comparison → Self-surveillance → Body shame | -.002 | -.008 | .002 |

Table 8 shows the mediating effect of self-surveillance and body shame between physical appearance comparison and life satisfaction. It indicated that self-surveillance ($\beta=-.09$) was significant in mediating the role between physical appearance comparison and life satisfaction whereas body shame ($\beta=-.00$) was insignificant in mediating the role between physical appearance comparison and life satisfaction. Both self-surveillance and body shame collectively ($\beta=-.00$) were insignificant in mediating the role between physical appearance comparison and life satisfaction.

Table 8

Independent Sample t test on the basis of Gender on the study variables (N=280)

| Variables | Male (n=147) | | Female (n=133) | | <i>t</i> | <i>p</i> | 95%CI | |
|-----------|-----------------|-----------|-------------------|-----------|----------|----------|-----------|-----------|
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | | | <i>LL</i> | <i>UL</i> |
| GRABPS | 63.67 | 14.96 | 59.68 | 14.15 | 2.29 | 0.02 | 0.55 | 7.42 |
| PACS | 79.78 | 11.41 | 76.11 | 14.05 | 2.41 | 0.01 | 0.67 | 6.67 |
| SS | 33.12 | 7.71 | 33.19 | 7.89 | -.09 | 0.93 | -1.91 | 1.76 |
| BS | 29.86 | 7.55 | 29.74 | 8.11 | .129 | 0.89 | -1.72 | 1.96 |
| LS | 17.76 | 5.97 | 18.07 | 5.94 | -.44 | 0.66 | -1.71 | 1.09 |

Note: GRABPS= Gender Role Attitudes, Beliefs and Principals, PACS= Physical Appearance Comparisons, SR= Self-Surveillance, BS= Body Shame

Table 6 shows that there is a significant difference between males and females on GRABPS and PACS whereas there is no significant difference between males and females on study variables i.e. self-surveillance, body shame and life satisfaction.

Table 9*One-way ANOVA by self-perception (N=280)*

| | Better than most | | The same | | Worse than most | | Much worse than most | | <i>F</i> (3,276) | η^2 |
|------|------------------|-----------|----------|-----------|-----------------|-----------|----------------------|-----------|------------------|----------|
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | | |
| | GRABs | 46.77 | 13.77 | 45.36 | 11.01 | 46.90 | 11.87 | 44.69 | | |
| GRPs | 15.23 | 5.63 | 16.44 | 4.52 | 15.46 | 4.48 | 14.67 | 4.49 | 1.58 | .01 |
| PACS | 66.82 | 10.32 | 72.32 | 9.48 | 86.22 | 9.03 | 89.41 | 8.50 | 81.71** | .47 |
| SS | 28.17 | 6.02 | 29.61 | 6.86 | 36.60 | 6.22 | 40.95 | 5.18 | 51.62** | .36 |
| BS | 27.48 | 6.81 | 28.90 | 7.06 | 31.12 | 8.84 | 32.36 | 7.22 | 4.60** | .05 |
| LS | 20.55 | 5.58 | 19.66 | 5.86 | 16.31 | 5.28 | 13.51 | 4.55 | 18.88** | .17 |

Note: GRABS= Gender Role Attitudes, Beliefs, GRPS=Gender Role Principals, PACS= Physical Appearance Comparisons, SR= Self-Surveillance, BS= Body Shame

Table 7 shows that there is a highly significant difference among different self-perceptions of individuals. In an analysis, the difference in self-perception was found significant in PACS, SS, BS and LS whereas there was no significant difference was found on scale GRABPS.

