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Body Image of Pakistani Consumers

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Abstract: *This paper examines how media exposure, self-esteem, and religiosity influence body image of Pakistan consumers. The underpinning of this study is based on Social Comparison Theory with two additional variables (religiosity and self-esteem) for understanding consumer attitude towards body image. A self-administered questionnaire was used. 193 persons responded at mall intercepts. The Conceptual framework was empirically tested through SEM. A positive relationship between exposure to media and body image was found while negative influence was found between self-esteem and body image. No relationship was found between religiosity and body image. The results showed mixed outcomes as compared to past studies. The scope of this study is limited to one city only and hence the findings could not be generalized. Future researcher may use a larger sample drawn throughout Pakistan, and examine whether body image perception varies with ethnicity, age and gender. Media exposure is affecting the traditional norms and values of Pakistan culture and body image. The obsession of the media and thin body image have to be controlled and this requires policy changes. Corporate sector might take initiative by not selecting ultra-thin models. They might also sponsor public service messages showing ill effects of being ultra-thin, and showing that the ultra-thin models are not real but are results of artwork and camera angles. Social Comparison Theory with two addition variable religiosity and self-esteem has been successfully extended/empirically tested in the domain of Pakistani culture.*

Keywords: Social comparison theory, media exposure, self-esteem religiosity, body image.

1 Introduction

A limited numbers of TV channels and magazines were available in Pakistan up to the end of 1980s. In the next few years the growth of media was exponential. As a consequence, now hundreds of foreign and local televisions channels and magazines are available for the local population (Hassan, 2011; "Media Pakistan," 2009). Media exposure has not only revolutionized the culture but has also affected the local population's perception of body image, dressing habits, styles of living and purchasing behavior (Kamran, 2008). Despite its significance, literature on exposure to media and body is available on consumers of Pakistan, India and Sri Lanka is not sufficiently available (Kapadia, 2009). Thus, it arise a need to understand body image of Pakistani

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consumers from a theoretical and quantitative purpose.

In order to fill the above gap a conceptual framework has been developed by incorporating religiosity and self-esteem as additional variables in the Social Comparison Theory as these have been identified as important variables in the context of Pakistan. Thus this conceptual framework will help in understanding consumer's attitude on body image in a non-Western country namely Pakistan.

2 Literature Review

In early nineties body image concerned (eating disorders) was not an issue in India (Khandelwal, Sharan, & Saxena, 1995). In a comparative study between Caucasian and Asians girls it was found that on an overall basis the Asian females were found to be happier and content with their body image as compared to British Caucasians (Wardle, Haase, & Steptoe, 2005). Interestingly in another study in the United Kingdom it was found that despite the same exposure to media in England the white females had a higher level of body dissatisfaction and calories concern as compared to the Indian and Pakistani girls living in the same country (Ogden & Elder, 1998). Contrarily, others found that both Indian and Pakistani female immigrants living in the United Kingdom were highly dissatisfied with their body images and shapes (Mumford & Choudhry 2000).

Young Chinese, Indian and European females living in Canada are more concerned about their weight. Indians have more positive body image in comparison to the Chinese, and negative body image as compared to European students (Kennedy, Templeton, Gandhi, & Gorzalka, 2004). University students in Delhi are of the opinion that there is a high correlation between negative body image and maladjustment. However, they also feel that self-esteem acts as a moderator between negative body image and maladjustment (Kapadia, 2009). In a comparative study on Indian and Caucasian students it was found that both the groups feel that for improving the body image necessary remedies are dieting, self induced vomiting and use of laxative and water tablets (Button, Reveley, & Palmer, 1998). In another cross culture study on Indian, Tibetan, French and American students no correlation was found between socio economics status, media and body image (Rubin, Gluck, Knoll, Lorence, & Geliebter, 2008).

A comparative study found that Australian females have significantly lower body self-esteem, and greater body image dissatisfaction than the Pakistani females belonging to Urdu medium and English medium schools (Mahmud & Crittenden, 2007). It may be pointed out that students in Urdu medium schools generally belong to lower status and English medium school to upper status. The above perception about body image could be attributed to the difference in socio-culture and religious upbringing of Australian and Pakistani respondents (Dolan, 1991; Nasser, 1988). Both Australian and Pakistani female were also of the opinion that their ideal body size is smaller than their actual body sizes (Mahmud & Crittenden, 2007).

