

**INFLUENCE OF PERCEIVED BODY IMAGE AND SELF ESTEEM ON
ASSERTIVENESS AMONG FEMALE UNIVERSITY STUDENTS**

BY

**FADENI OLUWADAMILOLA MARGRET
PSY/13/1271**

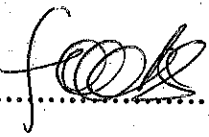
**BEING A PROJECT SUBMITTED TO THE DEPARTMENT OF PSYCHOLOGY,
FACULTY OF SOCIAL SCIENCE, FEDERAL UNIVERSITY OYE – EKITI, EKITI
STATE, NIGERIA.**

**IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF
BACHELOR OF SCIENCE (B.Sc) DEGREE IN PSYCHOLOGY.**

NOVEMBER, 2017.

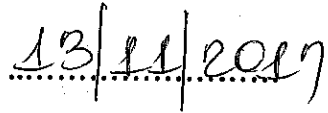
CERTIFICATION

I hereby certify that this research work was carried out by **FADENI, OLUWADAMILOLA MARGRET (MATRIC NO. PSY/13/1271)** in the department of Psychology, Faculty of Social Sciences, Federal University, Oye Ekiti, Nigeria, under my supervision.


.....

Supervisor

DR. ABIODUN M. LAWAL

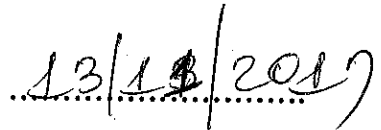

.....

Date


.....

Head of Department

DR MRS AJOKE OLATUNJI


.....

Date

DEDICATION

I dedicate this research work to the author and finisher of my faith; He is the God of all flesh. I also dedicate this work to my mirror, Hon. Oluwatimilehin Fadani.

ACKNOWLEDGEMENT

A man cannot boldly say he is a man until he has been groomed to be a man. The grooming of a man is not a day job. The success of the groomed man is possible because of the impact of people around him. Only an ingrate will not see a reason to appreciate the effort of others in his life. My heart is filled with gratitude to the following individuals for their painstaking and endless effort in the history of my life, as long as I live; they deserve a great commendation from me.

My profound gratitude goes to my supervisor, DR. ABIODUN M. LAWAL, who took me up and gave me a hope of the ability to do this work, he gave his time to this work despite his tight schedule, his patience, his diligence made this work a success as he took time to read through this manuscript and gave the necessary advice. I pray for him that the Lord blesses and keeps him and makes His face to shine upon him. I also thank the entire lecturers in the Department of Psychology, Federal University, Oye-Ekiti for their impacts all through my stay in this great university.

My sincere appreciation goes to my parents; Hon and Mrs OLUWATIMILEHIN FADENI for their support which is full of love and care. I honestly know I really must make them proud. I pray that you will enjoy to the fullness abundant life in Christ even as you reap the fruits of your labour. I appreciate my siblings, OLAYINKA, OLAWANDE, OLUWAPAMILERINAYO, OLAOLUWA for their love and care; I pray that our Lord keep us together in peace and joy. I will forever be grateful to my better half, REVD OLAYINKA OGUNDELE for all his love, your being in my life is a great strength and thank you for the encouragement and prayers. I pray that ministry prospers in your hands. I appreciate the wonderful people God surrounded me with, Canon Igbagbobi Fasola, Olawepo Omolola,

Ajayi oluwatoyin ,Gbadegesin Adedoja, Odiase Linda, Borokini Esther, Ogundele Aduralere, Agbaje Abiodun, Mrs omisore, Mr Wale Fadeni, your support in making this work a success is appreciated. I call you all blessed.

I might not have mentioned all the names of everybody who contributed to my success but I am extremely grateful. I am grateful to you all. Indeed "a tree can never make a forest" God bless you all and I love you all.

TABLE OF CONTENT

Title	pages
Dedication	
Certification	
Acknowledgement	
Table of content	
List of tables	
Abstract	
CHAPTER ONE: INTRODUCTION	
1.1 Background to the study	1
1.2 Statement of problem	7
1.3 Purpose of the study	8
1.4 Relevance of the study	8
CHAPTER TWO: THEORETICAL FRAMEWORK AND LITERATURE REVIEW	
2.1 Theoretical framework	10
2.2 Theoretical conceptualization	24
2.3 Literature review	25
2.4 Hypothesis	31
2.5 Operational definition of terms	32
CHAPTER THREE: METHODOLOGY	
3.1 Research Design	33
3.2 Settings	33
3.3 Participants	33
3.4 Instrument	34
3.5 Procedure	35
3.6 Statistical Tools	36
CHAPTER FOUR: RESULTS	37
CHAPTER FIVE: DISCUSSION, CONCLUSION AND RECOMMENDATION	
5.1 Discussion	39
5.2 Conclusion	41
5.3 Implications and recommendation	42
5.4 Limitation	42
REFERENCES	44
APPENDIX	53

LIST OF TABLES

	Page
Table 4.1: A t-test Table showing positive and negative perception of body image on assertiveness among female university students.	37
Table 4.2: A t-test Table showing high and low self-esteem on assertiveness among female university students	38
Table 4.3: ANOVA Table showing influence of level of study on assertiveness among female university students	38

ABSTRACT

Females have been seen across culture to have issues when it comes to expressing themselves in the public. In an attempt to express themselves without fear, certain individual-related factors could have influence. The study investigated the influence of perceived body image and self-esteem on assertiveness among female students in Federal University Oye-Ekiti, Ekiti state Nigeria. Ex-post facto research design was used in the study. Three hundred and fifteen female university students participated in the study. Questionnaire was used as an instrument for data collection and it comprised demographic variables and reliable scales measuring perceived body image, self-esteem and assertiveness. Three hypotheses were tested with independent samples t-test and one-way ANOVA. Results showed that perceived body image has a significant influence on assertiveness among female university students $t(313) = 4.13$; $p < .05$. Also, self-esteem has a significant influence on assertiveness among female university students $t(313) = -3.28$; $p < .05$. The level of students in the university has no significant effect on assertiveness. However, level of study has no significant influence on assertiveness among female university students $F(4, 310) = 0.76$; $p > .05$. Findings of the study were discussed with some previous related studies. It is concluded how female university students view their body and respect themselves influence their expressions in the public. It is recommended that in enhancing assertiveness in this group of students, their perception of body image and self-esteem should be considered in the assertiveness skills training.

Keywords: Assertiveness, body image, self-esteem, level of study, female students.

Word count: 238

CHAPTER ONE

INTRODUCTION

1.1. BACKGROUND TO THE STUDY

Assertiveness is an important empowering communication skill. Being assertive means having the ability to express oneself in an effective manner. Assertiveness is a very necessary quality in today's world. Assertiveness is not aggressiveness, it is more like a process of knowing you have a right to be in your place in the world, a right to occupy the space you are in, and a right to get what you want. Assertiveness is a quality best used to develop our confidence. Assertiveness is the ability to express one's own thoughts and feelings and defend one's own right to behave in certain ways, without violating the rights of others.

Dorland's Medical Dictionary (1994) defines assertiveness as a form of behaviour characterized by a confident declaration or affirmation of a statement without need of proof. The best way to understand assertiveness is to distinguish it from two other styles people use when dealing with conflict: acquiescence (non-assertiveness) and aggression (Alberti & Emmons, 1995). Acquiescence is avoiding interpersonal conflict entirely, either by giving up and giving in or by expressing one's needs in an apologetic self-effecting manner. Aggression on the other hand is an effort to attain objectives by attacking or hurting others. Aggressive people trample on others, and their aggressiveness can take such direct forms as threats, verbal attacks, physical intimidation, emotional outburst, and explosiveness (Fensterheim & Baer 1975). Assertiveness does not come easily to most of us; it can put an adolescent into direct conflict with parents, teachers and peers.

Baumeister, Campbell, Krueger and Vohs (2003) believe low self-esteem may cause aggressive and passive personality traits on one hand and depression on the other hand

(Santrock, 2002) while high self-esteem may produce assertive personality traits. Being successful in interpersonal relationships, active, assertive, creative, flexible and confident were related with high self-esteem.

According to Steinberg (2002), adolescence is a period of transition in which a major recognition of the body takes place. There is a general perception in the western world that, adolescents who tend to be skinny are beautiful or attractive, whilst the overweight adolescents are considered unattractive. Adolescents tend to be extremely critical about their bodies and physical appearance, they usually compare themselves with peers and this may produce anxiety and low self-esteem, and lack of confidence especially when they perceive themselves different from their peers (Santrock, 2005). The key distinction is the difference between aggression and assertion.

Assertiveness means being able to make overtures to other people, to stand up for oneself in a nonaggressive way, to speak up when others make demands, and to make suggestions or requests to others in a group. For some people, assertiveness requires overcoming psychological traits such as extreme passivity, sensitivity to criticism, anxiety, insecurity and low self-esteem. Self-esteem is an emotional feeling and love a person feels about him/herself based on the value he/she gives him/herself. This feeling is come from thoughts, feelings, emotions and experiences of the person during his/her life. Main and fundamental requirement of each person is desirable and good feeling about him/herself. Self-esteem influences all aspect of the life and a person needs considering himself valuable in term of physical, mental and moral aspects. Such feeling in a person is a motivation for doing actions and tasks of the life and if the mentioned need isn't satisfied, so widespread needs including need to creativity, development, self-efficiency, assertiveness or perception of potential talent will be limited (Biabangard 1993). Self-esteem is

an emotional feeling and love a person feels about him/herself based on the value he/she gives him/herself. This feeling is come from thoughts, feelings, emotions and experiences of the person during his/her life. Main and fundamental requirement of each person is desirable and good feeling about him/herself. Self-esteem influences all aspect of the life and a person needs considering himself valuable in term of physical, mental and moral aspects. Such feeling in a person is a motivation for doing actions and tasks of the life and if the mentioned need isn't satisfied, so widespread needs including need to creativity, development, self-efficiency, assertiveness or perception of potential talent will be limited (Biabangard 1993).

