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COLLEGE OF HUMANITIES
DEPARTMENT OF CLINICAL PSYCHOLOGY

Examining the Relationship Between Body Image Dissatisfaction, Social Anxiety, and Lifestyle Factors Among Female Undergraduate Students

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Abstract

The current study examined the relationship between body-image dissatisfaction (BID) and social anxiety (SA) among female university students in Jeddah, Saudi Arabia, considering demographic factors and Body Mass Index (BMI). A cross-sectional, quantitative, was used, with surveys distributed to 187 undergraduate females (Mage= 22.62; SD= 1.934) students across various public and private universities. .Participants were asked to respond to the Arabic version of the Body Image Scale, developed by Shuqair (2002), and the Social Anxiety Scale developed by Raulin & Wee (1994) & translated by El-Dosuqi (1998). Results indicated a positive correlation between body-image dissatisfaction and social anxiety, with a significant positive correlation ($r = 0.303$, $p < 0.001$), suggesting that increased dissatisfaction with one's body is associated with higher anxiety levels. Regression analysis revealed that body image was a strong predictor of social anxiety ($R^2 = 0.092$, $p < 0.001$). Independent-samples t-tests showed that students practicing self-care experienced lower social anxiety and body dissatisfaction compared to those who did not. One-way ANOVA results found a significant difference in body image among veiling groups, with unveiled students reporting lower satisfaction, although social anxiety did not significantly differ across veiling statuses. Additionally, academic year influenced social anxiety, with freshmen exhibiting higher anxiety than seniors, while body image remained stable over the years. BMI was a significant predictor of body image but not social anxiety, with underweight respondents reporting the highest dissatisfaction.

Keywords: *Body-Image Dissatisfaction, Social Anxiety, Female University Students, Mental Health, Cultural Beauty Standards, Body Mass*

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CHAPTER ONE

INTRODUCTION

INTRODUCTION

The issue of body-image dissatisfaction (BID) has become a serious topic in the lives of young women, especially in a college setting where peer-comparative feelings and socialized beauty ideals could heighten a lack of self-worth and self-esteem (Pawijit et al., 2017). These problems specifically affect female undergraduates, even at universities where body image is a major determinant of self-esteem and mental wellness. There is already a well-known link between body-image dissatisfaction and social anxiety, and these factors have a complicated dynamic influence on each other. The increasingly high rates of occurrence of these concerns have rendered it vital to investigate the extent to which the two are interrelated, particularly among the university fraternities, since academic pressures and social life are highly demanding.

Prior studies revealed the positive correlation between body image dissatisfaction and social anxiety (Pawijit et al., 2017; Zhou, 2024). These studies imply that unhappy female patients who do not feel at ease with their own bodies tend to become more anxious in social life, especially in a place where their looks are carefully judged. This is evident in particular situations, such as a university where the students are ever exposed to peers and professors, and in many cases, social comparison centers on body image (Esiyok & Turanci, 2017). Fear of negative evaluation is a key concept in this association whereby women who fear others due to the negative body image they hold may increasingly be subject to social anxiety (Pawijit et al., 2017). This fear of being judged can culminate in a vicious circle, with social anxiety making people feel more dissatisfied with their bodies and struggling to be noticed, increasing body dissatisfaction.

The impact of the use of social media in cultivating body-image dissatisfaction cannot be underestimated, particularly in the now digitalized world. According to Zhou (2024), the effects of social media on female body anxiety, and social media platforms, such as Instagram

and Facebook, promote ideal body types, which are digitally increased most of the time. Such unrelenting oppression by beauty standards may cause more problems in the feeling of inadequacy, where bodily dissatisfaction may increase as a result. Moreover, it has been demonstrated that women with habitual delving in social comparisons of social networks run a higher risk of body dissatisfaction and social anxiety (Cho, 2024). In this regard, social media does not simply mirror the social norms of what is considered to be beautiful, but instead, forms and solidifies such views, which helps create the mental health issues associated with young women.

Body dissatisfaction should not be regarded as the sole cause of social anxiety, as it is also a risk issue for a variety of other psychological disorders, among which depression and eating disorders should be distinguished (Doumit et al., 2016; Hong & Ahmad, 2024). Doumit et al. (2016) further predict that women have lower self-esteem in relation to body dissatisfaction, which can contribute to the adoption of maladaptive coping skills in their efforts to attain an ideal body. These coping mechanisms, like avoidance of food, excessive work-out, or overworking, can put them at an increased level of physical and emotional danger. In the long run, these techniques not only cannot solve the underlying dissatisfaction but also drive up social performance, since an individual can opt out, overfocus on the appearance, or they may feel more scared of negative judgment. This forms a vicious circle whereby body image concerns increase social anxiety, and it increases our preoccupation with body image.

Besides, the results of Titchener and Wong (2015) empirically justify such a relationship where body image dissatisfaction is the crucial mediator that can explain how body mass index (BMI) is related to appearance-related social anxiety (Titchener & Wong, 2015). Their analysis revealed that the more uncomfortable women were with their bodies, the higher the level of anxiety they had in the social settings where their appearance could be evaluated. It means that physical attributes (BMI) not only impact the level of anxiety but also the

subjective interpretation and emotional reaction to the body of a person are used as significant psychological processes. Combined, these results help reinforce the idea that body dissatisfaction is a symptom and a contributor to global psychological distress, and it has to be reported that early interventions are potentially critical that aim at changing self-perception, emotional control, and healthy coping mechanisms.

There is also a form of gender difference in the correlation between body-image dissatisfaction and social anxiety. Although the female and the male genders are often exposed to these problems, their manifestations and causal factors may vary. In one example, a study by Pritchard et al. (2021) revealed that social physique anxiety was significantly linked to body dissatisfaction in women compared to men (Pritchard et al., 2021).

1.1 Background of the Problem

Body-image dissatisfaction (BID) and social anxiety (SA) are widespread issues that have an extensive impact on the psychological status of young females (those who attend universities in particular). With growing academic stress, expanding social worlds, and amplified exposure to social ideals of looks, female undergraduates are more likely to become victims of learning to internalize unrealistic body ideals. These struggles may be enhanced by university life, where students are often involved with others, where peer interaction, academic achievement, and social prominence are key parts of everyday life. These forces may make the young women more self-critical and prone to comparison with their peers or the ideal images in the media. This issue can be particularly acute in a cultural background when the traditional expectations, gender roles, and social comparisons are met, which increases the fear of physical appearance and being accepted even more. As a result, BID and SA are more than interconnected issues that profoundly influence the emotional stability of the students, their self-esteem, and overall academic and social activity.

A negative self-perception towards a body is a concept known as body-image dissatisfaction; commonly made worse by social norms and the media-promotion of the ideal picture of beauty (Cho, 2024). As depicted, body dissatisfaction may result in some mental problems, such as depression, eating disorders, and anxiety (Titchener & Wong, 2015; Zhou, 2024). The effects of body dissatisfaction, in turn, can be graver among female students because they are subjected to significant pressure to meet beauty ideals, which results in a rise in social anxiety level, as well as anxiety regarding the social physique (Pawijit et al., 2017). Body-image concerns have been strongly associated with social anxiety, the need to fear being judged or evaluated negatively in social situations (Pawijit et al., 2017).

Social media has been cited by researchers as having a great contribution to body dissatisfaction, especially amongst young women. Through digital platforms like Instagram, Facebook, and YouTube, ideals of an inaccessible and close beauty have been most readily transmitted, exacerbating body-image concerns (Zhou, 2024). Such portals are generally focused more on the figure of a nobody who considers a five-star body, making new comparisons in society, which are directly correlated with greater body dissatisfaction and social phobia (Cho, 2024). Ultimately, though, female undergraduates who are heavily engaged in social media are putting themselves at risk of internalization as a result of seeking these standards of beauty, which at worst can result in social anxiety and, even worse, reduced feelings of inadequacy concerning their bodies (Bocage-Barthélémy et al., 2018).

The cultural dimension is another factor that should be assessed since body dissatisfaction and social anxiety cannot affect all cultures evenly. Women in resulting settings will experience a more pressing urge to conform to the societal norm and become more socially anxious when they feel they seldom measure up to these norms (Hong & Ahmad, 2024).

Body dissatisfaction is high at an alarming rate among female college students. The research indicates that a high percentage of female undergraduates feel dissatisfied with their bodies,

and some academic sources expound that up to 80 per cent of college females are somehow dissatisfied with their bodies (Titchener & Wong, 2015). This discontent is especially troublesome because, in most cases, it results in the development of social physique anxiety, a type of social anxiety to is more preoccupied with worries regarding the relationship between physical looks and social interactions (Ghulam et al., 2024).

Also, maladaptive behaviors like restrictive eating, excessive exercising, and other poor coping habits are often associated with body dissatisfaction and social anxiety to meet an idealized body (Doumit et al., 2016). In the university-related context, when students experience significant pressure to pass academic tests, all such behaviors may also assume more malicious forms, increasing such mental problems to disorders in eating and excessive substance usage as well. Studies carried out by Pawijit et al. (2017) and Zhou (2024) emphasize that this concern should be raised when considering academic institutions, in which the demands to meet the social expectations are especially significant (Pawijit et al., 2017; Zhou, 2024).

The interaction of body-image dissatisfaction and social anxiety is a high degree of concern for the work of the university counselors and mental health workers. Interventions to tackle the said issues should focus on the psychological elements of body dissatisfaction and the social aspects to moderate social nervousness.

1.2 Purpose of the Study

This study aims to investigate the association between body-image dissatisfaction (BID) and social anxiety (SA) in female undergraduate students in a university in Jeddah city. In particular, the research aims at analyzing how body image dissatisfaction is related to social anxiety. It seeks to establish whether more negatively perceived students of their bodies have more social anxiety in interpersonal and performance-based contexts.

It further examines how demographic variables, including age, academic year, and veiling, i.e., Hijab, Niqab, or no head covering, and body mass index (BMI), affect both body-image dissatisfaction and social anxiety. It will be through the analysis of these factors that the research will seek to establish possible differences in body image and anxiety experiences among various subgroups. In general, this study aims to offer an enhanced insight into the interaction between physical self-perception, demographic variables, and culture to influence the psychological well-being of the female university students in Jeddah city.

1.3 Significance of the Study

This research is of great importance in comprehending the mental health issues of female undergraduates, where cultural, social, and academic forces may have dramatic effects on the psychological welfare of graduates. An important sphere of study that cannot be disregarded is the connection between body-image dissatisfaction (BID) and social anxiety (SA), since both of the problems are common among young females in the university setting, and tend to affect their educational achievements, social dynamics, and general well-being status. Exploring this relationship, the research tends to enlighten the psychological and social aspects involved in this state of misery and their interaction to produce the form of a vicious circle around which female students resort to being the victims of their situations.

The outcomes of the present research are especially significant as it will assist in addressing the gaps in the literature regarding body-image dissatisfaction and social anxiety in the context of the university environment, whereby the power of cultural expectations on women's appearance is high. The interplay of these aspects in a cultural setting, such as that of Saudi Arabia, can shed some light on the way that the influences of body image problems are affected by the facets of local beauty standards, social conditions, and the media. This will enable the exploitation of a more culturally responsible approach to dealing with these mental health issues, especially in such institutions in their own socio-cultural setting.

In addition, the value of this research applies to the implemented application in the academic setting. By finding the role of body-image dissatisfaction in the development of social anxiety, the study has an informational implication, leading to specific procedures and reinforcing therapeutic assistance at universities. Female students with such problems can experience problems in their academic and social life, respectively, in their quality of life and academic performance. Understanding more about the underlying factors, university counselors, psychologists, and health educators will be well-prepared to create programs that would contribute to explaining positive body image, decreasing social anxiety, as well as increasing the healthy status of the mental state among students.