Media explosion in Pakistan has adversely affected media consumption trend of the local population. On an average they spent three to four hours on media due to which the cultural norms and values are being distorted (Zia, 2007). Moreover, the

incidence of depression and low self-esteem has increased quite significantly in young adults especially females in Pakistan (Qidwai, Ishaque, Shah, & Rahim, 2010). In a similar context, it has been found that the incidents of eating disorder has also increased significantly in the female medical students of Karachi (Memon et al., 2012). Local female's obsession to internalized media images has reached such a level that they are highly unsatisfied with their body image and hence have resorted to starving due to which they are suffering from acute eating disorder (Daily News Paper, 2007).

Traditionally, Pakistani females were more concerned to have an association with their families, and society with little or no concern about their body image. This is not true anymore. Now in view of their inspiration with celebrities and reference groups they are adopting dressing and grooming practices that are not aligned to Pakistani social context (Abideen, Latif, Khan, & Farooq, 2011).

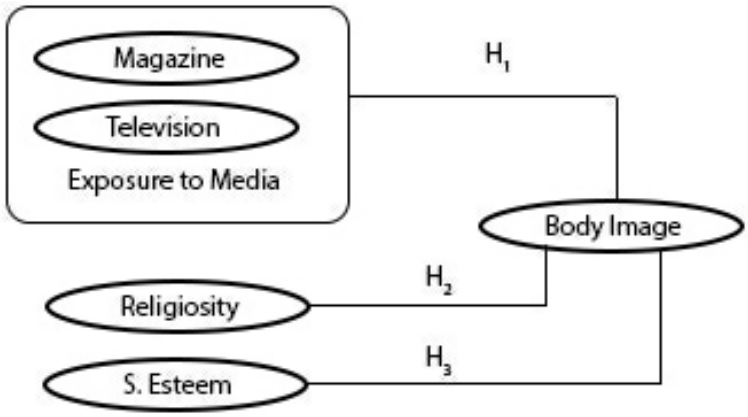
The above discussions contradicts the old perception that the ideal body image of Asian females is influenced by different ideal of body size (Lee, Hsu, & Wing, 1992). In fact preference for thin body image has become an international phenomena and is now more or less uniform across all cultures (Ford, Dolan, & Evans, 1990; Molloy & Herzberger, 1998).

3 Conceptual Framework

The social comparison theory helps in understanding the impact of media and socio cultural factors on body image. It also examines the individual behavior in response to peer groups and other social categories (Milkie & Peltola, 1999). The focal point of the theory is that people compare/internalize themselves with others on the basis of those dimensions that are similar to them (Festinger, 1954; Milkie & Peltola, 1999). The comparison could be either upward or downward. In upward comparison individuals compare themselves with someone who is superior to them which leads to depressed mood. In case of downward comparison people compare themselves with those who are inferior to them on several dimensions, which results in the elevation of mood (Lin & Kulik, 2002; Schooler & Schreiber, 2004; Tiggemann & McGill, 2004). It has also been found that women's exposure to highly attractive models adversely affects their body image and mood (Slater, Henry, Swaim, & Anderson, 2003) as a consequence they resort to buying and shopping for elevating their moods (Gardner & Rook, 1988). An individual can compare themselves through various sources but mass media is considered to be the strongest influencer on body image (Field et al., 2001)

Originally, the Social Comparison Theory was applied on opinion and ability evaluation, but now it is being used to measure social comparison effect on self-esteem (Richins, 1991). Several studies have demonstrated that there is a link between self-esteem and body Image (Martin & Kennedy, 1993). Moreover, it has also been found that high level of religiosity does not affect body image (Boyatzis, 2005). The conceptual frame work developed for this study is depicted in Figure 1, and the final SEM model is depicted in Figure 2.