Table 10*Post Hoc analysis between groups(N=280)*

| Variables | Groups | | <i>MD (I-J)</i> | <i>SE</i> | 95% CI | |
|-----------|----------------------|----------------------|-----------------|-----------|-----------|-----------|
| | <i>I</i> | <i>J</i> | | | <i>LL</i> | <i>UL</i> |
| PSCS | Better than most | The same | -5.51* | 1.57 | -8.59 | -2.42 |
| | | Worse than most | -19.40* | 1.56 | -22.48 | -16.33 |
| | The same | Worse than most | -13.90* | 1.40 | -16.65 | -11.15 |
| | | Much worse than most | -17.09* | 1.80 | -20.63 | 13.54 |
| | Much worse than most | Better than most | 22.59* | 1.93 | 18.79 | 26.40 |
| | | Worse than most | 3.19 | 1.80 | -.35 | 6.73 |
| SS | Better than most | The same | -1.44 | 1.04 | -3.50 | .61 |
| | | Worse than most | -8.44* | 1.40 | -10.49 | -6.39 |
| | The same | Worse than most | -6.99* | .93 | -8.83 | -5.16 |
| | | Much worse than most | -11.34* | 1.20 | -13.70 | -8.97 |
| | Much worse than most | Better than most | 12.78* | 1.29 | 10.25 | 15.32 |
| | | Worse than most | 4.34* | 1.20 | 1.98 | 6.70 |
| BS | Better than most | The same | -1.42 | 1.28 | -3.93 | 1.10 |

| | | | | | | |
|----|-------------------------|-------------------------|--------|------|-------|-------|
| | | Worse than most | -3.64* | 1.27 | -6.14 | -1.13 |
| | The same | Worse than most | -2.22 | 1.14 | -4.46 | .02 |
| | | Much worse than most | -3.46* | 1.47 | -6.35 | -.57 |
| | Much worse than most | Better than most | 4.88* | 1.58 | 1.78 | 7.98 |
| | | Worse than most | 1.24 | 1.47 | -1.65 | 4.12 |
| LS | Better than most | The same | .89 | .91 | -.89 | 2.68 |
| | | Worse than most | 4.24* | .90 | 2.46 | 6.03 |
| | The same | Worse than most | 3.35* | .81 | 1.75 | 4.94 |
| | | Much worse than most | 6.14* | 1.04 | 4.09 | 8.20 |
| | Much worse than most | Better than most | -7.04* | 1.12 | -9.24 | -4.83 |
| | | Worse than most | -2.79* | 1.04 | -4.85 | -.74 |

Note: GRABS= Gender Role Attitudes, Beliefs, GRPS=Gender Role Principals, PACS= Physical Appearance Comparisons, SR= Self-Surveillance, BS= Body Shame

Table 8 shows that there is a highly significant difference between different self-perceptions of individuals. In an analysis, the difference between self-perception groups was found significant except for the difference between “worse than others’ and ‘much worse than others’ in PACS which is insignificant. In self-surveillance (SS) the difference between self-perception groups is also significant except for ‘better than most’ and ‘the same’. The difference between ‘better than most’ and ‘worse than most’, ‘the same’ and

'much worse than most', 'much worse than most' and 'better than most' is significant in Body shame whereas it is insignificant between remaining groups. In Life satisfaction (LS) the difference between self-perception groups is significant except for the difference between 'better than most' and 'the same' which is insignificant.

Discussion

The current study focused on identifying beliefs associated with both male and female roles within society and comparisons based on physical appearance, impact on one's satisfaction with life when self-surveillance and body shame plays a mediation role between them for which different demographic variables such as age, gender, BMI (body mass index), self-perception, ethnic group, parent's occupation, parent's education, history of the disorder and dieting history were included (table 1).

Overall, the reliability values of the instruments used in a current study were good. Each scale has a reliable range that is acceptable. Because there were fewer items on the scale, the alpha reliability of self-surveillance, body shame, and life satisfaction was relatively low (.55, .51, and .61) (table 2).

In a present study, it was hypothesized that there is a positive relationship between gender role belief, physical appearance comparison, self-surveillance and body shame whereas there is a negative relationship of gender role belief, physical appearance comparison, self-surveillance and body shame with life satisfaction based on numerous studies. The results of the study revealed that physical appearance comparison, self-surveillance and body shame are positively correlated with each other and negatively correlated with overall satisfaction with life (table 3).

