# Moderating Role of Peer Pressure in the Relationship Between Body Image Satisfaction and Self-Esteem Among Undergraduate Students

**Anike, Raphael Ugwu**
Department of Psychology, Enugu State University of Science and Technology (ESUT)

**Chinawa, Francis Chukwuemeka**
Department of Psychology, Godfrey Okoye University, Thinkers Corner Enugu

**Ekwo, Jude Chukwudi**
Department of Psychology, Enugu State University of Science and Technology (ESUT)

**Amadi Martins Ikechukwu**
Nigeria Maritime University, Warri, Delta State.

**Douglas, John Ufuoma**
Department of Psychology, Enugu State University of Science and Technology (ESUT)
Corresponding Author: douglasufuoma@gmail.com

**Okafor, Cordelia Nnenna**
Department of Psychology, Enugu State University of Science and Technology (ESUT)

**Nwodo, Theodora Onyinyechi**
Department of Psychology, Enugu State University of Science and Technology (ESUT)

**Omeje, Obiageli**
Department of Psychology, Enugu State University of Science and Technology (ESUT)

**Ugwu, Chika Gloria**
Department of Psychology, Enugu State University of Science and Technology (ESUT)
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*Abstract*

*The study investigated the moderating role of peer pressure in the relationship between body image satisfaction and self-esteem among undergraduate students. One hundred and ninety-eight (198) undergraduate students comprised of 46 males and 152 females with an age range of 17-29 years, a mean age of 20.65, and S. D of 2.341 were drawn participants with the aid of multi-stage (cluster, simple random: balloting and purposive) sampling technique from twelve (12) different department in Enugu State University of Science and Technology. Rosenberg self-esteem scale, Peer pressure questionnaire-revised and Body image questionnaire were used for data collection, correlation design was adopted, the statistical test that was used for data analysis is moderated hierarchical multiple regression using Statistical Package for Social Sciences (SPSS) Version 27 software. Findings revealed that body image satisfaction Stβ= -.081 and t= -1.132 at p< .05 did not predict self-esteem among undergraduate students. Peer pressure Stβ= -.454***, t= -7.045*** at p< .001 negatively predicts self-esteem. Body image satisfaction and peer pressure r= .457 were related to self-esteem, they contributed 20.9% variance to self-esteem, while body image satisfaction and peer pressure jointly predict self-esteem at p< .001. Peer pressure did not moderate the relationship*

*between peer pressure and self-esteem Stβ= -.173 t= -.409 at p< .05. Hence therapists should provide undergraduate students with coping strategies to effectively manage peer pressure to prevent potential declines in self-esteem.*

**Keywords:** *Peer Pressure, Body Image Satisfaction, Self-Esteem, Undergraduates, Students.*

**Introduction**

Self-esteem refers to how a person perceives and feels about their own qualities and characteristics (Olivine, 2024). Self-esteem refers to an individual's subjective perception of their intrinsic worth and value. It closely relates to self-respect and encompasses a confidence in one's capabilities and attributes (Cherry, 2023). The presence of healthy self-esteem can significantly impact an individual's motivation, mental well-being, and overall quality of life. It is important to note that excessively high or low self-esteem can pose challenges. Therefore, gaining insight into one's unique level of self-esteem is crucial for achieving a balanced and optimal state (Cherry, 2023). High self-esteem is characterized by positive self-perceptions of one's qualities and characteristics. Conversely, if they have negative thoughts about themselves, they have low self-esteem. This is important because higher levels of self-esteem are linked to better mental health, while lower levels of self-esteem are associated with mental health conditions such as depression (American Psychological Association, 2023). Low self-esteem can impact people of all ages, including children. However, young adults have lower self-esteem than older adults, and women tend to have lower self-esteem than men (Helwig & Ruprecht, 2017; Bleidorn et al., 2016). Beyond these trends, many different circumstances, thoughts, and beliefs can impact self-esteem. A person could have general low self-esteem, or low self-esteem in all areas. It is also possible to have low self-esteem in only some areas, though it can carry over into other areas. Self-esteem can be impacted by different areas of a person and their life, and self-esteem affects all areas of life (Olivine, 2024).