Figure 1: Conceptual Framework



3.1 Media and Body Image

In view of media exposure conceptual definition of body image has changed considerably. Initially, it was considered as a picture formed by individuals in their mind about their body (T.F. Cash, 2004). Comparatively others were of the opinion that body image is not restricted to visual impact of the body, but is inclusive of collective attitudes and feelings about the body image (Allan, Mayo, & Michel, 1993). Subsequently, body image definition became multidimensional due to inclusion of "self-attitude towards body image" in terms of size, shape and aesthetic (T.F. Cash, 2004; T. F. Cash & Pruzinsky, 2004). Other additions to the conceptual definition of body image are perceptual and cognitive behaviors (T.F. Cash & Deagle III, 1997).

Media pressure people inclination towards body image has increased significantly, as a results the number and frequency of diet related advertisements in television and magazines have also increased substantially in the United States (Berg, 2001) and world over. Thus both television and magazines are not only sources of internalizing thin models but have completely changed the cultural ideals as well (Berg, 2001; Thompson & Stice, 2001). Circulation and readership of magazines in recent years have increased as readers, especially females want to keep themselves updated on the issues related to beauty, fitness, and grooming products (Tiggemann, 2003).

Television advertisements and magazines are not only sources of upward comparison but the images being portrayed are impossible to achieve (Schooler & Schreiber, 2004; Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999; Yelland & Tiggemann, 2003). Since the media images are significantly thinner than most of the individuals in the real world, as a consequence it is one of the major sources of body dissatisfaction (Mason, 2012). These pretty media images have become a benchmark for prettiness and attractiveness to most people in society due to which incidents of body dissatisfaction have increased. Constructs such as internalization, awareness, and perceived pressure to be thin have significant relationship with body image (Cafri, Yamamiya,

Brannick, & Thompson, 2005). Numerous studies have validated the inverse relationship between exposure to media and body image (Grabe, Ward, & Hyde, 2008; Groesz, Levine, & Murnen, 2002). This relationship of media exposure and negative effect on body image was again revalidated in an experimental study. In this study one group was exposed to thin media images and the other to neutral images, and it was found that those who were exposed to extra thin model have significantly higher effect on body image dissatisfaction as compared to those who were exposed to neutral images (Folger & Reeb, 2010). Based on the above discussion the following hypothesis has been formulated:

H1: There is positive relationship between media exposure and body image dissatisfaction.

3.2 Self-esteem and Body Image

It has been found that a direct relationship between self-esteem and body image exist (Martin & Kennedy, 1993). Self-esteem plays a significant role in an individuals social behaviors, physical and mental health (Mann, Hosman, Schaalma, & Nanne, 2004). Rosenberg (1965) defined self-esteem as a favorable or unfavorable attitude toward the self (p. 15), while other researchers refer self-esteem as favorable or unfavorable self assessment (Cooper & Taylor, 1988).

Individuals with low or negative self-esteem are more vulnerable to poor health, and social problems including depression, anxiety and eating disorder (Mann, et al., 2004). Comparatively, highly esteemed persons generally are in good health, and have positive social behavior such as satisfaction, and success. Perception about the physical attractiveness plays a significant role towards self-esteem (Kim & Lennon, 2007). Several studies have demonstrated that high self-esteem act as a buffer against body dissatisfaction and eating disorder (Geller, Zaitsoff, & Srikameswaran, 2002; Tiggemann & Williamson, 2000). For example Frost & McKelvie (2004) found a positive correlation between self-esteem, and body dissatisfaction for children, adolescent, and adults. Similarly, in an another study it was found that female college students with high perception about their body image, had a high level of self-esteem as compared to those who have low perception about their body image (Geller, et al., 2002). Based on the above discussions the following hypothesis has been generated:

H2: There is a negative relationship between those with high self-esteem and body image dissatisfaction.

3.3 Religiosity and Body image

Religiosity refers to level of commitment to a religious group, and it plays a significant role in influencing consumer attitude and behavior, whereas attitude is based on consumers' belief or religion (Essoo & Dibb, 2004). Religious philosophy provides a frame of reference on how to live, and behave in a society (Weaver & Agle, 2002), therefore, the impact of media exposure on body image should vary with the level of religiosity.

