

**Relationship between Body Image Satisfaction, Religiosity  
and Life Satisfaction Among Hijabi Women**



**BY**

**MARIA MUZAFFAR ABBASI**

*Dr. Muhammad Ajmal*

**NATIONAL INSTITUTE OF PSYCHOLOGY**

*Center of Excellence*

**QUAID-I-AZAM UNIVERSITY**

**Islamabad, Pakistan**

**2018**

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A Research Report submitted in  
Partial Fulfillment of the Requirements of the  
**Masters' degree of science**  
**In Psychology**

*Dr. Muhammad Ajmal*

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**By**

**Maria Muzaffar Abbasi**

**Approved By**



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**(Ms. Riffat Zahir)  
Supervisor**



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**(Dr. Kehkashan Arouj)  
External Examiner**



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**(Prof. Dr. Anila Kamal)  
Director, NIP**

## Certificate

This is to certify that M.Sc. thesis on “**Relationship between Body Image Satisfaction, Religiosity and Life Satisfaction among Hijabi women**” by Ms. Maria Muzaffar Abbasi has been proven for submission to Quaid-e-Azam University, Islamabad.



**Ms. Riffat Zahir**

(Supervisor)

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## Acknowledgements

I would like to extend my deepest appreciation to those people, specially my parents, who helped me in one way or another to finish the task at hands, this thesis manuscript. By that time, I worked with a great number of people whose contribution assorted ways to the research and the making of the thesis deserved special mention. It is a pleasure to convey my gratitude to all of them in my humble acknowledgement.

I feel highly privileged in taking opportunity to offer my deepest gratitude and profound respect to my supervisor **Miss Riffat Zahir**, for her kind supervision, friendly behavior and valuable suggestions throughout the study. I am thankful to her for her inspiration, reassurance and counseling from time to time. Her energy, optimism, continuous encouragement and motivation at every step during the course of my research enabled me to achieve my goals.

My acknowledgement will remain incomplete if I do not express my gratitude to the staff members specially librarian, photocopier, and Sir Usman along with his faculty for they have always been a helping hand and dealt with my endless queries and short notices patiently.

Last but not least Shout-out to my forever screwed squad for standing by my side in every thick and thin before and during my thesis work. From the start until the accomplishment of the thesis, they had been a constant support and no words can do justice to how thankful and blessed I feel for having them around in every walk of life.

*Maria Muzaffar Abbasi*



## Abstract

The purpose of this research was to study the relationship between Body Image Satisfaction, Religiosity and Life Satisfaction among Hijabi Women. Multidimensional Body Self-Relational Questionnaire by Cash (1990) for body image, Belief into Action Questionnaire by Koenig (2015) for religiosity and Satisfaction with Life Questionnaire by Diener (1984) for life satisfaction was used in the study. Social desirability bias was also calculated statistically using social desirability scale (Crowne & Marlowe, 1964). The sample was comprised of 303 young female students from Quaid-i-Azam University, COMSATS University, and Islamic University Islamabad including specifically those women who wear hijab. Participant's age ranged between 19-24 (mean= 22.8, SD= 1.99). The current study reveals that there was a significant correlation between Body Image, Religiosity and Life Satisfaction among Hijabi Women and a significant positive correlation between Appearance Evaluation and Body Area Satisfaction with overall Satisfaction with Life. Significant negative correlation were also found between overweight preoccupation and self-classified weight with Life Satisfaction. Findings further revealed significant positive relationship between Religiosity and Life Satisfaction. Females with veil endure more satisfaction as compared to females with abaya and females with scarf showed more overweight preoccupation compared to individuals with veil. Results of descriptive analysis showed that girls with joint family system have more satisfaction with their body image which resulted in overall satisfaction with life. Religion was ranked as highest priority and it is attributed the main reason for carrying hijab.

# **INTRODUCTION**

## Introduction

For Muslim women hijab or any head piece is the most noticeable and misperceived identification, yet Islamic dress is much more than just hijab. It includes all three components; behaviour, attire and appearance. For some hijab is merely pairing a hijab with Western garments. For others, it implies wearing free clothing too. Still others include a niqab, or face cloak, to their gatherings (Kamal & Fayyaz, 2016).

Concept of hijab is usually associated with Muslim women. With the expanding number of populace wearing hijab today does incorporate ladies in work field as well as understudy (Lateh & Mudor, 2014). However hijab can be worn for number of reasons. The most critical of which is conviction which is said in Al-Quran Surah Al Noor (24:31) addresses women that “And say to the believing women that they cast down their looks and guard their private parts and do not display their ornaments except what appears thereof, and let them wear their head-coverings over their bosoms, and not display their ornaments except to their husbands or their fathers, or the fathers of their husbands, or their sons, or the sons of their husbands, or their brothers, or their brothers’ sons, or their sisters’ sons, or their women, or those whom their right hands possess, or male servants not having need (of women), or the children who have not attained knowledge of what is hidden of women; and let them not strike their feet so that what they hide of their ornaments may be known; and turn to Allah all of you, O believers! So that you may be successful” This verse explains the whole scenario of wearing Hijab.

Hijab is a very noteworthy piece of regular appearance and part of Muslim women’s’ life everywhere throughout the globe (Mussap, 2009). According to women’s’ activist grant, the most common label related with hijab is concealment of Muslim ladies and restriction for them to lead an autonomous life (Afshar, 1985; Odeh, 1993). What this grant fails to address is that in many regions of the world, hijab has distinctive implications. To date, Muslim ladies don’t accept hijab as an abuse but a sign of autonomy. They go to colleges and other educational institutes, work in different expert areas, have families and group of friends and carry on with

their life, all at the same time while carrying their hijab without any hesitation. They don't give hijab a chance to block their ways for a goal oriented and intentional life. In fact, opposite to general perception that they are compelled to cover themselves, most of the Muslim ladies these days wear hijab as a choice and not as a forced decision.

Hijab is given different names, the absolute most regular of which is veil or headcover. Most Muslims who wear the covering consider it a hijab, an Arabic word signifying "cover." However, there are different types of hijab that are addressed by various names. Along with women Muslim men also wear hijab indicating the symbol of modesty. Furthermore, Christian and Jewish ladies in a few customs wear head piece as practice or duty to show modesty or devotion.

Hijab is an Arabic word that originated from Hajaba and its literal meanings are to disguise and conceal. On broader spectrum, it means modest Islamic dressing of Muslim women. But originally, it symbolizes the headscarf, which is the covering that Muslim females use to conceal their hair, area below chin, and most importantly their chest.

Although there are numerous kinds of hijab (Ahmed, 1992; Shirazi, 2001), it is obvious that using a hijab is a critical visual identifier (Benn & Jawad, 2004; Nagel, 2002; Sheridan, 2006) which impacts the relational perceptions. With reference to last mentioned, two researches revealed that, in contrast to unveiled women, ladies wearing a hijab were seen by men as less appealing and savvy (Mahmud & Swami, 2010), and less prominent, friendly, and compatible (Swami, 2015). But how these interpersonal beliefs may influence Muslim women's body image is well understood.

From one viewpoint, it has been proposed that the hijab is a type of sexual objectification (Mernissi, 1987), which serves to keep up with gendered types of mistreatment (through detachment or regulation) or a feeling of otherness among Muslim community (Ahmed, 1992). Moreover, it is certain that purposes behind wearing the hijab in Western nations are profoundly perplexing and incorporate numerous positive components, for example, a wish to achieve a feeling of character, to receive respect, or as a component of social or religious obligation (Droogsmma, 2007; Nagel, 2002; Ruby, 2006; Williams & Vashi, 2007). In addition, wearing the

hijab may present constructive outcomes on the wearer, in so far as it is viewed as a method of deflecting a sexualized stares and advocating for oneself as an individual instead of a sexualized question (Droogsma, 2007; Ruby, 2006 ).

### **Types of Hijab**

**Hijab.** It is the type of hijab that is most casually worn by women. It is a square scarf that doesnot include covering the face and only includes hair and neck. It is usually known as hijab.

**Shayla.** It is a freely wrapped rectangular scarf draped around the head and tucked in the shoulders. Like the hijab and al-amira, this type of hijab covers the head yet frequently leaves the neck and face open.

**Khimar.** A type of hijab that includes long covering which is worn on head like a cap and fall backwards towards the center of the back. It covers head, neck and shoulders leaving the face open.

**Chador.** It is a long shrug that covers a lady's whole body. Like the khimar, the chador folds over the head, but instead of hanging it on the back, the chador curtains to a lady's feet.

