



SOCIAL ANXIETY, SELF-CONFIDENCE AND BODY CONSCIOUSNESS AMONG STUDENTS

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Abstract

The current research was designed to assess social anxiety, self-confidence and body consciousness among students. A convenient sample of 149 students was drawn from Lovely Professional University, Phagwara, India with the age range of 17-22years (54.4%) and 23-29 years (45.6%) respectively. 55.7% students were males and 44.3% students were females. The percentage of students living in urban and rural areas were (60.4%) and (39.6%) respectively. Further, out of the total sample size, (51.7%) students were day scholars and (48.3%) were hostellers. Regarding the food preferences, (51.0%) students were vegetarian and (49.0%) students were non-vegetarian. The self-confidence scale (self-constructed), McKinley and Hyde's (1996) objectified body consciousness scale, and Caballo, Salazar, et al.'s (2010) social anxiety scale for adults were used as evaluation instruments in this work. Mean, standard deviation, frequency distribution, t-test, correlation analysis, and regression analysis were all implied for statistical data analysis. The data revealed that self-confidence was significantly negatively correlated with social anxiety and body consciousness, while social anxiety was significantly positively correlated with body consciousness. Furthermore, the results show that self-confidence contributes 48% ($r^2 = .48$) to social anxiety and 54% ($r^2 = .54$) to body consciousness.

Keywords: Social anxiety, Self-confidence, Body consciousness

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Introduction

Anxiety is a universal feeling and a vital aspect of all human behaviour. Anxiety is a common phenomenon noticed in people of all age groups. "Anxiety is a psychological construct, commonly described by psychologists as a state of apprehension, a vague fear that is only indirectly associated with an object" (Hilgard & Atkinson, 1971). Social anxiety is the excessive fear of being in social situations where one will be scrutinised. Social anxiety occurs when a person is extremely anxious about being rejected, appraised, or humiliated by others in social circumstances. Almost everyone occasionally struggles with social anxiety. It is typical and especially frequent before speaking in front of a crowd or while interacting with new people alone. Social anxiety tells us of the demands that we must place on ourselves in order to deal with a persistent problem. (Frijda 1996).

Social anxiety disorder (SAD), commonly referred to as social phobia, is a condition that occurs when social anxiety and avoidance make it difficult for a person to perform crucial responsibilities (such as those of a student, employee, or friend) (American Psychiatric Association, 2013). In the United States, Social Anxiety Disorder affects 7.1% of adults in a given year and 12.1% of persons across their lifetimes (Ruscio et al., 2008). According to Ruscio et al. (2008), the majority of people with social anxiety disorder experience anxiety in eight or more different social circumstances, including striking up discussions with strangers, keeping a conversation, going on a first date, attending a function or celebration at work, speaking with a superior, speaking in front of a crowd, and eating in public. Social anxiety disorder affects about equally as many men as women, and the majority of patients indicate that their issues started in the early adolescence, usually around the age of 13. (Kessler et al., 2005).

The manner in which an individual views himself, other people, and social situations is an important element of the social anxiety experience. According to the social anxiety hypothesis of self-presentation (Leary & Kowalski, 1995), people experience social anxiety when they want to make a good impression on others but are unsure of their ability to do so. As a result, social contacts may feel risky to SAD sufferers since they expose their shortcomings to scrutiny (Clark & Wells, 1995). People who experience severe social anxiety are more prone than those who encounter it infrequently to perceive themselves as having more defects or weaknesses. (Moscovitch, 2009). Current research suggests that SAD sufferers are truly concerned about both positive and negative

criticism. The anxiety that comes with accomplishment and positive public opinion, which raises the bar for ensuing social encounters, is the fear of positive evaluation. Whenever a social comparison occurs, like when a person is promoted at work, the anxiety of being positively judged is very crucial (Weeks, Heimberg, Rodebaugh, & Norton, 2008). These two worries about judgement feed social anxiety.

People with social anxiety have fewer happy experiences on a daily basis, even when they are around close acquaintances, according to studies (Brown, Silvia, Myin-Germeys, & Kwapil, 2007; Vittengl & Holt, 1998). In fact, socially anxious persons report experiencing less deep pleasure and connection even in the most private settings—during sexual interactions with committed partners. (Kashdan, Adams, et al., 2011). These results show how widespread excessive social anxiety is and how it obstructs relationships and activities that have the greatest potential to make life happy and meaningful (Kashdan, Weeks, & Savostyanova, 2011).