The key components of self-esteem, as outlined by Cherry (2023), encompass self-confidence, feelings of security, identity, sense of belonging, and a perceived sense of competence. Terminology often used synonymously with self-esteem includes self-worth, self-regard, and self-respect. Notably, self-esteem typically demonstrates a nadir during childhood, followed by an increase during adolescence and adulthood, ultimately stabilizing at a consistent and enduring level. This pattern of development aligns with the enduring nature of personality traits over time, as observed by Trzesniewski et al. (2003).

The concept of self-esteem significantly influences various aspects of an individual's life, including decision-making, interpersonal relationships, emotional well-being, and overall quality of life. Moreover, it plays a crucial role in shaping an individual's motivation, as those with a positive self-view are more likely to embrace new challenges and recognize their potential (Cherry, 2023).

According to Cherry (2023), healthy self-esteem is characterized by four key attributes: A comprehensive awareness of one's own abilities and strengths, The capacity to cultivate and maintain meaningful relationships with others, stemming from a positive self-relationship, Realistic and suitable personal expectations, Recognition of one's own needs and the ability to effectively communicate those needs.

Individuals with low self-esteem often experience uncertainty regarding their capabilities and may exhibit hesitancy in their decision-making processes (Cherry, 2023). This lack of confidence can lead to a diminished willingness to pursue new endeavors due to a pervasive belief in their inability to achieve success. Furthermore, individuals with low self-esteem may encounter challenges in forming and articulating their needs within relationships, while also grappling with feelings of inadequacy and unlovability.

Conversely, individuals with excessively high self-esteem may demonstrate an overestimation of their abilities and a sense of entitlement to achievement, regardless of their actual competencies (Cherry, 2023). This can result in difficulties in interpersonal relationships and hinder personal growth, as the preoccupation with maintaining a flawless self-image may impede the recognition of areas for improvement.

Numerous factors can significantly influence an individual's self-esteem (Cherry, 2023). These include age, disability, genetics, illness, physical abilities, socioeconomic status (von Soest et al., 2018), and thought patterns. It has been demonstrated that experiences of racism and discrimination can have detrimental effects on self-esteem (Johnson, 2020). Additionally, genetic factors contributing to the formation of an individual's personality may also play a role, although life experiences are widely regarded as the most influential factor. Our life experiences, particularly the feedback received from family and friends, are believed to be pivotal in shaping overall self-esteem. Individuals who are recipients of what Rogers described as unconditional positive regard are more likely to develop healthy self-esteem (Cherry, 2023).

Low self-esteem in university students includes negative evaluations of their appearance and behaviour (Rahman et al., 2017; Omeje et al., 2023). As a result, student with low self-esteem tend to isolate themselves and avoid social contact (Keane & Loades, 2017; Omeje et al., 2023). These feelings often keep students from building meaningful social relationships, which, in turn, results in their feeling lonely (Keane & Loades, 2017; Mahon et al., 2006; Omeje et al., 2023). Many factors can either increase self-esteem or reduce it, factors like body image can help to determine the level of self-esteem, Barclay (2023) postulated that having a negative body image can damage the individual self-esteem.

Body image is widely acknowledged as a multidimensional construct encompassing perception, affect, and behaviour (Joo et al., 2018). Current research indicates that it is a complex phenomenon involving body consciousness, emotional attitudes towards the body, and satisfaction with its functionality. It is noteworthy that a significant number of individuals express concerns about specific aspects of their bodies (Quittkat et al., 2019). Furthermore, a negative cognitive assessment of one's body is indicative of a negative body image (Hartmann, 2019). Body image is understood as a multi-dimensional construct, which includes a behavioural component involving body-related behaviours (e.g. checking behaviours), a perceptual component involving the perception of body characteristics (e.g. estimation of one's body size or weight), and a cognitive-affective component involving thoughts, attitudes, and feelings toward one's body (Vocks et al., 2018; Chinawa et al., 2024). Functional body satisfaction refers to the agreement with and satisfaction with the physical capabilities of the body (Al Sulaimi et al., 2022). However, being valued for appearance rather than function can increase the risk of developing an eating disorder. Many people perceive that societies and countries struggle to convey the importance of a positive body image (this is true globally) (Al Sulaimi et al., 2022). In Western culture, when people prioritize having thinner bodies, they may view excess weight as a character flaw (Al Sulaimi et al., 2022). You can be defined as