**Niqāb.** The niqab is a face-covering that covers the mouth and nose, however leaves the eyes clear. It is usually paired with khimar or other type of head scarf.

**Abaya.** The Abaya (Burqa) covers the entire body including face and eyes, leaving a small net through which the woman can see through.

### **Reasons of Wearing Hijab for Muslim Women**

Muslim women wear hijab or different covers for number of reasons. A few ladies wear the hijab since they trust that God has trained them to wear it as a means of carrying out His commandment for modesty. For women, wearing hijab is an individual decision that is made after adolescence and is proposed to mirror one's individual dedication to God. Much of the time, the wearing of a headscarf is usually paired with loose baggy apparel, alluded to as hijab. For these ladies, wearing hijab is

an individual decision that is made after pubescence and is expected to mirror one's commitment to God. Most of the time, the wearing of a head cover is usually paired with loose attire, alluded to as hijab.

Some of the Muslim female don't see the hijab as a compulsory component of their faith, while other Muslim women carry it as a means of explicitly showing their Muslim identity (Haddad, 2007). In the United States, especially since 9/11, the hijab is seen to be synonymous with Islam. Some Muslim ladies negate this generalization and wear the hijab to announce their Islamic identity and show commitment to their religion. This affiliation at times brought about the fierce attacks on Muslim ladies because of wearing hijab.

While most Muslim women wear the hijab for religious reasons, there are other Arab or Muslim women who choose to wear the hijab as an expression of their cultural identity. By wearing the hijab, Muslim women hope to communicate their political and social alliance with their country of origin and challenge the prejudice of Western discourses towards the Arabic-speaking world (Zayzafoon, 2005). In many cases, the wearing of the hijab is also used to challenge Western feminist discourses which present hijab-wearing women as oppressed or silenced.

Hijab and modest dressing is mandated in the Qur'an, though some Muslims argue that it is not a strict requirement but merely a strong suggestion (that is open to individual interpretation). A few passages in the Qur'an refer to an Islamic dress code: "They should not display their beauty and ornaments except what must ordinarily appear thereof; that they should draw their veils over their bosoms and not display their beauty except for their Mehram" (Qur'an 24:30-31).

### **Hijab in Pakistan**

Although purdah has always been practiced in Pakistan, the present form (niqab/headscarf with abaya) is a new phenomenon and seems to be a Saudi style of purdah (Blomfield, 2009).

Women in Pakistan adopt various practices like few women start wearing hijab, most wrap their head with shawl/headscarf and other do not cover their head,



just in order to deal with the post 9/11 situation. For Muslim Women who wear hijab, there are some common religious commitments for them all over the world, but the naqab does not have any global meaning for all Muslim ladies over the world as a cultural item (Reece, 1996). Furthermore, hijab isn't a traditional mode of covering oneself but it has replaced the traditional one that is burqa or wearing chador and also it came into our notice that hijab wearing instantly increase during last ten years as compare to the period before. There are different reasons for Pakistani women for adopting hijab than mentioned in research done with western Muslim women.

Three groups of women found in Pakistan include women who wear veil and cover their full face except nose by using burqas. In second category women cover their head by using headscarf, chaddar or a shawal. Thirdly women who occasionally cover their head otherwise they don't.

In Pakistan, women belonging to lower or middle class wear veil or observe pardah. Shah (1960) told us that in the larger cities of Pakistan, women has stopped wearing veil but her survey of student attitude in Pakistan expose that 1/3<sup>rd</sup> of the students of college were in favor of wearing Veil and also majority were against the social activities of both genders but now with the passage of time things have changed, perception of social status and its demonstration have also changed and now families of middle and upper class considered veil as symbol of backwardness. According to Hamel (2002) "In twentieth century some women belonged to middle class unveiled themselves and named it gender equality and most of them did so just because of their husbands' persistence who named it modernity. Sarcastically in this era westernize women belong to middle class in cities started to come out without veil". On the other hand it is still a symbol of modesty for the women belonged to lower middle class and this is all because of their strong faith and religious teaching. In lower middle class families of Pakistan pardah or veil is considered significant for the safety of their daughters in society and traditionally it is totally acceptable where females are weak and this can be a way to keep females saves from danger e.g. staring of males etc.

## Body Image

A multidimensional concept that represents behavioral, intellectual and affective responses to one's own psychological and physical characteristics consists of satisfaction and dissatisfaction of body image with individual's physical qualities and experience of discrete emotions is body image (Muth & Cash, 1997). The body image is a term which simply means what individuals perceive the facts related to their body or its parts this either result in satisfaction or dissatisfaction.

According to Grogan (2006), Body image can also be defined as individual's feeling, view and his own thoughts about his body, generally abstracted as estimation of body size, how he/she evaluate attractiveness of body, and several feelings linked with body's size and shape. According to Cash and Deagle, (1997), Body Image construct (BIC) is a concept that is multi-dimensional and often defined as the satisfaction level about one's own self in terms of body shape, body size and his/her general appearance. Particularly Social environment of university students arouses awareness of norms associated with attraction and appearance that increases their risk of retaining body change approaches those are not healthy (Bergstrom, Neighbors, & Lewis, 2004). Not only excessive dieting, extreme control of weight, low self-respect and self-esteem are harmful consequences that body image is linked with but it is also associated with thoughtful economical & life costs like in eating disorder (Smink, Hoeken & Hoek, 2012).

Throughout the life the most significant part of self-evaluation and self-representation concerned for both gender is body image (Cash & Deagle, 1997). BMI is depressive indication, understanding of body image like having much weight, and self-reported health were related BIC for both male & Female, a idea that should be considered and that reports mental well-being and BIC while developing programs related to health promotion. Exactly when western women were busy in imagining any benefit of veil over faces a new study put forward that hijab protect a woman from rising negative image of body. According to this study a woman who wears any form of covering i.e. hijab or abaya had much positive body image as compare to the women who wear western dress instead.

According to Mussap (2009), On the contrary, the open evidence proves that in terms of body language the hijab has a protective effects for example Muslim women in Australia found that religiosity effects on dissatisfaction of body were moderated by use of clothing modestly. In the US (United States), a study stated that women who wore hijab and with non-western dressing observe comparatively less pressure and adopt the thin ideal than women who didn't wore hijab but western clothing (Droogsma, 2007). According to Tolaymat & Moradi (2011), it is still not clear whether it was dressing manners or religious identity that exposed effects, as mostly those who were without hijab bit wearing western clothing were non-Muslims. Tolaymat and Moradi (2011) reported in another study in US with sample of Muslim women that hijab conservativeness (measured in term of more coverage of body and more frequency of use) was linked with lower sexual objectification, which was linked with observation of lower body and body shape concerns.

**Positive vs. negative body image.** Most of us have experienced the desire to transform some features of our appearance for example, to straighten the hair that is too curly, clear the scars that does not fade, a nose that is too small etc. in most of the case all the imperfections when perceived by an individual do not create anxiety or put any negative impact on one's overall senses or personality. Individual who accept all his flaws and love his body with all of them can be said to have healthy and positive body image. On the other hand some of us do not accept and try to transform parts of bodies for example treatment for perfect and freckles skin, workout and hair loss treatment etc. these actions do not indicate that one has a negative image of body. A healthy body image means you are not only comfortable with your body but you also commit to loving and caring the body, a healthy body image does not mean you are perfect rather that you accept it.

Among all of us those who have what that can measure negative body image incline towards, anxiousness with what they feel are their bodily flaws and unfair side of physical features. They may feel uncomfortable with their body and may not be able to accept the body the way it is, they feel shame and experience dissatisfaction and discomfort with appearance of their own.

However some of us may have dominantly positive body image on the other hand some of us may often have negative body image, body image cannot be

gracefully categorized in two categories. More exactly body image can be experienced on a spectrum. For example most of individuals experience positive and negative body image in different degree at different occasions; one cannot experience same degree of body image in whole life. Furthermore, body image does not show reality always and is subjective in nature: An individual's mental image of his own body may differ from what others see in him or her.

**Self-esteem and body image.** Self-Esteem and body image are related to each other but still two different concepts. Self-esteem is an individual's complete worth and usually not limited to physical body. As a whole person's view of the self is Self-esteem, while his attitude towards his single aspect of the self is body image (Ferris, 2002). However, overall view of people is completely linked with what people think and what they feel about their bodies and nothing else.