People with social anxiety think it would probably be harmful to freely express their emotions. (Juretic & Zivcic-Becirevic, 2013). As a result, individuals are more likely to hide or repress their negative emotions and avoid anything that is upsetting (Spokas, Luterek, & Heimberg, 2009). (Kashdan, Morina, & Priebe, 2009). Many who have SAD report having difficulty employing better emotion management techniques, like coming up with new, helpful ways to view a situation (Werner et al., 2011). Self-assurance in one's ability, power, and judgements is referred to as self-confidence. In people's daily lives, self-confidence is one of the most essential motivators and regulators of behaviour. (Bandura, 1986). In her book 'The Portable Therapist' (1992), Susanna McMahon defines self-confidence as "a way of being in the world that allows you to know yourself and take care of yourself." According to Mary Welford (2013), it is about being conscious of our problems and having the guts to commit to confront them.

Bandura (1986) distinguishes between "self-efficacy" and "self-confidence": self-confidence refers to the strength of a belief, whereas self-efficacy demonstrates that a goal has been established without specifying its direction. Self-confidence, as opposed to being a universal quality that explains performance optimism in general, is the conviction that one can carry out a particular task well. For instance, a person can have a lot of self-confidence in their golfing prowess but very little in their tennis abilities.

Each person's level of self-confidence is different. One could have high self-confidence compared to others. Some people may feel confident in some aspects of life such as academics, athletics etc. but may lack in other aspects like their physical appearance, social relationships. Self-confidence is mostly determined by one's thoughts and is rarely related to one's real abilities. Being alone for the first time, judging oneself too harshly, or fearing failure are just a few examples of scenarios that can lead to low self-esteem. Other causes include growing up in a hostile and judgmental atmosphere. People lacking in self-assurance frequently make mental mistakes.

Researches have focused on the connection between self-confidence and social interactions. For instance, Murray et al. (2002) discovered a negative relationship between social anxiety and self-confidence and a positive relationship between the two. They also discovered that cognitive-behavioural therapies and social skills training can boost self-confidence. By investigating and reporting the lived experiences of the students, Lois (2006) conducted a study to better understand the emergence of self-confidence. It was proposed that kids be given the skills to combat negative self-confidence assailants through a variety of constructive activities and coping mechanisms. Body Consciousness refers to an individual's awareness of their physical self, including sensations, movements, and physical appearance. It is an important aspect of one's overall self-awareness, as the body plays a significant role in shaping our thoughts, emotions, and behaviors. Body consciousness is a multifaceted concept that includes a range of bodily experience-related elements. Perceptual, emotional, and cognitive dimensions can all be a part of these factors. The sensory data a person receives from their body, such as pain, pleasure, or tension, is referred to as perceptual dimensions. The emotional reaction to these experiences, such as fear, happiness, or disgust, is what is referred to as the affective dimension. The term "cognitive dimensions" refers to one's expectations, attitudes, and ideas about their physical appearance, such as self-esteem or body image.

Body image is among the most crucial components of body consciousness. It refers to how we view and assess the size, form, and features of our physical selves. Many elements, including genetics, society, media, and social conventions, influence how people perceive their bodies. While those with a poor body image may struggle with low self-esteem, depression, and eating disorders, those with a positive body image have a healthy and accurate picture of their bodies. Multiple

researches have revealed women who were teased about their looks exhibited self-objectification and had a restricted diet (L. Smolak, 2009). According to S. L. Dworkin (2001), even female weightlifters have to worry about appearing as ladylike.

Research on objectified body consciousness has shown that positive mental health outcomes are linked to ideas about appearance control (McKinley & Hyde, 1996), which implies that an incremental theory of body weight would result in a more positive body image. Yet, other study indicates that a gradual theory of body weight may result in increased self-shame and stigma (Burnette, Hoyt, Dweck, & Auster, 2017). Adolescent girls' perceptions of their bodies in urban, slum, and rural contexts were examined in a study on adolescent girls' awareness of their body image by Swati Dixit, GG Agarwal, and others (2011). The study's conclusions indicated that there was a discrepancy between desired and perceived body image. The study also found that even among those who feel their body image is too slim, adolescent females have a strong desire to lose weight. Girls in urban and slum areas had more body dissatisfaction than those in rural areas. Numerous studies have found a link between self-objectification and social anxiety. When body shame and social appearance anxiety are evaluated with one's culture in mind, F Monro and G. Huon (2005) discovered that an idealised body image promotes significant body shame and appearance anxiety, leading to the conclusion that sociocultural influences can affect one's body image and eating behaviour. Also, a lot of academics have noted connections between psychiatric suffering, social anxiety, and self-objectification. Depression, anxiety, and unhealthy eating can all be results of self-objectifying behavior.