The term self-esteem is also used to refer to the way people evaluate their various abilities and attributes. For example, a person who doubts his ability in school is sometimes said to have low academic self-esteem, and a person who thinks she is popular and well liked is said to have high social self- esteem. In a similar vein, people speak of having high self-esteem at work or low self-esteem in sports. The terms self-confidence and self-efficacy have also been used to refer to these beliefs, and many people equate self-confidence with self-esteem. I prefer to call these beliefs self-evaluations or self-appraisals, as they refer to the way people evaluate or appraise their abilities and personality characteristics. Self-esteem and self-evaluations are related—people with high self-esteem think they have many more positive qualities than do people with low self- esteem—but they are not the same thing. A person who lacks confidence in school might still like himself a lot. Conversely, a person who thinks she is attractive and popular might not feel good about herself at all. Unfortunately, psychologists don't always make this distinction, often using the terms self- esteem and self-evaluations interchangeably. They assume that positive evaluations of self in particular domains give rise to high self-esteem. I call

this a bottom-up process because it assumes that global self-esteem is built up from these more specific evaluations. Affective models of self-esteem assume a top-down process (Brown, 1993)

These models assume that the causal arrow goes from global self-esteem to specific self-evaluations: Liking oneself in a general way leads people to believe they have many positive qualities. Later in this chapter we will examine support for these claims. Finally, the term self-esteem is used to refer to rather momentary emotional states, particularly those that arise from a positive or negative outcome. This is what people mean when they speak of experiences that bolster their self-esteem or threaten their self-esteem. For example, a person might say her self-esteem was sky-high after getting a big promotion, or a person might say his self-esteem was really low after a divorce. These emotions could probably be referred as self-feelings or as feelings of self-worth. Feeling proud or pleased with ourselves (on the positive side), or humiliated and ashamed of ourselves (on the negative side) are examples of what we mean by feelings of self-worth. Because they involve feelings toward oneself, some researchers (Butler, Hokanson, & Flynn, 1994; Leary, Tambor, Terdal, & Downs, 1995) use the term state self-esteem to refer to the emotions we are calling feelings of self-worth, and trait self-esteem to refer to the way people generally feel about themselves. These terms connote an equivalency between the two phenomena, implying that the essential difference is simply that global self-esteem is persistent, while feelings of self-worth are temporary.

The trait-state assumption has important consequences. First, it suggests that feeling proud of oneself is akin to having high self-esteem and that feeling ashamed of oneself is akin to having low self-esteem. This, in turn, leads investigators to assume that an analogue of high self-esteem or low self-esteem can be created by temporarily leading people to feel good or bad about themselves (Greenberg, Solomon, Pyszczynski, Rosenblatt, Burling, Lyon, Simon, & Pinel,

1992; Heatherton & Polivy, 1991; Leary *et al.*, 1995). This is typically accomplished by giving people positive or negative self-relevant feedback (e.g., telling people they are high or low in some ability). Other researchers disagree with this approach, arguing that these manipulations do not provide a suitable analogue of high self-esteem or low self-esteem (Brown & Dutton, 1995b; Wells & Marwell, 1976).

In the western world, there is an increasing focus on body image. Pictures of movie stars and fashion models strongly impact on girls' body shape and image perception. Such mass media and diverse socio-cultural pressures are seen to cause an increased awareness of being thin as ideal, and to contribute to the misperception of body weight: how the body is viewed and evaluated by the individual and by others. Hence, the last decades have witnessed surging interest by the academic community in body image. As a girl, a Barbie Doll is the perfect model of the "ideal woman" that society portrays. Girls associate a fantasy life with Barbie. She had the pink car, with a huge house, and a perfect body. Her body is ideal to society because she is tall and thin, with a small waist, tan skin, and long blonde hair with blue eyes. Girls learn early that "looks" begin to define the criteria for our status and what we are worth. Somehow girls stop believing in the power of their own minds and body to identify their own individual beauty and Barbie takes over (Edut, 2000). Even at an early age, girls can associate a Barbie Doll with what they think they are supposed to look like as they mature.

Females realize the effect of the Barbie Doll when they are being evaluated on "looks" and become aware of the role it plays in our culture. The Barbie Doll often gives a girl an impression of what society considers valuable and beautiful. One of the girls in a qualitative study (Oliver & Lalik, 2003) listed a series of qualities that contributed to the 'stereotypes' of beauty: 'big breasts', 'small waist', 'long hair', 'light skin' (if Black), 'tan' (if White), 'eye

color', and 'facial features'. If you do not "look" like a Barbie Doll, then you did not fit in. You were worthless, less valuable, and less beautiful (Edut, 2000). This problem starts at an early age by playing with Barbie Dolls, but as puberty starts to take place females become more self-conscious about the way they look. Barbie is not just a children's doll, but an aesthetic obsession and even an adult cult (Edut, 2000). Body image may differ between girls of different races and ethnic backgrounds.

The ideal body image is represented as a predominantly thin, able-bodied young Anglo woman. These body images tend to reflect thin, Anglo American women, from a middle to upper class status, as the norm of healthy and beautiful (Abrams & Stormer, 2002). Girls who are inactive can have a low body image and eventually their self-esteem will decrease. Women who are dissatisfied with their bodies often reflect a poor body image resulting in low self-esteem. Through physical activity, women can benefit in many ways. Women benefit physically, socially, mentally, and psychologically. Physical activity is important for all females, but especially, females in a college setting.

This is the educational setting where women are now on their own and ready to make lifetime decisions dealing with their mind and body. Women from the ages of eighteen to twenty-five can benefit from a more positive body image and higher self-esteem when they are more physically active. Women are affected by what society portrays as "an ideal woman" and therefore (1) women wish to be thinner; (2) women who are dissatisfied with their bodies have lower self-esteem ;(3) physical activity increases body image and self-esteem; and (4) women who are physically active are more aware of the appearance of their body.

1.2. STATEMENT OF PROBLEM

Assertiveness is enabled positively in an individual when there is positive perception of body image and high self-esteem. Research on body image during the last few years has become an extremely important as a result of the increase in emphasizing physical attractiveness, preoccupation with one's body image (Qaisy 2016). While there has been significant advances in our understanding both health beliefs and body image and factors that influence them such as gender, media, exercise and athletic participation; there is a small, emerging literature currently available regarding the relationship between the two of them.

According to Woodrow-Keys (2006) the two concepts, though not interchangeable, are both central to success, striving, and are associated with a variety of correct health practices. Beller (2007) suggests that people who are stressed about their physical health may have certain types of erroneous beliefs, which exacerbated their distress levels. For example, a person may believe he is powerless to do anything about it. The belief formed by individuals tends to be a boast of assertiveness.

Some people are under the impression that asserting oneself is “unladylike or “improper”. In reality, however, learning how to be assertive can give you a sense of inner integrity. In a recent survey on women leadership, conducted by kylah Morrison and violet Dhu, women were asked “ what skills would be most valuable for you to take your next career to the next level”.one of the key findings was that women wanted to learn how to communicate more assertively and confidently.

Most of the studies in body image, self-esteem and assertiveness have been done in the western culture. It can be argued that the reported findings regarding these variables are specified

to the western cultures. This study want to find out if truly the variables are peculiar to the western world, it also sought to investigate if the prevalence of the variables in this part of the world. It also sought to emphasize the instances of female preference of body structure and how it affects their assertiveness among others. This study sought to explore the influence of perceived body image and self-esteem on assertiveness among female univefsity students.

Despite the large volume of research on body image, few studies have directly checked the influence of perceived body image, self-esteem on assertiveness. The research therefore tends to proffer answers to the following questions:

1. Will perception of body image influence assertiveness among female university students?
2. Will self-esteem influence assertiveness among female university students?
3. Will level of study influence assertiveness among female university students?

1.3. PURPOSE OF THE STUDY

The main purpose of the study was to examine the influence of perceived body image and self-esteem on assertiveness among female university students. The specific objectives are the following:

1. To examine of perception of body image will influence assertiveness among female university students.
2. To investigate if self-esteem directly will influence assertiveness among female university students.
3. To determine if level of study of female university study will influence their assertiveness.

1.4 RELVANCE OF STUDY.

This study tends to be relevant as it will help to broaden people horizons about what female think of their stature, it will help female who tends to seek an answer to why they feel some certain ways when it comes to decision making, the study will tend to add to the body of knowledge. In general terms this study is relevant to the female gender particularly those who are currently undergraduates in the university. The study is relevant to this population as such they are directed to understand more about themselves in terms of their assertiveness and how the level of their assertiveness influence what they get from daily interactions from fellow students. Also, female undergraduates' are also aided with the understanding of individuals who are actually dissatisfied with their body image and it effect on their level of assertiveness. This is important especially in the interaction with fellow female students so as to encourage others not to look down on their body image rather perceive their body image as to a perfect fit to who they actually are.

Findings from the study will also add to the body of knowledge pertaining to assertiveness and self-esteem. Of course there are several studies relating to the identification of factors that either reduces or improves an individual's self-esteem and assertiveness. The study of perceived body image to this body of knowledge provides yet another factor related to the improvement of individuals' assertiveness level. In this regard, Cognitive expert can as well relate to the findings of this study by encouraging clients to appreciate their body image more than often particularly of the study reveals that positively perceived body image can lead to an increased level of assertiveness. In other instance, the clients' self-esteem is concentrated upon especially when high self-esteem can led to increased level of assertiveness.

CHAPTER TWO

LITERATURE REVIEW

2.1. THEORETICAL FRAMEWORK

2.1.1. SELF DISCREPANCY THEORY OF BODY IMAGE

The concept of the self is multifaceted and complex: it includes various attributes or domains that define the self (I am a husband, I am an academic, I am a basketball fan), as well as various temporal dimensions (who I was in the past, who I am today, who I would like to be in the future). The notion that people have different self-states has been described by theorists for more than a century, with the earliest conceptualization generally being attributed to William James, who wrote that "In each kind of self, material, social, and spiritual, men distinguish between the immediate and actual, and the remote and potential, between the narrower and the wider view, to the detriment of the former and advantage of the latter." The principle captured in that passage, and further formalized by E. Tory Higgins in his self-discrepancy theory (SDT), is that there are consequences that arise when individuals compare one self-state to another self-state and find that a discrepancy exists between the two.

According to SDT, there are three domains of self. The 'actual' (or current) self reflects the individual's perceptions of her or his own attributes or characteristics. It is important to note that it is the individual's self-perceptions that comprise the actual self, and not the individual's objective standing on a given attribute. This focus on individuals' own perceptions is particularly relevant to the context of body image as it is well documented that people often misperceive the shape and size of their own body. In addition to the actual self, Higgins also describes two other domains of self that can direct or motivate people (what he refers to as 'self-guides'): the 'ideal'

self refers to the attributes that the individual would like to possess or that the individual aspires to have (I want to be a firefighter); the 'ought' self reflects the attributes that the individual believes she or he has an obligation or duty to possess my parents expect me to become a lawyer). In addition to defining these three domains of self, SDT also proposes that these selves can be conceptualized from one's own perspective, as well as from the perspective of significant others (e.g., a parent, a spouse, or a best friend). Thus, in combination, there are six self-states described by SDT: actual/own, actual/other, ideal/own, ideal/other, ought/own, and ought/other. In the body image literature, researchers typically focus on a discrepancy between how one sees one's self (actual/own) and how one would ideally like to be (ideal/own), while acknowledging that the ideal/own self might well reflect an internalization of society's standards of attractiveness.

Self-discrepancies play an important role in the context of body image. They can negatively impact individuals' body satisfaction, and can also have implications for appearance-related behaviours (e.g., restricted food intake and cosmetic surgery). Notably, these self-discrepancies are remarkably consistent across groups (e.g., culture, age, and sexual orientation).

