Body image satisfaction and self-esteem in Albanian adolescents

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Abstract

Body image satisfaction and self-esteem are important components of an individual's well-being. The aim of our research is to study the relationship between body image satisfaction and self-esteem in adolescents, an age group that is particularly sensitive to physical changes. In this study, a quantitative approach was used to analyze the relationship between body image satisfaction and self-esteem. A total of 111 Albanian teenagers (35 boys and 76 girls) were selected, who completed a questionnaire on body image satisfaction, self-esteem, and anthropometric data, such as height and BMI. Statistical analysis was used to assess the relationship between these variables, including the use of correlation to determine the relationships between them. Among the 111 teenagers surveyed, our study revealed a positive relationship between body image satisfaction and self-esteem — as body image satisfaction increased, so did self-esteem. Out of the 35 boys and 76 girls questioned, boys showed higher self-esteem, with an average of 32.09%, compared to girls. A positive correlation between height and self-esteem was found (p ≤ .05); adolescents with greater height reported higher self-esteem. Regarding BMI, the study found a negative relationship

between body image satisfaction and BMI, with higher BMI decreasing body image satisfaction. This study suggests further research, including an analysis of factors that may influence the relationship between body image satisfaction and self-esteem in Albanian adolescents.

Keywords: *body image satisfaction, self-esteem, adolescence, BMI.*

Introduction

Body image satisfaction is defined as the degree to which an individual is satisfied with their physical appearance or with specific parts of their body (Holsen, Jones & Birkeland, 2012). In many research studies, the adolescent age group is shown to be more sensitive to comments and evaluations about their appearance, and this sensitivity can influence their emotional health and self-esteem (Harter, 1999). Self-esteem is a subjective assessment that a person makes of themselves, including feelings of self-awareness and perceptions of their personal values, abilities, and qualities (Rosenberg, 1965).

During adolescence, body image perception and self-esteem change and evolve significantly (Steinberg, 2014). These changes are related to the physical and emotional development of each stage, where adolescents often experience increased sensitivity to their body image, which directly affects their self-esteem (Santrock, 2019).

Body mass index (BMI), primary gender characteristics, secondary gender characteristics, and stable physical trait characteristics are very important factors that influence body image satisfaction and self-esteem throughout adolescence. BMI has a direct impact on body image satisfaction and self-esteem during adolescence (Grogan & Richards, 2002).

Primary gender characteristics include private parts, facial hair, body hair, and chest for men, while for women they also include private parts, chest, facial hair, and voice. These characteristics are essential for the sexual and reproductive development of the individual and often, if individuals are not satisfied with these body characteristics, lead to a source of anxiety and greater attention towards body image during adolescence (Grogan, 2016). Secondary gender characteristics include body appearance/weight, waist, arms, buttocks, biceps, appearance, muscles, weight, thighs, and hair for both sexes, as well as voice and chest for males and body hair for females. These characteristics contribute to the formation of gender identity that influences adolescent body image satisfaction (Fredrickson & Roberts, 1997).

Characteristics of stable physical features include nose, shoulders, chin, buttocks, hands, eyebrows, face, legs, and height for both sexes. These are traits that usually do not change significantly during adolescence but still influence self-perception and body image satisfaction (Cash & Pruzinsky, 2002). A positive approach to their body image makes individuals feel satisfied with what they have in their lives and encourages them to have a high sense of self-esteem (Khalaf, Hashmi & Omari, 2021).

The purpose of this study is to examine the relationship between body image satisfaction and self-esteem among Albanian teenagers.

The research question in this study is: How is body image satisfaction related to self-esteem among Albanian teenagers?

Definitions and Theories on Body Image Satisfaction

Interest in the psychological and sociological aspects of body image began with the studies of Paul Schilder in the 1920s. Schilder was one of the first researchers to examine the experience of the body in a psychological and sociological context. According to Schilder (1950), body image is the perception we have of our body, which is formed in our mind and reflects the way we see our own body. Criticism of this early definition of body image is controversial, as researchers argue that the construction of body image is more complex than the initial definition (Pruzinsky & Cash, 2002). The most widely used definition is one that includes a person's perceptions, emotions, and thoughts about their body (Grogan, 2008). There are four main elements: the way we see our bodies (perceptual), the way we feel about our bodies (affective), the thoughts and beliefs we have about our bodies (cognitive), and the things we do because we are unhappy with our bodies (behavioral) (Ricciardelli & Yager, 2015). From early childhood, body image has a significant impact on how we experience and react in our daily lives (Cash, 2004). The biggest changes in body image occur during adolescence (Cash, 2011). In the development of self-concept in adolescents, body image is important as it serves as a basis for self-esteem and self-development (Thompson, Altabe & Tantleff-Dunn, 1999). Currently, a common approach to understanding body image is to divide it into two components: perceptual, which includes the assessment of body size and appearance, and the emotional attitudes related to feelings toward the body (Gardner, 2011). Attitudes toward body image are related to how individuals invest in their appearance and the personal esteem they have for their body, such as body satisfaction (Cash, 2011). Body image satisfaction is often defined as the degree to which an individual