The impact of the current research is widespread as the phenomenon of body-image dissatisfaction and social anxiety in young women in higher education settings is evident across the globe, and the two tend to overlap, therefore, leading to a vicious loop in which mental health, grades, and relationships are involved. The value of the study is that it provides an idea of how the issue of body image may become visible in the University setting, where students have to explore their personalities and face a considerable amount of academic and social pressure.

The targeting of female undergraduates as a group, but not specific to a different university underscores the generalizability of these problems and evaluates the importance of special mental health interventions that could mitigate such problems across various academic institutions. An awareness of the connection between body dissatisfaction and social anxiety can be used in planning more expansive interventions to help female students feel better, achieve higher academic achievements, and have better social experiences in their lives at a very critical stage.

1.4 Definition of Key Terms

1.4.1 Body-Image Dissatisfaction (BID)

The term body-image dissatisfaction has been defined as disapproval of physical self-image and its stereotypical effects, possibly leading to seeking ways of changing how the body appears so that it satisfies what society or individuals consider beautiful. It normally breeds incompetence and low self-esteem (Cash et al., 2002)

1.4.2. Social Anxiety (SA)

Social anxiety is a severe fear of being examined or judged adversely in a social context and thus results in great escapism and fear of such contexts. It may have a detrimental impact on social, academic, and professional performance (Hofmann et al., 2012).

1.4.3. Body Mass Index (BMI)

The World Health Organization describes the Body Mass Index (BMI) as the proportion of weight of a person to the square of the height in meters (kg/m^2) (*WHO*, 2000). It is often applied to define people as underweight (BMI below 18.5), normal weight (18.5 -24.9), overweight (25-29.9), and obese (30 or above).

CHAPTER TWO

LITERATURE REVIEW

LITERATURE REVIEW

The body-image dissatisfaction (BID) and social anxiety (SA) are dependent on each other, particularly in young adults (Pawijit et al., 2017). These problems are alarmingly common among undergraduates of female gender who are subject to more exposure to societal looks and peer pressure. With the social surroundings presenting challenging encounters to navigate through, BID and SA prove to be considerable in the case of university students and the state of their mental health. BD has been largely a product of a distorted opinion about physical appearance, usually enhanced by social comparison and images of the idealized bodies provided by the media. At the same time, the manifestations of body-image problems are multiplied by social anxiety, which implies the fear of being evaluated by others, which makes the students feel even more self-conscious about their appearance, especially during social events (Pawijit et al., 2017).

2.1 Body-Image Dissatisfaction

Body-image dissatisfaction is an unpleasing assessment of own physical looks or the wish to modify some body parts to conform to the societal norms (Cash et al., 2002). This discontent is exacerbated by social media, as there is often a display of idealistic body forms there (Zhou, 2024). Such a realization of an impossible and unattainable perfect body might result in a feeling of inadequacy with a consequential effect of inadequate self-esteem, ensuing depression, and anxiety.

Also, there is a risk of people developing unhealthy habits, which include dieting and over-exercising in an attempt to conform to these beauty ideals Personal experiences do not address body-image dissatisfaction only; it is also conditioned by the sociocultural aspects,

rendering it a universal issue among young ladies especially when it comes to the academic sphere, where peer assessment rates second.

2.1.1. Sociocultural Conditions Leading to Body-Image Dissatisfaction (BID)

The beauty standards and conventions in society contribute greatly to the conception that a person has about their own body. Damstetter and Vashi (2015) believe that exposure to the media (especially the visual medium) promotes a thin ideal that women tend to align themselves with, which can, in turn, cause body dissatisfaction (Damstetter & Vashi, 2015). The effects of media and platforms in particular (Instagram, TV, etc.) have proven to have a detrimental effect on body image perceptions; people may believe that their appearance is not as beautiful as depicted in the media (Khan et al., 2011).

Body-image dissatisfaction (BID) is a phenomenon that has different variations based on cultural backgrounds. Mostly in Western cultures, visiting hospitals because of body displeasure is commonly linked with the intent to slim down However, by contrast, other cultures in the Middle East, including the Jeddah cultures, may have different sources of beauty ideals and usually, they tend to like the curvy body models, albeit they still struggle to fight against the global media pressures that propagate slimness (Al-Busaidi et al., 2025). According to Rafati, Dehdashti, and Sadeghi (2021), in the case of Iranian women, the authority of body dissatisfaction is closely defined by the unstoppable comparison to idealized photos published on social media, which is a global collaboration, but specifics to the regions have their contribution (Rafati, 2021).

The impacts of body-image dissatisfaction (BID) are immense, since they are universally associated with diverse psychological disorders such as depression, low self-esteem, and eating disorders. As Troisi (2020) notes, body dissatisfaction is also related to

considerable psychological distress because people might not cope with negative experiences of self-perceptions, and they have lower self-esteem (Troisi, 2020). These problems are more amplified in the contexts of universities where students are under the pressure of both academic achievements, interpersonal communication, and media coverage that may worsen body dissatisfaction and psychological challenges.

2.1.3. Body-Image Dissatisfaction in University Students: Prevalence Rates

Body-image dissatisfaction is a very popular issue among university students worldwide, and the level of dissatisfaction is always high in studies carried out in different countries. In a survey done by Siraj et al. (2022), merely around 36 percent of medical learners in Kerala, India, exhibited moderate or serious body image discontent, with an exceptional uniqueness in those players with elevated body mass index (BMI) (Siraj et al., 2022). Likewise, Legey et al. (2023) have identified that body dissatisfaction is demonstrated by 70.1% of females under the age of 18 years in Brazil, which is why young adults and students are especially susceptible (Legey et al., 2023).

The issue of body image dissatisfaction is a great problem in the Saudi Arabian context, especially among university students. Abdulwahab et al. (2024) studied the victimization of body image in health sciences in Saudi Arabia and identified that 11.2% of respondents were dissatisfied with their body images, and significant correlations existed with body mass index (BMI) and gender (Abdulwahab et al., 2024). There was also another study by Al-Otaibi et al. (2013), where it was pointed out that body shape dissatisfaction was stronger among females than males, as about 33.5% of the females complained of dissatisfaction with their body image (AL-Otaibi et al., 2013). This tendency highlights the necessity of specific interventions that would improve positive body image and mental health in Saudi students in the context of cultural and social pressures.

It seems that body-image dissatisfaction among women is extremely widespread in Saudi Arabia. 71.2% of adult women had negative body image and this was significantly associated with social-media addiction and body mass index not within the normal range. In other earlier studies of female Saudi vendors visiting fitness centers in Riyadh, 87% were dissatisfied with their body shape (including 68% of women whose BMI was determined as normal (Abdulwahab et al., 2024). These data indicate that body-image pressures are similar in Saudi Arabian women to those experienced in Western societies, though it is due to the increase in obesity, as well as the exposure to ideal-body images and social media.

2.2 Social Anxiety (SA)

Social anxiety is an emotional state that is accompanied by the excessive psychic fear of being examined or evaluated in an unwavering way by other people, especially in situations connected to social activities or performance (Hofmann et al., 2012). Social anxiety usually presents itself as being excessively scared of being embarrassed or humiliated, and people fear social interactions to such heights of anxiety that they avoid socializing altogether, or they tolerate the experience with great pain. Anxiety, in this case, can greatly affect academic attendance, social interaction with peers, and extra-curricular activities in a university, and mostly result in withdrawal and isolation (Pawijit et al., 2017).

Besides, social anxiety is associated with a higher susceptibility to physical appearance as people with lower body satisfaction tend to become more likely to develop heightened anxiety in social contexts (Zhou, 2024). Social anxiety (SA) is a mental state characterized by high levels of terror at the evaluation or verification negatively in realities concerning the social or performance event.

In the university environment, social anxiety is widespread because both the academic demands and social life come into play, and thus lead to apprehension of adverse judgment.

The fear can be a primary expression of avoidance behavior; at that, students avoid attending class or maintaining social interactions because of the unrealistic fear of judgment (Brook & Willoughby, 2015). SA has the capacity to interfere with the social, academic, and emotional functioning of an individual and has a prominent impact on their well-being.

2.2.1. Social Anxiety among University Students

Several factors lead to the occurrence and continuation of social anxiety among students in universities. Fear of negative evaluation is one of the most important factors that has been pointed out as a central component in acquiring social anxiety. Such a phenomenon as rejection sensitivity, which contributes to the fear of a negative assessment, causes the experience of additional social anxiety and reluctance to social contact (Zimmer-Gembeck et al., 2021). Other major causes are distinguished by academic pressure, social comparisons, and pressures of establishing new social relationships in a new environment. The fear of being negatively evaluated is usually added to perceived academic failures, which further facilitates the development of social anxiety to the formation of a feedback loop and prevents social and academic interaction of students (Zimmer-Gembeck et al., 2021).

The issues of social anxiety are also related to academic performance is multidimensional. According to Brook and Willoughby (2015), the problems with establishing social networks are also a common symptom of social anxiety among university students who are unable to achieve academic success and emotional well-being due to poor networking skills (Brook & Willoughby, 2015). This is especially important among young women, who might feel more social anxiety than men, which may usually lead to a lack of engagement in academic and social spaces. A study conducted by Archbell and Coplan (2022) showed that there is a negative correlation between social anxiety and communication and the instructors ' social-emotional functioning, and general academic performance (Archbell & Coplan, 2022).

2.3 Relationship between Body Image Dissatisfaction and Social Anxiety in Young Women

The association between body-image dissatisfaction and social anxiety holds particularly significant importance concerning female undergraduates since the notions go hand in hand, and because the relevant aspects tend to be cooling and supportive of each other. According to research, dissatisfaction with appearance is one of the factors to predict social anxiety among women after a negative appraisal of the self, which causes another fear of negative appraisal by others (Pawijit et al., 2017). As female students are especially prone to developing both disorders, there would be a need to investigate the impact BID has on the aggravation of SA, and particularly on academic and social levels.

The discovery of these mechanisms can aid in the creation of particular means to relieve the two mentioned conditions, i.e., body image dissatisfaction and social anxiety, thus improving the overall well-being and academic achievement of students (Titchener & Wong, 2015). The importance of researching this influence in the university experience is the fact that students are under the influence of unique social and scholastic demands in this phase of life. Zhou (2024) describes how female undergraduates in colleges and universities, who are significant users of social media, have more of a greater tendency to develop displeasure with their bodies because of their incessant comparisons with other students and online influencers (Zhou, 2024).

Besides, body dissatisfaction is, in most cases, connected to a higher emotional level of social anxiety that makes such students unable to engage in academic or social activities completely. The effects of the value of cultural beauty at higher education institutions contribute to the perception of the body by the students, which amplifies the body-image

dissatisfaction even further. The study of the connection between BID and SA in this context is important to meet the needs of female students regarding mental health, create a positive campus atmosphere, and raise mental health-related awareness and education among young women (Doumit et al., 2016).

Empirical evidence has repeatedly established an important correlation relationship between body-image dissatisfaction (BID) and social anxiety (SA) among undergraduate females. Menatti et al. (2015) have noted that body dissatisfaction is a powerful predictor of social anxiety, especially when it comes to cases of social assessment. Dissatisfied women with their physical appearance would develop anxiety tendencies when facing a social situation that may cause them to avoid interacting socially, which will strengthen their anxiety and body image dissatisfaction even further (Menatti et al., 2015). Likewise, Zainab et al. (2023) have established that body dissatisfaction was directly mediated by social anxiety, with the students revealing more anxiety both academically and socially (Zainab et al., 2023). The relationship is essential in the context of a university where the social comparisons and pressures associated with body image are very exaggerated.

Body dissatisfaction contributes greatly to social anxiety since it causes more attention to the self. According to Finn et al (2024), people who perceive themselves as having a greater level of body dissatisfaction carry out intensive self-observation when interacting with someone, especially when their physical appearance is evaluated (Finn et al., 2024). The result of this heightened self-examination is a rise in concern regarding your perception by others, and this accelerates the process of social anxiety. The more one emphasizes his/her bodily imperfections, the more likely will is that one thinks others have judgments that are censure towards them and hence exposes his/her social anxiety.