2.1.2 COGNITIVE THEORY OF BODY IMAGE

The cognitive approach to body image dissatisfaction is of the view that people who are preoccupied with body size and shape interpret information related to body image in a biased manner. Specifically, these individuals may differentially attend to and remember body-related stimuli, which in turn perpetuate dissatisfaction with their body images (Williamson, & Blouin, 2000). Further, individuals may judge ambiguous situations or stimuli in a manner congruent with their negative beliefs regarding their appearance (Jackman, Williamson, Netemeyer, &

Anderson, 1996). For instance a teenager preoccupied with weight may interpret another's laughter as directed toward his body size, rather than a funny joke. It is assumed that this biased cognitive processing occurs automatically, outside the conscious awareness of the individual (Williamson, 1996). However, having high levels of dysfunctional beliefs about appearance is not common in the general population (Fairburn, 2008). The attitudinal dimension of body image comprises evaluative, affective, and cognitive subcomponents. The cognitive component subsumes beliefs and thoughts about the physical attributes of weight, body shape and size, and appearance, as well as their significance; it also contains appearance ideals and self-schema. People who spent more time reading fashion magazines had higher levels of dysfunctional beliefs about appearance, which led to high levels of body dissatisfaction and anti-fat attitudes. Dysfunctional beliefs about appearance were found to be predictors of body image, body dissatisfaction, valuing of thinness, and self-esteem (Carroll & Spangler, 2001; Spangler, 2002). Dysfunctional beliefs about appearance were also found to play central roles in causing eating disorders. People with high levels of dysfunctional beliefs about appearance tend to have high levels of dietary restriction (Spangler, 2002).

This theory becomes very important to this study in the identification of the beliefs attributed to what body image is perfect and how individuals especially female hope to achieve such or maintain it if they have one. For example, fashion models are usually on a diet routine on what to eat all the time so as to maintain their body image. However school girls who aspire to look like this models begin to reduce their food intake based on the irrational belief system to achieve the perfect body image.

2.1.3 DEVELOPMENTAL AND SOCIO-CULTURAL THEORIES OF BODY IMAGE

Developmental and sociocultural theories explain how one's body image develops. An understanding of these theories lends considerable insight into understanding why a negative body image has been shown repeatedly in obese populations. Developmental theorists have focused on the importance of childhood and adolescence as a critical period during which the development of body image occurs (Heinberg, 1995).

Factors such as pubertal timing and teasing have been implicated as variables which may contribute to body image development. Socio-cultural theories have targeted social comparison and socio-cultural messages regarding appearance and beauty as important factors in the development of body image. Sociocultural approaches seek to understand human behaviour by examining how cultural values influence individual values and experiences, and how these values are reflected in a person's cognitions and behaviours (Cash & Pruzinsky, 2004; Jackson, 2004). In particular, social expectancy theorists argue that cultural values shape how individuals perceive and evaluate others, and that this, in turn, influences how others evaluate themselves (Jackson, 2004).

In terms of body image, this theory posits that within a culture, people share socially defined standards of attractiveness, as well as expectations about people that are considered attractive. As a result, they behave differently towards individuals that are considered to be attractive, and in turn, this differential behaviour leads to differences in how individuals respond to such treatment. Finally, these behavioural differences in treatment of individuals deemed attractive or unattractive by cultural standards shape self-concept (Jackson, 2004).

2.1.3. OBJECTIFICATION THEORY

Objectification Theory was posited by Fredrickson and Roberts (1997), states that women are defined by their bodies and appearance. Through experience and socialization, females internalize cultural beauty ideals, often depicted in the media, as then standard for appearance. Objectifying media of women sends the message that their worth is based off of appearance (Zurbriggen, Ramsey, & Jaworski, 2011) and it reinforces the cultural norm of beauty. This leads to self-objectification by adopting an observer perspective to view one's own body. When utilizing an objectifying perspective, a person's body is seen as a throng of parts and body pieces versus a whole person. The function of a person's body is disregarded and the focus is on appearance.

According to Bartky (1990), sexual objectification happens when a female's body, sexual functions, or body parts are disconnected from her as a person and are instead viewed as instruments or bodies for the pleasure or use of others. When a person self-objectifies and views ones' body by parts instead of as a whole, it could lead to constant body monitoring, body shame, appearance anxiety, eating disorder symptoms, sexual dysfunction, and depressive symptoms (Moradi, 2010). Hebl, King, and Lin (2004) found that Caucasian and ethnic minority women experiencing self-objectification were subject to behavioural and psychological consequences; relationships were found between self-objectification, negative body shame, low self-esteem, poor eating behaviours, and decreased ability to perform math tasks. Since then, other researchers have continued to find a relationship between the cultural standard of thinness and negative body image (Buchanan, Fischer, Tokar, & Yoder, 2008; Kozee & Tylka, 2006; Moradi & Rttenstein, 2007).

In addition to experiencing poor body image when sexually objectified, women are treated as an object, a body, or a collection of body parts and they are valued for their usefulness to others (Woertman & van de Brink, 2012). To control or anticipate how they will be treated, women may become preoccupied with their appearance. Through this obsession with their appearance, they might experience worry and anxiety, which they might try to reduce by investing time, energy, and money into their appearance. The preoccupation with appearance can also manifest as thoughts that can be distracting and lead to other problems. Fredrickson and Roberts (1997) stated long-term attention and preoccupation with one's own body might lead to interference with sexual functioning and activity. Self-objectification has potential negative consequences and could interfere with different aspects of someone's life.

Objectification theory postulates an internalization of the cultural standard body ideal that people evaluate themselves against and strive to attain (Fredrickson & Roberts, 1997). If a person does not match the cultural ideal they have internalized, poor body image and problems with sexuality could be a result.

2.1.4. IDENTITY THEORY OF SELF ESTEEM.

Self-esteem has been conceptualized as an outcome, motive, and buffer, but there is no overall theory of self-esteem. In this article it is suggested that identity theory can provide a theoretical framework for the integration of the various conceptualizations of self-esteem. We suggest that self-esteem is an outcome of, and necessary ingredient in, the self-verification process that occurs within groups, maintaining both the individual and the group. Self-esteem continues to be one of the most commonly researched concepts in social psychology (Baumeister 1993; Mruk 1995; Wells & Marwell 1976; Wylie 1979).

Generally conceptualized as a part of the self-concept to some self-esteem; is one of the most important parts of the self-concept. Indeed, for a period of time, so much attention was given to self-esteem that it seemed to be synonymous with self-concept in literature on the self (Rosenberg 1976, 1979). An identity is a set of meanings that represent the understandings, feelings, and expectations that are applied to the self as an occupant of a social position (Burke & Tully 1977; Stets & Burke 2000). These meanings serve as standards or reference levels in an identity-control system (Burke 1991).

There are four main conceptual parts to each identity-control system: the identity standard, the comparator, the output, and the input. Identity standards provide an internal reference for the individual about the meanings and expectations that are to be maintained. Inputs into the system are perceptions of self-relevant meanings in the social environment. The comparator compares these perceptual inputs with meanings contained in the standard. The output of the system is meaningful behaviour that works to alter the situation so that a match between self-relevant perceptions of the situation and meanings contained in the standard is maintained. This is the self-verification process.

The normal operation of a role identity (the self-verification process) results in behaviour that produces a match between self-relevant meanings in the situation and the meanings and expectations held in the identity standard. The actions taken to do this constitute the role behaviours of the person occupying the role, and these behaviours enact/create/sustain the social structure in which the role is embedded. Perceptions of the behaviours that are relevant to the identity the individual is seeking to verify thus become relevant to the verification of that identity (Burke & Reitzes 1981). For example, when a husband thinks that in his role as husband he should be doing approximately 30% of the housework, he will engage in behaviours that reflect

that, and meanings in the situation that are relevant to the verification of that identity become relevant. For example, he will begin to pay attention to the amount of time he puts into housework because it is relevant to the verification of that identity.

The amount of time he spends with his buddies watching sports will not, however, be directly relevant to the verification of his spouse identity.² By behaving in ways consistent with his husband standard in an effort to verify those meanings, he both produces and reproduces structural arrangements that leave women responsible for the majority of housework (Berk 1985; West & Zimmerman 1987). If the husband's wife has an identity that implies that she be responsible for 70% of the housework, then their identities are complementary. If however, he thinks he should be doing 30% and she thinks she should be doing half, then their identities are not complementary. He will be thinking that he should be doing less and that his wife should be doing more (compared to what his wife thinks he should be doing), and his wife will be thinking that she should be doing less and that he should be doing more (compared to what her husband thinks she should be doing). The above example illustrates the idea that when the identity is relevant to a role that stands in relation to other roles in a group, self-verification within a group is not just a function of one's own activity but of one's activity in relation to others' activity; that is, the behaviour of others can inform us about who and what we are.³ Thus, in a two-person relationship, the identity of each is verified in relation to the activities of the other (Burke & Stets 1999).

The behaviour of one person (output of the control system) affects the situation and thus also affects perceptions (inputs of the control system) for both persons. Roles are interdependent and complementary, and the identity standards that evolve over time between individuals must reflect that complementarity for conflict to be minimized (Riley & Burke 1995). If the identity

standards of interdependent interaction partners are not complementary, then self-verification is not possible for either role partner. In addition, from the point of view of the group the mutual verification of the interdependent role identities in the group results not only in consequences for the individuals *as* individuals, but also in the stable patterns of interaction that define the structure of the group (Burke & Stets 1999). In the situation above where the husband's and wife's identities are not complementary then, the husband and the wife are both unable to verify their identities, and this will have consequences for both of them as individuals and for their relationship. When disturbances occur in the identity-verification process (that is, when identities are not verified), distress results in the form of negative emotional responses (such as anxiety, depression, or anger), which motivate the person to reduce the disturbance and bring perceptions back into alignment with the identity standard (Burke 1991, 1996).

These negative emotions can be avoided by quickly acting to remove or counteract the disturbance. For the most part, this process is ongoing and automatic as the individual responds to subtle changes in the situation. For example, two friends, Jennifer and Jolene, are having a conversation. Jennifer thinks that as a friend she is a good listener. While conversing with Jolene, Jennifer may get the impression that Jolene doesn't seem to think that she has Jennifer's full attention. Jennifer is likely to make small, unconscious adjustments in her behaviour. She may begin to do such things as nod her head a little more or shift her body closer to Jolene to indicate that she is actively engaged in the conversation. When disturbances are large, such as might exist if Jolene were to come out and directly tell Jennifer that she is being a terrible listener, Jennifer will make larger adjustments, and she is likely to experience strong negative emotions (such as guilt). Her drastic adjustments to her behaviour might include stopping whatever she is doing so that she can sit down and directly concentrate on what Jolene is saying in order to bring

perceptions in the social situation back into line with her identity standards. When the disturbances are large, unanticipated, or difficult to correct, stronger negative emotions come into play and people work to reduce them by discovering new actions or negotiating with others in an attempt to bring things back to normal, making the situational meanings match those in the identity standard (Burke 1991, 1996; see also Thoits 1994).

2.1.5 ASSERTION THEORY

A friend asks to borrow your new, expensive camera.... Someone cuts in front of you in a line.....A sales person is annoyingly persistent.....Someone criticises you angrily in front of you Colleagues..... For many people these examples represent anxious, stressful situations to which there is no satisfying response. One basic response theory being taught more & more frequently in training programs is a theory called Assertiveness or Assertion. The theory which was posited in 1996 by schwatt has some important aspects which include:

- 1) The philosophy underlying assertion,
- (2) The three possible response styles in an assertive situation,
- (3) Some means of outwardly recognising these response styles,
- (4) Some functional distinctions between the three styles,
- (5) the six components of an assertive situation.