Numerous studies have been conducted among various age groups and all of them constantly have established a positive relationship between image of body and self-esteem. Or we can say more optimistic body image is associated with greater self-esteem similarly extra negative body image is linked with lower self-esteem. Yet the relationship between the two has not determined whether it is positive or negative. By poor self-esteem body image can be lowered but self-esteem might just as easily lead to low by a negative body image. Both the possibilities are reasonable by most of the researcher.

Mostly the people with low self-esteem make negative comparison of their selves with others and tend to be more serious about their appearance in public, their actions shows their increasing body dissatisfaction. However such people as low self-esteemed become thoughtful about their appearance and forget to focus on their personal strengths in other areas, this is the reason people who experience negative body image could not evaluate their selves properly but do less favourable evaluation of self-worth.

### **Theoretical Framework of Body Image**

**Self- discrepancy theory.** According to Higgins (1987), the one who introduced this theory, the purpose of self-discrepancy theory is to illuminate the

relationship between the features of the affect and self. This theory suggests that individual own many types of self-standards or self-guides against which he compare his current self. Self itself is a complicated and complex concept as it includes many characteristics and fields (for example a person says about him that he is a son, a cricket fan and an academic) it also has time-based dimensions (who I am, who I was in the past) theorist has been described this for more than 100 years. One very important conceptualization credited to William James, is that in all kind of substance, self, spiritual, and social man differentiate between the actual and immediate, in distant and possible, between broader and narrow view, the damage of the older and the benefits of the latter the principle further in this theory and also in this passage is that outcome always arise when a person compare themselves with other and then point out the variation that occurs among both.

According to the theory of Self-Discrepancy, self has these dimensions; the actual self which includes individual's own perception about his own characteristics or qualities/traits. For more understanding we can say it is not one's objective standing on a given characteristic but this is person's perception that encloses the real/actual self. This clarify that only individual's own perception is relevant of body image but unfortunately in most of the time people misunderstand the shape and size of their body. Second is the ideal self who addresses the qualities that people desire to have or like to possess for example I want to be a doctor to serve for nation. Last is the ought self. It can be a quality/attribute that one believes a duty to possess for example my father wants me to become an army officer.

In addition to these fields of self, self-Discrepancy Theory (SDT) further suggest that these selves are the idea of one's own perception or these can be the perception of others like, parents, teachers, spouse etc. thus we can say self has six states in combination, defined by SDT; actual/own, ideal/own, ought/own, actual/other, ideal/other, ought/other.

In the literature of body image there were mixed findings which deeply focus on the discrepancy between what an individual perceive/see himself (Actual) and what he idealize or would like to be(Ideal), while admitting that the ideal self an individual desires reflect the standard of society he internally accepted. The upmost objective of this theory is to outline the emotive outcomes of observing the difference between a

person's ideal/ought and actual self. According to this theory identifying the difference between actual and ideal self should reflect the disappointing/depressed emotions such as feeling of dissatisfaction or sadness, as one's desires or hopes has not fulfilled. The difference between individuals actual self and individual ought self should produce a state of anxiety and nervousness like guilt and stress as individual has dishonoured standard. More over and perhaps because of these emotional responses discrepancies can be reduced as these discrepancies will motivate the people to reduce it by their behaviours.

**Social comparison theory.** This theory was developed by Festinger (1954). Research in the area of social comparison theory has shown that depending on the background of the comparison various comparing assessment procedures can be used (Wood, 1989). SCT covers three types of assessments; self-evaluation comparison, self-improvement comparison, self-enhancement comparison. This self-assessment/evaluation comparison can be used to collect information about individual's own standing with respect to others in terms of social expectations, attributes and skills (e.g. how do I get good marks as compared to my colleagues).

The second type of appraisal is Self-improvement comparisons are engaged to learn how particular characteristic can be approved for solving problems (e.g. How I can learn from her to get good marks). Tools of Self-enhancement identified in the research literature cover discounting informative data as not related to the self and describing the other as lesser or less beneficial on a particular characteristic one feels superior on (e.g. He may have a muscular physique but he lacks sense of humor). In uncertainty or risk, self-enhancement comparisons defend self-worth, self-esteem and also allowed the one to maintain positive views about him/her (Thornton & Arrowood, 1966).

According to Lockwood and Kunda (1997) comparison target perceived alike (e.g. in terms of achievements, age, and sex) may have major effect on result of the comparison than unlike targets. Additionally, individuals naturally choose different characteristics on the basis which they compare than the one presented by researchers and tend to select and consider various close dimensions that are related.

**Social expectancy theory.** This theory was developed by Vroom (1964). In Social expectancy theory, it is argued that it is cultural value that shapes how one evaluates and perceives others, and similarly how others evaluate a person too. This theory also suggests that people draw and share the standards of good body image and also make expectations about people considered attractive. In the result of their standards they start treating different individuals differently according to their level of attractiveness and this difference of behaviour leads to different response of individuals towards such treatment. In the end, in treatment of individual these differences of behaviours considered good or not by culture that shaped self-concept (Jackson, Pearson, Griffin, & Belousova, 2004).

### **Religiosity**

According to Rusu and Tolymat and Muradi (2011) religiosity is an aspect studied increasingly by researchers. The word religiosity is not easy to define. Though there are several definitions of religiosity but all of us who came close to this area found religiosity difficult to define especially when this term became focus of scientific research (Hackney and Sanders, 2003). Thus majority of theorists believe that both terms; spirituality and religiosity are completely different. In a research Shafranske and Maloney (1990) defined both religiosity and spirituality as; spirituality is what an individual experience or what he has associated, on the other hand religiosity represents a strong belief and devotion of practices like belief of a religious institution. According to Hackney and Sanders (2003), religiosity is a multi-faceted conception including emotional, behavioral, intellectual and motivational aspects.

Diener and Diener (1996) presented a variety of elements necessary for happiness and all those active ingredients are linked to religion: Strong belief (like belief in the Day of Judgment), getting support from religious municipal, education of religion (to bring up a kid in Islamic environment with religious beliefs and offering prayers is also linked with happiness, even the kid is religious or not similarly adults who brought up in religious environment are always admired by the society and have positive image upon the society, religious families offer more coordination and feel secure more than the non-religious ones, religious ceremonies make the experience more deep and profound.

**Dimensions of religiosity.** According to Gorsuch (1984) religion is a broader factor and can be divided into different extents, he also said it is only suitable to measure religiosity when it is used in the forecast of variables other than that. Today most of the researchers believe that religiosity has multiple dimensions but still there is a huge difference in researchers' opinion about nature and number of these dimensions.

A hierarchical model of spirituality and religiosity, proposed by Tsang and McCullough (2003) had two levels (Level I- dispositional, Level II- operational) and classifies instruments in order to measure spirituality and religiosity on both levels. Thus, the author classifies them as: Instrument measuring the dispositional aspects like religious faith, religious involvement and spiritual well-being and instrument that measures the operational aspects like prayer, religious alignment and religious coping. There is a connection between Level-I and Level-II. Like people who mostly use religion as a way to handle stress (Level II- Dispositional), are those who are generally more religious (Level I- Operational).

**Religious motivation/Religious orientation.** The distinction between extrinsic and intrinsic religion direction was made by Allport and Ross (1967) is the conceptualization that is among the most popular ones at Level- II. Extrinsic religiosity is the self-centred religiosity. These people visit/go to their Holy places (i.e. Mosques or church etc.) just to be seen, all this gives them respect, they receive protection, status, comfort, and also bring them social advancement. As it is a social norm of society. It has become social convention for these people that they go to the mosque. According to Allport people fall in category of intrinsic religiosity are absolutely different, in this category people tend to be more religious, these people are extremely involved in religion and consider it as finality itself. They get guidance from religion in their lives and choose this path with the core of their hearts. In the articles it is examined that the concept of spirituality and religiosity has intensely overlying the spirituality concept and the concept of intrinsic religiosity.

**Prayer.** It is one of the vital parts of religious life. Prayer defined as attitudes, thoughts, and actions intended to experience and also express association to the sacred (Koenig, 1998). According to Bunea and Barbu (2009) Prayer is our deep thinking, searching and meeting with God. In social sciences Poloma and Pendleton (1989) are



among the researchers who studied prayer in multi-dimensional approach. According to them four types of prayers on the basis of rating scale they developed are; meditative prayer, colloquial prayer, ritual prayer, petitioner prayer.

**Religious coping.** Coping refers to an intellectual and behavioural effort to control, confine or lessen all those internal and external desires exceed our resources (Lazarus & Folkman, 1984). According to Pargment (2001) use of religious behaviours and beliefs to prevent or minimize negative emotional moments of worried life and to facilitate problem-solving is religious coping. Usually people turns to religion when they feel down in their live and feel anxiety and stress. As discussed earlier there is a relationship between religion and happiness and this relationship can be clarified by examining the way people manage stress. There are different ways people use religion to deal with stressful situations.

