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Association between body shaming and body image in nursing students: implications for health education from Indonesia

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Article Info

ABSTRACT

During emerging adulthood, the difference between the ideal body standard and one's actual body often leads to body-shaming treatment. Persistent experiences of body shaming can significantly harm an individual's body image. This study aims to identify the association between body-shaming acts and body image in university students. The study population consisted of students aged 18–25 who had experienced body shaming (n = 841). Using a non-probability total sampling method, 448 respondents were included. Data were collected using a body-shaming acts questionnaire and the MBSRQ-AS questionnaire, then analyzed with univariate and bivariate analysis employing the Chi-square test. The results showed a significant relationship between body-shaming acts and body image. Most students received body-shaming treatment at a low level (50.9%), while most body image categories were negative (50.9%). These findings highlight the importance of health workers' involvement in preventing body-shaming acts and improving students' body image.

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1. INTRODUCTION

Body shaming is increasingly understood as a form of psychological bullying that contributes to the development of body image disturbances, unhealthy eating behaviors, and heightened symptoms of depression and anxiety, particularly among adolescents [1], [2]. For university students, particularly those in emerging adulthood (18–25 years), these pressures are intensified by academic, social, and cultural expectations [3], [4]. Previous research has shown that body shaming can lead to body dissatisfaction, low self-esteem, social anxiety, and disordered eating [5], [6].

Although body shaming is common among Indonesian students, with prevalence rates exceeding 90% in some reports [7], [8]. Limited empirical studies have examined its direct relationship with body image, especially among nursing students. This gap is critical because nursing students are future health professionals; their self-concept and body image may affect not only personal well-being but also their professional identity and ability to deliver compassionate care.

Unlike previous studies that focused on adolescents or general student populations [9], this research contributes novel insights by targeting nursing students, a professional group whose future responsibilities demand resilience and a positive self-image. Body shaming affects body image, causing eating disorders, shame, and social anxiety [10]. Other research shows that a person is very concerned about other people's negative comments regarding their physical appearance, which, if not appropriately handled, will cause more

significant psychological problems [11]. In addition, individuals who report experiencing appearance-related harassment and victimisation have body image problems and appearance anxiety [12]. This is in accordance with previous research, which stated that persistent body shaming can affect body image [13].

According to Cash & Pruzinsky, body image is influenced by three factors: media, family, and interpersonal influence [14]. The influence of family and interpersonal relationships in which there is a treatment of body shaming experienced by a person. This body-shaming treatment affects body image, so body image dissatisfaction arises. Body image is a person's experience regarding the perception of shape, body weight, and behaviour that leads to the person's evaluation of their positive or negative physical appearance [15]. Emerging adulthood is a critical developmental stage in which individuals experience identity exploration and heightened sensitivity to external evaluations. For nursing students, this period is particularly important because body image not only affects their personal well-being but may also influence their professional identity and ability to provide optimal care.

Despite the growing prevalence of body shaming among university students in Indonesia, existing research has primarily focused on general adolescent populations or students from non-health disciplines. There remains limited empirical evidence on how body-shaming behavior specifically affects the body image of nursing students. This gap is concerning because nursing students are future health workers who require a positive self-concept to support both their academic performance and their future professional roles. Therefore, the central problem addressed in this study is the lack of research on the relationship between body-shaming behavior and body image among nursing students. To address this problem, the present study aims to analyze the association between body-shaming treatment and body image in nursing students in West Java, Indonesia.

2. METHOD

This research used a quantitative correlational design to examine the relationship between body-shaming treatment (independent variable) and body image (dependent variable) among nursing students. This design was chosen because it allows statistical testing of associations between variables using a non-probability total sampling method. 448 students voluntarily participated in the study.

Three instruments were used questionnaires used in this research: i) Demographic questionnaire (age, gender, social media use), ii) Body shaming treatment questionnaire developed by Sari [16], consisting of 26 items categorized as "low" (<64.77) or "high" (≥64.77), ii) MBSRQ-AS questionnaire (translated version [17]) to measure body image with 34 items across five dimensions. Scores were categorized into negative (<107.75) and positive (≥107.75). The MBSRQ-AS is a self-report inventory to measure self-behavioural aspects of body image, consisting of 34 statement items with two main dimensions, appearance evaluation and appearance orientation, and three sub-dimensions, overweight preoccupation, self-classified weight, and body area dissatisfaction [14]. Body image variables are categorized into two: negative body image (<07.75) and positive body image (≥107.75). Furthermore, the Chi-square test method is used to assess whether there is a relationship between the two variables. Data collection was conducted online in July 2021 via Google Forms.