The emotional distress related to body dissatisfaction, as reported by Lopez-Monton et al. (2024), can usually result in maladaptive emotional regulation patterns, i.e., rumination and catastrophizing, which further increases social anxiety levels (López-Montón et al., 2025). Body-image dissatisfaction and social anxiety are in a cyclical relationship wherein each has a supportive mechanism for the other. Zainab et al. (2023) state that there is a feedback mechanism in body dissatisfaction and social anxiety in the process of which dissatisfaction with body appearance causes an experience of anxiety related to interactions with others, which, in turn, increases body dissatisfaction. This is especially harmful amongst university students because social contacts are common and the academic requirements are immense (Zainab et al., 2023). According to Menatti et al. (2015) and fear of negative criticism is the basis of body dissatisfaction and social anxiety, and the person finds it hard to stop the cycle (Menatti et al., 2015). Thus, body-image and social anxiety interventions cannot be ignored and should be considered the means of interrupting this circle and enhancing mental well-being among young women.

2.4 Role of Demographics

Demographic factors play a crucial role in shaping both body-image perceptions and social anxiety among university students. Variables such as age, academic year, marital status, university type, and field of study can influence students' psychological experiences and social self-concept. Younger students or those in earlier academic years may face heightened social pressures and self-consciousness compared to seniors, who typically display greater emotional maturity and confidence. Cultural indicators, including veiling status, also affect how individuals perceive and present their bodies, potentially offering protection from societal beauty pressures. Similarly, lifestyle factors such as self-care habits, physical activity, and Body Mass Index (BMI) contribute to differences in body satisfaction and anxiety levels.

Body Mass Index (BMI) plays a significant role in shaping individuals' perceptions of their physical appearance and overall body satisfaction (Radwan et al., 2019). In prior research, differences in body-image dissatisfaction were observed across BMI categories, indicating that perceptions of body image are influenced not only by actual body size but also by internalized beauty standards and social comparison processes (Al Riyami et al., 2024; Zaccagni et al., 2014). Participants classified as underweight reported the lowest levels of body-image satisfaction, suggesting that dissatisfaction is not exclusive to higher BMI categories (Latiff et al., 2018).

This pattern highlights that even individuals with lower body weight may experience negative self-evaluations when their appearance does not align with societal or cultural ideals. These findings underscore that body-image dissatisfaction can occur across all weight groups, emphasizing the need to address unrealistic appearance expectations and promote healthier, more accepting attitudes toward diverse body types among female university students. Collectively, these demographic characteristics provide essential context for understanding the diverse experiences of female university students and how their social and cultural environments interact with psychological well-being.

2.5 Interventions and Coping Mechanisms

Research has identified various strategies to deal with body-image dissatisfaction and social anxiety (Aparicio-Martinez et al., 2019). Among these strategies, mindfulness-based Cognitive Therapy (MBCT) and Cognitive Behavioral Therapy (CBT) are being used widely. MBCT, which was originally aimed at depressive relapse prevention, is an integration of mindfulness and cognitive-behavioral techniques. Shapero et al. (2018) express that MBCT is also being applied in more of treatment of an array of psychological disorders, such as body-image dissatisfaction or anxiety (Shapero et al., 2018). It operates by prompting participants to

look at their thoughts and their feelings without any judgmental attitude; this way automatic negative reaction that commonly accompanies social anxiety and body dissatisfaction is lowered. Moreover, they also use cognitive behavioral techniques to process maladaptive behavior and cognition, which reinforce body dissatisfaction and social anxiety (Hofmann, 2007). Since MBCT proved to be useful in mood disorders, it is also being considered in relation to the anxiety-linked conditions, thus becoming a mandatory means of addressing the BID and SA cycle (Collins & Segal, 2019).

Prevention with regard to body-image discontent and societal dread in university learners has gained attention over the recent past. A support system through counseling services offered by campuses is a lifeline of support to the students who are fighting these challenges. It is claimed that counseling and mental health services represent the first cut into the goal of addressing the problem of body dissatisfaction and anxiety among students (Piet & Hougaard, 2011). These services would be able to help a student build healthier coping skills and offer them coping techniques for lessening social anxiety, including exposure therapy or cognitive restructuring.

Moreover, optimization of media literacy programs to lessen the role of social media in the stability of body-image issues has also been proven to work. The authors emphasize that programs based on educating the students on the unrealistic image of beauty promotion through social media can reduce the internalization of those forms, which, in turn, will result in reduced body dissatisfaction and anxiety (A. Khan et al., 2011). Such preventative measures, when done in an effective manner, are capable of reducing the effects of body dissatisfaction and social anxiety on the academic and social life of the students.

Educational institutes might make a great contribution towards protecting the mental health of the students, especially regarding body-image dissatisfaction and the anxiety of social

beings. According to Zhou (2024), the practices that can be introduced into the realm of higher education to guide students to cope with mental issues include workshops, peer support teams, and counseling. Universities can advance the cause by ensuring that they have places where students can share their problems, such as body dissatisfaction and anxiety, and feel more relaxed (Zhou, 2024). Additionally, they will be able to communicate with mental health workers to provide customized treatment methods that can help normalize both of them. These interventions also assist students by making them feel less negative and more confident in seeking help in case of need, which will provide a positive overall mental health outcome (Shuai et al., 2024). Furthermore, mental health awareness programs included in the university curricula will help spread mental awareness over the long run, decreasing the stigma of the discussed problems.

The following line of study needs to examine more unique intervention mechanisms, which could be applied in areas later to reduce body-image dissatisfaction as well as social anxiety. Phang and Oei (2012) propose that the combination of mindfulness activities and conventional therapies, such as CBT, might provide more multifaceted therapy (Phang & Oei, 2012). They suggest that meta-mindfulness, which involves acknowledging emotions and acceptance, can be a potential solution for people with such problems. Also, the study ought to investigate the effectiveness of group sessions and Web-based treatment programs because such approaches may offer more convenient resources to BID and SA students (Piet & Hougaard, 2011). It is also required to use longitudinal studies to know about additional effects of such interventions and improve the measures that allow the prevention of body-image dissatisfaction recurrence and the social-anxiety recurrence as well, to be alert and support the students throughout and after university education.

2.6 Literature Gap

Most of the literature has examined the relationship between body-image dissatisfaction (BID) and social anxiety (SA), but scarcely has research investigated the same in the cultural and social background of Saudi Arabia, especially amongst female students of higher learning institutions. The majority of the work carried out so far was conducted among the Western populations and therefore the values of such cultures, beauty standards and social norms of the Middle Eastern societies are rather different.

Thus, the researchers still do not know how local influences like modesty practices, veiling (Hijab or Niqab), and society impact the experiences of body image and social anxiety among Saudi female students. Also, the interconnection between BID and SA has hardly been examined along with the demographic factors, such as age, academic year, and university type, which could affect the psychological well-being of young women in the academic setting.

The other gap in literature that is worth commenting on is the little analysis of the physiological and behavioral variables, which include the Body Mass Index (BMI) relative to body-image dissatisfaction and social anxiety. Although the literature has found that body perception is correlated with BMI, very little has been done on how the fluctuation in BMI leads to anxiety among culturally unique groups of students who are females in institutions of higher learning.

Thus, the present study fills these gaps by highlighting the relationship between body-image dissatisfaction and social anxiety in female undergraduates in Jeddah, paying attention to the demographic factors to give a more profound insight into these two interrelated psychological constructs in the context of a Saudi culture.

2.7 Theoretical Framework

The theoretical framework or model used to explain the concept of interrelatedness between body-image dissatisfaction (BID) and social anxiety (SA) in university students is based on the basis of various psychological notions that are used to explain how these conditions are interrelated. The Models include: the Social Comparison Theory, the cognitive behavioral theory (CBT), Objectification Theory. These theoretical perspectives can provide insights into the forces that exacerbate these issues.

2.7.1. Social Comparison Theory

The theory of Social Comparison (1954) offered by Festinger is the basis of the comprehension of the BID and SA relationship (Festinger, 1954). This theory states that people define their self-worth by the comparison with others, particularly within social contexts. Such comparison, especially in institutional universities where peer review is a constant state of being, is more likely to give rise to negative body image perception.

According to Hendrickse et al. (2017), their comparison can be harshened by using social media, which further increases body dissatisfaction because a student will always view their bodies against the images of the ideal version that they see on it (Hendrickse et al., 2017). This constant comparison of self to the assumed norm leads to a feeling of inadequacy that makes one develop social phobia with feelings of apprehension in case of judging the individuals in the social context at the expense of being judged in return. The research by Hendrickse et al. (2017) revealed that a cognitively repeated comparison on social media holds a positive correlation with both body dissatisfaction and the fear of being judged in an adverse manner, thereby promoting the cycle of social anxiety (Hendrickse et al., 2017).

2.7.2 Cognitive Behavioral Theory (CBT)

CBT assumes that constructive deviant ideas and convictions are crucial reasons behind human problems such as body influences and panic attacks. The authors also pointed out that CBT has the potential to significantly reduce body dissatisfaction as well as social anxiety in facilitating people to dispute their negative self-concept and adaptive maladaptive behavior (Hendrickse et al., 2017).

Cognitive distortions often exacerbate body dissatisfaction and are the processes that involve distorting reality, and the students are led to believe that their value is entirely tied to their physical attractiveness. Overgeneralization and catastrophizing are cognitive distortions and make students believe that the only measure of their value lies not in their inner qualities but in exceptional physical beauty. CBT seeks to minimize these distortions, hence minimizing social anxiety as well as body-image anxiety through cognitive restructuring. The given theoretical framework proves especially effective in interventions addressing both BID and SA among university students since it will assist them to revise negative seeming about appearance and social judgment (Hendrickse et al., 2017).

2.7.3 Objectification Theory

The Objectification Theory, which is a theory created by Fredrickson and Roberts (1997), is highly applicable to explaining the role played by the forces of society and culture in attaching body-image dissatisfaction (Fredrickson & Roberts, 1997). This theory states that women are often conditioned to think of their bodies as objects that are never left without criticism by other people, but their worth depends upon their physical attractiveness. This surrounding socializing helps women to take the external view of their bodies and makes them internalize and be judged against the perceived social opinions by others. This interaction may

be enhanced among university students through a variety of environmental influences, such as peer influence, exposure to information found online and on social media, and university culture, which tends to increase appearance-based judgments and social comparison. Ghulam et al. (2024) contribute to this theoretical view by showing direct interrelation between body dissatisfaction and social anxiety and objectification of the female body with media consumers. They explain that to the extent people internalize leading standards of beauty, they are in a position to indulge in self-objectification; that is, becoming regularly preoccupied with the state of their external body and objectifying their body and assessing it (Ghulam et al., 2024). The impact of this internalization process increases susceptibility to social anxiety because one can be affected by a constant feeling of being negatively rated in both academic and social spheres. Accordingly, Objectification Theory not only demonstrates the sources of body dissatisfaction, but it also gives an idea of how beauty ideals in society can be transformed into psychological health problems, especially in young women enduring appearance-concerned institutions like higher learning institutions.

2.8 Conceptual Framework

Integrating these theories into a cohesive conceptual framework gives a holistic idea of what mechanisms are underpinned by body dissatisfaction and social anxiety. The interaction effect of each of the theories implies that an intervention based on reducing body dissatisfaction and social anxiety of university students should be approached at both the level of personal thought patterns and the level of societal and cultural pressure. Moreover, interventions aimed at the minimization of internalization of beauty ideals, damage to negative attitudes towards change should be multiplied, and self-compassion should be enhanced to change the system of body dissatisfaction and social anxiety.