The Philosophy of Assertion

Assertion Theory is based on the premise that every individual possesses certain basic human rights. These rights include such fundamentals as “the right to refuse requests without having to feel guilty or selfish,” “the right to have one’s own needs be as important as the needs

of other people,” “the right to make mistakes,” and “ the right to express ourselves as long as we don’t violate the rights of others ”.

Three Response Styles

People relate to these basic human rights along a continuum of response styles: non-assertion, assertion and aggression.

Assertion: The act of standing up for one’s own basic human rights without violating the basic human rights of others is termed assertion. It is a response style that recognises boundaries between one’s individual rights and those of others and operates to keep those boundaries stabilized. When one of her friends asked to borrow Jan’s new sports car for a trip, she was able to respond assertively by saying, “I appreciate your need for some transportation, but the car is too valuable to me on loan out.” Jan was able to respect both her friend’s right to make the request and her own right to refuse it.

Non-assertion: The two alternative response styles represent an inability to maintain adequately the boundaries between one person’s rights and those of another. Non-assertion occurs when one allows one’s boundaries to be restricted. In Jan’s case, a non-assertive response would have been to loan the car, fearing that her friend might perceive her as pity or distrustful, and to spend the rest of the afternoon wishing she had not. Thus, Jan would not have been acting on her right to say no.

Aggression: The third response style, aggression, takes place when one person invades the other’s boundaries of individual rights. Aggression, in Jan’s, might sound like this: “you’ve got to be kidding!” Here, Jan would be violating the other’s person’s right to courtesy and respect.

Recognizing Response Styles

Emotion: The person responding non-assertively tends to internalize feelings and tensions and to experience such emotions as fear, anxiety, depression, fatigue, or nervousness. Outwardly, emotional "temperature" is below normal, and feelings are not verbally expressed. With an aggressive response, the tension is turned outward. Although the aggressor may have experienced fear, guilt, or hurt at one time in the interchange, this feeling has either been masked by as "secondary" emotion such as anger, or it has built up over time to a boiling point. In an aggressive response, the person's emotional temperature is above normal and is typically expressed by inappropriate anger, rage, hate or misplaced hostility-all loudly and sometimes explosively expressed. In contrast to the other two response styles, an individual responding assertively is aware of and deals with the feeling as they occur, neither denying himself the right to the emotion nor using it to deny another's rights. Tension is kept within a normal, constructive range.

Nonverbal Behaviour: Each response type is also characterized by certain nonverbal or body language cues. A non-assertive response is self-effacing and dependent; it "moves away" from a situation. This response may be accompanied by such mannerisms as downcast eyes, the shifting of weight, a slumped body, the wringing of hands, or a whining, hesitant, or giggly tone of voice. Aggression represents a non-verbal "moving against" a situation; it is other-effacing and counter dependent. This response may be expressed through glaring eyes, by leaning forward or pointing a finger, or by a raised, snickering, or haughty tone of voice. Assertion, instead, faces up to a situation and demonstrates an approach by which one can stand up for oneself in an independent or interdependent manner. When being assertive, a person generally establishes

good eye contact, stands comfortably by firmly on two feet with his hands loosely at his sides, and talks in a strong, steady tone of voice.

Verbal Language: A third way of differentiating between assertion, nonassertion, and aggression is to pay attention to the type of verbal being used. Certain words tend to be associated with each style. Non-assertive words can include qualifiers (“maybe”, “I guess” “I wonder if you could” “would you mind very much” “Only” “just”.....) Aggressive words include threats (You’d better” “If you don’t watch out”) put downs (come on, you must be kidding) evaluative comments (“should” “bad”), and sexist or racist terms. Assertive words may include “I” statements (“I think” “I feel” “I want”), cooperative words (“let’s” “how can we resolve this”) and empathic statements of interest (“what do you think”, “what do you say”). Emotional, non-verbal, and verbal cues are helpful keys in recognizing response styles, but they should be seen as general indicators and not as a means of labelling behaviour.

Functional Distinctions: Outwardly, the three response styles seem to form a linear continuum running from the non-assertive style, which permits a violation of one’s own rights, through the assertive style; to the aggressive position, which perpetrates a violation of another’s rights. Functionally, however, as indicated in Figure, non-assertion and aggression look both very much alike and very different from assertion. Non-assertion and aggression are dysfunctional not only because they use indirect methods of expressing wants and feelings and fail to respect the rights of all people, but also because they create an imbalance of power in which the two positions may mix or even change positions with each other. In refusing to stand up for more rights, the non-assertive responder creates a power imbalance by according everyone else more rights than himself, while the aggressive responder creates a power imbalance by according himself more than his share of rights. This power imbalance is unstable; the restricted non-assertive responder

can accumulate guilt, resentment, or fear he becomes the aggressive responder in a burst of rage, or he may mix a non-assertive “front” with a subversive “behind the scene” attempt to “get back” at the person. The assertive responder seeks a solution that equalizes the balance of power and permits all concerned to maintain their basic human rights. Thus an imbalance of power, caused by a failure to respect the rights of all people and perpetuated by the use of indirect methods, creates a very vulnerable position for both the non-assertive and the aggressive responders, while the more functional assertive responder respects all human rights, uses direct methods, and seeks a balance of power.

Components of an Assertive Situation

Assertion theory can be helpful in situation in which a person is anxious about standing up for his basic human rights. These situations include saying yes and no with conviction, giving and receiving criticism, initiating conversations, resisting interruptions, receiving compliments, demanding a fair deal as a consumer, dealing with sexist remarks and handling various other specific situations encountered in one’s personal, social, and professional life. A person may feel capable of being assertive in a situation but make a conscious decision not to be so, because of such things as power issues or the time or effort involved. Before making a decision to be assertive, it is helpful to examine the six of an assertive situation.

1. The potential asserter’s basic human rights and his level of confidence that he has these rights.
2. The specific behaviour to which the potential asserter is responding.
3. The potential asserter’s feeling reactions to this specific behaviour.
4. The specific behaviour the potential asserter would prefer.
5. The possible positive and negative consequences for the other person if he behaves as the potential asserter wishes him to behave.

6. The potential consequences of the assertive response for the potential asserter.

Once the situational asserter components have been determined, assertion training techniques provide a means of formulating and enacting an assertive response. Assertion Theory offers a model for those who wish to stand up for their own rights without violating the human rights of others. It is a model that can be used in all type of situation personal, professional, and social to facilitate honest, direct, functional communication.

2.2. THEORETICAL CONCEPTUALIZATION

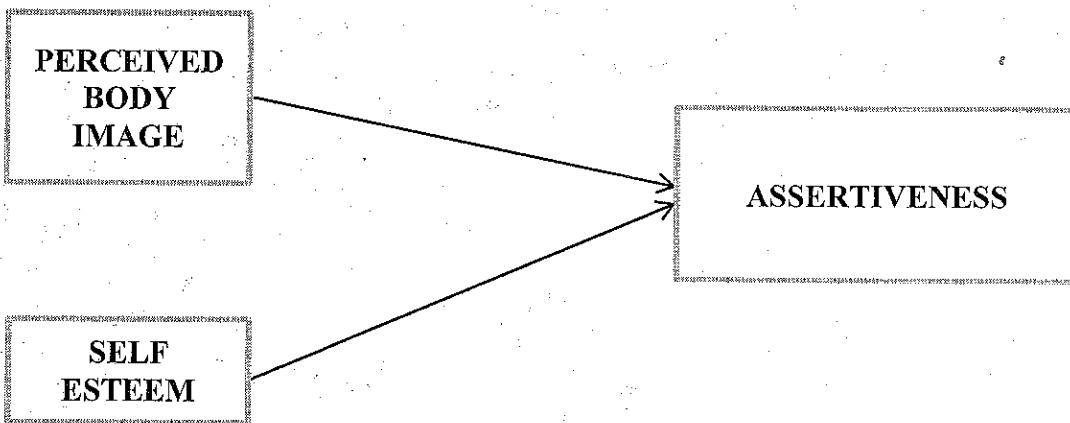


Figure 1. Shows how the independent variables (perceived body image & self-esteem) influence level of assertiveness among female university students.

2.3. EMPIRICAL RELATED STUDIES

2.3.1. PERCEIVED BODY IMAGE AND ASSERTIVENESS

People deal with body image dissatisfaction in a wide variety of ways. A common way of coping is to restrict the number of calories consumed. At any given time, 70% percent of women and 35% of men are dieting (Canadian Mental Health Association, 2003). Some individuals resort to extreme forms of caloric intake restriction or develop eating disorders (Stice, 2002). Other ways of coping include excessive exercise, cosmetic surgery, and using diet pills, steroids, or protein supplements. Not only does body image dissatisfaction affect one's behaviours, it also affects how one feels about oneself. It is associated with depression (Noles, Cash, & Winstead 1985), low self-esteem (Mendelson, White, & Mendelson 2001), feelings of shame (McKinley & Hyde, 1996), body surveillance (McKinley & Hyde), diminished quality of life (Cash & Fleming, 2002), and anxious self-focus and avoidance of body exposure during sexual activity, which can lead to impaired sexual functioning (Cash, Maikkula, & Yamamiya, 2004).

Cash, *et al* (2004) conducted a cross-sectional investigation of body image satisfaction among male and female college students across a 19-year period. They found that body image dissatisfaction rates of the female participants worsened and then improved over time. The researchers also found that male body image dissatisfaction rates were stable over time. This finding contradicts other studies which have shown that body image dissatisfaction is on the rise in men (Cash, 2002; Olivardia, Pope, Borowiecki, & Cohane 2004). It has been suggested that the ideal male body portrayed in the media is becoming as difficult for typical men to attain as the ideal female body is for typical women to attain. For example, Pope, Olivardia, Gruber, & Borowiecki (1999) found that action figures illustrated evolving ideals of male bodies. Toys like G.I. Joe are becoming more muscular and, when converted to human size, G.I. Joe's body is as

unattainable for boys as Barbie's body is for girls.

Similar to the research done with women, research has also found that body image dissatisfaction in men is associated with low self-esteem, depression, (Olivardia *et al.*, 2004). Al-Zaede (2006) study aimed to investigate the relationship between body image and some emotional variables; the study sample consisted of 600 males and females from middle and high schools in Al-Taef (KSA). The results showed that males were more satisfied with their body image than females, and there were significant statistical differences in the relationship between body image and anxiety, shyness and depression for both sexes.

The study of Alabadseh (2013) aimed to explore the relationship between satisfaction of the body and depression, age, media programs, body dimensions and maturity age among Palestinian adolescents in Gaza strip, and 377 adolescents' females were chosen to collect data. The study results showed that there was a positive relationship between body image and age, and body dimensions. It also showed that there was a negative relationship between body image and depression, media programs and weight. Shqair (2002) studied the relationship between body image, psychological disorders and future planning. The study sample consisted of 400, 1st year students from College of Education. The study indicated that there was a positive correlation between body image and psychological disorders, family, social and emotional stress. People with eating disorders tend to over-evaluate their appearance and have high levels of dysfunctional beliefs about appearance. However, having high levels of dysfunctional beliefs about appearance is not common in the general population (Fairburn, 2008). Lin and Reid (2008) examined the role of dysfunctional beliefs about appearance in the relationship between media exposure and anti-fat attitudes. People who spent more time reading fashion magazines had higher levels of dysfunctional beliefs about appearance, which led to high levels of body

dissatisfaction and anti-fat attitudes.