3. RESULTS AND DISCUSSION

Table 1 describes an overview of the characteristics. Out of a total of 448 respondents who took part in the study, the majority of respondents were aged 21-23 years, with a total of 234 students (52.2%). In addition, almost all of them were female, with 410 students (91.5%). The data above shows that nearly all respondents often view fashion content in various media, as many as 376 students (83.9%).

Table 2 details the physical condition where most respondents are in the healthy weight category at a BMI of 288 students (64.3%). Most respondents, or as many as 253 students (56.5%), had hair growth in specific areas such as the feet, hands, or face. Based on Von Luschan's Chromatic Scale (VLS), almost half or as many as 212 students (47.3%) have dark skin with a skin colour range of 14-20.

Table 3 contains the conditions of the body shaming treatment received and obtained from a total of 448 respondents who took part in the study and experienced body shaming treatment; almost half of the respondents, or as many as 168 students (37.5%), received comments on their weight, the media used by the perpetrator body shaming given to most of the respondents or as many as 335 students (74.8%) through direct or face-to-face media. On the other hand, the body shaming treatment received by a small proportion of the respondents came from family, friends and other people, as many as 103 students (23.0%) and the intensity of the body shaming treatment received during the last three months by most of the respondents was rare or the treatment received was erratic, for example, one once a month as many as 265 students (59.2%).

Table 1. Frequency distribution of respondents based on demographics (n = 448)

Characteristics	Frequency	Percent (%)
Age		
18-20	214	47.8
21-23	234	52.2
Gender		
Male	38	8.5
Female	410	91.5
View fashion content in the media		
No	72	16.1
Yes	376	83.9

Table 2. Frequency distribution based on respondents' physical conditions (n = 448)

Characteristic	Frequency	Percent (%)
BMI		
Underweight	94	22
Healthy weight	288	64.3
Overweight	56	12.5
Obesity	10	2.2
Had hair growth in specific areas such as the feet, hands, or face		
No	195	43.5
Yes	253	56.5
Skin colour		
Very bright or White (0-6)	10	2.2
Light Skinned (7-13)	56	12.5
Dark (14-20)	212	47.3
Dark medium or Olive skin (21-27)	162	36.2
Dark or Brown (38-34)	8	1.8

Table 3. Frequency distribution based on the conditions of body shaming treatment received by respondents (n = 448)

Characteristic	Frequency	Percent (%)
Most commented body parts		
Face	102	22.8
Hair	11	2.5
Lower body (from hips to feet)	25	5.6
Midsection (from waist to abdomen)	22	4.9
Upper body (from arms to shoulders)	18	4.0
Muscle	4	0.9
Weight	168	37.5
Height	58	12.9
Overall performance	40	8.9
Body shaming treatment media		
Direct	335	74.8
Social media	16	3.6
Direct and social media	97	21.7
Body shaming perpetrators		
Family	46	10.3
Friends	80	17.9
Others	30	6.7
Family and friends	99	22.1
Family and others	33	7.4
Friends and others	57	12.7
Family, friends, and others	103	230
The intensity of body shaming treatment in the last 3 months		
Often	35	7.8
Sometime	116	25.9
Seldom	265	59.2
Never	32	7.1

Table 4. Relationship between body-shaming treatment and body image in respondents

Variable		Body image				p-value
		Negative		Positive		
		f	%	f	%	
Body shaming acts	Low	89	39	139	61	0.000
	High	139	63.2	81	36.8	

Among the 448 respondents, the majority were female (91.5%) and aged 21–23 years (52.2%). Most respondents reported body shaming related to body weight (37.5%), with direct verbal communication being the most frequent medium (74.8%). Chi-square analysis revealed a significant relationship between body-shaming treatment and body image (p<0.001). Students who experienced higher levels of body shaming were more likely to report negative body image (63.2%) compared to those with lower exposure (39%).