The conceptual framework of this study examines the relationship between Body Image Dissatisfaction (BID) and Social Anxiety (SA) among university students. The framework suggests that negative body image perceptions are a key predictor of social anxiety, where individuals who experience dissatisfaction with their physical appearance are more likely to feel anxious in social situations. Body image dissatisfaction often stems from internalized societal beauty standards and personal perceptions of one's body, leading to feelings of inadequacy and fear of judgment. This fear of being negatively evaluated in social interactions can trigger or intensify anxiety, particularly in environments like university campuses where social comparison is prevalent.

The framework also highlights that the connection between BID and SA is cyclical: poor body image fosters social anxiety, which in turn reinforces negative body image. This cycle can be further compounded by external factors such as media portrayals of ideal body types, peer pressure, and cultural beauty ideals, which influence how students perceive their bodies. In response, interventions aimed at breaking this cycle should focus on enhancing self-compassion, reshaping distorted perceptions of body image, and addressing societal pressures that contribute to these negative self-views. By targeting both individual cognitive patterns and broader cultural influences, the conceptual framework supports the idea that reducing body image dissatisfaction and social anxiety requires a multifaceted approach.

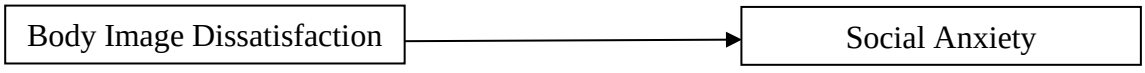

Figure 1: *Conceptual diagram of the present study*

2.9 Research objectives

The following are the objectives of the study:

- To analyze the link between body-image dissatisfaction (BID) and social anxiety (SA) in female undergraduate students at universities in Jeddah.

- To determine whether body image dissatisfaction predicts social anxiety in female undergraduate university students
- To determine the difference in body-image dissatisfaction and social anxiety based on demographic variables (Veiling status, Self-Care Routine, BMI, Academic Year) in female undergraduate students.

2.10 Research Questions

The present aimed to analyze he following research questions:

- Is body image dissatisfaction related to social anxiety among female university undergraduate students?
- Whether body image dissatisfaction predict social anxiety among female undergraduate students?
- Are there significant differences in body image dissatisfaction and social anxiety based on demographic variables such as academic year, veiling status, Self-care routine and BMI?

2.11 Research Hypotheses

The study hypotheses are as follows:

H1: There is a relationship between body image dissatisfaction and social anxiety among female undergraduate university students.

H2: Body image dissatisfaction will predict social anxiety in female undergraduate university students.

H3: There are significant differences in body image dissatisfaction and social anxiety based on demographic variables such as academic year, veiling status, Self-care routine and Body Mass Index (BMI).

CHAPTER THREE

METHODOLOGY

METHODOLOGY

The research is aimed at examining the correlation between body-image dissatisfaction (BID) and social anxiety (SA) in undergraduate female students, with consideration of different demographic aspects. This section describes the research design, participants, sources of data collection, variables, and techniques of analysis.

3.1 Research Design

The current study uses a quantitative cross-sectional research design. The cross-sectional design enables the researcher to obtain information on a huge population at one moment in time, whereby there is an understanding of the various associations between body-image dissatisfaction and social anxiety. The study obtained self-report data in the form of an online survey that was administered to female undergraduate students of various universities in Jeddah city.

3.2 Participants

The sample comprises the undergraduate female students of different private and public universities in Jeddah, Saudi Arabia. A total of 187 survey respondents took part in the survey, whose ages were between 18 and 31 years. The sample size was determined using the online Sample Size Calculator for Correlation Studies (Arifin, 2018). The parameters were set for a two-tailed test with an expected correlation coefficient of $r = 0.25$, a significance level (α) of 0.05, and a statistical power ($1 - \beta$) of 0.80. Based on these inputs, the required sample size was 157 participants. To account for a potential 10% dropout rate, the adjusted sample size was increased. Thus, a minimum of 185 participants was targeted to ensure adequate statistical power for detecting the expected effect size (Appendix A). In terms of academic background, the sample is diverse as it comprises students of diverse academic disciplines such as Public Administration, Marketing, Finance, Supply Chain Management, Human Resource Management, Psychology, Business Administration, Digital Media, Social Work, Information

Systems, Dentistry, Health Science, and Law. The respondents will be grouped based on their marital status, type of university (public or private), and other demographic variables, which include Body Mass Index (BMI) and veiling status.

The sample was chosen on the basis of convenience sampling, having in consideration the availability of the people who were the sample participants in a variety of educational institutions. The research participants were enrolled students at the following seven universities: King Abdulaziz University (KAU)-(42.5%), Jeddah University (JoU)-(48.9%), Effat University (EU)-(0.5%), University of Business and Technology (UBT) -(3.8%), Dar Al-Hekma University (DAH)-(1.1%), Arab Open University (AOU)-(1.6%), Batterjee Medical College University (BMC)-(1.6%).

3.2.1 Inclusion Criteria

- Saudi female students enrolled in undergraduate programs at universities located in Jeddah.

3.2.2. **Exclusion Criteria**

- Non-Saudi female students
- Students attending universities outside Jeddah
- Students with diagnosed psychological disorders
- Students with diagnosed physical disorders

3.3 Measures

This research used a structured online Google form, which contained validated self-report measures of Body-Image Dissatisfaction (BID) and Social Anxiety (SA) as well as demographic and behavioral data. All measures were chosen in terms of their psychometric

strength, their cultural appropriateness, and applicability among the Saudi female undergraduate students. Translated versions of these measures were used.

3.3.1 Social Anxiety Scale (SA)

The Social Anxiety Scale was developed by (Raulin & Wee, 1984) and translated and validated in Arabic by El-Dosuqi (1998). The scale consisted of 32 items representing feelings and behaviors of participants in social contexts. The responses to every item are in a dichotomous format (Yes/No). The participants will be directed to read each statement and choose the answer to the statement as a check mark on the yes question or the Yes (2) or No (1). The Following Items (3, 7, 14, 16, 17, 27, and 28) are reverse-scored. Items' scores are summed together to obtain the total score, which will give a score range of 32-64. The higher the scores, the greater the social anxiety. The internal consistency of the scale was 0.77 underscores the scale's reliability and validity.

3.3.2 Body-Image Scale (BID)

The Body-Image Scale (BIS) used in this study is an Arabic validated scale developed by Shuqair (2002), and no translation or adaptation was performed by the researcher. Body image dissatisfaction was assessed through 26 items Body Image Scale. The scale is designed to assess various dimensions of body image, such as physical attractiveness, harmony of the facial features with the other body parts, coordination of the face and other body parts, general appearance of the individual, and the harmony of external body parts and internal body parts. It also measures the level of consistency of the body size and shape with the level of ability to think.

The scale employed a 3-point Likert scale ranging from Agree (2), Unsure (1), and Disagree (0). All items' scores are added to obtain a total score. The overall scale score of the

range is between Zero and 52 points. High scores indicate higher body image dissatisfaction. The scale's internal consistency is 0.78.

3.3.3 Demographic and Behavioral History Data

The demographic and behavioral section was also a part of the questionnaire that was used in contextual information. Data was collected based on the age of the participants, marital status, name of university, type of university (public/private), academic year, and major. Behavioral factors like physical activity habit (walking, gym, sports), self-care, salon-attendance, and veiling status (Hijabi, Niqabi, or Unveiled). Moreover, participants' height and weight were also collected, and BMI was calculated by using the WHO (2000) guidelines.

3.4. Procedure

First, after reviewing the relevant literature and previous studies on body-image dissatisfaction and social anxiety, the study tools were reviewed, prepared, and presented to the academic supervisor for evaluation. The measures were checked for clarity, usefulness, and appropriateness for the students who would participate. Ethical approval to conduct the study was then received from Effat University.

After approval, data collection was carried out fully online. The questionnaire link and QR Code were shared through several digital platforms commonly used by university students in Jeddah, Saudi Arabia, such as WhatsApp, Instagram, Snapchat, Telegram, and X (Twitter). These platforms were chosen because they are the most frequently used among female university students, making them an effective way to reach a large number of interested participants in a short period of time. Friends and colleagues also helped by reposting the survey in different student groups to increase the number of students who could see it and take part.

Participation was completely voluntary, and students were informed from the beginning that they could complete the survey at any time and withdraw at any stage without any negative effects. Although no specific universities were directly targeted, the wide online sharing resulted in responses from female undergraduate students representing seven universities in Jeddah, which added natural variety to the sample. Data collection lasted for about two weeks, during which the link and QR Code were resent from time to time to encourage participation and reach the needed sample size.

At the start of the questionnaire, clear step-by-step instructions were provided to ensure that participants understood the purpose of the study, the nature of the questions, and the expected completion time (about 3–5 minutes). The introduction also highlighted the importance of privacy, stating that no identifying information would be collected, no responses would be shared, and that all data would be used only for academic and research purposes.

The questionnaire was created using Google Forms because it offers high accessibility through smartphones, tablets, and computers, allowing students to respond at any time and from any location. This online approach also supported efficient data collection by removing the need for paper surveys and reducing the risk of missing or incomplete responses. Additionally, Google Forms automatically saves and organizes responses, which helps ensure accuracy and simplifies data storage and analysis.

3.5. Data Analysis

The data were analyzed with the help of the IBM SPSS version 29.0. Frequencies, percentages, means, and standard deviation were computed to provide descriptive statistics of the participants in terms of demographics. The internal consistency of the Social Anxiety Test (SAT) and the Body Image Scale (BIS) was assessed through reliability analysis that involved the use of the Cronbach alpha. Pearson correlation test was carried out to observe the relationship involving body image and Social Anxiety. The question was whether body image

is a meaningful predictor of Social Anxiety, and simple linear regression was applied. The difference of groups was also examined by the independent samples t-test of the self-care routine group, and similar ANOVA examinations were also performed to determine the difference in SAT and BIST scores by the veiling status, study year, and body mass index. If the ANOVA showed significant results, the Tukey HSD post hoc tests were put on the scores to ascertain the groups that differed. All the analyses were done with the use of $p < 0.05$.

3.6. Ethical Considerations

The Effat University Research Council gave this research ethical approval (Approval Code: RCI_REC/26.August.2025/7.1Exp.64.). The ethical principles and institutional considerations were adhered to in totality across all stages of the research, including the preliminary preparation of the research and during the process of data collection, analysis, and presentation. All the subjects were well informed of the purpose, objectives, and processes of the research beforehand. Each of the participants gave informed consent; each made it clear that they knew what was required of them and their rights in the study. They also informed them that the information they offer marked the sole use of it for academic and research purposes. To ensure that their privacy would not be infringed, anonymity was assured, and all of the answers were processed and stored safely. The study was conducted at all times on a voluntary basis, and the participants had an express right to pull out in any time during the research without incurring any adverse effects, commitments as well as subsequent investigations. This research was thus done in full conformity to the spirit of ethics of Effat University, showing a very keen interest in respecting the autonomy of the subjects involved in the study, confidentiality, and integrity of the study process.

CHAPTER FOUR

RESULTS

RESULTS

The present study aimed to investigate the relationship between body image dissatisfaction and social anxiety. The data was analyzed through descriptive statistics, Pearson correlation coefficient, linear regression analysis, independent sample t-test, and ANOVA.

4.1 Descriptive Statistics

Demographic characteristics were explained using descriptive statistics. In this regard, Frequencies, percentages, Mean, and SD were calculated. **Table 1** describes demographic variables such as gender, academic major, academic year, marital status, height, weight, and Body Mass Index (BMI).