Dysfunctional beliefs about appearance were found to be predictors of body image, body dissatisfaction, valuing of thinness, and self-esteem (Carroll & Spangler, 2001; Spangler, 2002). Dysfunctional beliefs about appearance were also found to play central roles in causing eating disorders. People with high levels of dysfunctional beliefs about appearance tend to have high levels of dietary restriction (Spangler, 2002).

Qaisy (2016) found out in his research on body image and self-esteem that Body image is an essential part of personality, which can be viewed from the way the individual views his/her body, the influence of society, culture, and personal experience. Body image is also affected by biological cognitive and emotional factors; this will affect the psychological health of the human being. Adolescents concentrate on their bodies; they consider their body as an integral part of their self-concept. The study results indicated a positive relation between body image and self-esteem; the males were more satisfied with their body image, so their self-esteem was higher than females; meanwhile females were more affected by others' views about their body, weight, height, and society standards about beauty and attraction.

Blum and Nelson-Nmari (2004) revealed that female athletes and non-athletes had very different body-image perceptions and all athletes had a better body-image perception. Sterling, Julla and Vicenzino (2003) showed that self-objectification and appearance-related grounds for exercise were significantly negatively related to body satisfaction, body esteem, and self-esteem, and functional reasons for use were positively related to each of these outcome measures.

2.3.2 SELF ESTEEM AND ASSERTIVENESS.

Results indicated that body type and its perception had influence on self-esteem. Both male and female adolescent students with mesomorphic body type preferred their bodies and thus, had high self-esteem compared to male and female adolescent students with ectomorphic body type. This finding is somehow in line with that of Mishkind, Rodin, Silberstein and Striegel-Moore (1987). They found that majority of men preferred the mesomorphic shape body over the ectomorphic (thin) or endomorphic (fat). Within the mesomorphic category, most men preferred the hypermesomorphic or muscular mesomorphic body. They found that men have a greater degree of body satisfaction when their body shape fits this 'ideal'. When there is a gap between their actual and 'ideal' body types and the greater this gap, the lower their self-esteem. General observation revealed that, people with the optimal body type (not so fat nor skinny) are considered attractive, and are able to fit in perfectly among friends and during social interaction. This goes a long way to boost their level of esteem. Most people especially males prefer to be mesomorphic rather than ectomorphic or endomorphic. This positive body perception is likely to lead these adolescent students to be more sociable, mentally healthy, and intelligent; and experience psychological benefits in their self-esteem (Feingold, 1992). The study found a significant positive correlation between self- esteem and assertiveness.

Yamagishi (2007) reported that self-esteem was positive relationship with assertive behaviour. (Unal's 2012) reported that self-esteem can be enhanced by assertive behaviour and both of these have a positive relationship. Karagoglu (2008) measured the level of self-esteem and self-esteem of 2007 nursing students and found that the nursing students had highest scores on self and assertive behaviour. According to Murphy (2007), there is a correlation between self-esteem and assertiveness scores. Humphreys (1993) indicated that, people with assertiveness and

high self-esteem exhibit the same behaviours. In addition, the study suggested that, low self-esteem may cause aggressive and passive personality traits while high self-esteem may produce assertive personality traits.

Thompson (1996) observed that being unhappy with one's body image can affect how the person thinks and feels about him/herself. It is likely that adolescent students who were dissatisfied with their body type can suffer emotional distress, low self-esteem, non-assertiveness and eating disorders like anorexia nervosa and bulimia (Drewnowski, Kurth, & Krahn, 1994). In the same way dissatisfaction with one's body type is likely to be one of the causes of body dysmorphic disorder among adolescents. It is therefore possible that adolescent students who expressed poor perception of their body type have developed or are likely to develop body dysmorphic disorder. It is also possible that the adolescent students are likely to or have engaged in preoccupation with some imagined defect in appearance although they are normal appearing persons and excessive concern over slight physical defect. They may also engage in frequent mirror checking, regard their dissatisfied body type with embarrassment and loathing and are concerned that others may be looking at or thinking about their body type. They may avoid social activities, work, and school and become housebound and suicidal (Schmidt, & Harrington, 1995). This attitude may affect academic performance negatively. The results indicated that adolescents with endomorphic body type will have low self-esteem compared to adolescent students with mesomorphic body type. This was in line with the results of Martin, Housley, and McCoy (1988).

In order to establish a relationship between obesity and self-esteem, they administered a Rosenberg Self-esteem Scale to 14 and 16 year old girls. Self-esteem scores were categorized by weight and weight by height. Scores on the Quetelet Index for Obesity were correlated with self-

esteem scores. Mean self-esteem of the low-and-middle weight by height group was higher than the mean of the high weight group. In analyzing weight alone, the self-esteem of the middle-weight group was significantly higher than the self-esteem of the high-weight group. The correlation of the obesity index and self-esteem indicated that as weight increased, self-esteem decreased.

Ebrahimi Nejad and Soleimani (2010) conducted a research titled "investigation of relationship between self-esteem and employees' progress motivation in Kerman Regional Electricity Stock Company. They concluded that there is positive relationship between self-esteem and 3 factors: goal-orientedness, hard work and responsiveness which are factors of employees' progress motivation. Heidarpour (2008) conducted a research titled "the influence of teaching establishment of communicational skills on increasing self-esteem and reducing the physically-disabled shyness in Tehran province". He concluded that teaching communication skills like assertiveness influences on reducing the disabled shyness.

2.3.3. LEVEL OF STUDY ON ASSERTIVENESS AMONG STUDENTS

Understanding the level of assertiveness in student is very important especially when it can be linked to their academic activities for example, it was noted that university students may encounter economical, educational, sexual, academic and environment-adaptation problems as such have no time and opportunities for activities outside the regular class sessions; achieve insufficient counseling, have lack of trust and respect for themselves (Arslan, Kılıç Akça & Baker 2013). These are however very stressful activities which can degrade a students' academic abilities and functioning and so it was concluded that assertiveness has emerged as an effective moderator of stress for the general female population (Ghada, Eid, & Eldosoky 2014).

In a study assessing the stress levels and assertiveness levels of female nursing students,

it was discovered that second year nursing students had higher mean assertiveness scores than fourth year nursing students. However, there was no statistical significant difference between second year nursing students and fourth year nursing students regarding level of stress (Ghada, Eid, & Eldosoky 2014). Such research findings was in direct contrast with findings presented by Begley& Glacken, 2004 who discovered that Irish nursing students had changing levels of assertiveness as demonstrated in the change in assertiveness levels between pre-registration and when they approached completion of their three-year education program. The research illustrated that their level of assertiveness increased as they progressed during the program. A student's level of assertiveness is very important especially when in dire need of help from others. Passiveness disables students when communicating with instructors, counselors, and classmates (Senel, Consuelo, & Amaury 2002). For example it was identified in a research that 60% of the students were suffering from lack of communication assertiveness and embracement and this shortcoming had negatively affected their practical learning and performance of 40% of the students (Bahreini, Mohammadi Baghmallaiei, Zare, & Shahamat 2005).

2.4. HYPOTHESES

1. Female university students who have positive perceptions of their body image will significantly report higher assertiveness than those who have negative perception of their body image.
2. Female university students who are high in self-esteem will significantly report higher assertiveness than those who are low in self-esteem.
3. Female university students of 100 level of study will significantly report higher assertiveness than those of 200, 300, 400 and 500 levels of study.

2.5. OPERATIONAL DEFINATION OF TERMS

SELF ESTEEM: This was defined as the way individual female students evaluate and give regard to themselves. This was measured using 10-items Rosenberg self-esteem scale (1965). High score on the scale indicates higher self-esteem; while low score suggests lower self-esteem.

PERCEIVED BODY IMAGE: This was defined as how the individuals female students see their body structure; whether positively or negatively. This was measured using a 37-item body self-relation scale developed by Cash (1997). High score on the scale is indicative of positive perception of body image, while low score indicates negative perception of body image.

ASSERTIVENESS: This was defined as the female students' ability to express themselves without fear. It was measured using a 47-item Adult self-expression scale developed by Gay, Hollandsworth and Galassi (1975). High score on the scale is indicative of higher assertiveness; while low score is indicate of lower assertiveness.

FEMALE UNIVERSITY STUDENTS: Female university students are female students who are currently running a bachelors program in one department or the other at a university, in this study, it is actually specific to federal university, Oye Ekiti female undergraduate.

CHAPTER THREE

METHOD

3.1 RESEARCH DESIGN

This study adopted an ex-post facto design. The choice of the design was because the researcher did not manipulate the independent variables in the study. The independent variables were perceived body image and self-esteem. The dependent variable was assertiveness.

3.2 SETTING

The research was conducted within the two campuses of the Federal University, Oye-Ekiti in Ekiti state of Nigeria; using female undergraduates as a population of study. The setting was chosen using convenience sampling method because of the accessibility of the institution.

3.3 PARTICIPANTS

Three hundred and fifteen female students participated in the study. Two hundred and forty nine (79%) of the participants were Christians, fifty nine (18.7%) of the participants were Muslims, seven (2.2%) of the participants belonged to other religion. In terms of level of study, 127 (40.3%) participants were in 100 level, eighty one (25.7%) of the participants were in 200 level, fifty four (17.1%) of the participants were in 300 level, forty one (13%) were in 400 level, twelve (3.8%) of the participants were in 500 level. Fifty one (16.2%) were in Faculty of Art, forty four (14%) of the participants were in Faculty of Education, sixty (19%) of the participants were in Faculty of Sciences, seventy five (23.8%) of the participants were in Faculty of Social Science, twenty five (7.9%) of the participants were in Faculty of Agriculture, thirty (9.5%) of

the participants were in Faculty of Engineering, thirty (9.5%) of the participants were in Faculty of Management Science.

3.4 INSTRUMENT

The instrument used for data collection was a structured questionnaire which comprised of section A-D

3.4.1 SECTION A: DEMOGRAPHIC INFORMATION

This section gathered information about the participants' socio demographic variables which include: age, religion, year in school and faculty in school.

3.4.2 SECTION B: SELF ESTEEM SCALE

This section consists of a 10 item self-esteem scale developed by Rosenberg (1965). It is a ten statement which in self-report measure to self-worth and self-acceptance. The Rosenberg Self-Esteem Scale is a standardized instrument and has shown good levels of internal consistency and stability. The scale has reproducibility: 93%; items Scalability: 73% and Individual Scalability: 72 % (Rosenberg 1965). The instrument had been clearly established and is reliable scale for measuring self-esteem. It is a four-point scale ranging from "strongly agree" to "strongly disagree". High score indicates high self-esteem, while low score indicates low self-esteem. The scale has high reliability: test-retest correlation in the range of .82 to .88 and Cronbach's alpha for various samples ranged from .77 to .88. In term of reliability, the researcher reported a reliability coefficient of 0.64 in the current study.