is satisfied with their physical appearance or with specific parts of their body (Holsen, Jones & Birkeland, 2012). When the subjective perception of body image does not correspond to the desired body ideal, it can lead to feelings of dissatisfaction and strong desires for changes in appearance. This situation can have a direct impact on mental health and general well-being (Sato, Timerman, Fabbri, Scagliusi & Kotait, 2011). In adults, body satisfaction is associated with fulfillment in personal interactions, overall life happiness, healthy dietary choices, performance in physical activities, and increased sexual satisfaction and frequency of sexual activity (Horacek, White & Betts, 2002). In contrast, in adolescents, body shape and weight dissatisfaction are associated with a host of psychological problems, from eating disorders to major depression (Stice & Bearman, 2001). Given the potential contributions of body image to mental health and well-being, an important research priority has been to investigate the development of body image satisfaction across the lifespan and identify the factors that contribute to it (Fenton, Brooks, Spencer & Morgan, 2010). Body mass index (BMI), primary gender characteristics, secondary gender characteristics, and stable physical trait characteristics are very important factors that directly influence body image satisfaction by affecting self-esteem during adolescence. The relationship between BMI and body image satisfaction has been consistently reported in the literature. BMI is an estimate of body fat mass based on height and weight. BMI categories are underweight = <18.5, normal weight = 18.5–24.9, overweight = 25–29, and obesity = BMI 30 or more (WHO, 2005). Empirical evidence shows that BMI is a very important factor in the development of a negative body image (Neumark-Sztainer, Hannan & Eisenberg, 2006). BMI has an impact on body image satisfaction and self-esteem during adolescence (Grogan & Richards, 2002). In early adolescence, individuals are more satisfied with their body image and weight, showing higher self-esteem compared to middle adolescence (Holmqvist & Frisén, 2012). Gender is a sociocultural characteristic that shapes the experiences and development of body image (Ricciardelli & McCabe, 2004). Adolescent girls are more vulnerable than boys to physical changes, and this vulnerability tends to translate into a greater level of body and weight dissatisfaction, which reflects low self-esteem (Rajchert, 2010). Studies have shown that there is a direct relationship between BMI and body dissatisfaction in adolescents (Jones & Crawford, 2005). Primary gender characteristics include private parts, facial hair, body hair, and chest for men, while for women they also include private parts, chest, facial hair, and voice. Breast development in girls begins on average between the ages of 8 and 13 and ends between the ages of 14 and 15. Hair appears around the age of 8 to 14 and reaches full development between the ages of 14 and 15. Pubic hair for boys appears after the genitals begin to develop and reaches

full development between the ages of 13 and 17. Other changes such as pubic hair, breasts, and body hair also occur during this time. These characteristics are essential for the sexual and reproductive development of the individual and often, if adolescents are dissatisfied with these body characteristics, it leads to anxiety and greater attention toward body image during puberty (Grogan, 2016). Secondary gender characteristics include body appearance/weight, waist, arms, buttocks, biceps, muscles, thighs, and hair for both sexes, as well as voice and chest for males and body hair for females. These characteristics contribute to the formation of gender identity and influence body satisfaction in adolescents (Fredrickson & Roberts, 1997). Girls experience significant growth in height, weight, and body composition. For boys, during puberty, they gain between 7 and 30 kg. Adolescents who are dissatisfied with their body image often experience lower levels of self-esteem and more depressive symptoms. Boys often feel dissatisfied with their muscle mass, while girls worry more about their weight and body size (Bearman, Presnell, Martinez & Stice, 2006). Social pressure and media influence often reinforce unattainable beauty standards, increasing anxiety and body dissatisfaction among young people (Grogan, 2016). Stable physical features, such as the nose, shoulders, chin, buttocks, hands, eyebrows, face, legs, and height, for both sexes, typically do not change significantly during adolescence but still influence self-perception and body image satisfaction (Cash & Pruzinsky, 2002). For example, an individual's nose or height can be a source of self-consciousness and anxiety, especially in cultures where these features are considered aesthetically important (Feingold, 1992). In addition, these unchanging characteristics are often associated with enduring concepts of beauty and physical attractiveness, which can have a profound impact on adolescent self-esteem. Studies have shown that pressure to meet aesthetic standards can lead to significant psychological and emotional distress (Frost, 2001). Adolescents who feel dissatisfied with their facial characteristics often report higher levels of depression and anxiety (Harter, 1999). These characteristics affect the general perception of body image and can play an important role in the formation of personal and social identity in teenagers. As Thompson, Heinberg, Altabe & Tantleff-Dunn (1999) note, negative perception of these traits may contribute to the development of eating disorders and other mental health problems during adolescence.