The interest of social scientist in investigating the relationship between religion and health issues has grown significantly in the last few years (Ellison & Levin, 1998). Religiosity and religious involvement have positive influence on several variables including physical health and morality (Hummer, Rogers, Nam, & Ellison, 1999; McCullough,

Hoyt, Larson, Koenig, & Thoresen, 2000; Sherkat & Ellison, 1999; Strawbridge, Cohen, Shema, & Kaplan, 1997).

It has been found that high level of religiosity does not affect body image. In this contest Boyatzis and colleagues carried out a series of research in which they explored the relationship between religiosity, eating disorder and body image. In one such study, it was found that girls belief in God significantly affects her body image perception. Girls with higher level of belief in God, also had higher perception about their body image (Body Image and Eating Disorder in Women, 2010). It was found that women with healthier body image were closer to God, prayed more often and consider their body as Holy and Sacred.

Moreover, those women who are open to change in their religious belief had lower perception towards their body image (Boyatzis, 2005). In a similar study, it was found that women who spent more time on reading religious books were less concern about their body image perception (Body Image and Eating Disorder in Women, 2010). Thus the following hypothesis has been generated.

H3: There is a negative relationship between those with high religiosity and body image dissatisfaction.

4 Methodology

4.1 Sample and sampling technique

An appropriate sample size is critical for any research. However, there is no consensus on this issue. For example a sample of 30 samples per variable is sufficient in multivariate analysis (Sekaran, 2003), while, 30 samples for Structural Equation Model is certainly not sufficient (Hair Jr., Anderson, Tatham, & Black, 2007). Some researchers are of the opinion that a minimum sample size of 100 to 150 will be sufficient in SEM analysis (Anderson & Gerbing, 1988). On the other extreme some have recommended a sample size of 400 while others are of the opinion that a sample size of 5000 may not be sufficient in some case (Boomsma, 1982, 1983; Hu, Bentler, & Kano, 1992). The sample size used in this study is 193 which is in conformity to what has been suggested by (Anderson & Gerbing 2007).

Probability sampling is generally preferred over non-probability sampling when overall generalize ability is critical for the study. However, for probability sampling a pre-requisite is defining sampling frame, which is not possible if the research is consumer oriented and national based (Saunders, Lewis, & Thornhill, 2009). Thus, the researcher has used quota sampling by allocating 225 samples to five high income areas of the city (Karachi, Pakistan). Data was collected through mall intercept method.

4.2 Measure and Scale

Instrument used in this paper are those which have established reliabilities and have been used in the similar context of the research.

4.2.1 Media Exposure Scale

For this study, exposure to media was measured through the media consumption scale MCS (Stice & Shaw, 1994). The original scale had seven questions. Four were related to TV programs in which the respondents were required to indicate the time they spent watching four named programs. Similarly they were required to indicate the time they spent reading three named magazines. The reported reliability for media as a whole was 0.73, and for TV and magazines were 0.69 and 0.67, respectively (Varnado, 2000).

The same measure was used in this study with a few modifications. Since original questionnaire was recall dependent which generally are not recommended, therefore, they were converted to seven points Likert scale. Seven in the scale indicates very high exposure to media and one very low exposure. Moreover, the TV programs and magazines on which the respondents were asked to give their rating were local TV programs and magazines.

4.2.2 Body Image Dissatisfaction Scale

Body image dissatisfaction scale administered by (French & B.Terrell, 2005) in their study was used in this study. These authors have combined two subscales of Eating Disorder Inventory (Garner, Olmstead, & Polivy, 1983). In all there were 16 items, seven were related to "Drive for thinness", and nine items were related to person's negative emotions about different parts of the body. The original scale was on six points Likert scale, with a reported reliability of 0.94 which in this study was converted to seven point Likert scale. Again seven in the scale shows very high body image dissatisfaction and one very low.

4.2.3 Self-esteem Scale

The ten items self-esteem questionnaire developed by Rosenberg (1965) has been used in this study. The original scale was based on four points with a reported reliability 0.85(Silber and Tippet, 1965). In this study the same scale was converted to seven point Likert scale seven showing high level of agreement and one high level of disagreement.