3.4.3 SECTION C : ASSERTIVENESS SCALE

This section consists of the 47- item Adult Self-Expression scale developed by Gay, Hollandsworth and Galassi (1975). The scale is designed to provide information about the way in which respondents express themselves. Responses are in a number from 0 to 4 against each item by indicating how respondents generally express themselves in a variety of situations. If a particular situation does not apply to him or her. The response format ranges from always (0) to never (4). Higher score indicates high score indicates higher levels of assertiveness, while lower score indicates lower levels of assertiveness. In the current study, the researcher report a Cronbach's alpha coefficient of 0.80

3.4.4 SECTION D : BODY IMAGE SCALE

This is a 37- item Multidimensional Body-self relations Questionnaire developed by Cash (1997). It contains a series of statements about how people might think, feel, or behave. Respondents are asked to indicate the extent to which each statement pertains to them personally. In order to complete the questionnaire, the respondents read each statement carefully and decide how much it pertains to them personally. Using the 5-point Likert scale ranging from strongly disagree (1) to strongly agree (5). High score indicates positive perception of body image, while low score indicates negative perception of body image. In the current study, the researcher report a Cronbach's alpha coefficient of 0.88

3.5 PROCEDURE

The researcher took permission from leaders of fellowships and mosques before administering questionnaires to their members. The researcher also individually sought the consent of the participants before administering the questionnaire to them. Questionnaires were administered at school, fellowship, mosques and hostels of the participants. Three hundred and

twenty (320) questionnaires were distributed all together, but 315 questionnaires that were properly completed were used for data analyses in the study.

3.6 STATISTICAL TOOLS

Data collected were analyzed using Statistical Package for Social Science (SPSS) software package. Demographic characteristics of the participants were analyzed using descriptive statistics such as mean, standard deviation, frequency table and percentages. Hypotheses stated were tested using inferential statistics of t-test for independent sample and One-Way Analysis of Variance. Specifically, hypotheses one and two were tested using t-test for independent samples to determine significant differences in groups. The third hypothesis was tested using a one way ANOVA in order to compare mean differences in the various levels of study on assertiveness.

CHAPTER FOUR

RESULTS

Hypothesis One

Hypothesis one stated that female university students who have positive perceptions of their body image would significantly report higher assertiveness than those who have negative perception of their body image. The hypothesis was tested using t-test for independent samples.

The result is presented in table 4.1.

Table 4.1: t-test Summary Table showing positive and negative perception of body image on assertiveness among female university students

	Perceived Body Image	N	Mean	SD	df	t	P
Assertiveness	Positive Perception	198	95.40	17.65	313	4.13	<.05
	Negative Perception	117	86.16	21.55			

In Table 4.1, the result showed that female university students who were positive in perception of body image ($M = 95.40$, $SD = 17.65$) were significantly higher in assertiveness than those who were negative in perception of body image ($M = 86.16$, $SD = 21.55$), ($t(313) = 4.13$; $p < 0.5$). The result implies that perception of body image has significant influence on level of assertiveness among female university students. The hypothesis was accepted.

Hypothesis Two

Hypothesis two stated that female students who were high in self-esteem would significantly report higher assertiveness than those who were low in self-esteem. The hypothesis was tested using t-test for independent samples. The result is presented in Table 4.2.

Table 4.2: t-test Summary Table showing high and low self-esteem on assertiveness among female university students

	Self-esteem	N	Mean	SD	Df	T	P
Assertiveness	Low	159	88.43	18.45	313	-3.28	<.05
	High	156	95.58	20.28			

In Table 4.2, the result showed that participants who were high in self-esteem ($M = 95.58$, $SD = 20.28$) were significantly higher in assertiveness than those who were low in self-esteem ($M = 88.43$, $SD = 18.45$), $t(313) = -3.28$; $p < .05$). This result implies that self-esteem has a significant influence on assertiveness among female university students. The hypothesis was accepted.

Hypothesis Three

Hypothesis three stated that female university students of 100 level of study would significantly report higher assertiveness than those of 200, 300, 400 and 500 levels of study. The hypothesis was tested using One-Way ANOVA. The result is presented in Table 4.3

Table 4.3: One-Way ANOVA Summary Table showing influence of level of study on assertiveness among female university students

Source	Sum of Squares	Df	Mean Square	F	P
Between Groups	1183.49	4	295.87	0.76	>.05
Within Groups	120389.26	310	388.35		
Total	121572.75	314			

In Table 4.3, the result showed that 100 level female university students ($M = 92.06$) were not significantly different in level of assertiveness from those in 200 ($M = 91.32$), 300 ($M = 95.57$), 400 ($M = 88.95$) and 500 ($M = 89.50$), $F(4, 310) = 0.76$, $p > .05$. The result implies that level of study has no significant influence on assertiveness among female university students.

Hypothesis three is rejected.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 DISCUSSION.

The main focus of this study was to assess the influence of perceived body image and self-esteem on assertiveness among female students in Federal University, Oye-Ekiti, Ekiti state, Nigeria. It was hypothesized that female university students who have positive perceptions of their body image would significantly report higher assertiveness than those who have negative perception of their body image. The hypothesis was confirmed in this study. The findings suggested that the level at which female university students pay attention to their body have positive effect on how they assert themselves in the public. This finding is in line with some of the previous studies that had reported the relationship between perceived body image and assertiveness. For examples, the present study supports Carroll and Spangler (2001); Spangler (2002) who reported that dysfunctional beliefs about appearance were found to be predictors of body image, body dissatisfaction, valuing of thinness, and self-esteem. Dysfunctional beliefs about appearance were also found to play central roles in causing eating disorders. People with high levels of dysfunctional beliefs about appearance tend to have high levels of dietary restriction (Spangler, 2002).

Qaisy (2016) found out in his research on body image and self-esteem that Body image is an essential part of personality, which can be viewed from the way the individual views his/her body, the influence of society, culture, and personal experience. Body image is also affected by biological cognitive and emotional factors; this will affect the psychological health of the human being. Adolescents concentrate on their bodies; they consider their body as an integral part of

their self-concept. The study results indicated a positive relation between body image and self-esteem; the males were more satisfied with their body image, so their self-esteem was higher than females; meanwhile females were more affected by others' views about their body, weight, height, and society standards about beauty and attraction. Blum *et al* (2004) revealed that female athletes and non-athletes had very different body-image perceptions and all athletes had a better body-image perception. Also, Sterling *et al* (2003) shows that Self-objectification and appearance-related grounds for exercise were significantly negatively related to body satisfaction, body esteem, and self-esteem, and functional reasons for use were positively related to each of these outcome measures. The present study has however showed that level at which the individual female students see their body structure, whether positively or negatively influences them to express themselves without fear

The second hypothesis stated that female students who were high in self-esteem would significantly report higher assertiveness than those who were low in self-esteem. The hypothesis was confirmed in the study. The finding showed that self-esteem influenced assertiveness. It means that female university students who have a higher self-esteem tend to report higher assertiveness. The present finding supports a lot of studies. For example, the present study is in line with Yamagishi's (2007) finding that self-esteem was positively related with assertive behaviour. The current study also supports Umals' (2012) report that self-esteem can be enhanced by assertive behaviour and both of these have a positive relationship. The current finding corresponds with the finding of Karagoglu (2008) that nursing students had highest scores on self and assertive behaviour. According to Murphy (2007), there is a correlation between self-esteem and assertiveness scores and this is in line with the current finding. Humphreys (1993) also indicated that, people with assertiveness and high self-esteem exhibit the

same behaviors. In addition, the study suggested that, low self-esteem may cause aggressive and passive personality traits while high self-esteem may produce assertive personality traits. The study therefore suggested that when female students have a positive regard or worth of themselves they tend to express themselves without fear.

The third hypothesis stated that female university students of 100 level of study would significantly report higher assertiveness than those of 200, 300, 400 and 500 levels of study. The hypothesis was not confirmed in the study as there was no significant difference in the level of assertiveness of female undergraduate students based on their level of study. This is contrary to reports from Ghada, Eid, & Eldosoky 2014 who assessed assertiveness and stress levels among Undergraduate Nursing Students at Menoufyia University. It was concluded that second year nursing students had higher mean assertiveness scores than fourth year nursing students. Also, Begley & Glacken, 2004 discovered that Irish nursing students had changing levels of assertiveness as demonstrated in the change in assertiveness levels between pre-registration and when they approached completion of their three-year education program. There is no difference in line with the comparative nature of level because the variables are generally perceived as in gender orientation and not in position or attainment orientation of the individual females.

5.2. CONCLUSION

The presented study had revealed some interesting outcomes that required concrete conclusions. Generally, the study has showed that perceived body image and self-esteem have great influence on assertiveness among female university students. The specific conclusions are that perceived body image does have a direct influence on assertiveness among female students. Also that self-esteem does have a direct influence on assertiveness among female students.

However, level of study does not have any influence on how female university students express their opinions in the public.

5.3 IMPLICATIONS AND RECOMMENDATIONS

Major findings of the current study imply that how female university students express their feelings or opinions has a link with the way they view their body image and the level of regard they give to themselves. Based on these findings, the researcher recommends that perceived body image and self-esteem should be taken into consideration in designing assertiveness and interpersonal skills for female university student in order to enhance their confidence. Also, female students should be encouraged to have a positive look of their body image as well as to have much self-worth. It is recommended that females should make sure they put in place all necessary ingredients that can make them satisfied with their body stature and have a healthy self-esteem. The researcher also recommends that assertiveness skills programs should be made available for all female university students irrespective of their level of study.

5.4 LIMITATION OF STUDY

One of the limitations to the study is that many of the respondents to the questionnaires were reluctant in collecting the questionnaires. The researcher therefore encouraged the respondents to help out but many of them did this reluctantly which might have had negative influence on their response. With this in mind, generalizing findings of this study to other female university students in Nigeria should be taken with caution. Another limitation is that data were collected through an accidental sampling strategy. This strategy was most appropriate for the

target population of female university students. This approach would have been more scientific if random selection method was used. In spite of all these aforementioned limitations, the study has been able to show that perception of body image and self-esteem are relevant in how female university students express their feelings and opinions in the public.

REFERENCES

- Abadseh, A. (2000). Neurotic Disorders and its Relationship with Family and Self Variables among High School Students in Khartoum and Gaza Strip. *Doctoral Dissertation*. University of Khartoum.
- Abadseh, A. (2013). Dissatisfaction with Body Image and Its Relationship with Depression in a Sample of Teenage Palestinian at Gaza Strip. *Islamic Journal of Educational and Psychological Studies*, 21 (2), 41-61.
- Abdulnabi, S. (2014). Body Image and its Relationship with Self-Esteem and Depression in a Sample of University Students. *College of Education Journal*, 29(3), 45-101.
- Abrams, L. & Stormer, C. (2002). Sociocultural Variations in the Body Image Perceptions of Urban Adolescent Females. *Journal of Youth and Adolescence*, 31(6), 443-451.
- Abood, H. (2009). Body Image and its Relationship with Aggressive Behavior among Students in the Faculty of Physical Education. *Maternal and Child Research Center*, 20 (1), 1-36.
- Alberti, R. E., & Emmons, M. L. (2008). *Your perfect right: Assertiveness and equality in your life and relationships* (9th Ed.). Atascadero, CA: Impact Publishers.
- Alzubaidi, A.S., & Mansy, M.A. (2007). Relationship between health beliefs and body image as perceived by secondary school students in Oman. National conference on applied cognitive psychology.
- Al-Zaede, A. (2006). Body Image and its Relationship with Some Emotional Variables (Anxiety, Depression and Shame) among a Sample of Adolescents in Middle and High Schools at Taif. *Master Thesis*. Umm Al-Qura University.
- Arslan, E., Kılıç Akça, N., & Baker, M. B. (2013). Levels of Assertiveness and Peer Pressure of Nursing Students. *International Journal of Caring Sciences*, 6(1), 78-86.