The Developmental View on Adolescence

Adolescence is a period of life between childhood and adulthood. Researchers of adolescent development often divide adolescence into different stages to reflect

changes in their development. Erikson (1966) believed that human development occurs throughout life. One of the most important psychologists of the 20th century, Erikson developed the theory of psychosocial development, which included eight stages of individual development. The first stage (0-1 years old) is called trust vs. mistrust, the second stage is autonomy vs. shame (1-3 years old), the third stage is initiative vs. guilt (3-5 years old), the fourth stage is industry vs. inferiority (ages 5-12), the fifth stage is identity vs. role confusion (ages 12-18), the sixth stage is intimacy vs. isolation (ages 18-35), the seventh stage is generativity vs. stagnation (ages 35-65), and the eighth stage is integrity vs. despair (65 years and older). At each stage, the individual faces a developmental crisis, representing a conflict they must navigate. The way these crises are resolved has a long-term impact on the individual's self-image and their perspective on society. Erikson (1968) saw identity formation as one of the main tasks of adolescence. Adolescents experience a developmental stage called the fifth stage, identity vs. role confusion. At this stage, they seek to find their personal identity and define their role in society. According to Erikson, adolescents experience an anxious period of self-exploration and searching, facing important questions about their identity, roles, and goals in life. They may feel torn between society's expectations and their true sense of self. When adolescents successfully integrate this sense of identity into their lives, they may experience psychosocial well-being, while failure to do so can lead to confusion about their role and identity in society. In the context of adolescent body image, Erikson's psychosocial theory of identity can explain several important aspects of their emotional and psychological development. When adolescents experience major physical changes, they may face challenges related to their identity (Luyckx, Schwartz, Berzonsky, Soenens, Vansteenkiste, Smits & Goossens, 2008). They may feel conflicted between society's external expectations of physical appearance and their internal feelings about themselves (Smolak & Murnen, 2011). This conflict between external and internal identity can cause anxiety and confusion in adolescents (Bearman & Stice, 2008). At this point, it is important for adolescents to develop a healthy self-awareness and understand that their identity is not solely defined by their physical appearance (Neumark-Sztainer, Falkner, Story, Perry, Hannan & Mulert, 2002). They must use critical thinking skills to determine what is true for them and avoid falling prey to unattainable beauty standards (Griffiths, 2010). Adolescents form their self-perception during this period of life (Erikson, 1968). The physical and psychological changes that occur during adolescence can affect perceptions and satisfaction with body image, which are key elements in the development of self-esteem and social adjustment among adolescents (Williams & Currie, 2000).

Self-assessment

Self-esteem is a positive or negative attitude towards oneself (Rosenberg, 1965). A good self-concept is related to positive thoughts about oneself, which is essential for the psychological well-being of the individual. High self-esteem is correlated with personal satisfaction, while low self-esteem reflects low feelings of self-confidence or feelings of humiliation.

The theory of self-esteem according to Rosenberg is one of the most important theories to understand the perception of individuals about themselves. This theory, developed by the American sociologist Morris Rosenberg in 1965, has been one of the main contributions to the field of social psychology. Rosenberg described self-esteem as a subjective assessment that a person makes of themselves, including feelings of self-awareness and perceptions of their personal values, abilities, and qualities. According to Mruk (1995), Rosenberg identified three key components in the definition of self-esteem: an emotional component, a cognitive component, and a social aspect that includes communication with others. The emotional aspect includes the personal feelings and emotions that an individual feels about themselves. For example, satisfaction, happiness, dissatisfaction, and anxiety are feelings that count in the emotional component of self-esteem. The cognitive aspect includes the individual's perceptions and thoughts about themselves. It includes the assessment of abilities, personal strengths and weaknesses, and perceptions of self-worth. A person with high self-esteem may consider themselves to be a person of many abilities and high worth. The social aspect includes relationships and the influence of others on the individual's self-esteem. Family, friends, and society in general have an impact on self-perception and self-esteem.