handsome or ugly within a group based on appearance, which may make you good or bad, attractive or undesirable (Anderson-Fye, 2012). To combat stigmatized appearances, an increasing number of people will resort to various cosmetic methods over time. In other words, societal appearance is culturally imposed, and once individuals have experienced injustice, the weight they put on their bodies shapes their perception of themselves and their needs (Trekels & Eggermont, 2017). Culture, according to the sociocultural theory of body perception, plays a key role in explaining how people perceive their bodies, with race shaping appropriate body image expectations as well as the importance of such norms for individuals (Al Sulaimi, et al., 2022). Uslu (2013) postulated that self-esteem can easily be affected by peer pressure, while Webb and Zimmer-Gembeck (2015) stressed that communication with peers affects focus on appearance, formation of ideal body shape standards, and development of body images.

Peer pressure is the process by which members of the same social group influence other members to do things that they may be resistant to, or might not otherwise choose to do (Hartney, 2022). Peers are people who are part of the same social group, so the term peer pressure refers to the influence that peers can have on each other (Hartney, 2022). Usually, the term peer pressure is used when people are talking about behaviours that are not considered socially acceptable or desirable, such as experimentation with alcohol or drugs. Though peer pressure is not usually used to describe socially desirable behaviours, such as exercising or studying, peer pressure can have positive effects in some cases. In reality, peer pressure can be either a positive or negative influence that one peer, or group of peers, has on another person (Hartney, 2022). The following six terms are often used to describe the types of peer pressure a person may experience.

As the name suggests, spoken peer pressure is when someone verbally influences another person to do something. For instance, a teenager might influence their friend to smoke a cigarette by saying, Come on, one cigarette won't hurt. Unspoken peer pressure, on the other hand, is when no one verbally tries to influence you. However, there is still a standard set by the group to behave in a certain way. Even if no one tells the teenager to smoke a cigarette in the example above, the teen may still feel pressured by their peers to partake in the activity because it seems like everyone is doing it (Graupensperger et al., 2018). Direct peer pressure is when a person uses verbal or nonverbal cues to persuade someone to do something. The example mentioned above of a teen handing another teen a cigarette is also an instance of direct peer pressure because the teen on the receiving end must decide on the spot how they're going to respond. With indirect peer pressure, no one is singling you out, but the environment you're in may influence you to do something. If you're at a party where everyone is drinking, for instance, you might feel pressured to drink even if no one asks you to (Morris et al., 2020). Finally, peer pressure can be described as either positive or negative. Positive peer pressure is when a person is influenced by others to engage in a beneficial or productive behaviour. Negative peer pressure is the influence a person faces to do something they wouldn't normally do or don't want to do as a way of fitting in with a social group. People often face negative peer pressure to drink alcohol, do drugs, or have sex (Clark et al., 2020).

The study is founded on Higgins' self-discrepancy theory (1987), which posits that self-esteem is jeopardized when an individual's actual self-concept deviates from their ideal or ought selves. This self-discrepancy can result from peer pressure, as individuals may feel compelled to conform to group norms or expectations to maintain social acceptance. When peer pressure

generates self-discrepancy, self-esteem is compromised, prompting individuals to seek self-validation through peer approval. Hence the following hypotheses

Body image will significantly predict self-esteem among undergraduate students

Peer pressure will relate to self-esteem among undergraduate students

Peer pressure will moderate the relationship between body image and self-esteem among undergraduate students

## Method
### Participants
One hundred and ninety-eight (198) undergraduate students comprised of 46 males and 152 females with an age range of 17-29 years, a mean age of 20.65, and S. D of 2.341 were drawn participants with the aid of multi-stage (cluster, simple random: balloting and purposive) sampling technique from twelve (12) different department in Enugu State University of Science and Technology. The students were clustered according to their departments simple random balloting was used to pick 12 faculties, while purposive sampling techniques was used to draw the participants from the following departments: Psychology 19, Sociology 12, English 8, Mass communication 18, Banking and Finance 10, Law 25, Food Sciences and technology20Communication, Computer sciences 13, Industrial mathematics 15, Education management 18, Science Education 17 and Nursing 22. **Inclusive criterion:** participants must be undergraduate full-time students from the selected department**. Exclusive criterion:** participants who are not full-time undergraduate students and not from the selected department.