4.2.4 Religiosity Scale

Religious Commitment Inventory Scale-10, developed by Worthington, et. al (2003) has been used in this study. This questionnaire was based on 5-point Likert scale, with reported reliability of 0.93. In this study the same scale was converted to seven point Likert scale seven showing high level of agreement and one high level of disagreement.

4.3 Outliers and Normality

Test of normality of data was carried out in several stages. Initially, Box, Whisker, and Stem Leaf were plotted for identifying outliers. Outliers are those observations which are significantly different from the entire sample data (Hair Jr., et al., 2007).

If outliers are greater than five percent then the suggested remedy is to recode them to the nearest upward or lower values (Meyers, Gamst, & Guarino, 2006). On the other hand if it is up to 1% than it is suggested to carry them for further analysis as their effects would be insignificant (Meyers, et al., 2006). Since, the outliers in this study were less than 1%, therefore they were neither dropped nor recoded.

Normality of data in this study was also ascertained by converting each case to Z-score and removing those cases which exceeded 2.5. Moreover, normality of the data was also ascertained through Skewness and Kurtosis tests. The Skewness and Kurtosis of all constructs were within prescribed range of 1.5 (Leech, Barrett, & Morgan, 2005).

4.4 Research technique

SPSS-v19 has been used for normality of data, EFA, and reliability analyses. AMOS-v18 has been used to test the measurement model and structural model for assessing the derived hypotheses. Structural Equation Model (SEM) has been used because of its efficiency in multivariate approach for assessing theories (Hair Jr, Black, Babin, Anderson, & Tatham, 2010).

A typical six stage procedure for SEM was employed in this study (Hair Jr, et al., 2010). Initially an Exploratory Factor Analysis (EFA) was carried out for all the constructs separately to identify the items to be retained or dropped. Subsequently, reliabilities of each construct were obtained through Cronbach Alpha, which should be at least 0.70 (Leech, et al., 2005). Also Convergent and Discriminant Validity for all the constructs were also measured. Convergent Validity was used to measure the convergent of items on single construct (Steenkamp & Van Trijp, 1991), while Discriminant validity was used to measure the uniqueness and distinctiveness of each measure as compares to others (Hair Jr, et al., 2010). Finally CFA for all the exogenous models and overall model were worked out which are discussed in the subsequent section.

A typical two step approach was used for SEM analysis (Gerbing & Anderson, 1988). In the first stage, measurement items of each construct were subjected to confirmatory analysis (CFA) to ascertain whether measurement variables including body image, self-esteem, religiosity, and exposure to media reflects hypothesized latent variables. At the CFA stage three criteria were used for improving the fitness of the model, which are: Standardized Regression Weights (should be at least 0.40 for all the latent variables) (Singh, 1995); Standardized Residual Covariance (should be less than 2.58) (Joreskog & Sorbom, 1988); and Modification Index (should be lesser than 10) (Joreskog & Sorbom, 1988).

Additionally the following statistics were also employed for ascertaining the overall fitness of the model. Chi Square statistic Bollen (1989) was used to measure the variance between observed and expected covariance matrices. In case the Chi Square value is close to zero than the probability value must be significant ($p>0.05$). Chi Square value is generally reported as a tradition, due to its limitations. For example it is sensitive to sample size, and properly fit model might get rejected due to deviation from normality (Bentler & Bonett, 1980; Joreskog & Sorbom, 1988; McIntosh, 2007).

The Comparative Fit Index (CFI) is based on adjusted sample size. CFI index

should be at least 0.90 or greater (Hu & Bentler, 1999). Root Mean Square Error of Approximation (RMSEA) is related to residual in the model. RMSEA value should be of 0.08 or less (Hu & Bentler, 1999). The CFI is an improved version of NFI. CFI should also be at least 0.90 (Gerbing & Anderson, 1988; Hair Jr, et al., 2010). Since AGFI also consider the complexity of the model, therefore, its value is generally lesser than GFI (Hair Jr, et al., 2010).