According to Pargament (2001) religious coping has two categories; positive coping which includes religious support, forgiveness spiritual connection, religious purification, collaborating religious coping, and generous religious reinterpretation. It is a protected relationship with God, it express the feeling of spirituality, a faith that there is always a purpose of one's life and negative coping completely opposite to the positive religious coping it does not refer to the spiritual connection but disconnection, devilish revaluation and reassessment of God's Power, revise the punishments of God etc. This pattern expresses an uncertain connection with God, it is a weak, worldview and a religious battle on the world.

Pargament et al. (1990) argues that belief in loving and fair God involved in religious coping efforts, believe that God is a helpful partner, involvement in religious ceremonies/rituals and find mystical support is associated with spiritual development and psychological/mental health. Conversely there are few studies those support the bad effects of religious coping, like negative emotions, suffering in loss of friend or the close ones, anxiety and low self-esteem etc.

**Religious support.** Religious community is completely linked with personal coping resources, self-regard and hope (Ellison, 1998). According to Larson and Goltz (1989) there is a correlation between family involvement in religion and active participant in community of religious life. Similarly, religious involvement of a

society has also impact on quality of married relationship, stability of relationship, without involvement just association with religion cannot be an important factor for marital relationship (Call & Heaton, 1997).

Previous literature suggests that the families facing difficulties their lives social support from religious community is the most important resource. Marks (2006) presented an analysis of researches on health of the family relationship and religion. He compiled all the existing researches on the basis of all three extents of religious practices of religion i.e. prayers, scripture reading and ritual, religious beliefs i.e. meanings and perspective and religious community i.e. the involvement, the relations among worshipers and explained its relationship with child and his relation with his father and mother. The results explained that religious groups are important sources for down trodden families.

### **Theories of Religiosity**

There are two theories that reflect the pattern of Religious settings. These theories are as follows:

**James theory of religion.** James theory of religion was proposed by James (1903). In this theory James William has interpreted his own thinking about the view of the religion, for him religion is a source of getting positive control. The control is a power that helps in following certain rules. Such control can help a person in changing the mind, as this power is a positive power so it is one of the important factors for motivation of positive thinking. Thinking is correlated with mind and hence if religion has power to change the mind it means there is a variation in behaviour. Religion is no doubt a source for satisfaction for a person. James William suggested that religion is a positive source for one's life. Researches suggested that individual's experiences are actually contributed in the religion's interpretation instead of the beliefs that the person have. For instance, every experience the person is having result in increased belief in religion and this leads in changing the mind and behavior of the person. He thinks that religion is independent of any institutes it is dependent on the individual. In this way religion is not something general. There are number of lessons and moralities are considered as a part of the religion, these lessons and moralities are developed on the base of the experiences of the individuals.

Researchers expressed that crust of theory of life by James William is some kinds of the beliefs are necessary for healthy and positive minds, in which the most important role is played by the religion. For instance if we say that a person has believe in God it means their mind is changed and whatever they do, whatever they perform is depended on the belief in God. This resulted in religious harmony which reflects a better human life.

**Erich Fromm theory of religion.** Fromm (1977) proposed that there are two ways by which religion affects the mental health on the bases of the religion that one is following, in one way it is unfavourable to mental health and on other way it is favourable. Erich Fromm suggested in his book psychoanalysis and religion that humanity is not the outcome of being religious but it is a result of what religion a person is following. There are two approaches to religion one of these is the Humanistic approach while the other one is the Authoritarian approach. Humanistic approach centres the God as a sign of what a person can actually achieve which is favourable for mental health. Authoritarian approach is based on the ability of higher power; individuals believe that there is a higher power which is controlling them which weights severe compliance by the followers.

### **Life Satisfaction**

Life satisfaction is the understood sign of a quality life. Along with other indicators for example physical and mental health life satisfaction also indicates how fine people prosper. Satisfaction of life is, an affirmative assessment of the life's circumstances, it adds up favourably contradictory to your expectations or standards. Satisfaction of life is a predominant criterion or ultimate product of what human experience.

In family domain, work domain, personality traits, satisfaction of life is supposed to have antecedents. Veenhoven (1991) summarized satisfaction of life in the best way and said: "The degree to which an individual positively assess or evaluate his quality of life is known as life satisfaction". Following are also included by Diener, Suh, Lucas, and Smith (1999) in life satisfaction: wish to change the life, satisfaction with future and past, and understand the importance of other's view about one's life. Cribb (2000) also state that satisfaction of life is obviously tip the life's

quality with the influence of other factors, these contributing factors are both physical health along with mental health. It is also highlighted that comparison of goal and achievement of any person rests in assess the existing general situations. Diener, Emmons, Larsen, and Griffen (1985) proposed that satisfaction of life is classified with reference to one of the cognitive theory such as a comparison between the compatibility of the condition on which they are living their lives and the standards which they set, however this is a rational judgement of a person. It is presumed that the life will get more satisfied when there is less incompatible or absurdity in individual's goals and achievements (Diener, Oishi, & Lucas, 2003). With reference to Affective theory, the dominancy of optimistic over pessimistic is in one meaning a satisfaction of life. The level of the positive emotions and the range of positivity inflicted in one's life is the overall summary of satisfaction of life.

### **Whole Life Satisfaction Theory of Happiness**

Theory of Happiness has proposed that there are certain goals of individual in life, these goals are variable as per the change that took place in one's life but these goals have propensity to remain stable. The goals in life are achieved in past and present and some are yet to be achieved in future. Ideal life plans are those plans that satisfy many subsequent goals of the life that are settled for different stages of the life. There are two possibilities in the lives of the people about the plans; either they have conception for past and present plans and some beliefs for future plans. If the happening and events are matched with the ideal plans which they believed to be beneficial for them forms the complete satisfaction of the life of a person.

According to social discrepancy theory the difference in actual self and ideal self-causes dissatisfaction and depression. This theory along with social comparison theory as the name indicates and social expectancy theory according to which our culture shapes how we perceive others and treat them accordingly is further affirmed by thin idealization and societal standards set by our society leads to social comparisons and as a result most women fall prey to depression when they face a conflict in their ought self and ideal self. Hijab on the other hand act as a shield against these societal standards and those who cover their body with hijab or veil are less prone to depression and dissatisfaction and are more satisfied with their lives as compared to those who do not.

Similarly as the James theory of religion suggests that religion is a source of getting positive control that can be attained by setting certain rules. This control can help a person in changing the mind, for this power is positive in nature so it is one of the important factors for motivation to think positively. Thinking is correlated with mind and hence if religion has power to change the mind it means there is a variation in behaviour. In conclusion religion is no doubt a source for satisfaction for a person who abides by its rules. Women who are more religious tend to be more satisfied with their life.

### **Religiosity and Body Satisfaction**

Many studies have identified hijab to be the indicator of religiosity (Ellison, Gay & Glass, 1989). Existing research proposes that thin-ideal internalization and body dissatisfaction has a similar protective factor i.e religiosity (Homan & Boyatzis, 2010). To be more specific, religiosity and church attendance are positively related with body satisfaction in adults (Homan & Boyatzis, 2009). Experimental researches recommend that mere presence of religion may lessen one's vulnerability to body dissatisfaction. For instance, those women who read supplications when they were shown an image of a skinny model reported elevated level of body esteem (Boyatzis, Kline, & Backof, 2007) and very low levels of body dissatisfaction (Bell, 2011) compared to those individuals who didn't read the supplications. Swami et al. (2013) have said that, using hijab may provide protection against negative body image; it might be a proxy for other, unmeasured protective factor. Considering this study, the role of religiosity to body dissatisfaction in Muslim women act as an intermediary by the use of clothing considered to be modest (Mussap, 2009).

Muslim ladies who are more inclined towards religion dress up more modestly which in turn reduce levels of body dissatisfaction, recommending that apparel preferences may show Muslim women's religiosity level. One recent research concluded that, among different women going to a Christian college, non-anxious God connection (i.e. a safe and warm association with God) was found to be positively related with body appreciation (Homan & Cavanaugh, 2013). In explanation, the authors recommended that a non-anxious association with God act as a source of acknowledgment, which lessen a members' propensity to incorporate cultural standards of appearance. Very recently, Tolaymat and Moradi (2011)

revealed that conservativeness of the hijab (measured as more body coverage and more frequently use) was contrarily associated with sexual objectification encounters, which thus had positive associations with body shape, surveillance of the body and symptoms of eating disorders. For example, it was found that women have less body image concerns when they have high levels of religious well-being that is they have strong affiliation with God. The women who gave more significance to religion on self-rated scale were found to have good body images and their religious conduct was found to be intense. Moreover, mixed findings from the previous literature on the religion and body satisfaction demonstrate that supplication functions as a compelling adapting technique for body image perils.