### Instruments
Three set of instruments were used in the study for data collection and they include:
- Rosenberg self-esteem scale (Rosenberg, 1965).
- Peer pressure questionnaire-Revised (Sandeep and Sunil, 2010).
- Body image questionnaire (Jestes, 1999).

### Rosenberg self-esteem scale (Rosenberg, 1965)
Rosenberg's Self-Esteem Scale is probably the most widely used measure of self-esteem for adult populations. The scale is composed of 10 items, 5 of which are negatively worded. Although originally constructed as a Guttman-type scale (i.e., items with an ordinal pattern on the attribute), most researchers use a 4-point response format ranging from strongly agree to strongly disagree. Rosenberg's Self-Esteem Scale is the standard measure of self-esteem in psychological research. The scale provides a short, straightforward, and convenient method for measuring global self-esteem. Because self-esteem is a trait like construct, this scale may be of interest to researchers as a moderator variable in research rather than a dependent variable. The Rosenberg Self-Esteem Scale (RSES) is a widely used measure of self-esteem, and its validity indices, composite scores, and criterion scores are essential in understanding its effectiveness. In the trait-like validity Indices, the RSES demonstrates good internal consistency, with Cronbach's alpha values ranging from 0.77 to 0.88. Additionally, the scale shows good stability over time, with test-retest reliability values ranging from 0.82 to 0.85. Convergent validity is also established, as RSES scores correlate positively with other self-esteem measures, such as the Coppersmith Self-Esteem Inventory ($r = 0.70$-$0.80$). Furthermore, discriminant validity is demonstrated through negative correlations with measures of anxiety and depression ($r = -0.30$ to $-0.50$). Composite Scores of the RSES consists of 10 items, with a 4-point Likert scale (0-3). Composite scores range from 0 to 30, with higher scores indicating higher self-esteem. Mean scores vary depending on the population, with general population means ranging from

20-24 and clinical populations (e.g., depression) means ranging from 15-20. While the criterion scores the cutoff scores are used to categorize individuals into low, moderate, and high self-esteem groups. Low self-esteem is indicated by scores ranging from 0-15, moderate self-esteem by scores ranging from 16-24, and high self-esteem by scores ranging from 25-30. Normative data provides percentile rankings, with the 25th percentile corresponding to a score of 18, the 50th percentile to a score of 22, and the 75th percentile to a score of 26.

In conclusion, the RSES is a reliable and valid measure of self-esteem, with robust validity indices, composite scores, and criterion scores. Its widespread use in research and clinical settings is a testament to its effectiveness in assessing self-esteem. For example, research could examine how pre-course differences in self-esteem are related to student involvement in different types of service settings, how students deal with ambiguities and frustration during service activities, or satisfaction with the service learning course. Temporal consistency: Fleming and Courtney (1984) reported a 1-week test-retest reliability of .82. Internal consistency: Fleming and Courtney (1984) reported a coefficient alpha of .88. Factor structure: Hensley (1977) reported a unidimensional factor structure. Convergent Validity Reynolds (1988) found a .44 correlation between Rosenberg's Self- Esteem Scale and the Academic Self-Concept Scale.

A pilot study conducted by the researcher with 30 participants drawn from population of students from the University of Nigeria Nsukka, Enugu Campus yielded a Cronbach alpha of .618

**Peer pressure scale questionnaire (Sandeep & Sunil, 2010)**
PPQ-R is a 25-item self-report scale that assesses peer influence in everyday life situations. It is a 5- point likert scale with 1(strongly disagree) to 5 (strongly agree). It was developed by Sandeep Singh and Sunil Saini (2010). The Peer Pressure Scale Questionnaire-Revised (PPSQ-r) has been translated and validated for assessing the impact of peer pressure among Malaysian adolescents. The questionnaire underwent forward-backward translation and face validity assessment by a panel of experts. It was found to have excellent reliability with a Cronbach's α value of 0.932 and exhibited one component through principal component analysis (PCA) . Another study developed and validated a tool to study perceived peer pressure among higher secondary students, resulting in a reliable and valid perceived peer pressure scale with a Cronbach's α value of 0.942 and a validity value of 0.971. The Peer Pressure Scale Questionnaire-Revised (PPSQR) developed by Sandeep and Sunil (2010) is a widely used measure of peer pressure, and its validity indices, composite scores, and criterion scores are essential in understanding its effectiveness.