Self-esteem is correlated with body-esteem and bodily satisfaction (Barlett et al., 2008; Grogan, 1999). Grossbard, Leigh, Neighbours, and Larimer (2009) investigated gender as a moderating factor of the link between self-esteem and body image issues in a research of 359 (40.9% male) university freshmen. According to Grossbard et al. (2009), males' desires for muscle mass were influenced by their sense of self-worth. According to Olivardia et al. (2004), there is a markedly negative correlation between body dissatisfaction factors including feeling obese and/or out of shape and muscle resentment, muscular belittling, disapproval with how the body looks and/or proportions, and muscle discomfort.

Objectives

1. To explore the relationship of self-confidence with social anxiety, and body consciousness.
2. To identify the influence of self-confidence on social anxiety, and body consciousness.
3. To find the difference in Body Consciousness with respect to age, gender, locality, nature of stay and food preferences.
4. To observe the difference in Self Confidence with respect to age, gender, locality, nature of stay and food preferences.
5. To note the difference in Social Anxiety with respect to age, gender, locality, nature of stay and food preferences.

Hypotheses of the study

- H1. Self-confidence will significantly correlate with social anxiety, and body consciousness.
- H2. Self-confidence will significantly influence social anxiety, and body consciousness.
- H3. There will be significant difference in body consciousness with respect to age, gender, locality, nature of stay and food preferences.
- H4. There will be significant difference in self-confidence with respect to age, gender, locality, nature of stay and food preferences.
- H5. There will be significant difference in social anxiety with respect to age, gender, locality, nature of stay and food preferences.

Methodology

Variables

The variables of the study are Self Confidence, Social Anxiety and Body Consciousness

Sample

A convenient sample comprised of 149 students (83 males and 66 females) with age ranging from 17 to 29 years from Lovely Professional University.

Inclusion criteria of sample:

Participants who met following criteria were selected:

- Male and female students
- Between the age group of 17-29 years
- Students from Lovely Professional University
- Students with no psychological or biological issues

Exclusion criteria of sample:

- Student from any other institution than Lovely Professional University
- Students with psychological or biological issues
- Above 29 years of age

Instruments

1. Objectified Body Consciousness Scale (OBCS): McKinley and Hyde's (1996) objectified

body consciousness scale (OBCS) was used to examine students' body consciousness. The scale has 24 items, with eight items evaluating each of the three subscales: Body Surveillance, Body Shame, and Control Beliefs. The OBCS employs a seven-point Likert scale, with 1 being strongly disagree and 7 being strongly agree. Body surveillance scale has a Cronbach's alpha value of .89, body shame has a value of .75, and control beliefs has a value of .72

2. Self Confidence Scale (SCS): A self-constructed self-confidence scale was utilised for evaluating students' self-confidence levels. The scale has 14 items and is scored on a five-point Likert scale, with 1 being never and 5 being always. Cronbach's alpha was utilised to determine the scale's internal consistency dependability and it was determined to be .74.

3. Social Anxiety Questionnaire for Adults (SAQ-A): Caballo, Salazar, et al. (2010) developed the social anxiety questionnaire for adults (SAQ-A), which was used to assess social anxiety among students. The scale has 30 items on it. A 5-point Likert scale might be used to assess each SAQ question's response to reflect the level of uneasiness, stress, or nervousness in reaction to each social scenario, with 1 representing not at all or very slight and 5 representing very high or extremely high. It is five-dimensional. Cronbach's alpha for the entire questionnaire is .91, while the reliability coefficient for the split-halves is .93.

Procedure

For the procedure, information was gathered from the students of Lovely Professional University. Informed consent was obtained, and participants were briefed that they might leave the study at any time. They were briefed on the study's aim and objectives prior to data collection. They were told that the data would be kept confidential. They were provided the relevant instructions for each scale. Then, to obtain basic personal information, a demographic form was employed. The objectified body consciousness scale (OBCS), self-confidence scale (SCS), and social anxiety questionnaire for adults (SAQ-A) were used to collect data. Following data collection, participants were thanked for their contribution and time. Descriptive, inferential, correlational, and regression analysis were used to analyze the data.