- Bahreini M, Mohammadi Baghmallaie M, Zare M, Shahamat Sh. (2005). Effect of assertiveness training on self-esteem on nursing students. *Armaghane Danesh*, 10, 89-96.
- Bandura (Ed.). (1995). *Self-efficacy in changing societies*. New York: Cambridge University Press.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: Freeman.
- Bartky, S. L. (1990). *Femininity and domination: Studies in the phenomenology of oppression*. New York, NY: Routledge.
- Baumeister, R. F., Campbell, J. D., Krueger, J. I., Vohs, K. D. (2003). Does high self-esteem cause better performance, interpersonal success, happiness, or healthier lifestyles? *Psychological Science*, 4, 1-44.
- Beller, S. (2007). Beliefs and Physical Health, Available at beliefs.html.
- Biabangard, E. (1993). "The methods to increase self-esteem in children and adolescents", Tehran, The institute of Parents and Educators Publications of Islamic Republic of Iran.
- Berk, S.F. (1985). *The Gender Factory: The Apportionment of Work in American Households*. New York: Plenum.
- Brown, J. D. (1993). Self-esteem and self-evaluations: Feeling is believing. *Psychological perspectives on the self*, 4, 27-58.
- Burke PJ. 1991. Identity processes and social stress. *Am. Sociol. Rev.* 56:836-49
- Burke, P. J., Tully, J. (1977). The measurement of role-identities. *Soc. Forces*, 55, 881-97
- Burke, P. J., Reitzes, D. C. 1981. The link between identity and role performance. *Soc. Psychol. Q.* 44, 83-92.

- Blum, R., W., & Nelson-Nmari, K. (2004). The health of young people in a global context. *Journal of Adolescent Health, 35*, 402-418.
- Buchanan, T. S., Fischer, A. R., Tokar, D. M., & Yoder, J. D. (2008). Testing a culture-specific extension of objectification theory regarding African American women's body image. *The Counseling Psychologist, 36*, 697-718.
- Butler, A. C., Hokanson, J. E., & Flynn, H. A. (1994). A comparison of self-esteem lability and low trait self-esteem as vulnerability factors for depression. *Journal of Personality and Social Psychology, 66*, 166-177.
- Carroll, A., & Spangler, D. L. (2001). A comparison of body image satisfaction among Latter-day Saint and non-Latter-day Saint college-age students. *Issues in Religion and Psychotherapy, 26*, 6-18.
- Cash, T. F. (1997). *The Body Image Book: An 8- Steps Program For Learning to Like your Looks*. New Harbinger: Oakland.
- Cash, T. F., & Pruzinsky, T. (2002). *Body image: A handbook of theory, Research and clinical Practice*. New York: Guildford Press.
- Cash, T., & Pruzinsky, T. (2004). *Body Image: A handbook of Theory, Research and Clinical Practice*. New York: Guilford Press.
- Cusack, L. (2000). Perception of body image: Implications for the workplace. *Employee Assistance Quarterly, 15*, 23-38.
- Drewnowski, A., Kurth, C., & Krahn, D. D. (1994). Body weight and dieting in adolescence: Impact of socioeconomic status. *International Journal of Eating Disorders, 16*, 61-65.
- Edut, O. (2000). *Body Outlaws*. Washington: Seal Press.
- Fairburn, C. G. (2008). Eating disorders: The Trans diagnostic view and the cognitive

- behavioural theory. In C. G. Fairburn (Eds.), *Cognitive behavior therapy and eating disorders*. New York, NY: The Guilford Press.
- Feingold, A. (1992). Good-looking people are not what we think. *Psychological Bulletin*, 111, 304-341.
- Fensterheim, H., & Baer, J. (1975). *Don't say yes when you want to say no: How assertiveness training can change your life*. New York: McKay Company.
- Forst, J. (2004). Self-esteem and body satisfaction in male and female elementary school, high school and university students. *Sex roles*, 51, 45-54.
- Fredrickson, B. L., & Roberts, T. A. (1997). Objectification theory: Toward understanding women's lived experience and mental health risks. *Psychology of Women Quarterly*, 21, 173-206.
- Gay, M. L., Hollandsworth, J.G., & Galassi, J.P. (1975). An assertiveness inventory for adults. *Journal of Counseling Psychology*, 22, 340-344.
- Geller, J., Johnston, C. & Madsen, K. (1997). The role of shape and weight in self-concept. The shape and weight based self-esteem Inventory. *Cognitive Therapy and Research*, 21, 5- 24.
- Ghada, A. E., Eid, K. E., & Eldosoky, M. E. (2014). Assertiveness and Stress among Undergraduate Nursing Students at Menoufyia University. *Journal of Natural Sciences Research*, 4(4), 30-37.
- Greenberg, J., Solomon, S., Pyszczynski, X, Rosenblatt, A., Burling, J., Lyon, D., Simon, L., & Pinel, E. (1992). Why do people need self-esteem? Converging evidence that self-esteem serves an anxiety buffering function. *Journal of Personality and Social Psychology*, 63,913-922.

- Heatherton, T. F., & Ambady, N. (1993). *Self-esteem, self-prediction, and living up to commitments*. In R. F. Baumeister (Ed.), *Self-esteem: The puzzle of low self-regard*. New York: Plenum.
- Heinberg, L. J. (1995). Theories of Body Image Disturbances: Perceptual, developmental, and socio-cultural factors. In J. K. Thompson (Ed), *Body image, eating disorders and obesity: An integrative guide for assessment and treatment*. Washington D.C; APA Press.
- Hebl, M. R., King, E. B., & Lin, J. (2004). The swimsuit becomes us all: Ethnicity, gender, and vulnerability to self-objectification. *Personality and Social Psychology Bulletin*, 30, 1322-1331.
- Humphreys, T. (1993). *Self-esteem. The key to your child's education*. Cork: Tony Humphreys.
- Ikeda, J., & Naworski, P. (1992). *Am I fat? Helping young children accept differences in body size*. Santa Cruz, CA: ETR Associates.
- Jackman, L. P., Williamson, D. A., Netemeyer, R. G., & Anderson, D. A. (1996). Do weight preoccupied women misinterpret ambiguous stimuli related to body size? *Cognitive Therapy and Research*, 19, 341-355.
- Jackson, L. A. (2004). Physical attractiveness: A sociocultural perspective. In T. F. Cash, & T. Mishkind, M. E., Rodin, J., Silberstein, L. R., & Striegel Moore, R. H. (1986). The embodiment of masculinity: Cultural, psychological and behavioral dimensions. *American Behavioral Scientist*, 29, 545-562.
- Olivardia, R., Pope, G. P., Borowiecki, J. J., & Cohane, G. H. (2004). Biceps and body image: The relationship between muscularity and self-esteem, depression, and eating disorder symptoms. *Psychology of Men and Maculinity*, 5, 112-120.

- Oliver, K.L. & Lalik, R. (2003). *'The Beauty Walk, This Ain't my Topic'*: Learning about Critical Inquiry with Adolescent Girls.
- Pope, H. G., Olivardia, R., Gruber, A. J. & Borowiecki, J. (1999). Evolving ideals of male body image as seen through action toys. *International Journal of Eating Disorders*, 26, 65-72.
- Koff, E., Rierdan, J., & Stubbs, M. (1990). Gender, body image, and self-concept in early Adolescence. *Journal of Early Adolescence*, 10, 56-68.
- Leary, M. R., Tambor, E. S., Terdal, S. K., & Downs, D. L. (1995). Self-esteem as an interpersonal monitor: The sociometer hypothesis. *Journal of Personality and Social Psychology*, 68, 518-530.
- Lefevre, E. R., & West, M. L. (1981). Assertiveness: Correlations with self-esteem locus of control, interpersonal anxiety, fear of disapproval, and depression. *Psychiatric Journal of the University of Ottawa*, 6(4), 247-251.
- Lin, L., & Reid, K. (2009). The relationship between media exposure and anti-fat attitudes: The role of dysfunctional appearance beliefs. *Body Image*, 6, 52-55.
- Mansy, M. A., Alzubaidi, A., & Al-Jamali, F.A. (2006). Health beliefs and its relationship with quality of life for Sultan Qaboos University Students. *Psychology and Quality of Life*.
- McKinley, N. M., & Hyde, J. S. (1996). The objectified body consciousness scale. *Psychology of Women Quarterly*, 20, 181-215.
- Mendelson, B. K., White, D. R., & Mendelson, M. J. (2001). Body esteem scale for adolescents and adults. *Journal of Personality Assessment*, 76, 90-106.
- Maheshwari, S.K., Gill, K. K. (2012) Relationship of assertiveness and self-esteem among nurses. *Int J Health Sci Res*, 5(6), 440-449.
- Martin, S., Housley, K., McCoy, H., & Greenhouse, P. (1988). Self-esteem of adolescent girls

- as related to weight. *Perceptual and Motor Skills*, 67, 879-884.
- Moradi, B., & Huang, Y. P. (2008). Objectification theory and psychology of women: A decade of advances and future directions. *Psychology of Women Quarterly*, 32, 377-398.
- Murphy, N. A. (2007). Appearing smart: The impression management of intelligence, person perception accuracy, and behavior in social interaction. *Personality and Social Psychology Bulletin*, 33, 325-339.
- Noles, S. W., Cash, T. F., & Winstead, B. A. (1985). Body image, physical attractiveness, and depression. *Journal of Personality and Social Psychology*, 53, 88-94.
- Orenstein, H., Orenstein, E., & Carr, J. E. (1975). Assertiveness and anxiety: A correlational study. *Journal of Behavior Therapy and Experimental Psychiatry*, 6(3), 203-207.
- Ramanaiah, N. V., & Deniston, W. M. (1993). NEO personality inventory profiles of assertive and nonassertive persons. *Psychological Reports*, 73(1), 336-338.
- Rosenberg, M. (1965). *Society and The Adolescent Self-Image*. Princeton, New Jersey: Princeton university press
- Rich, A. R., & Schroeder, H. E. (1976). Research issues in assertiveness training. *Psychological Bulletin*, 83(6), 1081-1096.
- Rosenberg, M. (1989). *Society and the adolescent self-image*. Middletown, CT: Wesleyan University Press.
- Santrock, J.W. (2002). *Life-Span Development* (8th Ed.). New York: McGraw-Hill.
- Santrock, J.W. (2005). *Adolescence* (10th Ed.). New York: McGraw-Hill.
- Schmidt, N. B., & Harrington, P. (1995). Cognitive-behavioral treatment of body dysmorphic disorder. A case report. *Journal of Behavior Therapy and Experimental Psychiatry*, 26, 161-167.