5 Results

5.1 Normality of Data through Standardized Z-Score

The normality of the data was tested by converting all the 193 cases to standardized Z-score. The summarized results depicted in Table 1 shows that all the cases were within the prescribed limit of 2.5.

Table 1: Normality of the Data

	Min	Max
Body Image Dissatisfaction	-1.887	2.506
Religiosity	-2.511	1.739
Self-esteem	-2.481	2.313
Exposure to media	-2.450	2.065

5.2 Descriptive and Reliability of Initial Constructs

The instrument used for this paper comprised of constructs which were earlier used by the researchers and therefore have established validities and reliabilities. However, the reliabilities of the used constructs were again reestablished, and the summarized results are presented in Table-2.

Table 2: Descriptive and Reliability Statistics

Construct	Mean	St.Dev	Skewness	Kurtosis	Reliability
Body Image	4.233	1.024	0.781	-0.414	0.751
Selfesteem	5.121	0.994	-0.616	-0.494	0.813
Exposure to Media	4.790	0.877	0.266	-0.403	0.805
Religiosity	4.360	0.926	0.062	-0.251	0.902

Table-2, shows that the reliably of religiosity was the highest (=.902, M=4.360, SD= 0.926) followed by self-esteem (=.813, M= 5.124, SD=.994), exposure to media (=.805, M=4.790, SD= 0.877) and body Image (=.751, M= 4.233, SD= 1.024) which are within the acceptable range indicating that the respective items have reasonable internal consistency and reliability.

Table 2, also shows that since all the constructs in terms of Skewness and Kurtosis are within the range of 1.5, therefore it could be safely assumed that the data has normal tendency.

5.3 Exploratory Factor Analysis

Principal factor analysis with Varimax Rotation was applied on the four constructs. The assumption of independent sampling, linear relationships, and moderate correlation ships were met, and the final results are summarized in Table 3.

Table 3: Exploratory Factor Analysis

Construct	Items	KMO	Barley Test	Cumulative Factor loading	Items Retained
Self-esteem	10	0.814	1005.283	71.07%	10
Body Image Dissatisfaction	11	0.698	508.737	62.15%	8
Religiosity	10	0.895	831.107	60.11%	9
Exposure to Media	11	0.861	694.615	61.73%	9

Table 3 shows that all the items of self-esteem were retained as they fulfilled the prescribed criteria. However for the rest of the constructs at least one item had to be dropped as they were not fulfilling the prescribed requirements.

5.4 Validity of the Final Constructs

Since all the factor loadings of all the indicator variables were greater than 0.40 and goodness of fit indexes were within the prescribed limit therefore convergent validity requirement have also been met (Hsieh & Hiang, 2004; Shammout, 2007).

Discriminant validity shows the uniqueness of the variables (Hair et al. 2010). Discriminant validity was established though correlation of the entire final constructs on one to one basis. In order to fulfill the discriminant validity, the correlations on one to one basis must be less than 0.85 (Kline, 2005; Shammout, 2007). The results of discriminant validity show that all the pairs of correlations are within the prescribed limit of 0.85.

Table 4: Discriminant Validity

	Body Image	Religiosity	Self-esteem	Media Exposure
Body Image	1			
Religiosity	0.342	1		
Self-esteem	-0.345	-0.041	1	
Media Exposure	0.336	0.292	-0.049	1

5.5 Confirmatory Factor Analysis

CFA is a test for measurement theories (Hair et al, 2007, p. 747). In CFA, the specified number of factors and items (indicators) are initially developed on theory than required statistical analyses are carried out. The summarized CFA results of the four constructs are presented in Table 5.

Factor loading for each observed variable is at least 0.40 and hence meeting the minimum requirement of factor loading of 0.40. Moreover, standardized residual were below 2.58 (Hair Jr. et al., 2007). All the Fit indexes for each of the exogenous model are within/close to the prescribed limit (See Table 5). Based on these results the

overall model was tested through SEM which is discussed in subsequent section.