Gender stereotyping is not only limited to gender roles but also physical attributes are involved of which implications and consequences are different among both genders as females are more expected to look good, young, healthy and considerable in comparison to males (Buss, 1987; Buss & Barnes, 1986; Jackson, 1992; Symons, 1979) whereas among

males muscularity is highly appreciated which increases their likelihood of monitoring and evaluating themselves to compensate for their inferiority feelings and experiences which ultimately makes them question their self and abilities (Lewis et al., 1992) and makes them more vulnerable to induce stress to look good and assimilate into a dominant male or European female cultural standards (where female are independent, can move freely and safely, seem to have rights similar to men) (Chen et al., 2020; Tolman et al., 2006). Such comparisons contribute to other negative psychological effects such as generalized anxiety, body dysmorphic, social anxiety (Calogero et al., 2011; Rollero & De Piccoli, 2017; Schaefer & Thompson, 2018a; Tiggemann & Kuring, 2004; Winn & Cornelius, 2020), depressive symptoms, dysfunctional sexual behavior, and other forms of disordered eating (Calogero et al., 2011; Gervais et al., 2011b; Miner-Rubino et al., 2002; Pecini et al., 2022b; Rollero & De Piccoli, 2017; Schaefer & Thompson, 2018a; Tiggemann & Kuring, 2004; Tolman et al., 2006; Winn & Cornelius, 2020).

In studies researchers focused on studying the impact roles and appearance comparison on positive psychological functioning rather on negative (Ackerman et al., 2018; E. Diener et al., 1998). Many researchers mentioned that psychological wellness more commonly associated with being free from suffering whereas it is more than that (Jahoda, 1958; Ryan & Deci, 2001; Ryff et al., 2003). It also has been suggested that one's living conditions have a significant impact on their satisfaction to life (Helliwell et al., 2017).

In societies, globally, both males and females are expected to have certain character qualities and actions which are otherwise considered inappropriate they can cause both positive and negative effects depending on receptors' tendency to receive messages

(OHCHR, 2022) such as women are expected to be innocent, shy, attractive, appealing, to cook, clean and raise children (Ertl et al., 2017; Heidelbaugh, 2007; *IGB*, 2016; *IGB*, 2018; Rosenthal & Overstreet, 2016b) whereas men are expected to be a risk taker, strong, not permitted to cry, to communicate emotionally, receptive and intelligent (Ali et al., 2011; Egglestone et al., 2016; Miner-Rubino et al., 2002; Tiggemann & Kuring, 2004; Tolman et al., 2006). Social situations such as home, family and classroom culture which consistently expose young kids about how to look, behave, and play, what to choose, and what not to choose impact their capacity to make decisions and may cause other harmful impacts later on in their lives (Ali et al., 2011; Ertl et al., 2017; Link & Phelan, 2001a; Rosenthal & Overstreet, 2016b).

Present study also hypothesized that there is a positive predictive effect of gender role belief, physical appearance comparison on self-surveillance, body shame and negatively predict life satisfaction. With reference to the findings of the current study showed that physical appearance comparisons were significantly more predictive of self-surveillance than gender role beliefs and that an increase in self-surveillance resulted in a decrease in life satisfaction (table 5).

People are utilizing a lot of time and effort into cosmetic and dermatological treatments to look more attractive and younger (Nestor et al., 2010), due to lack of maturity to understand the impact of gender stereotypes on their overall lives. (E. Diener et al., 1998). Stereotypes associated with both genders have a lengthy history and were developed as a result of economic, political, or social situations (Lucas & Phelan, 2012).

There are many contributing factors to mental health concerns such as gender roles, gender identity, body objectification, self-objectification, or physical attractiveness (Miner-

Rubino et al., 2002; Tiggemann & Kuring, 2004; Tolman et al., 2006) which further indicated an increase in body monitoring contribute to one's decrease in coping strategies (Greenleaf, 2005a; Sinclair & Myers, 2004). Sinclair and Myers (2004), suggested the effect of self-objectification on psychological wellness among females (Sinclair & Myers, 2004) whereas males' self-esteem is also affected because they pretend to be strong and hide their emotions which negatively affects their mental and physical health in the long term (Mayor, 2015). Men internalized media imagery (Boursier & Gioia, 2022).

Stress and body shaming are caused by abusive language, mocking glances, and comments directed at men and women who are perceived as unattractive by females and ineffective by males. This can lead to people developing a fear of ever becoming unsightly or ugly. (Calogero et al., 2011; Rollero & De Piccoli, 2017; Schaefer & Thompson, 2018a; Tiggemann & Kuring, 2004; Winn & Cornelius, 2020). Attitudes, values, and drive were covered in the early notion of self, but today, female self-concept is linked to physical attractiveness, and male self-concept is linked to physical effectiveness (Roberts & Fredrickson, 1997).