Validity Indices: The PPSQR demonstrates good internal consistency, with Cronbach's alpha values ranging from 0.83 to 0.87. Additionally, the scale shows good stability over time, with test-retest reliability values ranging from 0.78 to 0.82. Convergent validity is also established, as PPSQR scores correlate positively with other peer pressure measures, such as the Peer Pressure Inventory ($r = 0.65$-$0.75$). Furthermore, discriminant validity is demonstrated through negative correlations with measures of self-esteem and emotional well-being ($r = -0.30$ to -$0.50$). Composite Scores which states the PPSQR consists of 20 items, with a 5-point Likert scale (1-5). Composite scores range from 20 to 100, with higher scores indicating higher peer pressure. Mean scores vary depending on the population, with adolescents scoring between 50-60 and young adults scoring between 45-55. Criterion Scores: Cutoff scores are used to categorize individuals into low, moderate, and high peer pressure groups. Low peer pressure is

indicated by scores ranging from 20-40, moderate peer pressure by scores ranging from 41-60, and high peer pressure by scores ranging from 61-100. Normative data provides percentile rankings, with the 25th percentile corresponding to a score of 40, the 50th percentile to a score of 50, and the 75th percentile to a score of 65.

In conclusion, the PPSQR is a reliable and valid measure of peer pressure, with robust validity indices, composite scores, and criterion scores. Its widespread use in research and clinical settings is a testament to its effectiveness in assessing peer pressure.These findings suggest that the PPSQ-r and the perceived peer pressure scale are reliable and valid measures of peer pressure.

A pilot study conducted by the researcher with 30 participants drawn from population of students from University of Nigeria Nsukka, Enugu Campus which yield a Cronbach alpha of .800

**Body Image Questionnaire (Jestes, 1999)**
The items were adapted from Jestes (1999) questionnaire on body image. The scale was designed to assess the presence of body image distortions. The items for measuring body image distortion in the present study will be drawn from this source. An example of an item from the body image questionnaire is: "I am satisfied with the shape of my body". The face and content validity of the items were ascertained by Cash et al., (2002). Body image questionnaire was standardized on males and females young adults. Also, a reliability study employing split-half reliability was done using 50 male and 50 female undergraduate students of Nigeria. A reliability coefficient Alpha of .52 and a corrected value of 0.53 was obtained using Spearman Brown. The final instrument was a Likert type questionnaire with five options: 1 = Very Dissatisfied 2 = Somewhat Dissatisfied 3 = Neutral 4 = Somewhat Satisfied 5 = Very Satisfied.

The BIQ demonstrates good internal consistency, with Cronbach's alpha values ranging from 0.85 to 0.90. This indicates that the items on the questionnaire are closely related and measure the same construct. Additionally, the test-retest reliability values of 0.80-0.85 demonstrate that the BIQ is a stable measure over time.

The BIQ also shows convergent validity, correlating positively with other body image measures, such as the Body Shape Questionnaire (r = 0.70-0.80). This suggests that the BIQ is measuring the same construct as other established measures of body image. Furthermore, the discriminant validity of the BIQ is demonstrated through negative correlations with measures of self-esteem and emotional well-being (r = -0.30 to -0.50). This indicates that body image concerns are a distinct construct from self-esteem and emotional well-being.

The composite scores of the BIQ range from 19 to 95, with higher scores indicating more body image concerns. Mean scores vary depending on the population, with females scoring between 40-50 and males scoring between 30-40. Cutoff scores are used to categorize individuals into low, moderate, and high body image concerns groups. Low body image concerns are indicated by scores ranging from 19-39, moderate body image concerns by scores ranging from 40-59, and high body image concerns by scores ranging from 60-95.

In conclusion, the Body Image Questionnaire is a reliable and valid measure of body image concerns. Its robust validity indices, composite scores, and criterion scores make it an effective tool for assessing body image concerns in individuals. The BIQ has important implications for

research and clinical practice, particularly in the areas of body image disturbance, eating disorders, and mental health.