The theory of self-esteem according to Rosenberg suggests that these three components are essential in the formation and evaluation of a person's self-esteem. The study of these components helps in the further understanding of individuals' perceptions of themselves and how this perception affects their behavior and emotions in everyday life. Perceptions of what is "achieved" or "actual" arise from three distinct processes related to the performance of roles within groups: reflected appraisals, social comparisons, and self-attributions (Rosenberg, 1989). Based on the findings of previous studies, it appears that self-esteem increases with age (Twenge & Campbell, 2001). Self-esteem is an essential aspect of adolescent development and significantly affects their psychological and emotional well-being (Rosenberg, 1965). During adolescence, self-esteem develops uniquely, and there are many different trajectories of self-esteem (Zimmermann, Copeland & Shope,

1997). Rosenberg suggests that self-esteem in adolescence is influenced by several key factors, including social relationships, academic experiences, and the expectations of parents and teachers. He notes that adolescents with high self-esteem are more likely to cope better with challenges and stress, while those with low self-esteem may face mental health problems such as depression and anxiety (Rosenberg, 1979). He argues that creating a supportive environment and encouraging autonomy in adolescents can help develop a stable and positive self-esteem (Rosenberg, 1965). The body as a component of adolescence has been explained by many psychologists and researchers as the subjective evaluation of a person's body through related feelings and attitudes, showing a negative or positive attitude towards oneself and body image satisfaction (Rosenberg, 1965). Individuals can act directly in ways that boost their self-esteem when it is low, they can reframe the situation to reflect more positively on it, or they can work to create an impression of themselves that is more positive, such as both in terms of value and efficiency (Rosenberg, 1989). In general, men have higher self-esteem and subjective well-being compared to women (Schmitt, Long, McPhearson, O'Brien, Remmert & Shah, 2017). Researchers suggest that there is a general desire to protect and enhance a person's self-esteem (Cavington, 1984).

The relationship between self-esteem and body image satisfaction

Self-esteem is so closely related to thoughts about a person's body that physical appearance has consistently been found to be the number one predictor of self-esteem at different ages (Ata, 2007).

Many studies have focused on the relationship between body image satisfaction and self-esteem during adolescence (Bell & Dittmar, 2011). Most of these studies suggest that girls are more vulnerable than boys to physical changes; this vulnerability tends to translate into a greater level of body and weight dissatisfaction, which reflects low self-esteem (Brunet, Fritz & Richnau, 2010). This dissatisfaction appears less overwhelming in the group of boys during adolescence (Davison & McCabe, 2006). In an extensive survey of young people in Australia, body image was ranked as the third most important issue to them, after stress and school problems, among more than 15,000 young people aged 15 to 19. In total, 35.6% of adolescents, with a higher proportion of females (43%) compared to males (18.6%), identified body image as a major issue of personal concern (Mission Australia, 2012). On the other hand, studies on adolescent boys show that 40 to 70% are dissatisfied with their body size and/or specific body parts (Lawler & Nixon, 2011). While girls are more dissatisfied with their thighs, hips, and waist, boys are more dissatisfied with their biceps, shoulders, chest, and muscles (Ricciardelli, McCabe, & Ridge, 2006). Another difference with boys is that the focus is more on the functional

aspects of the body than the aesthetic focus we see in girls (Abbott & Barber, 2010). In another study conducted by Virk & Singh in 2020, they tried to determine the percentage of students who were dissatisfied with their body image and the relationship between multiple factors of self-esteem and body image dissatisfaction. It was cross-sectional research with 125 first-year medical students. 16.8% of students were dissatisfied with their body image. Dissatisfaction with body image was shown to be substantially associated with an unhealthy BMI. Studies that have explored the relationship between self-esteem and body image satisfaction have clearly shown that low self-esteem is associated with greater body image concerns (Wojtowicz & Ranson, 2012). This means that individuals with low self-esteem tend to have more anxiety and stress about their physical appearance (Crocker, Sommers & Luhtanen, 2002). A study conducted by Möller & Stattin (2001) examined the relationship between height and self-esteem in adolescents. This study found that taller teenagers tend to have higher self-esteem compared to those who are shorter. The results showed that height can influence how adolescents perceive themselves and how they feel about their physical appearance, playing an important role in their psychological and social development (Möller & Stattin, 2001). Body image satisfaction is closely related to negative body perceptions that often lead to low self-esteem (Tiggemann, 2005). High self-esteem has been shown by many studies to be a protective factor against body dissatisfaction (Tiggemann & Williamson, 2000). Although research involving body image satisfaction and self-esteem is quite limited, existing studies point to a complex relationship between these two variables. A positive approach to their body makes individuals feel satisfied with what they have in their lives and encourages them to have a high sense of self-esteem (Khalaf, Hashmi & Omari, 2021).

Methodology

The purpose of this study is to examine the relationship between body image satisfaction and self-esteem among Albanian teenagers.
The objective of this study is to investigate the possible relationship between body image satisfaction and self-esteem among Albanian teenagers.
The research question raised in this study is: How is body image satisfaction related to self-esteem among Albanian teenagers?
The hypothesis raised in this study is: Body image satisfaction is positively related to self-esteem among Albanian teenagers.
The variables that have been analyzed for the hypothesis are the independent variable: satisfaction with body image and the dependent variable: self-esteem among Albanian teenagers.