Likewise, the role of religiosity in connection to a particular body image issue (the impact of aging on one's body) showed that higher religiosity – conceptualized through a few factors, for example religious well-being, intrinsic religious attitude or the degree to which individual think their body as exemplification of God imbued with holy significance, which ultimately leads to lower anxieties about getting old or senile

### **Religiosity and Life Satisfaction**

First, and generally speaking, Islamic religiousness has been related with proportions of well-being, including good relations with others, life satisfaction and physical wellbeing (AbuRaiya, Pargament, Mahoney, & Stein, 2008; Ghorbani, Watson, and Shahmohamdi, 2008; Tiliouine, Cummins, & Davern, 2009). There are two fundamental routes to bliss, one related with typical belief system and the other with modernization e.g., religion (Inglehart, 2010). As per Inglehart (2010) there are a few possible reasons that clarify for what reason would religious convictions be helpful for happiness. To begin with, numerous religions regularly urge individuals to be happy with their life by decreasing aspirations. Secondly, religion invokes a feeling of solidarity. Religiosity emphasizes sharing and support and in this manner it assist as a form of social insurance where the welfare state is not present. Third, religious beliefs give a sentiment of assurance and stability in an insecure and unpredictable society (Inglehart, 2010). Some longitudinal researches concluded that causality is probably going to keep running from religion to life satisfaction rather than its reverse (Childs, 2010; Headey, Schupp, Tucci, & Wagner, 2010; Lim & Putnam, 2009).

Hadaway and Roof (1978), revealed both faithfulness to religion and the frequent visit to church is positively associated with a solitary proportion of worth wholeness of life. Petersen and Roy (1985) investigated the link between a considerably more extensive scope of religiosity factors and individual wellbeing. After holding consistent the impact of background factors, Petersen and Roy (1985) revealed that lone religious salience was a helpful predictor of a feeling of a sense of purpose and meaning of life. Another study affirms the presence of small yet significant relationship between participatory, affiliative and devotional aspect of religiosity and life satisfaction (Ellison, Gay & Glass, 1989). Life satisfaction, or perceived quality of life, is a wide and complex construct, which includes an evaluation of the full range of general functioning and an examination of one's life in specific and general categories for example health, family, social support, and living conditions (Diener, Suh, Lucas, & Smith, 1999; Huebner, 2004). Specialists have recognized numerous factors which impact adolescents' life satisfaction, for example, religious and cultural convictions or family life (Casas, Figuer, Gonzalez, & Malo, 2007; Proctor, Linley, & Maltby, 2009). Witter and colleagues (1985) assess that the gross impacts of religious involvement represent 2 to 6 per cent of the diversity in subjective wellbeing. At the point when contrasted with other correlates of wellbeing, religion is less intense than wellbeing and loneliness; however it is similarly stronger than marital status, social activity, age, education, sexual orientation, and race. Different studies concluded that religious involvement has an impact equivalent or stronger to an individual's income (Ellison, Gay, & Glass, 1989). In numerous studies, frequency with which an individual attend religious services is considered the most predictable correlate of subjective well-being (Ferriss, 2002) albeit a few studies concluded that spiritual or inner aspects of religion are also linked with well-being (Ellison, 1991; Greeley & Hout, 2006; Krause, 2003). A few studies have concluded that distinctive indicators of subjective well-being for example life satisfaction (Cohen et al. 2005; Diener & Clifton, 2002) physical well-being and subjective mental health (Karademas, 2010; Strawbridge et al., 2001), and experience of negative and positive emotions (Kim-Prieto & Diener, 2009), are positively related with religiosity aspects or dimensions, for example, individual 86 belief about God, commitment, cooperation in religious services, and religious salience.

## **Body Image and Life Satisfaction**

Body Image Satisfaction and generally life satisfaction has strong relationship with one's physical and mental wellbeing. A person's perception of body image affects his mental functioning, self-esteem and well-being (Tiwari, 2014). A number of result have been related with one's level of body satisfaction, life satisfaction and lower level of self-forgiveness (Mudgal & Tiwari, 2015) self-assurance/confidence (Tiwari, 2014) and mental wellness (Furnham & Calnan, 1998), accomplishments in life have been accounted for to be related with one's body satisfaction.

Body dissatisfaction is a common issue among men and women in industrialized settings over the world (Frederick, Forbes, & Anna, 2008; Frederick, Kelly, Latner, Sandhu, & Tsong, 2016). The women in these settings wish to be skinnier and many are disappointed with their appearance and weight (Forbes & Frederick, 2008).

For particularly women, satisfaction with one's general appearance was the third strongest predictor of overall life satisfaction; rest is satisfaction with one's financial circumstances and satisfaction with the partner. Physical attractiveness is how the physical appearance of an individual is judged in terms of how much beauty or aesthetic qualities an individual possess. This assessment may be based on self-awareness, others' perception or a combination of both (Swami, 2015).

Researchers at Chapman University have completed a study focusing the relationship between overall satisfaction and how much satisfied a person is with appearance (Frederick, Sandhu, Morse & Swami, 2016). The results of their research show that our body image has a greater impact on how happy or satisfied we are with our selves. They came to the conclusion that dissatisfied people had a higher degree of neuroticism, had more fearful and anxious attachment styles, and spent large amount of time watching television. In contrast to those individuals who are more satisfied had a higher openness, extraversion, were safer in the attachment style, more conscientious have higher self-esteem and a higher life satisfaction.

The feeling one has about weight are integral to overall body satisfaction for both genders; weight has specific mental salience for ladies. Disappointment with



weight-concerning aspects of one's body has been observed to be a solid indicator of general body satisfaction. Obviously, the cultural standard with which an individual is preoccupied about body size and physical attractiveness influences not only women but men as well. (Cash & Brown, 1989; Drewnowski & Yee, 1987; Silberstein, Striegel-Moore, Timko, & Rodin, 1988). However, overweight might be considered a state of mind as it is some physical state.

Labelling and considering oneself as overweight may involve self-stigmatic outcomes that do not depend on real body size. Stager and Burke (1982) reported low confidence among children who, felt they were most similar to the obese kids regardless of what they actually weigh. In one of the few experimental researches of adjustment and weight. DelRosario, Brines, and Coleman (1984) revealed that female subjects who were given neutral hint or weight related cues have found that those subjects who were given weight related cues and had already exposed to self-perceptions that they are overweight, regardless of what they actually weigh, reported lower scores of emotional adjustments than alternate group.

There is, obviously, some soundness to the self-labelling of weight-that is, heavier individuals will probably group themselves with heavier weight labels (Cash & Green, 1986). In the meantime, there are numerous individuals whose self-classified weight does not relate to classifications obtained from objective, actuarial principles. In order to observe cognitive processes of self-classification of weight it requires controlling of real body weight.

It is confirm that the classificatory label that a typical weight individual gives to his or her body weight has a very strong relationship with concerns about weight, attitudinal image of the body, reported abstaining from excessive food intake and eating behaviours, being fat as opposed to thinking fat and psychological and social wellbeing. Pondering over themselves as fat/overweight negatively affects individual's psychological wellbeing and satisfaction with life (Cash & Hicks, 1990). Being overweight, regardless of whether perceptually or in genuine is threat to women's psychological well-being as compare to men when contrasted with men as they have the tendency to internalize more as compare to their counterparts (Annis, Cash, 2004).

## Rationale

The present study was conducted to explore the relationship between body image, religiosity and life satisfaction among hijabi women. All three constructs constitute the person's psychological wellbeing and are strongly related to one's attire. Biasness against Muslims and especially those people who apparently identifies as Muslim has greatly increased in the last decade (King & Ahmad, 2010; Unkelbach et al., 2010). Given the emphasis to Muslim veils both the hijab and, to a lesser degree, niqab (the full-face veil) in public discussion about Muslims' place in Western world (Watson, 1994) this research is conducted to investigate its impact on psychological aspects such as body image satisfaction, religiosity and life satisfaction in Muslim majority country like Pakistan.