A pilot study conducted by the researcher with 30 participants drawn from population of students from University of Nigeria Nsukka, Enugu Campus which yield a Cronbach alpha of .740

## Procedure

Students were sampled as participants from Enugu State University of Science and Technology with the aid of multi-stage (cluster, simple: balloting and purposive) sampling techniques. The students were first clustered according to their department, a simple random sampling technique: balloting was used to pick the twelve (12) departments, while the purposive sampling technique which is a criterion-based selection technique was adopted to draw the participants from the selected departments. Research assistants who are from the selected departmental student executives were employed to help distribute and retrieve the instruments from the students.

A total of two hundred and five (205) copies of the scales were sent out, and two hundred and one (201) were returned, of which three were invalided due to wrong responses which sum up the numbers well attended to be one hundred and ninety-eight (198) copies of the scales which were used for data analysis.

## Design and Statistics

Correlation design was adopted based on the researchers investigating the relationships between variables without the researchers controlling or manipulating any of them, this approach can help identify patterns and associations between variables (Bhandari, 2023). The statistical test that was used for data analysis is moderated hierarchical multiple regression using Statistical Package for Social Sciences (SPSS) Version 27 software. Moderation analysis is a statistical method that allows researchers to test for the influence of a third variable on the relationship between two other variables. For example, in the context of a study on self-esteem, the moderation analysis is used to examine how the variable of peer pressure affects the relationship between preoperative body image satisfaction and self-esteem. This can help identify important factors that might influence the strength or direction of a relationship between variables (Nie et al., 2010).

## Results

**Table I: descriptive and correlation statistics on the moderating role of peer pressure in the relationship between body image and self-esteem among undergraduate students.**

| S/N | Variables | M | S.D | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|-----|-----------|------|--------|---|------|-------|---------|--------|-------|--------|--------|
| 1 | Body image | 34.09 | 6.022 | 1 | -.082 | .128 | .696** | .162* | .076 | .137 | -.037 |
| 2 | Self-esteem | 21.69 | 4.130 | | 1 | -.455** | -.376** | .072 | -.005 | -.028 | .064 |
| 3 | Peer pressure | 58.29 | 12.72 | | | 1 | .786** | -.017 | .032 | -.104 | -.015 |
| 4 | Moderator | 1997.3 | 624.45 | | | | 1 | .099 | .062 | .030 | -.027 |
| 5 | Age | 20.65 | 2.3410 | | | | | 1 | -.183* | .330** | .184** |

| 6 | Gender | 1.771 | .4208 | | 1 | -.056 | .051 |
| 7 | Year of Study | 2.827 | 1.0403 | | | 1 | .183* |
| 8 | Marital status | 1.040 | .19789 | | | | 1 |

**\*\*. Correlation is significant at the 0.01 level (2-tailed). \*. Correlation is significant at the 0.05 level (2-tailed).**

Table I above shows that peer pressure r= -.455\*\* and the moderator (body image\*peer pressure) r= -.376\*\* at p< .01 negatively relate to self-esteem, this implies that an increase in pressure and the combination of body image satisfaction and peer pressure will cause a decrease in self-esteem among undergraduate students. Age r= .162\* at p< .05 positively relates to body image satisfaction, this implies that an increase in age will cause an increase in body image satisfaction among undergraduate students. Years of study r= .330\*\* and marital status r= .184\*\* at p< .01 positively relate to age, this implies that an increase in age will cause an increase in years of study and marital status.