Results

The current study examines students' social anxiety, self-confidence, and body consciousness. The subjects were evaluated based on the variables

considered, and other patterns based on different demographic information were also investigated. The independent sample t-test was used to assess body consciousness, self-confidence, and social anxiety in connection to various demographic factors. Correlation analysis was also used to assess the association between self-confidence,

social anxiety, and body consciousness. Furthermore, regression analysis was utilized to determine whether students' self-confidence affects their social anxiety and body consciousness. This section thoroughly discusses the study's findings.

Table 1: - Description of respondents with respect to Age, Gender, Locality, Nature of stay and Food preference

Category	Sub Category	Frequency	Percent
Age	17-22 years	81	54.4
	23-29 years	68	45.6
	Total	149	100.0
Gender	Male	83	55.7
	Female	66	44.3
	Total	149	100.0
Locality	Urban	90	60.4
	Rural	59	39.6
	Total	149	100.0
Nature of stay	Day scholar	77	51.7
	Hosteler	72	48.3
	Total	149	100.0
Food preference	Vegetarian	76	51.0
	Non-vegetarian	73	49.0
	Total	149	100.0

Table 1 shows the frequency distribution and percentage of participants depending on demographic factors such as age, gender, location, nature of stay, and food preferences. Out of 149 students, majority 81 (54.4%) of participants were between the age group of 17-22 years, followed by 68 (45.6%) between the age group of 23-29 years respectively. 83 (55.7%) students were males and

66 (44.3%) students were females. The percentage of students living in urban and rural areas were 90 (60.4%) and 59 (39.6%) respectively. Further, out of the total sample size, 77 (51.7%) students were day scholars and 72 (48.3%) were hostellers. Regarding the food preferences, 76 (51.0%) students were vegetarian and 73 (49.0%) students were non-vegetarian.

Table 2: - Mean difference in Body consciousness, Self-confidence and Social anxiety with respect to age, gender, locality, nature of stay and food preference

Demography	Variable	Category	N	Mean	S.D	df	t-value	Sig. (2-tailed)
Age	Body Consciousness	17-22 years	81	163.88	25.34	147	.901	.369
		23-29 years	68	160.06	26.23			
	Self Confidence	17-22 years	81	52.46	14.04		.403	.687
		23-29 years	68	51.53	13.91			
	Social Anxiety	17-22 years	81	121.36	9.67		.044	.965
		23-29 years	68	121.43	9.41			
Gender	Body Consciousness	Male	83	161.60	23.69	147	.288	.773
		Female	66	162.81	28.27			
	Self Confidence	Male	83	51.80	14.07		.233	.816
		Female	66	52.34	13.86			
	Social Anxiety	Male	83	120.96	10.40		.610	.543
		Female	66	121.92	8.32			
Locality	Body Consciousness	Urban	90	163.23	27.38	147	.643	.522
		Rural	59	160.46	23.15			
	Self Confidence	Urban	90	52.02	14.84		.012	.990
		Rural	59	52.06	12.57			
	Social Anxiety	Urban	90	120.72	10.36		1.057	.292
		Rural	59	122.41	8.06			
Nature of stay	Body Consciousness	Day scholar	77	163.69	27.88	147	.761	.448
		Hosteler	72	160.48	23.31			
	Self Confidence	Day scholar	77	51.63	13.92		.359	.720
		Hosteler	72	52.46	14.04			
	Social Anxiety	Day scholar	77	121.44	9.87		.069	.945
		Hosteler	72	121.33	9.21			
Food preference	Body Consciousness	Vegetarian	76	159.61	23.10	147	1.226	.222
		Non-vegetarian	73	164.77	28.14			
	Self Confidence	Vegetarian	76	53.25	11.76		1.088	.279
		Non-vegetarian	73	50.77	15.89			
	Social Anxiety	Vegetarian	76	121.62	8.17		.299	.766
		Non-vegetarian	73	121.15	10.81			

Table 2 displays the mean, standard deviation and t-values of body consciousness, self-confidence and social anxiety based on the demographic variables: age, gender, locality, nature of stay and food preferences. The results revealed that there is no significant mean difference in body consciousness, social anxiety and self-confidence on the basis of age, gender, locality, nature of stay and food preferences. Further, the mean values of age indicated that students under the category of 17-22 years of age (163.88) are slightly higher on body consciousness than the students under the category of 23-29 years of age (160.06) and there is only minute difference between the mean values of the students of both age groups on self-confidence. Both the means of body conscious and social anxiety with gender shows no significant differences, as the mean of females and males' participants was found to be 162.81 and 161.60 respectively. It is also found that females are more

socially anxious than males with mean values of 121.92 and 120.96, but not significantly differs with one another. Moreover, the students belonging to urban areas are high on body consciousness and students belonging to rural areas are high on social anxiety. Similarly, students who are day scholars are high on body consciousness than hostelers with mean values of 163.69 and 160.48 respectively. The result also indicated that students who are non-vegetarian are more body conscious (164.77) than vegetarians (159.61) and they are also low on self-confidence than vegetarians.