Participants

The participants in this study were 111 students from Sami Frashëri High School in Tirana. The age range included 14 to 19 years, with an average age of 16.56 years. Of the participants, 68.5% (n = 76) were women and 31.5% (n = 35) were men. Participants were given the questionnaire, formulated using Google Forms, via digital applications. For sampling, the snowball and convenience sampling methods were used. Snowball sampling involved sharing the questionnaire from one person to another through digital applications such as WhatsApp. The other sampling method is non-probability sampling, which collects data from a specific part of the population—in this case, among 111 Albanian teenagers but not all teenagers in Albania.

Procedure

The procedure followed in this study for data collection involved an online questionnaire formulated using Google Forms. The questionnaire and the purpose of its use were explained to the participants from Sami Frashëri High School in Tirana. They were also informed that the questionnaire was anonymous, preserving their privacy. All participants completed the process of filling out the questionnaire. The duration of data collection lasted up to 5 days. The completed questionnaires were then collected, and the data were entered into SPSS 25. The piloting of the questionnaires was conducted with 20 participants and proved to be reliable. The methodology used is based on primary data from the 111 questionnaires as well as secondary data, such as books, articles, and primarily scientific publications, which were used according to the specific goals of the paper.

Instruments

The instruments used to carry out this study are two questionnaires and the BMI (body mass index).

Instrument 1: BIS (Body Image Satisfaction) Body Image Satisfaction Questionnaire. In 1972, the first major national study on body image was conducted under the auspices of Psychology Today. Berscheid, Hatfield, and Bohrnstedt (1972) created the body image satisfaction scale. It includes 26 items, each assessing the degree of satisfaction with a body part. All items are rated on a 5-point Likert scale. Primary gender characteristics (private parts, facial hair, body and chest hair; private parts, chest/facial hair, and voice; secondary gender characteristics

(hips, body figure/shape, waist, arms, butt, biceps, appearance, muscles, weight, thighs, and hair [for both men and women] and voice and chest/breasts [for men] and body hair [for women]); fixed feature characteristics (nose, shoulders, chin, calves, hands, eyebrows, face, legs, and height [for both sexes]). Total and subscale scores are represented by the mean item response (Lindgren & Pauly, 1975). The BIS is first administered to girls and boys at ages 10 and 12, respectively, so it is appropriate for the 14- to 19-year-old high school age group. This Likert scale questionnaire obtains Cronbach's Alpha values of .933, indicating reliability. Instrument 2: The Rosenberg Self-Esteem Scale (SES), which assesses self-esteem using a 10-point scale that measures global self-esteem through statements related to feelings of self-esteem and self-acceptance (Hillebrand & Burkhart, 2006), may include a combination of a Guttman-type scale and a 4-point Likert-type scale. The SES includes a Guttman-type scale and a 4-point Likert-type scale where the scoring is ("strongly disagree" = 1, "strongly agree" = 4), with a mean value of 32 and a possible range of scores from 10 to 40. Higher scores indicate higher levels of self-esteem. The Guttman scale assesses self-esteem on a continuum, including statements that fit individuals with different levels of self-esteem. The scale was originally developed for high school students. The SES has shown excellent convergent and construct validity, including a correlation of .83 with the Self-Image Health Questionnaire and .72 with the Lerner Self-Esteem Scale (Mintz & Kashubeck, 1999). This Likert scale questionnaire obtains Cronbach's Alpha values of .839, indicating reliability. Body mass index (BMI) is an estimate of body fat mass based on height and weight. BMI categories: Underweight = <18.5, Normal weight = 18.5–24.9, Overweight = 25–29, and Obesity = BMI 30 or more (WHO, 2005).

Limitations of the study

This study is based on a quantitative methodological approach through formulated questionnaires, with a generalizing purpose. The number of questionnaires is an additional limitation to generalizability. The lack of studies in Albania on body image satisfaction and body mass index (BMI) also brings a limitation to the comparison of the findings of this study. However, the techniques used were appropriate for the specific topic. Further qualitative studies can replicate and explore other findings about this study at different levels.

Data analysis and results

Data analysis

A - Descriptive data of BMI

	N	Minimum	Maximum	Average	Standard Deviation
Weight (kg)	111	43.0	120.0	62.40	13.05
Length (cm)	111	155.0	195.0	170.37	8.66
BMI	111	16.2	34.7	21.38	3.26

BMI is an indicator of body mass used to assess whether a person has a healthy weight in relation to their height. BMI is calculated using the ratio of weight to height. The table above presents the descriptive weight data, with a minimum weight of 43 kg, a maximum of 120 kg, and an average (M=62.4, SD=13.05). Minimum height is 155 cm, maximum is 195 cm, with an average (M=170.37, SD=8.66). BMI in our study among 111 Albanian teenagers resulted in an average (M=21.38, SD=3.26).