Based on the data contained in Table 4, it can be seen that most of the respondents (54.2%), tend to have unfavourable perceptions of the appearance evaluation dimension and the appearance orientation dimension half of the respondents also tend to have negative perceptions, namely as many as 226 students (50, 4%). Based on the dimensions of body area satisfaction, most respondents tended to have unfavourable perceptions, namely 246 students (54.9%). Then, based on the size of overweight preoccupation, most of the respondents cleaned to have a negative perception of 242 students (54.0%), and half of the respondents had a positive perception of the self-classified weight dimension, namely 225 students (50.2%). Based on the body image dimension, body area satisfaction is the dimension that has the highest percentage in most respondents have a negative perception of that dimension or as much as 54.9%. While self-classified weight is a body image dimension with the highest percentage that half of the respondents have a positive perception of that dimension or as much as 50.2%. The analysis of the table above uses the Chi-square test method, which aims to determine the relationship between the body shaming treatment variables and body image variables. Based on the output of the Chi-square test, it is known that the significance value or sig (2-tailed) between the body shaming treatment variable and the body image variable is 0.000<0.05.

There is a significant relationship between body shaming treatment and body image. Through the analysis that has been carried out, it is obtained an overview of the treatment of body shaming in students of the majority are in a low category. All respondents in this study belong to the age range of emerging adulthood, with the majority of respondents aged 21-23 years (52.2%). Low body shaming among college students due to bullying, such as being ostracised, ridiculed, named or even physically abused, is a common experience and peaks in early adolescence [18]. Other studies also state that appearance- related teasing is a widespread form of bullying during early adolescence [19], [20]. According to existing theory, when children go through puberty and become teenagers, they get less praise and more criticism for their appearance [14]. The treatment of body shaming experienced by students in the emerging adulthood stage is less than that experienced by the early adolescent group. In adolescence, appearance becomes an aspect of determining one's value, so it is considered very important; appearance is also a significant factor influencing social approval and acceptance [17], [21], [22].

Based on gender, the treatment of body shaming in this study was mostly experienced by women, or by 91.5% because most nursing students at the university were female. This is in line with two other studies, where most respondents who experienced body shaming were female [23]. Women are the sex that is rife as targets for body shaming because, from an early age, girls become objects to be observed and evaluated through appearances that must comply with cultural standards [14].

Based on the research results, most students from the faculty of nursing received body-shaming treatment regarding body weight, as many as 168 respondents (37.5%). Weight is the target of ridicule most often experienced by someone [24]–[26]. Lundgren et al. found that thin respondents with a Body Mass Index <21 were more often treated with body shaming than students with normal BMI and high BMI [27]. In contrast to the study, Spahlholz et al. describe that body shaming due to weight is found more frequently in individuals with higher BMI values (BMI >35) [28].

The majority of body shaming treatment media received by students of the faculty of nursing were direct (verbal), with as many as 335 respondents (74.8%). In line with research by Lund & Ross that there are around 20-25% of students who become victims of non-cyberbullying during college, and 10-15% become victims of cyberbullying, with men being bullies and sexual orientation and race/ethnicity being the cause of someone getting bullied treatment [29]. Even though the use of social networks in the communication process has increased, the treatment of body shaming experienced by students of the faculty of nursing is still mainly carried out through direct or verbal communication associated with the perpetrators of the treatment of body shaming itself.

Family, friends, and other people were chosen as perpetrators who gave body-shaming treatment to students of the faculty of nursing (23.0%). Cash's research obtained the most results to the least mentioned; perpetrators of appearance teasing were peers in general, friends, brothers, certain peers, relatives other than those listed, sisters, mothers, fathers, and adults in addition to those listed, and teachers and the results also showed that brothers were the ones who most often performed teasing appearances chosen by 15% of the 111 female students [30]. Research by Pörhölä et al. found that many students experienced bullying while studying at the university by fellow students and staff members with cultural differences, such as hierarchies in Argentina and Estonia [31].

Body image is an individual's beliefs, attitudes, perceptions, feelings, and thoughts about their body as a result of analysis and personal assessment of the body. The results of the description of the body image of the faculty of nursing students showed that 228 respondents (50.9%) had a negative body image, and 220 respondents (49.1%) had a positive body image. This is in line with Oktaviani's research on 448 female students who use Instagram social media at the faculty of nursing, with an age range of 18-24 years who have more negative body images, namely 50.2% and 49 who have positive body images [32].