Table 5: Confirmatory Factor Analysis

Construct	Self Esteem	Body image	Religiosity	Media Exposure	Criteria
χ^2	23.636	9.858	56.500	25.150	Low
Prob	0.005	0.007	0.000	0.000	<0.05
CMIN/df	2.626	4.929	2.828	2.794	<5.0
GFI	0.976	0.895	0.905	0.915	>0.90
AGFI	0.938	0.969	0.958	0.967	>0.90
CFI	0.976	0.958	0.955	0.966	>0.90
RMESA	0.092	0.143	0.098	0.097	<0.08

5.6 Overall Model

The overall SEM model comprise of four exogenous models namely, exposure to media, self-esteem, religiosity and body image. The CFA result of each exogenous model has been discussed in earlier section, the overall final model is depicted in Figure 2.

Figure 2: Final SEM Model

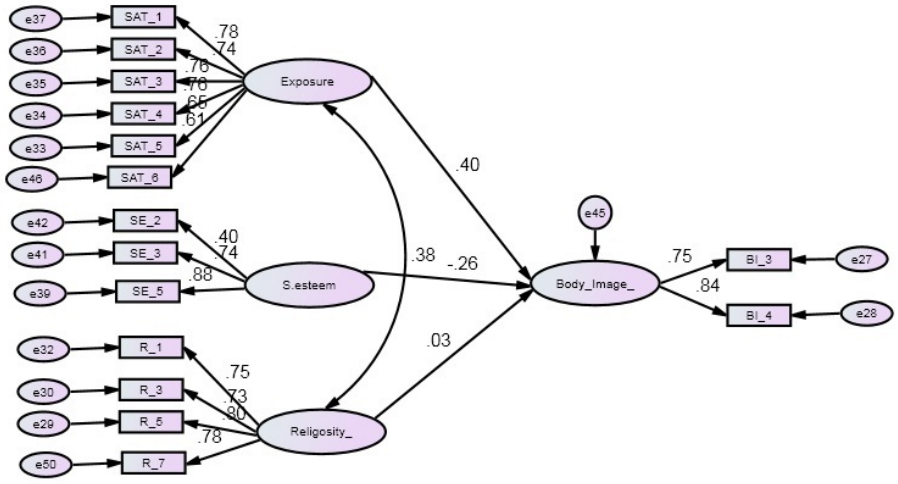


Figure 2 for the overall model shows that factor loading for each observed variable is at least 0.40 and hence meeting the minimum requirement of factor loading of 0.40. Moreover, standardized residual were below 2.58 (Hair Jr., et al., 2007). Goodness of fit indexes is within the prescribed limits which are discussed in the following paragraph.

The Chi Square value (Absolute Fit Indices) was significant (χ^2= 124.971, df= 87, p= .004 < .05). The CMIN/df (Relative χ^2/df) was 1.451< 5. The Root Mean

Square Error of Approximation (RMSEA) = 0.048 < 0.08 meet both the absolute of goodness-of-fit and badness-of-fit criteria. The Relative Fit Index (RFI) = 0.940 > 0.90 and the Incremental Fit Index (IFI) = 0.996 > 0.900 and Adjusted Good of Fitness Index AGFI=0.978>0.90 meet the Incremental Fit Index Criteria. In sum, the CFA results indicate that the overall exogenous model is a good fit.

5.7 Hypotheses Results

SEM model depicted in Figure 2 above shows that all two developed hypotheses were accepted, and one was rejected. The summarized results are presented in Table 6.

Table 6: Hypotheses Results

Hypothesized Path	Standardized Estimates	Critical Ratio	Supported
Media exposure and Body Image	0.401	3.940	Yes
Self-esteem and Body Image	-0.257	-2.543	Yes
Religiosity and Body Image	-0.034	0.376	No

The relationship between religiosity and body image was negative, but it was non-significant.

6 Discussions and Conclusion

Body image concerns is an issue which was more severe in Western culture, but non-significant in Eastern Culture such as Pakistan. But media explosion in Pakistan in the last decade has become a major source for changing traditional norms and values. In the Pakistani culture a thin body was considered unhealthy and being slightly heavy (not excessive weight) was considered as being healthy and a symbol of prosperity. But now obsession towards ideal body image has increased significantly in the Pakistani culture as well. Hence the local population is facing issues related to body image, which the Western Culture faced a few decades ago.