To date, literature on this particular sample is rich with socio-political aspect and number of researches has been conducted on this particular sample in west where increasing Muslim popularity paired with Islam phobia as a result of 9/11 grabbed a lot of attention lately but here in Pakistan, a country where Muslims constitute majority of the population, hijab is a mere piece of cloth and a very commonly adopted attire by most of the women, that goes completely unattended (Fayyaz & Kamal, 2014).

Research suggests a very strong connection of person's clothing and his psychological well-being and body image. Watson (1994) pointed out, "typical Muslim apparels like hijab allows easy and instant classification. Another study suggests that among other noticeable factors, clothing items specifically can act as stronger sculptors of first impressions (Conner, Peters, & Nagasawa, 1975; Davis, 1984). Similarly wearer of hijab identifies themselves with it and in present era where hijab is the talk of town and is explicitly associated with oppression and negative connotations around the globe; even individuals in Muslim majority country like Pakistan are also facing consequences like negative body image and anxiety about appearance (Cash, 2004; Rodin, Silberstein, & Striegel-Moore, 1984).

Saroglou, Lamkaddem, Van Pachterbeke, and Buxant (2009), in his study revealed that participants' subtle biasness, security values (vs. universalism values), self enhancement values and religiosity were considered to be associated with

negative attitudes toward the hijabi women. Moreover, hijabi's constitute majority of the population of Pakistan due to number of factors like family culture, social needs, religion and now for the sake of leading trend these days but once adopted there is no coming back and as a result they face discrimination and biases in the public sector specially market places, parks, in job sector and in sports. Pascoe and Richman (2009) revealed that perceived discrimination negatively impact healthy behaviours and ultimately results in greater stress responses, which leads to plethora of diseases, including obesity, heart diseases and depression.

Another stigma prevailing in the society is that the headscarf is considered as a symbol of women's oppression such as forcing them to cover or wear loose clothing while going out and it's taken as rejection of gender equality (Shadid & Koningsveld, 2005). To reject these stigmas associated with hijab, especially in Pakistan, following research will be beneficial in number of ways.

1. This research will act as an antecedent for future studies in Pakistan on same sample and results may foster new ideas.
2. It would help the concerned authorities to plan and develop intervention strategy that would enhance the subjective wellbeing of Hijabi women specifically.
3. This research will help promote the implementation of counselling through religion.
4. The findings of this research will help us in breaking stereotypes and addressing Islam phobia globally.
5. As hijab continues to be a topic of discussion with many countries (Muslims and non-Muslim), imposing bans on its use in public spaces we need to explore its impact on social and psychological domain which help in initiating dialogue in purely Islamic context.

## **METHOD**

## Method

This research aimed to investigate the relationship between body image satisfaction, religiosity and life satisfaction among hijabi women. The main objectives of the study were:

1. To study the relationship between religiosity, body image and life satisfaction among hijabi women.
2. To compare the demographics (age, family system, marital status, reason for hijab, type of hijab) related differences among hijabi women.

### Hypotheses

Following hypothesis were formulated to achieve the purpose of study

1. Satisfaction with life would correlate positively with appearance evaluation, appearance orientation, and body area satisfaction.
2. Satisfaction with life would correlate negatively with overweight preoccupation and self-classified weight.
3. Satisfaction with life would correlate positively with religiosity.

### Operational Definitions

**Body image.** The body image for the current study is believed as an attitude towards the physical self (Cash & Pruzinsky, 1990). Cash (2000) developed a multi-dimensional body self-related questionnaire scale used to measure body image satisfaction. In this research object, body image was assessed on the basis of the following subscales.

**Appearance evaluation.** The evaluation of the appearance is the feeling of physical attractiveness or unattractiveness; Satisfaction or dissatisfaction with one's own appearance. In the present research, the appearance is evaluated by the subscale of Appearance evaluation of MBRSQ-AS. High scorers feel overwhelmingly positive and contented with their appearance while those who score low have a general dissatisfaction with their physical appearance (Cash, 2000).

**Appearance orientation.** It refers to the extent of the investment in one's own appearance. In the present research, the appearance orientation is measured by the subscale of appearance orientation of MBRSQ-AS. High-scorers give more importance to how they look, pay attention to their appearance and are involved in comprehensive care behaviour. Low scorers are apathetic in their appearance; their appearance is not particularly important and they do not make an effort to look good (Cash, 2000).

**Body area satisfaction scale.** It is similar to the Subscale for Appearance evaluation, except that the BASS considers satisfaction with distinct aspects of Appearance. In this research the satisfaction with the body area is measured by the subscale of the MBSRQ-AS (Body Area Satisfaction). Those who score high on the measure are usually satisfied with their body parts whereas those who score low on this subscale have no satisfaction about their body areas. (Cash, 2000).

**Overweight preoccupation.** This scale evaluates a construct that reflects fat preoccupation, weight control, diet and eating issues. In the present study, overweight anxiety is measured by overweight preoccupation subscale of MBRSQ-AS. High score indicates more preoccupation and low score shows less preoccupation with weight (Cash, 2000).

**Self-classified weight.** This scale measures one's belief about his or her weight on the spectrum of underweight to overweight.

**Religiosity.** Religiosity for the current study is defined as the extent to which different aspects of religion play its role in one's life (Freitag, 2012). Belief into Action Questionnaire developed by Khalifa, Koenig, Shohaib, and Zaben (2015) is used to measure religiosity, which is a 10-item scale that seeks to convert one's belief into action, according to which the action is measured by what people report is important in their life, how and where they use their financial resources and time. Those who score high will possess more religious behaviours and low scorers will have low religious orientation (Koenig, 1998).

**Satisfaction with Life.** Diener (1984) presents life satisfaction as a reasonable global assessment of life. It does not measure emotions directly but it can

be affected by its effect. In this study satisfaction with life scale is used to measure individual's life satisfaction. High scorers on this particular scale will show more satisfaction as compared to low scorers.

**Social Desirability Scale.** It refers to one's ability to defy socially unacceptable behaviours and to accept and support socially acceptable ones and one's tendency to support things which put him in positive light. In the current study, social desirability was measured through Marlowe Crowne Social Desirability Scale (Crowne & Marlowe, 1964). Those who score high on this measure will show higher level of desirability and vice versa.

## **Instruments**

**Multidimensional body self relation questionnaire scale (mbrsq-as).** MBSRQ-AS developed by Cash (2000) is a 34 item scale that consists of 5 subscales; appearance evaluation, appearance orientation, Body area satisfaction, overweight preoccupation and self-classified weight. The response set for item 1 to 18 are 1 (definitely disagree), 2 (mostly disagree), 3 (neither agree nor disagree), 4 (mostly agree), 5 (definitely agree). Five points rating for items no 19-27 are classified as 1 (dissatisfied) to 5 (satisfied). Alpha reliability for each subscale *i.e.* Appearance Evaluation, Appearance Orientation, Body Areas Satisfaction, Overweight Preoccupation, .75, .80, .80, .76 respectively and reliability of overall scale is .75 to .80 (Naqvi, 2017). Reverse items includes 10, 12, 13, 15 and 16 (Cash, 2000). Body area satisfaction comprises of 9 items *i.e.* 19, 20, 21, 22, 23, 24, 25, 26, and 27 with scores ranging between 9 and 45. High score indicates high satisfaction with body areas. Appearance orientation includes 10 items *i.e.* 1, 2, 6, 7, 9, 10, 11, 12, 13, 14 with score ranging between 10 and 50 and high scorers depict more appearance orientation. Appearance evaluation consists of 5 items *i.e.* 3, 5, 8, 15, 16 with score ranging between 3 and 15. High score shows the satisfactory evaluation of one self. Overweight preoccupation is composed of 3 items 4, 17, 18 with score range 3-15 and high score shows individual is more occupied is not satisfied and, self-classified weight includes total 6 items. Negatively scored items of this scale are 11, 14, 16, 18, and 19.

**Belief into action questionnaire (BIAC).** It is a 10-item Scale developed by Khalifa, Koenig,, Shohaib, and Zaben (2015) and was used in current research to measure religiosity. It includes 10 questions, rated on 1–10 scale each (except the first question, which receives a value of 1 or 10 depending on the response). The total scale score, then, ranges from 10 to 100. The time of completion is less than two minutes. First question asks the individual to pick their first priority out of 10 options. Relationship with God is one of 10 options. Questions 2 and 3 measures the degree of religious involvement in their community. Question 4 and Question 10 assess the degree of placement of one's life according to the commandments of his God or show conformity to his belief. Questions 5 and 9 assess the use of financial resources as per religion. Questions 6, 7, and 8 measures the involvement in one's private activities. However, here in the present research the cronbach alpha for BIAC ranges from 0.87-0.89 (Koenig, 2015). The test-retest reliability of individual items and total scale score ranged from 0.66 to 0.97 for individual items and was 0.92 for the total score.