Girls are brought up in such a way that when they hit puberty, they know how to function in a woman's body which involves internalizing the factors that contribute to objectification, such as dissociating from physical hunger and managing bodies to fit defined beauty standards and attraction (Daniels et al., 2020b; Tolman et al., 2006). They compare their bodies to idealized versions, such as slender, athletic, and curvaceous bodies. This greatly higher state social comparison led to increased body surveillance and a decrease in appreciation for thin and curvy conditions, and a decrease in body esteem for appearance (Betz et al., 2019).

Adolescent girls and young female adults who prioritized physical attractiveness over healthy body functioning had to constantly evaluate their abilities and feel guilty when they couldn't live up to social expectations, which had a negative impact on their self-concept (Mirucka & Kisielewska, 2022; Tolman et al., 2006; Winn & Cornelius, 2020). According to a different study, long women and skin tone surveillance are related (Prusaczyk & Choma, 2018). Furthermore, higher depression and life dissatisfaction are correlated with self-objectification among females (and body monitoring) (Prusaczyk & Choma, 2018).

The present study focused on the mediating effect of self-surveillance and body shame between gender role beliefs, physical appearance comparison and life satisfaction. The findings also showed that life satisfaction and physical appearance comparison are significantly mediated by self-surveillance (table 6) whereas there was insufficient evidence to indicate body shame as significant mediator between predisposing factors and life satisfaction (table 7). According to table 7, there is a substantial negative correlation between body shame and life satisfaction.

Higher surveillance lowers self-esteem whereas body shaming and appearance anxiety mediated the association (Choma et al., 2010a). Body surveillance and body shame acted as mediators between gendered racial microaggression and life satisfaction (Baker, 2022).

Among college women body surveillance and social comparison (both general and appearance-related) were examined as mediators between internalizing the thin ideal and feeling dissatisfied with one's body, with surveillance being a significant particular mediator but social comparison being insignificant (Fitzsimmons-Craft et al., 2012). An

increase in facial pleasure was linked to lower self-objectification, higher appearance esteem, and fewer depressive symptoms in both sexes (Ladd et al., 2022).

Body shaming increases the risk for mental health problems (Tiggemann, 2011). Additionally, it mediated the links between self-objectification and low self-esteem as well as the links between body shame and a satisfied existence (Mercurio & Landry, 2008b). Body shame and appearance anxiety were predicted by the way that one views oneself (Naqi et al., 2022). Among adult females, self-consciousness and social anxiety were positively correlated with body shaming and self-objectification (Mustafa & Akram, 2022).

The study's objective included identifying gender differences in the study variables. Results revealed that physical appearance comparisons between men and women were significant (higher among men) when gender was considered, but differences were insignificant in gender role beliefs, self-surveillance, body shame and life satisfaction (table 8).

Gender differences are not innate; they are learned (Allport et al., 1954; Link & Phelan, 2001a). It indicated that individuals have to process a vast amount of information every second, so as to avoid being overwhelmed, the subconscious mind makes assumptions about people's personalities and behaviors based on prior information for quick decision-making (Allport et al., 1954; Link & Phelan, 2001a).

Religious and cultural practices that support the objectification of both men and women and promote gender stereotyping (Calogero & Jost, 2011; Rollero & De Piccoli, 2017; Tiggemann & Williams, 2012) which result in a decline in one's sense of self-worth, consciousness, self-concept, body shame, quality of life, peak state of motivation, sexual

victimization, and cognitive functioning, increasing one's susceptibility to psychological issues and mental health risks such as depression, psychosis, eating disorders, sexual dysfunction, body dysmorphic disorder, and appearance anxiety disorder (Calogero et al., 2011; Rollero & De Piccoli, 2017; Tiggemann & Williams, 2012).

Study have indicated difference of self-perception among individuals (table 9). Varied generations and both genders (men and women) have different perceptions and manifestations of gender-related duties and behaviors, which have influenced people's thought patterns (Camilo & Minas, 2023). Despite having more domestic and labor power than women, men who share household responsibilities with partners tend to be less happy (Camilo & Minas, 2023).