Thus it was felt that there is a need to develop a conceptual framework for understanding consumer attitude towards body image. Therefore a new conceptual framework based on Social Comparison Theory with two additional variables religiosity and self-esteem was proposed and empirically tested in understanding consumer behavior in the context of exposure to media, self-esteem, and religiosity towards the body image of Pakistani consumers.

Although the results in the context of exposure to media and body image, and exposure to media and self-esteem were consistent to some earlier studies and inconsistent to others, but the surprising results was no relationship between religiosity and body image (discussed in detailed in subsequent paragraphs). Pakistan being prominently, a Muslim state, it was expected that people with high level of religiosity will have a significant negative effect on boy image (concerned/dissatisfaction). Two possible reasons could be extended for these findings. Influences of media and ethnicity are so in Pakistan, that they have overridden the influence of on body image. The above are discussed in more detail in the following paragraphs.

A positive relationship was found between exposure to media and body image. This in essence means that higher exposure to media would lead to more concerned about body image. This result substantiates the findings of Stice & Shaw (1994) who also found that two predictors magazine and television exposure have relationship with the depended variable body image. Stice and Shaw(1994), also found that exposure to media adversely affects body image (especially women), which leads to increase in depression feeling, unhappiness, shame, guilt, and decreased confidence (Stice, Schupak-Neuberg, Shaw, & Stein, 1994). On the other hand the finding of the others are contradictory to the finding of this paper, and of Stice and Shaw(1994), who found no significant relationship between exposure to media and body dissatisfaction exists (Mizes et al., 2000).

A negative relationship was found between self-esteem and body image, this in essence means that consumers with higher self-esteem would be lesser concerned about body image. This finding is consistent several earlier studies. For example Martin & Kennedy (1993) found a direct relationship between self-esteem and body image. Similarly, others in their studies have demonstrated that high self-esteem act as a buffer against body dissatisfaction and eating disorder (Geller, et al., 2002; Tiggemann & Williamson, 2000). Moreover, Frost & McKelvie (2004) found positive correlation between self-esteem, and body dissatisfaction for children, adolescent, and adults. In an another study it was found that college students with high perception about their body image, also have high level of self-esteem as compared to those who have low perception about their body image (Geller, et al., 2002).

No relationship was found between religiosity and body image concerned. This finding is inconsistent with earlier studies. For example in a study it was found that the religious philosophy provides frame of reference on how to live, and behave in a society (Weaver & Agle, 2002) therefore, the impact of media exposure on body image would vary with the level of religiosity. Similarly, Boyatzis and colleagues carried out a series of research in which they explored the relationship between religiosity, eating disorder and body image. In this study it was found that girl's belief in God has helped her to have a positive body image perception (Body Image and Eating Disorder in Women, 2010).

Islamic religion prohibits taking pride in physical attributes and comparing others on the basis of color and physical attributes therefore it should results in lower body dissatisfaction (Ahmad, Waller, & Verduyn, 1994). Although, there was non-significant relationship between religiosity, and the body image, but still it could be used for discouraging body-image dissatisfaction, as the relationship was negative. Since the influence of the media is stronger therefore, legislations could be developed which discourage displaying very thing model images. Public service messages could also be displayed on the ill effects of being thin and communicating to the audience that the image being displayed are not real but the results of artworks and using different camera angles. Moreover, it has also been found that due to the recent availability of media the youth in Pakistan have become so obsessed with it that they are watching television very extensively four hours daily. Thus the parents and teachers should encourage youth to get involved in constructive physical activities and hobbies.

7 Limitation and Future Research

The scope of this study is limited to one city only and hence the finding could not be generalized as being overall perception of Pakistans consumers. Since Karachi has diversified ethnicity, therefore, the sample should have been drawn in such a manner that it would have reflected the perception of all the ethnical population living in Karachi. Future researcher may use a larger sample drawn on all Pakistan bases. They could explore whether the body image perception varies ethnically, by age and gender.

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