Table 1 *Demographic characteristics of Participants (N = 187)*

Characteristic	Category / Range	f (%)	Mean (SD)
Age (years)	–	–	22.62 (1.934)
Academic Year	Freshmen	26 (13.9%)	
	Sophomore	49 (26.2%)	
	Junior	40 (21.4%)	
	Senior	72 (38.5%)	
University Type	Public	170 (90.0%)	
	Private	16 (8.6%)	
Major Subject	Public Administration	10 (5.4%)	
	Marketing	4 (2.2%)	
	Finance & Accounting	10 (5.4%)	
	Supply Chain Management	2 (1.1%)	
	Human Resource Management	30 (16.1%)	
	Psychology	26 (14.0%)	
	Business Administration	25 (13.4%)	
	Digital Media	14 (7.5%)	
	Social Work	3 (1.6%)	
	Information Systems	16 (8.6%)	

	Dentistry	3 (1.6%)	
	Health Science	5 (3.8%)	
	Law	38 (20.4%)	
	Single	146 (78.5%)	
Marital Status	Married	33 (17.6%)	
	Divorced	7(3.7%)	
	Unveiled	30 (16.0%)	
Veiling Status	Hijabi	111 (59.4%)	
	Niqabi	46 (24.6%)	
	Yes	87 (46.5%)	
Self-Care Routine	No	100 (53.5%)	
	No	61 (32.6%)	
Visit Saloon	Yes	109 (58.3%)	
	Occasionally	17 (9.1%)	
	Walk	23 (12.3%)	
Physical Activity	Sports	48 (25.7%)	
	Gym	116 (62.0%)	
Height (cm)	-	-	160.72 (10.09)
Weight (kg)	-	-	67.65 (15.842)
BMI	Underweight	3 (1.60%)	
	Normal	76 (40.64%)	
	Overweight	91 (48.66%)	
	Obese	17 (9.09%)	

Note. Percentages are based on valid responses for each variable (Ns vary slightly due to missing data).

A sample of 187 undergraduate female students from different universities in Jeddah responded to the research questionnaire. The mean age of the sample was 22.62 years with a Standard Deviation 1.93. Most of them (38.5%) were senior students who were mostly in the

public universities (90%), the major higher education category in the region. The respondents were highly diverse, and the largest group came from the Law (20.4%), Human Resource Management (16.1%), Psychology (14.0%), and Business Administration (13.4%). The majority of respondents were single persons (78.5%). Culturally speaking, most respondents are Hijabi (59.4%), then Niqabi (24.6%, and Unveiled (16.0%). More than half of the sample subjects indicated that they did not adhere to a self-care regimen (53.5%), although a notable sub-sample (58.3%) revealed the frequency of visiting the salon regularly or occasionally. Physically, the most widespread (62 %) was gym, then there were sports (25.7 %) and walking (12.3%). The average height and weight were 160.72 cm and 67.65kg, respectively. According to BMI classifications, the majority of students were overweight (48.7%) or in the normal range (40.6%), with small numbers of students classified under obese (9.1%), and underweight (1.6%). Altogether, the results provide a picture of a mostly young, single, and health-conscious female student group with various academic and lifestyle backgrounds that are representative of the rest of the university population in Jeddah.

4.2 Reliability Analysis

Table 2 *Mean, SD & Reliability values of Study Variable (n=187)*

Variables	K	M	SD	Min	Max	α
Social Anxiety Scale	32	49.78	5.41	0	1	0.865
Body Image Scale	26	25.86	10.47	0	2	0.938

Note: M=Mean, SD= Standard Deviation, K=number of items

The reliability analysis showed high internal consistency of the two measurement tools, the instruments applied in the study. The social anxiety scale, which was composed of 32 items, has yielded a Cronbach's alpha (a) equal to 0.865, which was good, and there was consistency in the responses to the 32 items. Likewise, there is an excellent reliability coefficient of 0.938

with the Body Image Scale, which comprises 26 items; this is confirmation that the scale has stability, and it is precise in its measurement of body-image dissatisfaction. These high alpha values indicate that both the tools were valid and good in measuring the constructs of social anxiety and body image among the sampled female university students in Jeddah.

4.3. Inferential Statistics

Inferential statistics was used for hypothesis testing.

Hypothesis 1 was to assess the relationship between study variables, whereas hypothesis 2 determined whether body image dissatisfaction predicts social anxiety. On the other hand, hypothesis 3 investigated the differences in study variables based on demographic variables.

4.3.1. Correlation Analysis

H1: There is a relationship between body image dissatisfaction and social anxiety among female undergraduate university students.

Table 3 *Correlation analysis between study variables (n=187)*

Sr	Variable	1	2
1	Body Image Dissatisfaction	1	.303 **
2	Social Anxiety		1

Note. Values are Pearson correlations. p < .05 (*), p < .01 (**), p < .001 (***).

The correlation analysis indicated that there is a significantly positive relationship between body image dissatisfaction and social anxiety among the subjects. The correlation coefficient was r = 0.303 and p < 001 which denotes a significant, though not a strong, connection between the two sets of variables. This implies that body-image dissatisfaction also correlated with more social anxiety among students who reported more body-image dissatisfaction. The research result confirms the hypothesis of the study that such negative body

images correlate with elevated levels of social anxiety and discomfort during social and academic situations.

4.3.2. Regression Analysis

H2: Body image dissatisfaction will predict social anxiety in female undergraduate university students.

Table 4: *Linear Regression Predicting Social Anxiety Test From Body Image (BIS)*

Predictor	**B**	**SE**	**β**	**t**	**p**
(Constant)	45.73	1.01		45.29	.000
Body Image Dissatisfaction	.156	.036	.303	4.322***	.000

Model Summary: $R = .303$, $R^2 = .092$, Adjusted $R^2 = .087$, $F(1, 186) = 18.68$, $p < .001$

The simple linear regression revealed that dissatisfaction with the body image was a major way of predicting social anxiety in the participants. It was a statistically significant model, F(1,186) = 18.68, p <.001, and predicted the variation in social anxiety scores of 9.2% (R2 =.092). Body image was a positive predictor (B = 0.156, SE = 0.036, b = 0.303, t = 4.322, p =.001), which meant that higher the extent of dissatisfaction about body-image, the higher the levels of social anxiety. This observation confirms that negative attitudes of physical appearance add up to increased social anxiety in female university students in Jeddah.

4.4 Test for Differences

H3: There are significant differences in body image dissatisfaction and social anxiety based on demographic variables such as academic year, veiling status, Self-care routine and Body Mass Index (BMI).

4.4.1 Independent-Samples t-Test: Differences by Self-Care Routine

Table 5 *Independent Samples t-Tests Comparing Self-Care Routine Groups*

Variable	No (100)		Yes (87)		t (df)	p	Cohen's d
	M	SD	M	SD			
Social Anxiety	51.50	5.37	47.81	4.78	4.92 (1,185)	.000	0.72
Body Image Dissatisfaction	29.2500	11.70	21.96	7.13	5.04 (1, 185)	.000	0.75

Note. M = mean; SD = standard deviation.

The independent-samples t-test showed the significant differences between social anxiety and body-image dissatisfaction among those students who practiced self-care routines and those who did not. The non-self-care participants have indicated their higher score in social anxiety (M = 51.50, SD = 5.37) than the self-care participants (M = 47.81, SD = 4.78), t(185) = 4.92, p =.001, and the effect size is rather large (Cohen d = 0.72). Likewise, no self-care participants also expressed a higher level of dissatisfaction about their body-image (M = 29.25, SD = 11.70) in comparison with self-care participants (M = 21.96, SD = 7.13), t(185) = 5.04, p <.001, d = 0.75. These results imply that consistent self-care habits go with a reduced amount of social anxiety as well as body dissatisfaction among female students in the university.

4.4.2. One-Way ANOVA

4.4.2.1. One-Way ANOVA for Veiling Status

Table 6 *One-Way ANOVA for Social Anxiety and Body Image Dissatisfaction based on Veiling Status*

Measure	Unveiled (30)		Hijabi (111)		Niqabi (46)		F(2, 185)	η2
	M	SD	M	SD	M	SD		
Social Anxiety	49.93	6.27	49.45	5.41	50.50	4.82	.623	-

Body Image Dissatisfaction	20.10	9.26	27.53	10.43	25.59	10.13	6.309**	0.06

Note. M = Mean; SD = Standard Deviation; SE = Standard Error p<0.01

The results of the one-way ANOVA indicated no significant difference in the level of social anxiety between the veiling statuses, Unveiled, Hijabi, and Niqabi (F(2,185) = 0.623, p >.05), which implied that the veiling status did not have a significant influence on the level of social anxiety of the participants. Nevertheless, the three groups were significantly different in terms of body-image dissatisfaction (F(2,185) = 6.309, p <.01, η 2= 0.06), which supports the idea of a moderate effect size. Post hoc comparison revealed that lower body-image satisfaction was found in Unveiled (M = 20.10, SD = 9.26) participants than in Hijabi (27.53, SD = 10.43) or Niqabi (25.59, SD = 10.13) participants. These results imply that although veiling has no effect with respect to social anxiety, it can have a protective effect in enhancing more favorable body-image perceptions among veiled women.

4.4.2.2. One-Way ANOVA for Academic Year

Table 7 *One-Way ANOVA for Social Anxiety Test (SAT) and Body Image (BIST) Across Academic Year*

Measure	Freshmen (26)		Sophomore (49)		Junior (40)		Senior (72)		F(3, 184)	η2
	M	SD	M	SD	M	SD	M	SD		
Social Anxiety	52.57	5.70	49.34	6.41	50.37	4.72	48.75	4.56	3.59*	0.05
Body Image Dissatisfaction	29.50	9.04	25.79	10.04	27.22	11.40	23.83	10.42	2.216	-

Note. M = Mean; SD = Standard Deviation; SE = Standard Error p<0.05

The findings of a one-way ANOVA to compare the Social Anxiety and Body Image Dissatisfaction in the various academic years (Freshmen, Sophomore, Junior and Senior students) are in Table 7. In the case of Social Anxiety, the comparison showed a significant

difference (F (3, 184) = 3.59, p < 0.05) between the groups with Freshmen registering the highest mean score (M = 52.57, SD = 5.70) and Seniors registering the lowest mean score (M = 48.75, SD = 4.56). The effect size (e^2 = 0.05) implies that there is a significant difference of a small magnitude in the level of social anxiety between the academic years of the students; which is to mean that social anxiety tends to decrease with increase in the levels of experience and confidence that the students appear to have. In the case of Body Image dissatisfaction, however, there were no significant variations (F(3, 184) = 2.216, p > 0.05), i.e., and the perceptions of students of their body image were rather equal in differences between academic years. It means that the decrease in social anxiety during academic progress and the lack of significant improvements in body image dissatisfaction with time. The comparisons post hoc show that freshmen expressed higher scores in social anxiety considerably than seniors did, and the scores decreased between academic years. No pairwise variables of body-image scores were significant, although the ANOVA in question was near significant.

4.4.2.3. One-Way ANOVA for BMI

Table 8 *One-Way ANOVA for Social Anxiety Test (SAT) and Body Image (BIST) based on Body Mass Index*

Measure	Underweight (3)		Normal (76)		Overweight (91)		Obese (17)		F(3, 184)	η2
	M	SD	M	SD	M	SD	M	SD		
Social Anxiety	48.33	9.01	49.69	5.21	49.70	5.39	50.88	6.10	.315	-
Body Image Dissatisfaction	3.66	1.35	26.52	10.16	25.68	10.69	27.76	6.54	5.108**	0.07

Note. M = Mean; SD = Standard Deviation; SE = Standard Error p<0.01

According to the one-way ANOVA, the results showed that there was no significant difference between the BMI categories in their case, including Underweight, Normal,

Overweight, and Obese (F (3, 184) = 0.315, p >.05), which implied that the BMI did not have a significant impact on any individual levels of social anxiety in the case. Nevertheless, body-image dissatisfaction between BMI groups showed a significant difference (F (3,184) = 5.108, p <.01, e2 =107,07), which indicated a medium effect size. Post hoc comparisons showed a significantly worse body-image satisfaction in the underweight participants (M = 3.66, SD = 1.35) than in the other types of BMI, and no significant differences were reported between the normal, overweight, and obese participants. These results allude to the fact that, even though BMI is not a problem with social anxiety, it has significant effects in regards to body-image perceptions, the highest source of dissatisfaction is exhibited by underweight students.