B - BMI level

	N	%
underweight	14	12.6
normal	85	76.6
overweight	12	10.8
Total	111	100.0

BMI level is underweight below 18.5, 18.5 - 24.9 is normal weight, 25.0 - 29.9 overweight, 30.0 and above obesity. Referring to BMI scores as the results of the ratio of weight to height results in our study among 111 teenagers in Albania, underweight with 12.6%, normal with 76.6% and overweight with 10.8%.

C - Descriptive data of body image satisfaction

	N	Minimum	Maximum	Average	Standard Deviation
Body Image Satisfaction	111	47.0	130.0	98.89	16.78

The table above presents the descriptive data of the body image with a minimum score of 47, a maximum of 130 with a mean (M=98.89, ds=16.78).

The focus of the questionnaire on body image satisfaction is from 1 to 5, where there are a total of 26 questions. And the score varies 26*1= 26, minimum score and 26*5= 130 maximum score.

Above are presented the descriptive data of body image satisfaction with a minimum score of 47, a maximum of 130 with a mean (M=98.89, ds=16.78). Here we see that the minimum that an individual has received is 47 points and the maximum that has been achieved is 130 points while the average of 111 teenagers is 98.89 points with a standard deviation from the average of 16.78 points. Deviation indicates the deviation from the average that this sample has which defines the interval (98.89+16.7) and (98.89-16.78)

D - Descriptive data of questions on body image satisfaction

	N	Average	Standard Deviation
25. How satisfied are you with your body hair?	111	3.00	1.21
19. How satisfied are you with your muscles?	111	3.35	1.12
20. How satisfied are you with your facial hair?	111	3.43	1.20
14. How satisfied are you with your belly?	111	3.44	1.31
23. How satisfied are you with your weight?	111	3.47	1.23
24. How satisfied are you with the appearance of your body weight?	111	3.50	1.21
16. How satisfied are you with your biceps?	111	3.64	1.05
3. How satisfied are you with your thighs?	111	3.69	1.15
1. How satisfied are you with your nose?	110	3.73	1.16
11. How satisfied are you with your thighs?	111	3.76	1.13
6. How satisfied are you with the chest?	111	3.81	1.01
18. How satisfied are you with your legs?	111	3.86	1.02
2. How satisfied are you with your shoulders?	111	3.86	1.04
12. How satisfied are you with your arms?	111	3.87	1.07
22. How satisfied are you with your voice?	111	3.89	0.91
26. How satisfied are you with your appearance?	111	3.94	1.03
21. How satisfied are you with your face?	110	3.97	0.94
5. How satisfied are you with the legs?	111	3.98	1.04
15. How satisfied are you with your back?	111	3.98	0.97
10. How satisfied are you with your height?	111	4.00	0.99
17. How satisfied are you with your hair?	111	4.06	1.09
9. How satisfied are you with private parts?	111	4.09	0.90
7. How satisfied are you with your hands?	111	4.13	0.90
13. How satisfied are you with your eyebrows?	111	4.15	0.96

4. How satisfied are you with the pages?	111	4.16	0.90
8. How satisfied are you with your neck?	111	4.17	0.84

The table above presents the descriptive data of the questions related to the satisfaction of body image among 111 Albanian teenagers. The order of the questions is made based on the average from the lowest to the highest. Referring to the average (from 1 to 5), it turns out that the question with the highest average is question 8. How satisfied are you with your neck? (M =4.17, ds=.84) and the lowest mean is question 25. How satisfied are you with your body hair? (M =3, ds=1.21). The higher the average, the higher the level of body image satisfaction among the 111 teenagers in Albania.

E - Descriptive self-esteem data

	N	Minimum	Maximum	Average	Standard Deviation
Self-esteem	111	15.0	40.0	30.27	5.37

The descriptive data show us that the minimum points obtained are 15 points and the maximum 40 points with an average of points (M=30.27, ds=5.37).

The scoring of the self-assessment questionnaire is from 1 to 4, where there are a total of 10 questions. Points range 10*1= 10 minimum points and 10*4= 40 maximum points. Here in our study we see the self-esteem measured in 111 teenagers in Albania. The minimum that a teenager has received is 15 points and the maximum that has been achieved is 40 points, while the average of 111 teenagers is 30.27 points with a standard deviation from the mean of 5.37 points. Deviation indicates deviation from the average of this sample, which defines the interval (30.27+5.37) and (30.27-5.37)

F - Level of Self-Esteem

	N	%
low	21	18.9
medium	28	25.2
high	62	55.9
Total	111	100.0

The level of self-esteem is low (10–25), medium (26–29), high (30–40). Referring to our study, it results that of the 111 teenagers, 55.9% have a high level of self-esteem, 18.9% have a low level of self-esteem and 25.2% have a normal level of self-esteem. The result is also presented in the graph below.