Therefore, it is revealed from the results that both the age groups (17-22 years and 23-29 years), males and females, participants from urban and rural areas, day scholars and hostelers and participants with vegetarian and non-vegetarian food preferences are similar in body consciousness, self-confidence and social anxiety.

Table 3: - Relationship of self-confidence with social anxiety and body consciousness

Variable	Self Confidence	Social Anxiety	Body Consciousness
Self Confidence	1	-.693**	-.557**
Social Anxiety		1	.484**
Body Consciousness			1

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

Table 3 shows the correlation matrix using Pearson Product Moment Correlation to assess bivariate relationship among self-confidence, social anxiety, and body consciousness. The findings showed that self-confidence was significantly negatively

correlated with social anxiety. ($r = -.693, p < .01$) and body consciousness ($r = -.557, p < .01$). Additionally, social anxiety was significantly positively correlated with body consciousness ($r = .484, p < .01$).

Table 4: - Relationship of self-confidence with the dimensions of social anxiety and body consciousness

Variables	SC	BSV	BS	CB	IWS	SIP	IWOS	CAE	AEOA
Self Confidence	1	-.841**	-.195*	-.188*	-.392**	-.354**	-.144	-.330**	-.135
Body surveillance		1	.141	.126	.600**	.540**	.223**	.444**	.131
Body shame			1	.500**	.102	-.084	.043	.012	.098
Control beliefs				1	.033	.070	.097	.001	.082
Interactions with strangers					1	.242**	.065	.036	.180*
Speaking in public						1	.168*	.049	-.226**
Interactions with the opposite sex							1	-.230**	-.072
Criticism and embarrassment								1	-.092
Assertive expression of annoyance									1

Note: SC= Self-confidence, BSV= Body surveillance, BS= Body shame, CB= Control beliefs, IWS= Interaction with strangers, SIP= Speaking in public, IWOS= Interactions with opposite sex, CAE= Criticism and embarrassment, AEOA= Assertive expression of annoyance.

Table 4 shows the correlation matrix using Pearson Product Moment Correlation to assess bivariate relationship among self-confidence and variables of social anxiety and body consciousness. The results revealed that self-confidence was significantly negatively correlated with body surveillance ($r = -.841, p < .01$), body shame ($r = -$

.195, $p < .05$), control beliefs ($r = -.188, p < .05$), interactions with strangers ($r = -.392, p < .01$), speaking in public ($r = -.354, p < .01$) and criticism and embarrassment ($r = -.330, p < .01$).

Additionally, body surveillance was significantly positively correlated with interactions with

strangers ($r = .600, p < .01$), speaking in public ($r = .540, p < .01$), interactions with opposite sex ($r = .223, p < .01$) and criticism and embarrassment ($r = .444, p < .01$). Moreover, body shame was significantly positively correlated with control beliefs ($r = .500, p < .01$).

Furthermore, interaction with strangers was significantly positively correlated with speaking in public ($r = .242, p < .01$) and assertive expression

of annoyance, disgust or displeasure ($r = .180, p < .05$). Speaking in public was significantly positively correlated with interactions with opposite sex ($r = .168, p < .05$) and significantly negatively correlated with assertive expression of annoyance, disgust or displeasure ($r = -.226, p < .01$).

To add in, interaction with opposite sex was significantly negatively correlated with criticism and embarrassment ($r = -.230, p < .01$).

Table 5: -Influence of self-confidence on social anxiety and body consciousness

Independent Variable	Dependent variable	R	R ²	Adjusted R ²	Std. Error of the Estimate	B	Std. Error	Beta	t	Sig.
Self Confidence	Social Anxiety	.693 ^a	.48	.48	10.08	-1.01	.09	-.69	11.65	.000
	Body consciousness	.738 ^b	.54	.54	9.47	-.16	.03	-.29	4.53	.000

The results from Table 5 infers that self-confidence contributes 48% ($r^2 = .48$) in social anxiety and 54% ($r^2 = .54$) in body consciousness respectively.