In the present research we used 9 items and exempted the second item of the measure, due to cultural differences, which measures the degree to which one spends his time offering prayers in Mosque which is not a common practice for women, here in Pakistan, since our sample comprised of female population only.

**Satisfaction with life scale (SWLS).** Satisfaction with Life Scale (SWLS) developed by Diener (1984) was used to measure life satisfaction of respondents, It is a 5-point scale developed to measure global cognitive life satisfaction assessments, The respondents indicate how strongly they agree with each of the 5 points or not, using a 7-point Likert scale that contrasts from 7 strongly agree to 1 strongly disagree. Possible scores for 5 items ranged between 5 and 25. High score indicates high satisfaction with one's life whereas low score show less satisfaction. Internal consistency of the scale was reported to be high and Alpha coefficient reliability was .87 reported by Diener (1984).

**Social desirability scale.** Reynold Short form C of Crowne and Marlow (1960) social desirability scale has total 13 items and was used to tap social desirability. The answers are made in a true / false format. Points 5, 7, 9, 10 and 13 are true. Higher values in this measure indicate an increased denial of socially undesirable behaviours or an increased claim to socially desirable behaviours and thus



a higher degree of preference through social desirability. The authors have given the alpha reliability coefficient of 0.88.

To avoid the hampering of data by deleting the data of people who scored higher on Social Desirability measure it is suggested to find the correlation between total scores of study variables and Social Desirability scale both. If results are significant it shows that desirability bias is present and needs statistical control.

### **Sample**

The sample was approached through convenient sampling. The sample consisted of 303 total young women with age range between 18 and 24 years. The sample was taken from the students of Quaid-i-Azam University, Islamic university and COMSATS university Islamabad. The sample specifically consisted of hijab wearing women.

**Table 1***Demographic Profile of Respondents on the Study Variable (N = 303)*

Demographic variables	<i>f</i>	%
Family system		
Nuclear	230	75.9
Joint	73	24.1
Marital status		
Married	70	23.1
Unmarried	233	76.9
Reason for hijab		
Family pressure	10	3.3
Environmental needs	50	16.5
Religion	226	74.6
Culture	8	2.6
Others	9	3.0
Type of hijab		
Scarf without abaya	76	25.1
Scarf with abaya	114	37.6
Veil	115	37.0

**Procedure**

In the current study the scales for the assessment of body image satisfaction, religiosity and satisfaction with life were administered on the hijabi women specifically, It was a quantitative research in which correlation design was used to find the relationship between the variables mentioned above.

Total number of respondents as a sample was 303. Informed consent was signed and confidentiality of their personal information and research purpose of the data was ensured. All respondents were given the necessary information related to research title and its significance and importance of their participation in the mentioned field. Participants were given full liberty and were informed that they can

quit anytime they want to during the research and were requested to fill all the items of the form and their queries were dealt with patiently.

The maximum time expected for participants to complete a questionnaire was 10-12 minutes. Inquiries from respondents were answered promptly and they were acknowledged to be grateful and rewarding.

## RESULTS

## Results

The study aimed to explore the relationship between body image satisfaction, religiosity and life satisfaction among hijabi women. Appropriate statistical procedures were used to analyze the data. Reliability coefficients were calculated to examine the internal consistency of the scales. Descriptive statistics of the scale means, standard deviations, skewness, kurtosis, and potential and actual values were calculated. Bivariate correlation was used to determine the relationship between study variables. One-way ANOVA was used to determine the mean differences between types of hijab. To find out the predictive role of religiosity and body image for predictor upon life satisfaction, regression analysis was used. The results are tabulated as follow:

Table 2

*Cronbach's Alpha Reliability Coefficients, Means, Standard Deviations, Skewness and Kurtosis of the Scales used in the Study (N = 303)*

Variables	K	M	SD	$\alpha$	Range		Kurtosis	Skewness
					Actual	Potential		
AE	7	23.79	3.73	.55	9-34	7-35	.70	-.36
AO	12	38.97	5.93	.64	22-60	12-60	.19	.09
BAS	9	33.63	5.75	.83	10-45	9-45	.75	-.58
OP	4	8.99	3.67	.57	4-20	4-20	-.44	.53
SCW	2	6.01	1.49	.79	2-10	2-10	-.24	-.10
BIAC	9	46.97	12.03	.71	9-84	9-90	-.34	.00
SWLS	5	24.52	5.94	.81	7-35	7-49	.40	-.73

*Note:* BIAC = Belief into Action, BI= Body Image, SWL= Satisfaction with Life, AE= Appearance Evaluation, AO= Appearance Orientation, BAS= Body Area Satisfaction, OP= Overweight Preoccupation, SCW= Self Classified Weight

Table 2 shows the alpha reliabilities, means, standard deviation, range (actual and potential) skewness and kurtosis for all the variables of the study. The mean score of BA, BIAC and SWLS are 111.41, 49.97, and 24.52 respectively whereas standard deviation of these variables is 10.98, 12.03, and 5.94. The reliabilities of BA, BIAC and, SWL scales are ranging between .71 and .81. The reliabilities of subscales of BA AE, (AO, BAS, OP, and SCW) range between .55 and .83.

Table 3

*Correlations between Scales and Subscales (N = 303)*

	SDS	AE	AO	BAS	OP	SCW	BIAC	SWLS
SDS	-	.11	.05	-.00	.04	.01	-.03	.09
AE		-	.22**	.34**	-.13*	-.15**	.80	.20*
AO			-	.01	.29**	-.01	-.01	.02
BAS				-	-.22**	-.20**	.25**	.35**
OP					-	.41**	-.05	-.19**
SCW						-	.015	-.13*
BIAC							-	.21**
SWLS								-

*Note.* SDS = Social Desirability Scale, BI = Body Image, BIAC = Belief into Action, SWLS = Satisfaction with Life scale, AE = Appearance Evaluation, AO = Appearance Orientation, BAS = Body Area satisfaction, OP = Overweight Preoccupation, SCW = Self Classified Weight. \* $p < .05$ . \*\* $p < .01$ .

Table 3 illustrates the correlation between religiosity, life satisfaction and subscales of the multidimensional body self-relation questionnaire (body area satisfaction, appearance orientation, appearance evaluation, overweight preoccupation and self-classified weight). Our results suggest that there is a significant positive correlation between appearance evaluation, appearance orientation and body area satisfaction with satisfaction with life. It means that when women's appearance orientation, appearance evaluation and body area satisfaction increases satisfaction with life also increases. Results further revealed that there is a significant negative correlation between overweight preoccupation and self-classified weight and satisfaction with life which means that when women are preoccupied with these thought all the time their quality of life would be affected. Results also showed that there is a significant positive correlation between religiosity and satisfaction with life.

According to correlation results Social desirability scale doesn't show significant relationship with Body Image, Religiosity and, Satisfaction of life.

Whereas, there is significant positive relationship between Body Image, Religiosity and Life satisfaction.

Table 4

*Simple Linear Regression Analysis of Religiosity as a Predictor of Satisfaction with Life among Hijabi Women (N = 303)*

Predictor	<i>B</i>	$\beta$	<i>S.E</i>	Satisfaction with Life	
				<i>CI (95%)</i>	
				<i>LL</i>	<i>UL</i>
Constant	19.55**	-	1.35	16.90	22.21
BIAC	.11	.21**	.03	.05	.16
$R^2$	.04				
<i>F</i>	14.47**				

*Note.* BIAC = Belief into Action (Religiosity scale). \*\* $p < .05$ .

Table 4 illustrates the regression analysis which indicates the predictability of religiosity with life satisfaction. Beta value is indicating the direction of prediction, positive beta value indicates that variable is predicting outcome variable positively and negative value indicates that variable predicts outcome variable negatively. Results show that religiosity positively predicts life satisfaction among hijabi women. The overall model accounts for 4% variance.



Table 5

*Simple Linear Regression Analysis of Body Image as a Predictor of Satisfaction with Life among Hijabi Women (N = 303)*

Predictor	<i>B</i>	$\beta$	<i>S.E</i>	Satisfaction with Life	
				<i>CI (95%)</i>	
				<i>LL</i>	<i>UL</i>
Constant	12.19**	-	3.45	8.23	21.79
BAS	.36	.36**	.06	.26	.48
OP	-.19	-.12**	.09	-.37	-.02
$R^2$	.14				
<i>F</i>	24.4*				

*Note.* BAS = Body Area Satisfaction, OP = Overweight Preoccupation. \*\* $p < .05$ .