The results

A - Correlation of demographic data with self-esteem

		Self esteem
Gender	Pearson r	.230*
	Sig.	.015
	N	111
Age	Pearson r	.065
	Sig.	.495
	N	111
Weight (kg)	Pearson r	.109
	Sig.	.254
	N	111
Length (cm)	Pearson r	.215*
	Sig.	.023
	N	111
*. Correlation is significant at the 0.05 level (2-tailed).		

Correlation is a coefficient marked with the symbol (r) and measures how strongly two variables are related to each other by looking at (sig) or otherwise the symbol (p), which indicates significance. If p is less than or equal to 0.05, we say that we have a significant correlation, and in the correlation table, those that are significant have an asterisk (*) above them. (N) indicates the frequency.

In our study, to see if there is a significant relationship between self-esteem and age in 111 teenagers, we used Pearson's correlation. From the table above, we see that there is no statistically significant relationship between them ($p > .05$).

From the above table, we see that there are statistically significant differences between genders, as the p-value is less than .05 ($p < .05$). The result shows that self-esteem is higher in male teenagers, with an average (M=32.09, SD=4.97), compared to females (M=29.43, SD=5.37).

From the table above, we see that there is no statistically significant relationship between weight and self-esteem ($p > .05$) among 111 teenagers.

There is a significant positive correlation between height and self-esteem (r(n=111)=.215, $p \le .05$). The result shows that self-esteem increases as teenagers grow taller.

B - Correlation with BMI and self-esteem

		Self-esteem
	Pearson r	-.005
BMI	Sig.	.959
	N	111

To see if there is a significant relationship between self-esteem and BMI among 111 teenagers, we used Pearson's correlation. From the table above, we see that there is no statistically significant relationship between them (p > .05).

C - Correlation with demographic data and body image satisfaction

		Body image satisfaction
	Pearson r	.181
Gender	Sig.	.058
	N	111
	Pearson r	.006
Age	Sig.	.953
	N	111
	Pearson r	-.064
Weight (kg)	Sig.	.506
	N	111
	Pearson r	.150
Length (cm)	Sig.	.116
	N	111

In our study, to see if we have significant differences between genders in terms of the level of body image satisfaction among 111 teenagers, we found that there are no significant statistical differences between genders, as the p-value is greater than .05 (p > .05).

To see if there is a significant relationship between body image satisfaction and age in 111 adolescents, we found that there is no statistically significant relationship between them (p > .05).

From the table above, we see that there is no statistically significant relationship between weight and body image satisfaction (p > .05) among 111 adolescents.

The results above showed no relationship between height and body image satisfaction in 111 adolescents.

D . Correlation with BMI and body image satisfaction.

		Body image satisfaction
	Pearson r	-.202*
BMI	Sig.	.034
	N	111
*. Correlation is significant at the 0.05 level (2-tailed).		

To see if there is a significant relationship between body image satisfaction and BMI in 111 adolescents. From the table above, we see that there is a statistically significant relationship between them (p≤.05).

There is a significant negative correlation of body image with self-esteem (r(n=111)=-.202, p≤.05). The result shows that as the BMI level increases, body image satisfaction decreases.

E - Pearson correlation between body image satisfaction and self-esteem

		Body image satisfaction	Self-esteem
	Pearson Correlation	1	.678**
Body image satisfaction	Sig. (2-tailed)		.000
	N	111	111
	Pearson Correlation	.678**	1
Self-esteem	Sig. (2-tailed)	.000	
	N	111	111

**. Correlation is significant at the 0.01 level (2-tailed).

To see if there is a significant relationship between body image and self-esteem in 111 teenagers, we used Pearson's correlation. Pearson correlation which serves to measure the strength and direction of statistical dependence between two variables. We have the dependent variable self-esteem and the independent variable body image satisfaction. From the table above, we see that there is a statistically significant relationship between them (p≤.01).

There is a significant positive correlation of body image with self-esteem (r(n=111)=.678, p≤.01). The result shows that as the level of body image increases, so does self-esteem.

G - Regression of the prediction of self-esteem
from the influence of body image satisfaction

Model		Unstandardized Coefficients		Standardized Coefficients	t	p
		B	Std. Error	Beta		
1	(Constant)	8.826	2.260		3.906	.000
	Body image satisfaction	.217	.023	.678	9.623	.000

F=92.6, R²=.459

To see the extent of the effect of body image satisfaction on self-esteem we used simple linear regression analysis according to the following model. Simple linear regression to see the influence of independent variables on the dependent variable through beta coefficient and explanatory variance.