- Senel P, Consuelo A, Amaury N. (2002). Relation between assertiveness, academic self-efficacy and psychosocial adjustment among international graduate students. *Journal of College Student Development*, 43, 632-42.
- Shqair, Z. (2002). Psychological Barriers, Body Image and Planning for the Future among a Sample of People with Psychosomatic Disorders. *Egyptian Journal of Psychological Studies*, 8(19), 181-233.
- Spangler, D. L. (2002). Testing the cognitive model of eating disorder: The role of dysfunctional beliefs about appearance. *Behavior Therapy*, 33, 87-105.
- Steinberg, L. (2002). *Adolescence* (6th Ed.). Boston, MA: McGraw Hill.
- Stets, J.E., & Burke, P.J. (2000). Identity theory and social identity theory. *Soc. Psychol. Q.* 63, 224-37.
- Sterling, M., Kennardy, J., Jull, G., & Vicenzino, B. (2003). The development of psychological changes following whiplash injury. *Pain*, 106, 481-489.
- Stice, E., (2002). Risk and Maintenance Factors for Eating Pathology: A Meta-Analytic Review. *Psychological Bulletin*, Vol. 128, No. 5, 825- 848
- Thompson, J. K. (Ed.) (1996). *Body image, eating disorders and obesity: An integrative guide for assessment and treatment*. Washington, DC: American Psychological Association.
- Unal, S. (2012). Evaluating the effect of self-awareness and communication techniques on nurses' assertiveness and self-esteem. *Contemp Nurse*, 43(1), 90-8.
- Vagos, P., & Pereira, A. (2010). A proposal for evaluating cognition in assertiveness. *Psychological Assessment*, 22(3), 6 57-665.
- Qaisy, L.M. (2016). Body image and self- esteem among isra' university students. *British Journal of Education*, 4(8), 63-71.

- Wells, L. E., Marwell, G. 1976. *Self-Esteem: Its Conceptualization and Measurement*. Beverly Hills: Sage
- West, C., & Zimmerman, J. H. (1987). Gender and Society. *Doing Gender*, 1(2), 125-151.
- Woertman, L., & van den Brink, F. (2012). Body image and female sexual functioning and behavior: A review. *Journal of Sex Research*, 49, 184–211.
- Woodrow-Keys, E. (2006). The effect of body image on career decision-making self-efficacy and assertiveness in female athletes and non-athletes. *Unpublished Master thesis*, Marshal University, US.
- Wills, T. A. (1981). Downward comparison principles in social psychology. *Psychological Bulletin*, 90, 245-271.
- Williamson, D. A. (1996). Body image disturbance in eating disorders: A form of cognitive bias? *Eating Disorders*, 4(10), 47-58.
- Yamagishi M., Kobayashi, T., Kobayashi, T., Nagami, M., Shimazu, A., & Kageyama, T. (2007). Effect of webbased assertion training for stress management of Japanese nurses. *J Nurs Manag.* 15(6), 603-7.
- Zurbriggen, E.L., Ramsey, L.R., & Jaworski, B. (2011). Self- and partner- objectification in romantic relationships: Associations with media consumption and relationship satisfaction. *Sex Roles*. 64 (7-8), 449-462.

APPENDIX
DEPARTMENT OF PSYCHOLOGY
FACULTY OF SOCIAL SCIENCES
FEDERAL UNIVERSITY OYE-EKITI
(FEMALE STUDENTS ONLY)

Dear Respondent,

This questionnaire was designed to seek information for research purposes. Your name is not required, rather your honest and open response are needed. There is no right or wrong answer. All information given is assured utmost confidentially and will be used only for the research purposes.

SECTION A

Demography Information

Age:

Religion: Christianity [] Islam [] Other Religion []

Level: 100 [] 200 [] 300 [] 400 [] 500 []

Faculty: Art [] Education [] Sciences [] Social Sciences [] Agriculture []
 Engineering [] Management Sciences []

SECTION B: Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle SA. If you agree with the statement, circle A. If you disagree, circle D. If you strongly disagree, circle SD.

S/N	ITEMS	SA	A	D	SD
1.	On the whole, I am satisfied with myself				
2.	At times, I think I am no good at all				
3.	I feel that I have a number of good qualities.				
4.	I am able to do things as well as most other people.				
5.	I feel I do not have much to be proud of.				
6.	I certainly feel useless at times.				
7.	I feel that I'm a person of worth, at least on an equal plane with others.				
8.	I wish I could have more respect for myself.				
9.	All in all, I am inclined to feel that I am a failure.				
10.	I take a positive attitude toward myself.				

SECTION C: Please respond to the following statements regarding the way you express yourself by ticking the number from 0 to 4 as each applies to you as follows: **Always = 0, Usually = 1, Sometimes = 2, Rarely = 3, Never = 4.**

S/N	ITEMS	0	1	2	3	4
1.	I ignore it when someone pushes in front of me in line.					
2.	I find it difficult to ask a friend to do a favour for me.					
3.	If my boss/supervisor/lecturer makes what I consider an unreasonable request, I do have difficulty saying no.					
4.	I am reluctant to speak to an attractive acquaintance (i.e. friend) of the opposite sex.					
5.	It is difficult for me to refuse unreasonable requests from my parents.					
6.	I do find it difficult to accept compliments from my boss/supervisor/lecturer					

7.	I do express my negative feelings to others when it is appropriate.					
8.	I do freely volunteer information or opinions in discussions with people whom I do not know well.					
9.	If there was a public figure whom I greatly admired and respected at a large social gathering, I would make an effort to introduce myself.					
10.	I often openly express justified feelings of anger to my parents					
11.	If I have a friend of whom my parents do not approve, I do make an effort to help them get to know one another better.					
12.	If I was watching a TV program in which I was very interested and a close relative was disturbing me, I would ask them to be quiet.					
13.	I do play an important part in deciding how my close friends and I spend my leisure time together.					
14.	If I am angry at my boyfriend/girlfriend, it is difficult for me to tell him/her					
15.	If a friend who is supposed to pick me up for an important engagement calls fifteen minutes before he/she is supposed to be there and says that he/she cannot make it, I do express my annoyance.					
16.	If in a rush I stop by a supermarket to pick up a few items, I would ask to go before someone in the checkout line.					
17.	I do find it difficult to refuse the requests of others.					
18.	If my lecturer or supervisor expresses opinions with which I strongly disagree, I do venture to state my own point of view.					
19.	If I have a close friend whom my boyfriend/girlfriend dislikes and constantly criticizes, I would inform him/her that I disagree and tell him/her of my friend's assets.					
20.	I do find it difficult to ask favours of others.					
21.	If food which is not to my satisfaction was served in a good restaurant, I would bring it to the waiter's attention.					
22.	I do tend to drag out my apologies.					
23.	When necessary, I do find it difficult to ask favours of my parents.					
24.	I do insist that others do their fair share of the work/assignments.					
25.	I do have difficulty saying no to salesmen.					
26.	I am reluctant to speak up in a discussion with a small group of friends.					
27.	I do express anger or annoyance to my lecturer or supervisor when it is justified.					
28.	I do compliment and praise others.					
29.	I do have difficulty asking a close friend to do an important favour, even though it will cause him/her some inconvenience.					
30.	If a close relative makes what I consider to be an unreasonable request, I do have difficulty saying no.					
31.	If my lecturer or supervisor makes a statement that I consider untrue, I do question it aloud.					
32.	If I find myself becoming fond of a friend, I do have difficulty expressing these feelings to that person.					
33.	I do have difficulty exchanging a purchase with which I am dissatisfied.					

34.	If someone in authority interrupts me in the middle of an important conversation, I do request that the person wait until I have finished.					
35.	If a person of the opposite sex whom I have wanted to meet directs attention to me at a party, I do take the initiative in beginning the conversation.					
36.	I do hesitate to express resentment to a friend who has unjustifiably criticized me.					
37.	If my parents wanted me to come home for a weekend visit and I had made important plans, I would change my plans.					
38.	I am reluctant to speak up in a discussion or debate.					
39.	If a friend who has borrowed N5000 from me seems to have forgotten about it, it is difficult for me to remind this person.					
40.	If my lecturer or supervisor teases me to the point that it is no longer fun, I do have difficulty expressing my displeasure.					
41.	If my boyfriend/girlfriend is blatantly unfair, I do find it difficult to say something about it to him/her.					
42.	If a clerk in a store waits on someone who has come in after me when I am in a rush, I do call his attention to the matter.					
43.	If I lived in an apartment and the landlord failed to make certain repairs after it had been brought to his attention, I would insist on it.					
44.	I do find it difficult to ask my lecturer or supervisor to let me off early.					
45.	I do have difficulty verbally expressing love and affection to my boyfriend/girlfriend.					
46.	I do readily express my opinions to others.					
47.	If a friend makes what I consider to be an unreasonable request, I am able to refuse.					

SECTION D: The following statements are about how people might think, feel, or behave. You are asked to indicate the extent to which each statement pertains to you personally using the scale below to indicate your level of agreement to disagree to each of the statement: Strongly Disagree = SD, Disagree = D, Undecided = U, Agree = A, Strongly Agree = SA

S/N	ITEMS	SD	D	U	A	SA
1.	Before going out in public, I always notice how I look.					
2.	I am careful to buy clothes that will make me look my best					
3.	I would pass most physical-fitness tests.					
4.	It is important that I have superior physical strength.					
5.	My body is sexually appealing					
6.	I am not involved in a regular exercise program.					
7.	I like my looks just the way they are.					
8.	I check my appearance in a mirror whenever I can.					
9.	Before going out, I usually spend a lot of time getting ready.					
10.	My physical endurance is good.					
11.	Participating in sports is unimportant to me.					
12.	I do not actively do things to keep physically fit.					
13.	Most people would consider me good-looking.					
14.	It is important that I always look good.					

15.	I use very few grooming products.					
16.	I easily learn physical skills.					
17.	Being physically fit is not a strong priority in my life.					
18.	I do things to increase my physical strength.					
19.	I like the way I look without my clothes.					
20.	I am self-conscious if my grooming isn't right					
21.	I usually wear whatever is handy without caring how it looks					
22.	I do poorly in physical sports or games.					
23.	I seldom think about my athletic skills.					
24.	I work to improve my physical stamina.					
25.	I like the way my clothes fit me.					
26.	I don't care what people think about my appearance.					
27.	I take special care with my hair grooming.					
28.	I dislike my physique.					
29.	I don't care to improve my abilities in physical activities					
30.	I try to be physically active.					
31.	I am physically unattractive.					
32.	I never think about my appearance.					
33.	I am always trying to improve my physical appearance.					
34.	I am very well coordinated.					
35.	I play a sport regularly throughout the year.					
36.	I think I am overweight					
37.	From looking at me, most other people would think I am overweight					

Thank you