Discussion

The results described above showed and interpreted several facets and dimensions of the current investigation. The current study focuses on students' social anxiety, self-confidence, and body consciousness. The results showed that self-confidence was negatively (significantly) linked with social anxiety and bodily consciousness (See Table 3) and confirmed the study's first hypothesis. The findings of the study also support the findings of Murad and Suleiman (2020), who discovered a significantly negative correlation between levels of social anxiety and self-esteem among university students. Body surveillance was found to be negatively and significantly connected to self-confidence by Appu and Lukose (2022). Furthermore, Melizza and Rahmawati's (2023) research backs up the results by discovering that self-esteem decreases when body humiliation increases. Mundala (2020) discovered a negative adulthood, and that patterns may differ between men and women. Furthermore, Stokes and Fredrick (2008) discovered that the types of body satisfaction expressed by women of various ages did not differ significantly. McKinley (2006) research adds to the study's findings that both men and women showed a desire to lose weight, and both groups were equally likely to exercise. As a result, the current study lends credence to the previously mentioned research investigations.

The fourth hypothesis was to see if there were any significant difference in self-confidence based on age, gender, location, nature of stay, and food preferences. There was no significant difference in self-confidence based on age, gender, location,

relationship between self-esteem and social anxiety in her research study. The current study is consistent with the previous research investigations, and the findings support the hypothesis that higher levels of self-confidence lead to lower levels of social anxiety and body consciousness. The findings also confirmed the second hypothesis that self-confidence affects social anxiety and body consciousness (see Table 5).

The third hypothesis was to see if there were any significant differences in body consciousness based on age, gender, location, nature of stay, and food preferences. There was no significant difference in body consciousness with regards to age, gender, locality, nature of stay, food preferences, and the participants' results were the same (See Table 2). The study backs up the findings of Algars and Santilla (2009), who stated that because individuals may become more or less pleased with specific features of their bodies as they age, simply looking at how age impacts body image is insufficient. Furthermore, they proposed that body satisfaction may fluctuate throughout nature of stay and food preferences, and the results of the participants were the same (See Table 2). The findings of the study back up the findings of Erol and Orth (2011), who discovered that there is no difference in self-esteem between men and women in early adulthood and youth. In a separate study, Jain and Dixit (2014) reported that there was no difference in the levels of confidence of male and female students. Furthermore, Ambika and Panwar (2021) discovered no significant gender differences in self-confidence among young adolescents in their research investigation. The latest discovery is consistent with previous study investigations.

The fifth hypothesis was to see if there were any significant differences in social anxiety based on age, gender, location, nature of stay, and food preferences. There was no significant difference in social anxiety based on age, gender, location, or length of stay, and the results of the participants were the same (See Table 2). According to Hashempour and Mansor (2017), there is no substantial change in social anxiety with age. Similarly, they discovered no substantial difference in social anxiety across gender. Furthermore, Mclean and Asnanni (2011) discovered that there was no gender difference in social anxiety disorder, as well as no distinction between men and women in the age of commencement of anxiety disorders. In addition, Campbell (1996) revealed in her study that social threat anxiety did not increase with age and that the character of the expected social outcomes remained mostly unchanged over the age range. As a result, the current research findings support the aforementioned research studies.

Conclusion

To sum up, based on the outcomes of the current study, it is concluded that self-confidence negatively impacts social anxiety and body consciousness. Students who are confident in themselves have lower levels of social anxiety and body consciousness. However, no significant differences in body consciousness, social anxiety, or self-confidence are found when age, gender, location, length of stay, or food preferences are considered.

Limitations

Since the present study was conducted in Lovely Professional University, the sample size is less considering the exclusion criteria of sampling. Moreover, many students were not interested to fill out the questionnaires and, in some cases, there was a communication gap. Furthermore, latest scales on self-confidence were not available.

Suggestions

According to the research, it is recommended that students must be appreciated and recognized for their works and achievements by professors which ultimately leads to a boost in their self-confidence. The educational institutions can promote personal development by giving students the chance to explore their passions, find new ones, and hone their talents. Moreover, to reduce social anxiety among students, colleges and universities can assist students to manage their social anxiety by providing mental health tools like counselling and support groups. Social skills training should be

given to socially anxious students who find it hard to even make eye contact or start a conversation. Group activities such as team projects should be incorporated in classes so that students can build connections with their peers and students must also be exposed to public speaking and networking events. Additionally, awareness must be created in general public on how body shaming can impact someone physically and emotionally especially a student. More seminars should be conducted on body positivity which ultimately leads to reduced body consciousness especially in females. Furthermore, more researches should be carried out on the topic undertaken in this study.

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