**Table II: statistics on the moderating role of peer pressure in the relationship between body image satisfaction and self-esteem among undergraduate students**

| Model | R | $R^2$ | Stβ | t |
|---|---|---|---|---|
| **Body image** | .457\*\*\* | .209\*\*\* | -.081 | -1.132 |
| Peer pressure | | | -.454\*\*\* | -7.045\*\*\* |
| Moderator | | | -.173 | -.409 |
| Age | | | .099 | 1.402 |
| Gender | | | .017 | .264 |
| Year of Study | | | -.113 | -1.620 |
| Marital status | | | .061 | .919 |

**Dependent variable: self-esteem, at p< .05\*, p< .001\*\*\***

Table I above shows that body image satisfaction Stβ= -.081 and t= -1.132 at p< .05 did not predict self-esteem among undergraduate students. Peer pressure Stβ= -.454\*\*\*, t= -7.045\*\*\* at p< .001 negatively predicts self-esteem, this implies that an increase in peer pressure will lead to a decrease in self-esteem among undergraduate students. Body image satisfaction and peer pressure r= .457 were related to self-esteem, they contributed 20.9% variance to self-esteem, while body image satisfaction and peer pressure jointly predict self-esteem at p< .001. Peer pressure did not moderate the relationship between peer pressure and self-esteem Stβ= -.173 t= -.409 at p< .05

**Discussion**
The first hypothesis tested which stated that body image satisfaction will significantly predict self-esteem was not confirmed. The results indicate that there is no connection between body image satisfaction and self-worth among undergraduate students, implying that students' perception of their body image may not affect their self-worth or the value they place on themselves. This suggests an incompatibility between undergraduate students' body image satisfaction and self-esteem, demonstrating that the presence of body image satisfaction does not necessarily bring about the presence or absence of self-esteem among undergraduate students.

The second hypothesis tested which stated that peer pressure will significantly relate to self-esteem was confirmed. The research findings demonstrate a significant correlation between peer pressure and self-esteem among undergraduate students. The results reveal an inverse relationship, indicating that heightened peer pressure corresponds to diminished self-esteem among this demographic. This underscores the impact of peer groups on self-perception and value systems of undergraduate students.

The third hypothesis tested which stated that peer pressure will moderate the relationship between body image and self-esteem was not confirmed. The result obtained shows that peer pressure cannot moderate body image satisfaction to cause the presence or absence of self-esteem, this means that both variables can only come together to cause the presence of self-esteem, but peer pressure cannot act at the background to regulate self-esteem among undergraduate students.

## Implication of the findings

The results align with Higgins' self-discrepancy theory (1987), which suggests that self-esteem suffers when a person's real self-concept differs from their ideal or ought selves. This self-discrepancy can arise from peer pressure, as individuals may feel pressured to conform to group norms or expectations in order to be socially accepted. When peer pressure causes self-discrepancy, self-esteem is affected, leading individuals to seek validation through peer approval.

The results obtained have added to empirical work which can be cited by future researchers.

The study findings indicate that there was no significant association between body image satisfaction and self-esteem among undergraduate students. However, peer pressure exhibited a negative correlation with self-esteem. Additionally, peer pressure did not moderate the relationship between body image satisfaction and self-esteem among the participants. It is recommended that therapists provide undergraduate students with coping strategies to effectively manage peer pressure and prevent potential declines in self-esteem. Educational institutions should consider integrating coursework aimed at promoting autonomy and resilience in students, thus enabling them to resist negative peer influences. Furthermore, educators should regularly emphasize the importance of self-reliance and independent decision-making to undergraduate students. Lastly, parents and caregivers should prioritize teaching self-reliance and fostering trust in one's own judgment, as over-reliance on others for decision-making can have detrimental consequences.

## Limitations of the findings
Some factors worked against this study factor like sampled institutions. Sampling one institution worked against this study by reducing the number of participants, the number of students would have increased assuming more than one institution was sampled.

Secondly, the timing of the study. Conducting this study at a time when students were writing exams reduces the number of participants who agreed to participate in this research. Some students turned down the request to take part in this study citing busy schedules and examination mode activation, as there were limited time to carries on with two activities at the same time.

## Suggestions for further studies

Future researchers should consider sampling students from more than one institution, to increase the number of students that will take part in the study.

Secondly, the timing of the study should be considered by future researchers. A similar study should not be carried out during exams, so doing it will give other students room and free time to participate in the study.

## Summary and conclusion

The study investigated the moderating role of peer pressure in the relationship between body image satisfaction and self-esteem, findings revealed that body image satisfaction failed to predict self-esteem, peer pressure negatively predicted self-esteem, while peer pressure did not moderate the relationship between body image satisfaction and self-esteem, hence therapists should provide undergraduate students with coping strategies to effectively manage peer pressure and prevent potential declines in self-esteem.

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