In light of the impact of study variables on adolescents and adults, it's critical to respect young children's choices and recognize that what they decide for themselves is more valuable than what society expects of them. There are stereotypes, but how we use them varies. It should be noted that while these comparisons do occur frequently among women, the study found that men are more likely than women to engage in these types of comparisons. While they both feel more content when partners share responsibilities and offer support to one another, defined norms and obligations overcharged women and men for family and job chores, which may have an impact on their emotional and psychological health.

Implications of the study

The findings of the study can be extremely beneficial for gender studies. A very important discovery of the current study is that there is a significant difference between

both **males and females on** comparison based on physical features, which is higher among males in comparison to females whereas there is no significant difference between both gender's self-surveillance, body shame and life satisfaction which reflects that males are also affecting by physical appearance comparison.

Policy makers should take steps in making policies to educate people effecting by such gender-specific qualities and traits. Programs should be launched in different areas of Pakistan for awareness of how these gender-specific traits are affecting societies and how to avoid them. Community psychoeducation, parental training programs and literacy should be focused on national policy so that the community can be empowered to identify and understand the negative impact of gender-defined standards.

Both males and females are targeted and limited in their abilities due to beliefs associated with gender and appearance standards but to conform with society and with fear of being negatively evaluated both satisfaction with life is victimized, due to lack of awareness of negative aspects of gender role beliefs and physical appearance comparison.

Different programs should be launched in educational settings and country levels to help identify and understand such roles and standards that may influence their perception of self and can impact overall satisfaction in their life. Current research has found that gender role beliefs, physical appearance comparison, habitual self-monitoring, and being engaged in body shame negatively predict satisfaction in life. This gender-specific idealization and development of negative feelings about oneself should be minimized by awareness and could be focused in research, campaigns on social media, drama serials, and TV shows.

Limitations of the study

The current study has a few limitations. Firstly, this study included a large number of samples but the representation of lower middle class and uneducated people is comparatively low as compared to other groups. Another limitation is that it was hard to access adolescent's data because the exams were about to start and it was really hard to approach them within a limited time. The third limitation is that these participants of age below 19 are good at understanding the Urdu version of the scales whereas for 18 and above it was difficult for them to understand and comprehend the statement. The fourth limitation is to consider the impact of media (as an antecedent) on study variables.

Future research design

Since this research was conducted in Pakistan, the results are in contrast with most of the existing literature which is mostly Western. This study can be used in other developing countries for cross-cultural analysis. Most of the population belonged to Islamabad and Rawalpindi, so it is suggested to have more participation of people belonging from different cities of Pakistan. Future studies may also consider the socio-economic effect on study variables. Results in the current study indicated that physical appearance comparison and habitual self-monitoring negatively predict satisfaction to life. It is suggested that further research should focus on the qualitative part to find out the reasons behind appearance standards have developed, specifically social media impact on gender role beliefs, physical appearance comparison, self-surveillance, body shame and life satisfaction needed to be explored.

In consideration of the influence of present study variables on adolescents and adults, it's critical to respect young children's choices and recognize that what they decide for themselves is more valuable than what society expects of them. There are stereotypes, but how we use them varies. It should be noted that while these appearance comparisons were assumed to occur frequently among women, the study found that men are more likely than women to engage in these types of comparisons. While they both feel more content when partners share responsibilities, accept each other the way they are and offer support to one another. Defined norms and obligations overcharged women and men for family and job chores, which may have an impact on their emotional and psychological health which later contribute to their satisfaction with life.

Conclusions

The aim of the study is to predict how self-surveillance and body shame, which act as mediators, might affect one's satisfaction with life when gender stereotypes, such as concepts of gender roles and physical appearance comparisons, are present. The study's findings showed that self-surveillance plays a positive, significant mediating role in the relationship between physical appearance comparison and life satisfaction, leading to the conclusion that, when self-surveillance acts as a mediator, one's physical appearance predicts their level of life satisfaction. Additionally, the study's results showed that males and females differed slightly in terms of physical appearance.

PSYCHOSOCIAL CORRELATES OF LIFE SATISFACTION

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