CHAPTER FIVE

DISCUSSION

DISCUSSION

5.1 Summary of Findings

One hundred and eighty-seven female undergraduate students took part in this study, and they fell within the age range of 18 and 31 years (M = 22.62, SD = 1.93). Most of them were students of the University of Jeddah (48.9%), King Abdulaziz University (42.5%), and the largest proportion of students was pursuing a degree in a state-owned University (90%). The academic representatives were of diverse academic disciplines, with Law (20.4) leading, then Human Resource Management (16.1), Psychology (14.0), and Business Administration (13.4). The majority of the students were single (78.5%) and culturally diverse, where 59.4% were Hijabi, 24.6% Niqabi, and 16.0% Unveiled. Over half (53.5) of them said they did not have a self-care routine, but at the same time, 58.3% said they visit the salons regularly or on regular occasions. Gym attendance belonged to the most frequent physical activities (62%), as well as sports (25.7) and walking (12.3%). The mean height and weight were 160.72 cm and 67.65 kg, respectively, and according to the WHO categorized they into overweight, normal weight, obese, and underweight with a proportion of 48.7, 40.6, 9.1, and 1.6, respectively. Taken as a whole, the sample is a majority of young, single, and educated females with a diverse range of academic and lifestyle types who were able to represent those of university women in Jeddah.

The reliability test proved that the two instruments were internally consistent and psychometrically valid among this group of people. The Social Anxiety Scale had good reliability (a =0.865) and the Body Image Scale had good reliability (a = 0.938), as a measures of social anxiety and body-image dissatisfaction in Saudi female students.

According to the correlation analysis, a significant positive association could be observed between body-image dissatisfaction and social anxiety (r =.303, p <0.001). This result

demonstrates that those who were more dissatisfied with their bodies were also more socially anxious. Though the correlation was moderate, it confirms the theoretical hypothesis that physical appearance and negative self-perception is associated with a higher level of anxiety in a social and evaluative situation.

The simple linear regression analysis also supported this relationship with body-image dissatisfaction significantly predicting social anxiety (B =0.156, b =.303, p <.001). The model explained around 9.2% of the variance (R2 =.092), which implies that although body image is an important determinant of social anxiety, the other factors to be considered to explain why the experience of anxiety in social situations takes place are the cultural norms, social comparison, and individual coping mechanisms.

The t-test involving independent samples comparing the practice of self-care between students, wherein the self-care practices were applied, and those students who were not practicing self-care showed significant differences. The persons who did not have self-care habits experienced more social anxiety (M = 51.50, SD = 5.37) and more body-image uncontended (M = 29.25, SD = 11.70) than self-care participants (M = 47.81, SD = 4.78; M = 21.96, SD = 7.13). It can be concluded that regular self-care practices might counteract social anxiety and body dissatisfaction, and that the outcomes are meaningful and important due to the role of personal well-being behaviors in ensuring the positive development of psychology in university students.

A one-way ANOVA of the veiling status did not show any significant difference in social anxiety between Unveiled, Hijabi, and Niqabi participants (F(2,185) = 0.623, p > 0.5). Nevertheless, there was a significant difference in the level of body-image dissatisfaction (F(2,185) = 6.309, p =.002, e2 = 0.06), as the level of body-image satisfaction was lower among Unveiled women compared to Hijabi women. This is an indication that veiling can also be an

aspect of protection because they can decrease the exposure to appearance-related social pressures, thereby increasing the degree of positive body image perceptions at least without any direct effect on social anxiety levels.

Regarding the academic progression, the findings showed that there were significant differences in social anxiety by the academic year ($F(3,184) = 3.59$, $p <$ all ($e2 = 0.05$). The social anxiety of freshmen students was the highest, with senior students the lowest, thereby indicating that social anxiety reduces with the progression of students in the university, which could be because of social confidence, adaptation, and maturity. But there were no major differences in body-image discontent ($F(3,184) = 2.216$, $p > .05$), showing that the perceptions of body image do not change greatly in accordance with the academic year.

Lastly, comparison by BMI levels did not produce significant effects in social anxiety $F(3,184) = 0.315$, $p = .05$), but the effect of body-image dissatisfaction was significant ($F(3,184) = 5.108$, $p = .002$, $e2 = .07$). Body-image satisfaction of underweight participants was significantly lower than unhappiness with body appearance of normal, overweight, and obese BMI categories, which indicates that dissatisfaction with body appearance is not restricted to higher BMI categories. Instead, even low BMI persons can import negative appearance ideals and develop decreased body satisfaction.

Overall, as can be seen, the results show that body-image dissatisfaction bears a strong connection with the social anxiety, where body image became a significant predictor of anxiety in female university students. Also, there are lifestyle and intercultural factors like self-care practices, veiling status and academic status and BMI that have more or less effect on body-image perceptions and social anxiety seems to be more susceptible to individual and developmental issues rather than to cultural or physical issues.

5.2 Interpretation of Results with Previous Literature and Theoretical Framework

The strong positive correlation existing between body-image dissatisfaction and social anxiety in this paper is very close to the Humanistic Theory of Carl Rogers which fails to consider any disjunction between the perceived and real experiences of an individual as harmful to the psychological well-being of a person. The individuals who had more negative views about their bodies also demonstrated greater social anxiety, and, therefore, it could be assumed that the disconnect between self-perception and the reality of living can translate to emotional disadjustment and anxiety in the social context (Dou et al., 2022). Their observations support the fact, as mentioned by Rogers, that positive self-view is core to psychological well-being and self-acceptance.

The body image and peer support influenced the reduction of social anxiety a positive relation with the R2 value of =.217. The current study indicated that students who did not engage in self-care practices indicated greater levels of body dissatisfaction and social anxiety. This result questions the direct implementation of the Social Support Theory that self-care behaviors may not necessarily act as a social or emotional buffer in the Saudi cultural context. Rather, cultural values that are oriented toward modesty and privacy can also affect the perceptions and practices of self-care among people (Shi et al., 2017). Peer rejection or lack of communal support may be the reason behind this population not demonstrating that self-care helped alleviate social anxiety, unlike similar populations living in more socially expressive cultural settings (Chiu et al., 2021)

The current study results of regression, indicating that body image was a significant predictor of social anxiety (R^2 =.092) are upheld by the Self-Concept Framework, where body perception is considered to be a central element of general self-concept. The relationship between body-image dissatisfaction and internal psychological processes, including self-

esteem and anxiety to interact with the behavioral outcomes on a larger scale (Zartaloudi et al., 2023). In this context, social anxiety is an attempt to maintain self-control when presenting the negative self-evaluation, which confirms the point that the better the body image, the more stable it is in relation to emotions and the less anxiety.

There were also cultural variables that were important in the findings. The cultural and gender factors have strong effects on body satisfaction in Egyptian students (Mahfouz et al., 2018). These findings may be interpreted by Sociocultural and Symbolic Interactionist Theories that state that self-appraisal and body perception are conditioned by social norms and cultural meanings as modest dressing (Ovsiankina & Kuprii, 2021). This finding that underweight people in this research said that they had the least body-image satisfaction, although in the majority of cases, they had conformed to the thin ideals demanded by society, helps to give merit to the Social Comparison Theory by Festinger (Bocage-Barthélémy et al., 2018). In line with Pop (2016), who found a substantial relationship between the BMI and body dissatisfaction ($r = .56$, $p = .0005$), the results presented in the given study confirm the idea that not only larger BMI groups experience body dissatisfaction (Pop, 2017). Even thin people can have an increased dissatisfaction towards their own bodies as they are matched against the culturally idealized body forms. This highlights how internalized standards of beauty can misjudge self-assessment, thus continuing to victimize body dissatisfaction in line with weight structures.

Although in this paper, body-image dissatisfaction predicted social anxiety positively, previous studies have reported a negative relationship between the two constructs ($r = -.381$, $p = .001$). This may be the cause of such theoretical divergence: the interpretations of measurement may be different: are higher body-image scores taken as a positive or a negative one? Greater dissatisfaction was found in greater scores in the current research and positive

body image in the others. This difference highlights the multidimensionality of self-concept implying that social anxiety might be a factor reliant on cognitive interpretations and patterns of emotional regulation ingrained in how individuals go about creating their self-concept.

The combination of the results proves that there is a moderate but significant correlation between body-image dissatisfaction and social anxiety- negative body considerations can cause the increase of anxiety but depend on other demographic, cultural, and psychological factors. The trend of results demonstrates that self-care practices, veiling, academic succession, and the BMI, are related to how young women conceive and assess their bodies, albeit to a varying extent. In particular, although body image is one of the most important psychological foretellers of anxiety, other variables, including social norms, gender role, and self-concept, modulate the strength of body image to anxiety.

Overall, these findings support the theoretical applicability of self-concept and sociocultural paradigm in the sense that body-image dissatisfaction is not an isolated variable but an expression of the deeper self-evaluation process informed by the societal expectations and self-values. They further emphasize the need for culturally responsive interventions that foster body positivity, psychological strength, and social confidence in female students in Saudi Arabia, where modernity, cultural modesty, and social media still inter-relate to redefine the manner in which women perceive themselves and associate themselves with other people.

This study comes in handy as it highlights the connection that exists between Body Image Dissatisfaction (BID) and Social Anxiety (SA) in the light of Cognitive-Behavioral Theory (CBT), Sociocultural Theory and Social Comparison Theory. The results point to Iraq that body image dissatisfaction is a robust predictor of social anxiety, which confirms the hypothesis that people with negative perceptions of their bodies are more prone to anxiety about being humiliated by social contexts. It is in line with the research conducted by Jarrar et

al. (2022), who discovered that negative body image and social anxiety had a significant correlation, especially among young adults. The paper revealed that not feeling content with the body is not only closely connected with emotional distress but also increases the fear of being judged by other people, which supports the fear spiral mechanism of anxiety (Jarrar et al., 2022). The students are more susceptible to the effects in the context of university students, where stopping to fit in with the societal beauty standards is a major cause of anxiety among students.

It was also determined in the analysis that levels of social anxiety contributed greatly to the high level of social anxiety among Freshmen, which agrees with the Sociocultural Theory that highlights the importance of the early adulthood period as a key time of social development. The freshmen will experience social pressures and high levels of self-consciousness, which can lead to social anxiety as they are away in a new, unfamiliar environment. These observations were also noted in the study conducted by Legey et al. (2023), in which, younger people, and in particular females, showed increased levels of social anxiety because of their appearance and expectations by others in society (Legey et al., 2023). The change in levels of social anxiety by academic years implies that the more experience and confidence a student builds, the lower the anxiety levels the student will have, which fits the idea behind the provision of the Usage of the Cognitive-Behavioral Theory (CBT) which implies that exposure to social interactions and restructuring of cognitions could help reduce the levels of anxiety (Husain et al., 2024).

Interestingly, it is possible to note that the results of the Body Image across academic years did not differ significantly. This observation can be termed to be consistent with the Social Comparison Theory, which assumes that people are continually engaging in comparisons with others, and body dissatisfaction depends in large part on such social

comparisons as opposed to academic promotions and experience. The insignificance of the difference between academic years can be taken to imply that the issue of body dissatisfaction is more within the personal and cultural experiences of beauty, which is not essentially influenced by academic progress. This is indicative of studies by other study, who concluded that social media and peer comparisons still play an important role in increasing dissatisfaction with the body during the university years, with no difference in academic status or age. In this way, the issue of body image is here to stay and is unlikely to decrease with age and academic years, which requires specific interventions to handle the cultural and societal stressors (Sharma & Mehta, 2024).