BMI is often used as an assessment tool in estimating a person's weight status, which refers to the ratio of body weight to height [33]. Centers for disease control and prevention (CDC) categorizes BMI into; (a) underweight (BMI <18.5), healthy weight (BMI 18.5-24.9), overweight (25.0-29.9), and obesity (BMI ≥30.0) [34]. Based on the study's results, it was found that most of the respondents were in the healthy weight category (64.3%). This is in line with previous research stating that college students tend to follow a healthy diet [35], [36]. Furthermore, this study also found that the higher the BMI category, the more respondents had a negative category of their body image. Aljadani suggests that BMI has a positive relationship with body image dissatisfaction (BID), where BID is a negative feeling or thought about one's body, and one cannot appreciate respect, and accept one's body as it is [33]. Research by Radwan *et al.* also shows that actual BMI shows a significant, strong correlation with BID [37]. Individuals who are overweight tend to show negative affective feelings about their bodies and are more likely to report fear of negative evaluation when participating in social situations than individuals who have a normal weight [35]. In addition to causing a negative perception of body image, a person with a BMI classification of more than usual, namely overweight and obesity, is also a risk factor for someone being treated for body shaming [38], [39].

Based on the skin colour of the respondents, almost half or as many as 212 students (47.3%) had dark skin with a skin colour range of 14-20, and most respondents had a negative body image perception (51.4%). In line with research conducted on a multiethnic sample group of adults in the UK with 648 whites, 292 South Asians, and 260 Caribbean Africans, which showed that ethnic minority individuals in the UK (British South Asian and Caribbean African participants) generally experience colour dissatisfaction skin [40]. Some people consider skin colour important in appearance, so a phenomenon arises regarding the belief or assumption that skin colour is better than another skin colour, or what is commonly called colourism [41]. In particular, individuals are pursuing a lighter skin tone than they currently have by using skin-lightening products. According to a study conducted on 19,624 undergraduate students from 27 universities in 26 countries in Asia, Africa, and America, it was found that the prevalence of using skin lightening in the previous 12 months was 16.7% in male students and 30.0% in female students [42].

According to Cash & Pruzinsky, body image is influenced by 3 factors, one of which is controlled by the media (media influence) [14]. The results showed that 376 respondents saw fashion content in various media, and 195 (51.9%) were included in the negative body image category. In addition, two studies have proven that respondents who use social media on Instagram have a negative body image [32], [33]. Instagram is a social media that makes it easy for users to interact with each other and access various information on it, one of which is someone's uploads on the press. Fardouly *et al.* said that girls and young women often make appearance comparisons and draw negative conclusions about themselves after seeing posts on social media [43].

On the appearance orientation dimension, the results show that as many as 50.4% of respondents have a negative perception, which means that the efforts made by respondents to improve or improve their appearance are low. In contrast to previous research, which said that the majority of women put more effort into enhancing and improving their appearance [32], [44]. A study by Quittkat *et al.* also found that as age increases, men pay less and less attention to their appearance. The low effort one puts into personal appearance is because, by entering emerging adulthood, most people have gone through the changes of puberty and may be more comfortable with their appearance [44]. In emerging adulthood, people have more control over everyday life's social context, allowing them to focus on contexts they like and avoid contexts that are considered unpleasant [7].

In addition, on the body area satisfaction dimension (satisfaction with body parts), 54.9% of respondents had a negative perception, meaning that respondents felt dissatisfied with their body parts, especially regarding body weight (M = 2.65). Weinberger *et al.* stated that from 17 articles, it was found that individuals with obesity reported higher body dissatisfaction than individuals with normal weight, and that there was a significant relationship between the female gender and higher body dissatisfaction [45]. This could be due to a cultural tendency that judges someone based on their appearance, and the role of the media in disseminating certain standards regarding appearance [46]. When a person does not conform to certain standards, such as the image of weight in the media, body shaming treatment may be received, leading to body dissatisfaction.

Then, the study's results on the overweight preoccupation dimension showed that respondents negatively perceived 54.0%. This means indicating the existence of individual anxiety about the occurrence of obesity in them. In line with research conducted by Ammar et al, most respondents were negative in the overweight preoccupation dimension (57.1%) [47]. In this study, the results also showed a weak and opposite

relationship between socio-cultural factors that became pressure and a person's body image in the overweight preoccupation dimension, so the greater the pressure from socio-cultural factors obtained, the more negatively a person would categorize his body. The socio-cultural factors are pressure from the social environment and cultural developments in adolescents with existing body standards.