$Y = \beta 0 + \beta 1 X1 + e$, Y- represents the dependent variable, X1 - the independent variable, $\beta 0$ - the constant coefficient, $\beta 1$ - coefficients of independent variables, e- standard error.

Self-esteem - dependent variable.

Body Image Satisfaction - independent variable.

The model. We note that R Square as a coefficient of determination shows a value of .459. This indicates that 45.9% of the variance of self-esteem is explained by the body image satisfaction variable.

Self-esteem has a significant positive relationship with body image (ß=.217), since the t-statistic in absolute value is greater than 2. (t=9.623 or if we will see the significance p its value is presented (p= .000<.05).Body image satisfaction increases self-esteem by 67.8% (Beta=.678).

Discussions and conclusions

Discussions

The purpose of this study is to examine the positive relationship between body image satisfaction and self-esteem among Albanian teenagers. The research question guiding this study is: How is body image satisfaction related to self-esteem among Albanian teenagers?

In our study, we researched gender differences in relation to self-esteem among the 111 teenagers surveyed. From the table above, it appears that there are statistically significant differences between genders, as the p-value ($p < 0.05$) is below the threshold value. The results show that self-esteem is higher in male

teenagers (mean M = 32.09, standard deviation SD = 4.97) compared to female teenagers (mean M = 29.43, standard deviation SD = 5.37). Studies on gender differences in relation to self-esteem have generally shown that men tend to have higher self-esteem and subjective well-being than women (Schmitt et al., 2017). Our study aligns with these findings, confirming gender differences in self-esteem.

Another key result was the significant positive relationship between height and self-esteem (r(n=111) = .215, p ≤ .05). The results among the 111 Albanian teenagers showed that self-esteem increases with height. For example, a taller adolescent may experience a higher level of self-esteem, possibly due to the social and physical advantages often associated with height. A study by Möller & Stattin (2001) examined the relationship between height and self-esteem in adolescents and found that taller teenagers tend to have higher self-esteem compared to their shorter peers.

Additionally, we explored the relationship between BMI and body image satisfaction. From the table, it appears that there is a statistically significant relationship between these variables (p ≤ .05). The relationship is negative, with a correlation coefficient of r = -0.202, indicating that as BMI increases, body image satisfaction decreases. Teenagers with higher BMI tend to be more dissatisfied with their bodies and often experience lower self-esteem. A teenager with a higher BMI may feel dissatisfied with their physical appearance, negatively impacting their self-esteem and increasing their risk of developing eating disorders and other mental health problems. Studies have consistently shown a direct relationship between BMI and body dissatisfaction in adolescents (Jones & Crawford, 2005). A study conducted by Virk & Singh (2020), along with numerous others, has found that body image satisfaction negatively correlates with BMI.

The hypothesis of this study is: Body image satisfaction is positively related to self-esteem among Albanian teenagers. To test whether there is a significant positive relationship between body image satisfaction and self-esteem, we used the Pearson correlation coefficient. The analysis revealed a statistically significant positive relationship (p ≤ .01), indicating that when body image satisfaction increases, so does self-esteem. In the predictive analysis, we used simple linear regression to determine the extent of the effect of body image satisfaction on self-esteem. The results show that body image satisfaction increases self-esteem by 67.8% (Beta = .678). Previous studies exploring the relationship between self-esteem and body image satisfaction have shown that low self-esteem is associated with greater concerns about body image (Wojtowicz & Ranson, 2012). This suggests that individuals with low self-esteem tend to experience more anxiety and stress about their physical appearance (Crocker, Sommers & Luhtanen, 2002).

Conclusions and recommendations

The purpose of this study was to investigate the positive relationship between body image satisfaction and self-esteem. The results of the study confirmed the hypothesis: body image satisfaction is positively related to self-esteem among Albanian teenagers.

Despite the issues identified, this study encourages further research in several directions. For instance, to further explore the relationship between body image satisfaction and self-esteem, more qualitative studies should be conducted to analyze this relationship in greater depth. Additionally, to better understand gender differences in self-esteem, future studies with larger adolescent populations would be beneficial. Further research should also focus on confirming the negative association between BMI and body image satisfaction, particularly to address and prevent the risks of extreme dieting or aesthetic surgical interventions among adolescents.

For findings that were not the direct aim of the study—such as the negative association between BMI and body image satisfaction, gender differences in self-esteem, and the positive association between height and self-esteem—we recommend further investigation. These aspects can contribute to a deeper understanding of the factors that influence adolescent self-esteem and can help in the development of effective strategies to improve both their psychological and physical well-being.

Future studies should also consider analyzing additional factors such as the prevalence of eating disorders, the impact of surgical interventions, and the effects of anxiety and depression on the relationship between body image satisfaction and self-esteem among Albanian adolescents. These variables could significantly influence the outcomes and their evaluation.

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