It remains important to note that the theoretical frameworks applied, in the present study, not only the significance of focusing on individual thought patterns but also on societal pressures with the aim of helping to minimize body image dissatisfaction and to social anxiety. The elements of cognitive restructuring and self-compassion should be the key elements in providing individuals with an opportunity to overcome the negative self-image and internalized beauty norms (Abdulwahab et al., 2024). In addition, the societal factors like media representations and the beauty ideals should also be treated using educational programs that uphold positive body images and diminish the focus on the perspectives of ideal beauty. The combination of these treatments may potentially interrupt the process of body dissatisfaction and social anxiety with the subsequent increase in mental health within the university students.

5.3 Implications of the Study

5.3.1 Theoretical Implications

The results of this research are added to the existing literature because they further confirm the theoretical relationship between body-image dissatisfaction and social anxiety. The study contributes to the comprehension of how body image negative internalization may have

a direct impact on the emotional states, including anxiety, in social and academic situations. The fact that body-image dissatisfaction is positively related to social anxiety confirms the assumption that body image is a critical aspect of the self-concept and psychological well-being of a person. The research also puts a twist on the currently available psychological theories by underlining the fact that body dissatisfaction is not simply an outcome of physical appearance but is grounded in the cultural, societal, and internalized beauty ideals. Besides this, the findings of the study are also aligned with theoretical frameworks that promote a multidimensional interpretation of body image that involves social comparison, cultural forces, and individual experiences. The discovery indicates that body dissatisfaction does not only occur among people with large BMI or overweight individuals, but becomes experienced among people of various body types, including those who are underweight. This will be a great addition to the body of knowledge because the traditional perception holds that body image issues are primarily experienced by higher weight groups. Moreover, the experiment also supports the concepts of self-concept, stating that body-image dissatisfaction could mediate with the general perceptions of self-worth and the work of the emotional and social life of an individual. Specifically, the cultural aspect of veiling explains the influence of cultural and societal principles on the perceptions of their bodies and provides clues to future studies of body image, culture, and mental health intersection.

5.3.2 Practical Implication

Practically speaking, this research highlights the need to have proactive programs based on body image and mental health in universities. Based on the high rates of body-image dissatisfaction and social anxiety among students, universities should take into account the possibility of having mandatory body positivity and self-acceptance workshops. Such classes may educate students to overcome beauty standards that society has placed on us, to the extent that our value as people is not based on appearance. Also, universities must invest in

interventions to settle social anxiety, i.e., peer counseling networks, mindfulness-based interventions, and cognitive-behavioral skills to guide students to cope with their anxiety under a social and academic context.

Furthermore, universities should make conversations regarding body image and mental state appear as an ordinary event to make it a supportive environment. Stigma could be minimized by providing a space in which students could talk about their issues and make some students who struggle with body-image concerns and anxiety wish to seek help. Inclusion of body image education in general well-being programs, balanced living, and mental health awareness will aim at facilitating the personal development and academic success of students. In addition to that, self-care practices, as this study demonstrated, correlated with a positive body image and reduced amounts of anxiety. In this way, universities ought to promote wellness programs where students are sensitized to the significance of self-care, such as exercising regularly, eating breakfast and lunch in moderate portions, and other stress relief methods.

5.2.1. Clinical Implications

The findings of this research have significant clinical implications for mental health workers dealing with students in universities. Since it is known that body-image dissatisfaction is associated with social anxiety, clinicians must integrate interventions focusing on body image issues into their treatment plan in the treatment of social anxiety. Cognitive-behavioral therapy (CBT) strategies could work to refute the distorted thinking around body image and lessen the anxiety that follows due to these views. Moreover, self-compassion and positive body image may be essential in reducing the psychological distress on the matter of social situations. The professionals who are involved in delivering the mental health services to the students of the university must also be conscious of the cultural nature of the dynamics at work. As an example, such aspects of Saudi culture as veiling status and the need to adapt to particular

standards of beauty might become an inseparable part of the body image and the mental well-being of a student. Competent and culturally competent therapy is thus needed in the agenda of handling these issues.

Moreover, self-care behaviors, which in this study do not have a direct relationship with the reduction of social anxiety, still have to be promoted as a holistic treatment of mental health. Even after encouraging the students to be involved in self-care activities such as mindfulness, body exercises, and the development of positive social relationships, it can still make a difference in enhancing the general state of mental health. In addition to personal treatment interventions, the research findings also demonstrate the necessity of creating institution-wide prevention programs that would resolve the issue of body-image and social anxiety in university students. Universities can be very instrumental through introducing psychoeducation workshops, sensitization and other supportive group activities that promote positive self-identity and promote the open-hearted discussion of the issues of mental health. Education of the faculty, student advisors, and campus personnel can be used to increase the rate of prompt identification and referral to professional support services through training them to know when a person has body-image distress or has social anxiety. Also, as part of the approach, mental health service integration into educational environments can be made to guarantee that learners get the much-needed help in time; this includes counseling facilities, peer-group support networks and online wellness platforms. With a proactive, community-based strategy, universities can help minimize stigma, generate psychological resiliency, as well as foster an atmosphere where students may enjoy emotional and social health.

5.2.2 Policy Implications

At the policy level, this study has indicated the need to initiate systemic changes aimed at enhancing the mental health of the students. Body image and knowledge of social anxiety ought to be included in national education curriculum as suggested by policymakers. This way,

they will be able to resolve these problems in their infancy and aid students to form healthier attitudes towards their bodies. Campaigns devoted to the promotion of positive self-image and self-worth, as well as the methodologies of dealing with social anxiety, may become a critical component of the national health as one of the possible solutions to the psychological suffering young adults have to endure. Furthermore, universities should make conversations regarding the body image and mental state appear as an ordinary event to make it a supportive environment. Stigma could be minimized by providing a space in which students could talk about their issues and make some students who struggle with body-image concerns and anxiety wish to seek help. Inclusion of body image education in general well-being programs, balanced living, and mental health awareness will aim at facilitating the personal development and academic success of students. In addition to that, self-care practices, as this study demonstrated, correlated with a positive body image and reduced amounts of anxiety. In this way, universities ought to promote wellness programs where students are sensitized on the significance of self-care, such as exercising regularly, eating breakfast and lunch in moderate portions, and other stress relief methods. At a larger scale, there should be an integration between the government and the institutions in dealing with societal strain factors which contribute to negative body image. It may include control of how media report on body image, encouraging different standards of beauty and threatening the standards of beauty that skew against young women. The policy can also support media literacy curricula teaching students about the negative influence of idealized body images which are frequently promoted in social media and advertisements. Also, the policymakers ought to encourage learning institutions to work closely with mental health institutions in developing early intervention programs that target students who are at the risk of developing social anxiety and body image problems. The psychological aftermath of body dissatisfaction in the long term may be mitigated by providing psychoeducational interventions and prevention services that can lead to eating, depression,

and anxiety disorders. The adoption of such policies within the organization of the university level would add to the mental health of students and make sure that learning environments contribute towards total growth and development.

5.3 Limitations of the Study

Following are the limitations of the present study:

1. The study was cross-sectional in design; therefore, it did not allow for causal conclusions regarding the linkage between body image and social anxiety.
2. The sample consisted of only female students from various Saudi universities, most of whom attended public institutions. This narrow sampling frame limits the generalizability of the findings Future research should use more diverse and representative samples to strengthen generalizability.
3. The study relied entirely on self-report questionnaires, which are susceptible to social desirability bias and self-perception distortions. Participants may have over- or under-reported their body image satisfaction or social anxiety due to personal sensitivity or cultural expectations, particularly concerning veiling, physical appearance, and self-care practices. Incorporating mixed-method approaches—such as interviews or behavioral observations may enhance the reliability and depth of the findings.
4. Contextual factors such as social media exposure, family influence, and peer comparison known to strongly affect body image and anxiety were not directly assessed. Finally, although this study examined self-care practices and veiling status, it did not explore underlying psychological constructs such as self-compassion, perfectionism, or internalized cultural ideals, all of which may mediate the relationship between social anxiety and body image. Including these constructs in future models would offer deeper insight into the interaction of individual and sociocultural factors in shaping self-perception.

5.4 Recommendations for Future Research

Future studies may consider following suggestions:

1. A longitudinal or experimental research design should be considered in future studies to determine the causality between social anxiety and body image.
2. It is suggested that future studies use larger and more heterogeneous samples to improve generalizability. By including sufficiently large groups of participants enrolled in various institutions, both private and public, researchers could compare results across gender and institution type. Such diversification would offer deeper insight into the effects of demographic and contextual factors on body image and social anxiety across different academic and cultural settings.
3. Researchers should adopt mixed methods, including quantitative surveys and qualitative interviews or focus groups. These qualitative insights would make it possible to explore participants' personal experiences, cultural interpretations of body image, and emotional perspectives on social anxiety. Such triangulation would generate deeper understanding that cannot be captured solely through numerical data.
4. Future researchers should incorporate additional psychosocial variables that may mediate or moderate the relationship between social anxiety and body image. Individual differences should be explored through factors such as self-compassion, perfectionism, family support, social comparison, and media exposure. These variables can help explain why not everyone with negative body image experiences high social anxiety.
5. Future scholars should investigate how social media and digital spaces influence university students' self-perceptions. Since digital media strongly shapes body ideals, a longitudinal examination of online behavior, exposure to appearance-focused content, and its impact on self-concept would offer valuable contributions to digital literacy and prevention programs.
6. Research should extend into examining the effects of culturally specific practices such as veiling, modesty, and traditional beauty ideals on social anxiety and body image. Comparative

analyses of veiled and unveiled women across different cultural contexts may offer insights into the protective or risk factors associated with these practices.

7. Future research should aim to create and evaluate interventions designed to reduce social anxiety and promote positive body image. Empirical investigations into the effectiveness of body positivity workshops, mindfulness training, and self-compassion–based therapy in university settings would hold practical value for educators, clinicians, and policymakers interested in enhancing the mental well-being of university students.

5.5 Conclusion

The current research investigated the correlation between social anxiety and body image in a group of female university students in Saudi Arabia and examined how demographic, cultural, and lifestyle factors contribute to these psychological constructs. The results indicated a significant positive relationship between social anxiety and body image, meaning that when individuals perceive their bodies more negatively, they are more likely to experience higher levels of social anxiety. This moderately strong relationship reflects the interconnectedness of self-concept dimensions and emphasizes the need to promote positive body perception to safeguard psychological well-being. Group comparisons provided nuanced insights into how demographic and cultural variables influence social anxiety and body image. Veiling status did not significantly affect social anxiety, but it was associated with differences in body image: unveiled participants reported lower body satisfaction compared to their hijabi counterparts. This suggests that cultural and religious practices may act as protective factors by reducing exposure to appearance-related social pressures. Likewise, social anxiety was lower among first-year students compared to fourth-year students, indicating that academic advancement and related stress may influence self-perception and anxiety levels. The finding that underweight participants reported the poorest body image also highlights that body dissatisfaction is not exclusive to overweight individuals but emerges across different body types. The findings highlight the necessity of interventions that promote positive body image

and psychological resilience to reduce social anxiety among university students. Body positivity programs and culturally sensitive counseling should be integrated into university wellness initiatives. Additionally, policy-based interventions—such as self-esteem education and media literacy programs within national education and healthcare systems—may foster healthier self-perceptions among young adults. To sum up, the study's findings indicate that social anxiety and body image are complex constructs shaped by the interaction of personal self-awareness, cultural identity, and social influences. Promoting positive body image and reducing social anxiety is therefore not only a psychological priority but also a social and educational imperativecrucial for fostering emotional confidence, resilience, and holistic development among university students.