On the self-classified weight dimension, the results showed a positive perception of 50.2%. These results indicate that respondents categorize their bodies in a positive direction. In line with previous research, most respondents have a positive category in the self-classified weight dimension [32], [47]. In emerging adulthood, there is a period of being self-focused to develop the knowledge, skills, and self-understanding they need for adult life [7]. In this period, individuals may better understand themselves in terms of appearance and try to establish an identity.

Duarte *et al.* [18] research highlighted the potential effects of bullying, which can lead to negative self-evaluations and experience symptoms of eating disorders [19], [22]. Frisén and Berne's research shows that victims of appearance-related cyberbullying suffer more body-related problems: they have poorer views of general appearance and weight, and feel more body shame, internalization of ideal-thinness, and pressure related to an appearance from the media [48].

Body shaming can be categorized as an act of bullying, which can have a negative impact on victims, except for those who have had a positive image of their body from the start, so body shaming does not have a negative impact on their psychological condition. The experience of body shaming causes a person to respect and appreciate themselves more, or what is known as body positivity. Still, it is not uncommon for someone to make changes to avoid body-shaming acts that may be received in the future. Nurses, as health workers, have an important role in stopping body shaming and improving one's body image.

Health workers, especially nurses, role in preventing bullying, such as body shaming, in tertiary institutions, which can be done by working with the education sector to involve students actively in the process. Nurses can also conduct research on students at every university and school-age children to serve as a database that will be evaluated to form an intervention in an effort to stop bullying. According to Pigozi and Bartoli, the role of nurses in bullying at school, which nurses can also apply at universities by updating their understanding, support, and strategies used around bullying problems that occur, such as body shaming treatment [49].

According to Grogan, psychosocial interventions can be carried out by reducing the internalization of thin/muscular ideals, making the social comparison process more realistic, and providing interventions that can increase self-esteem as a short-term effort to improve body image [50]. A long-term solution may be to reduce the objectivity of body culture and shift body aesthetics to include a wider variety of acceptable body shapes and sizes. Nurses can work with psychologists to challenge existing gender norms about how the body should look and need to be involved in supporting policy initiatives that challenge the use of unrealistic images in the media (such as the use of very thin female models in advertising, for example).

The findings of this study demonstrate a significant relationship between body-shaming treatment and body image among nursing students. While prior studies have reported high prevalence rates of body shaming in adolescents and university populations in general, this research contributes new insights by focusing specifically on nursing students. This distinction is important because nursing students represent a professional group whose future roles demand positive body image and healthy self-concept. The evidence that more than half of the respondents reported negative body image highlights not only the personal psychological consequences of body shaming but also its potential implications for the development of nursing professionalism. Thus, the novelty of this study lies in providing empirical evidence that body-shaming behavior has a measurable relationship with body image among nursing students. These findings extend existing literature by situating the problem within a health education context and emphasizing the need for preventive and supportive interventions by health workers and educational institutions to strengthen students' resilience and positive body image.

4.   CONCLUSION

This study demonstrates a significant relationship between body-shaming behavior and body image among nursing students. More than half of respondents reported negative body image, particularly those frequently exposed to body-shaming acts. These findings underscore the urgent need for preventive interventions, counseling services, and curriculum-based strategies to promote positive self-concept among nursing students. Addressing body shaming is not only vital for students' mental health but also for shaping resilient future health professionals.

AUTHOR CONTRIBUTIONS STATEMENT

This journal uses the Contributor Roles Taxonomy (CRediT) to recognize individual author contributions, reduce authorship disputes, and facilitate collaboration.

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C : **C**onceptualization	I : **I**nvestigation	Vi : **Vi**sualization
M : **M**ethodology	R : **R**esources	Su : **Su**pervision
So : **So**ftware	D : **D**ata Curation	P : **P**roject administration
Va : **Va**lidation	O : Writing - **O**riginal Draft	Fu : **Fu**nding acquisition
Fo : **Fo**rmal analysis	E : Writing - Review & **E**diting	

CONFLICT OF INTEREST STATEMENT

Authors state no conflict of interest.

ETHICAL APPROVAL

Ethical permission was obtained from the Research Ethics Commission of Universitas Padjadjaran with Letter Number 491/UN6.KEP/EC/2021. Informed consent was recorded in the subject's consent form to participate in this study and conveyed a guarantee of the confidentiality of information from each respondent.

DATA AVAILABILITY

Data availability is not applicable to this paper as no new data were created or analyzed in this study.

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