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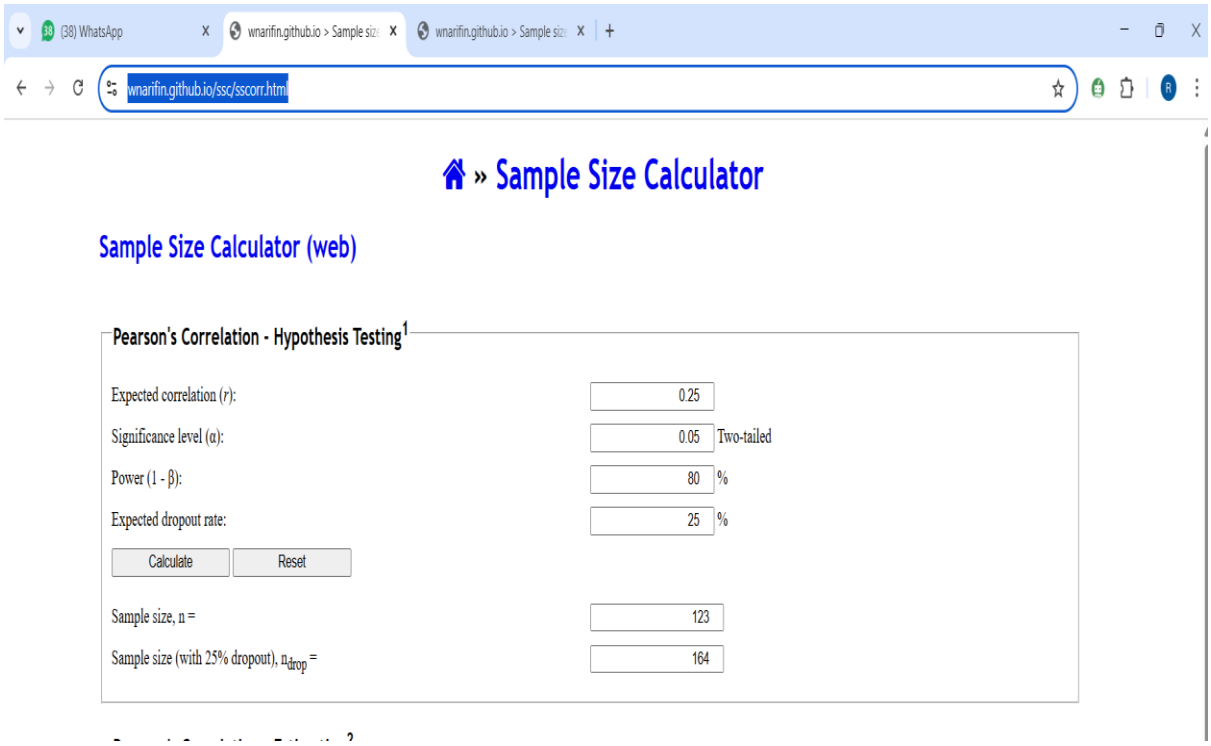
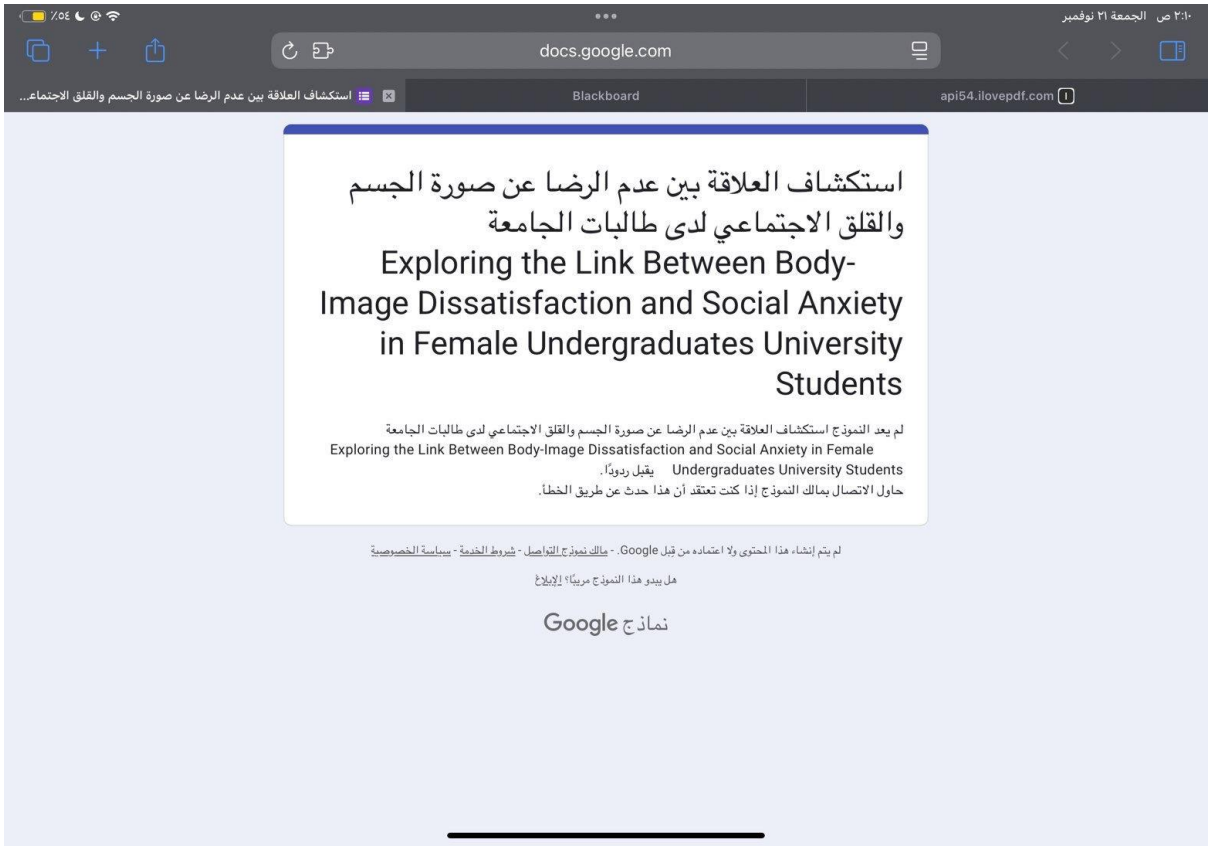
APPENDIX A

https://wnarifin.github.io/ssc/sscorr.html



APPENDIX B



Survey link: https://docs.google.com/forms/d/e/1FAIpQLSf8e3fgeHPYdBR1u0t1xoj2csb-D5F7zmNIn5l6h6rEHvlY3A/viewform?usp=preview

QR Code Provided to Participants for Accessing the Questionnaire

Arabic Version of the Body-Image Dissatisfaction Scale (26 items)

م	العبـــــــــــــــــــــــرات	موافق	غير متأكد	غير موافق
1	مظهري أقل جاذبية			
2	أشعر بعدم الارتياح عندما أتحدث مع الآخرين لتغير جسمي عنهم			
3	معظم أصدقائي يبدون في مظهر أفضل مني			
4	الناس من حولي لهم أصدقاء أكثر مني من نفس الجنس بسبب مظهرهم الشخصي			
5	أشعر أن مستوى أدائي منخفض بسبب تغيير في جسمي			
6	هنا الكثير من معالم جسمي أود لو تتغير			
7	معظم أصدقائي يشعرون بالراحة والرضى أكثر مني لمظهرهم المقبول			
8	ليست لي شعبية بين الناس لاختلافي عنهم جسميا			
9	مفهومي عن جسمي ونفسي منخفض وغامض			
10	غالبا ما أقارن مظهري وملامح جسمي بالآخرين			
11	عندما أنظر في للمرآة أشعر بتغير في مظهري وملامح جسمي عما أتوقعه			
12	أفضل العمل بمفردي بسبب شكلي المختلف عن الناس			
13	لي صداقات قليلة بسبب اختلاف شكلي وملامحي عنهم			
14	لا يعجبني المظهر الذي أبدون عليه			
15	يضايقني رؤية نفسي في المرآة			
16	أرفض الذهاب لأماكن العام حتى لا يراني أحد			
17	رؤية الناس لي تسبب لهم بعض المضايقات			
18	أشعر بعد التناسق بين حجم وجهي وباقي أعضاء جسمي			
19	أشعر بأن طولي لا يتناسب مع جسمي			
20	في بعض الأحيان لا يتناسب تفكيري مع حجم جسمي			
21	أشعر من وقت لآخر بتغيرات في معالم جسمي			
22	ثقتي بنفسي ضعيفة بسبب مظهري وملامح جسمي المتغيرة			
23	أفكر كثيرا فيما يحدث لي من تغيرات في ظهري أو معالم جسمي			
24	أشعر بعدم تناسق بين ملامح وجهي (الأنف -العين - الفم - الأذن)			
25	عادة ما ينتابني شعور بأنني لا أصلح لشيء لأنني أقل كفاءة			
26	أشعر بأن زملائي أفضل مني في مظهرهم الجسمي			

Arabic Version of the Social Anxiety Scale by Raulin & wee (1994)

م	بنود الاختبار	نعم	لا
١	أحب البقاء في الفراش حتى لا أرى أي شخص.		
٢	استمتع بالوحدة .		
*٣	أفضل عاده أن أكون في صحبة الأصدقاء على أن أكون وحيدا.		
٤	أشعر برغبة ملحّة في أن أرحل على الفور عند دخولي حجرة مكتظة بالناس .		
٥	يمثل التفاعل أو التواصل مع الآخرين عبئا نفسيا عليّ .		
٦	لا أستطيع أن أشعر بالاسترخاء الا اذا كنت بمفردي .		
*٧	أستمتع بالتعامل مع نوعيات مختلفة من الناس .		
٨	أبتعد عن الآخرين قدر الامكان.		
٩	أمارس هواياتي المفضلة بمفردي.		
١٠	أخبر الآخرين أنني لست على ما يرام لأتجنب مشاركتهم في القيام ببعض المهام.		
١١	أشعر بالارتياح عندما أكون بمفردي .		
١٢	أشعر بالقلق أثناء تواجدي مع الآخرين .		
١٣	أفضل تناول الطعام بمفردي عن تناوله مع الآخرين .		
*١٤	أفضل السفر مع الأصدقاء عن السفر بمفردي .		
١٥	أفضل الذهاب الى السينما بمفردي .		
*١٦	أستمتع دائما بوجودي مع الآخرين.		
*١٧	أفضل الخروج مع الأصدقاء عن الجلوس وحدي بالبيت.		
١٨	عندما أتحدث مع الآخرين تتملكني رغبة قوية في التوقف عن الكلام والابتعاد عنهم.		
١٩	تواجدي مع الآخرين يسبب لي الارهاق.		
٢٠	أشعر غالبا بالرغبة في مغادرة الحفلات دون وداع أصدقائي.		
٢١	حتى عندما أكون في حاله نفسية جيدة ، لا أفضل التواجد مع الآخرين.		
٢٢	أتمنى مرور اليوم سريعا حتى أصبح بمفردي.		
٢٣	أتمنى أن يتركني الآخرون وحدي.		
٢٤	أشعر بالأمان عندما أكون بمفردي.		
٢٥	عندما أجلس في مكان مزدحم أشعر بدافع قوي في ترك المكان.		
٢٦	أحتاج أن أكون بمفردي تماما لعدة أيام.		
*٢٧	أشعر بالارتياح عندما أكون مع الآخرين.		
*٢٨	أحب قضاء وقت فراغي مع الآخرين.		
٢٩	عندما أقرر أن أكون مع الآخرين أندم على ذلك فيما بعد.		
٣٠	يصيبني ارهاق شديد لا يمكن احتماله نتيجة تواجدي مع الآخرين.		
٣١	أعتبر نفسي شخصا وحيدا أو منعزلا عن الآخرين.		
٣٢	أتمنى أن أكون بمفردي أو وحيدا معظم الوقت.		
	مجموع الدرجات		