Table 5 illustrates the regression analysis which indicates the predictability of subscales of body image for satisfaction with life. Results indicate that body area satisfaction and overweight preoccupation significantly predicts life satisfaction among hijabi women. Overall model accounts for 14% variance.

Table 6

One way Analysis of Variance for Types of Hijab on Study Variables (N = 303)

Variable	1.Scarf n=76		2.Abaya n=114		3.Veil n=115		F	i>j	D=i>j	LB	UB
	M	SD	M	SD	M	SD					
AE	23.43	3.93	24.00	3.60	23.83	3.75					
AO	39.25	4.99	39.38	6.10	38.36	6.34					
BAS	33.34	6.84	33.27	5.50	34.20	5.18					
OP	9.67	3.67	9.20	3.95	8.33	3.28	3.33	V<S	1.33*	8.58	9.41
SCW	6.03	1.45	6.16	1.48	5.84	1.53					
BIAC	45.35	10.53	46.59	11.95	48.45	12.94					
SWLS	23.75	5.95	3.84	5.79	25.73	5.94	3.80	A<V	1.89*	23.85	25.19

Note: BIAC = Belief into Action, BI = Body Image, SWL = Satisfaction with Life, AE = Appearance Evaluation, AO = Appearance Orientation, BAS = Body Area Satisfaction, OP = Overweight Preoccupation, SCW = Self Classified Weight. \* $p < .05$ .

Table 6 illustrates that there is a significant difference between Satisfaction with life and overweight preoccupation subscale of multidimensional body self-related questionnaire. Individuals with veil scored higher mean on satisfaction with life than individuals with abaya. Moreover, individuals with scarf scored higher mean on overweight preoccupation than individuals with veil.

## **DISCUSSION**

## Discussion

The present study intended to explore the relationship between body image, religiosity and satisfaction with life among young hijabi women. One-way Analysis of Variance was used to compare the types of hijab. Moreover the role of demographic variables such as family system, marital status and reasons for hijab was also taken under consideration through descriptive analysis.

The main objective of this research were carried out by collecting data from respondents using measures of Body Image (MBSRQ-AS), Religiosity (BIAC) and Satisfaction with Life (SWLS). All these measures have acceptable alpha reliabilities ranging between .71- .81 (see table 2). Significant literature support was taken into consideration in order to check the appropriateness and cultural suitability of these scales. Skewness and Kurtosis values ranged between -1 and +1, which suggests the normal distribution of the data (see table 2). It was a purely quantitative study which strictly followed the correlational design and results supports the hypothesis formulated in the beginning of the study and suggested significant relationship between the Body Image Satisfaction, Religiosity and Satisfaction with Life.

Pearson product moment correlation analysis was performed to find out the relationship among study variables. First hypothesis was that satisfaction with life correlate positively with appearance evaluation appearance orientation and body area satisfaction. Results revealed that appearance evaluation and body area satisfaction are statistically significant predictors of overall life satisfaction and happiness. It is very well understood fact that praise and appreciation impart positive impact on individuals which elates the confidence especially among young ladies. As a result of which young ladies invest most of their energy and time in struggle of maintaining their body shape, weight and overall appearance in order to look good and feel happy and satisfied in every walk of life. This trend is supported by literature according to which there is a very strong link between body appreciation and happiness which leads to overall well-being of women (Satinsky et al., 2012; Wood-Barcalow et al., 2010; Swami et al., 2008). This concept is further supported by another study

according to which for women satisfaction with their appearance is the third predictor of overall life satisfaction (Fredrick et al., 2016).

Second hypothesis that over-weight preoccupation (OWP) and self-classified weight (SCW) would correlate negatively with satisfaction with life was confirmed by analysis and our results revealed that there is statistically significant and negative correlation between SCW and OWP with satisfaction with life OWP being the negative predictor of overall satisfaction with life. Previous studies confirmed that perceiving them as fat/overweight imparts negative effect on one's wellbeing and life satisfaction (Cash & Hicks, 1990). Literature also entails that women are more prone to being preoccupied with weight concerns in contrast to men which is supported by the literature as being overweight, whether cognitively or in real is bigger psychological threat to women compared to men because of their trait to internalize more than men (Annis, Cash, & Hrabosky, 2004).

Third hypothesis was the satisfaction with life would correlate positively with religiosity. Analysis shows significant positive relationship with religiosity and satisfaction with life and religiosity as a significant positive predictor of satisfaction with life. These results are further confirmed by previous studies which state that frequency of religious service attendance is the most consistent correlate of subjective wellbeing (Ferriss, 2002) although several studies find that inner or spiritual dimensions of religion are also related to well-being (Ellison, 1991; Greeley & Hout, 2006; Krause, 2003). Another study confirms that the existence of small but statistically significant relationships between affiliated participatory and devotional aspects of religiosity and general life satisfaction (Ellison, Gay & Glass, 1989).

Linear regression analysis was performed to see the predicting role of subscales of body image satisfaction and religiosity on satisfaction with life. Summary of linear regression analysis suggest that Body Area Satisfaction, Over Weight Preoccupation and Religiosity positively predicts the life satisfaction but beta value and overall variance supports stronger predictability of Body Area Satisfaction and Over Weight Preoccupation as compared to Religiosity (see table 4 & 5).

One-way analysis of variance was performed on different hijab type and results suggested that individuals with veil endure more satisfaction express more satisfaction as compared to individuals with abaya and individuals with scarf showed more overweight preoccupation compared to individuals with veil. High scores on Social Desirability measure (Crowne & Marlowe, 1960) shows high desirability bias whereas low scores shows less or no bias. Mahoney et al. (2005) explained that deleting the highly scored data by setting cut off is a wrong method of controlling bias. This can seriously hamper data hence reducing the number and it cannot be the representative of the overall population. So instead of omitting data it had been recommended to find the correlation between the main variables and their subscales and the total score of social desirability scale. If the correlation results are significant then it needs to be controlled through statistical procedures. Our results show no significant relationship between the study variables and social desirability scale hence there was no need to control it any further.

### **Implications**

The present study will be helpful in understandings the intentions and perceptual beliefs of the women who carry hijab in Pakistan and it will highlight the importance of hijab by proving that a mere piece of cloth which is perceived as a forced decision on the Muslim women can be the source of contentment and connection to their faith as cited by Maqsood (2017) that women use their hijabs to create their own cultural identification and to have a sense of attachment to the group surrounding them, which leads them to feel safe and in harmony with themselves and their faith which further motivate them and enhance their confidence to ace in every field without the pressure of being looked down at as oppressed. It will also help eliminate the labels attached with hijab wearing women as oppressed, outdated, less competent and abandoned to their walls and not satisfied with who they are and what they wear.

This research will make a noteworthy contribution in explaining how appearance and visual apprehensions may directly or indirectly affect the social perception and alter the viewpoints of general public as well as the girls themselves due to public display of standards of beauty and acceptance paired with thin ideals. Based upon calculated findings hijab wearing young females will get equal

acceptance in every institution be it the educational or organizational setup. Moreover the religious orientation and coping can be promoted to encourage these females to cope with their fears and help reduce the discrimination they face in public as well as private sectors.

There's a very evident scarcity of scholarship on this sample in Pakistan whereas it has become the talk of the town in west and different allegation are put forth associated with hijab. This research will aid us to break these stereotypes and will help us in initiating a conversation to address the Islam phobia and biasness faced by Muslim females across the globe.

### **Limitations and Suggestions**

1. The most common and very basic limitation of this study was the time limit as well as area specification and as a consequence the sample range. Future studies should be longitudinal and should base their results on increased data so that results can be generalized on vast population.
2. Another very common and overlooked shortcoming of this research is self-reporting and desirability bias which may hamper the data and results because of the sensitivity of the topic and individual differences hence different experiences and expectations. Future researches needs to control this bias by either increasing the data or adding more variables.
3. Another very important anomaly that needs to be considered in future researches is the scale used for measuring religiosity. Since it is a very sensitive topic along with various cultural boundaries I excluded few items with keeping reliability in check however I would propose to apply new and more precise measure in future researches to address this topic.
4. Various aspects such as health and physical issues are left which needs to be catered in future researches to expand the scholarship on said sample.
5. Data collection was satisfactory but under accomplished experience hence one to one administration or interview format can be used in next researches fills this gap.





## **Conclusion**

There is a significant positive relationship between Religiosity, Appearance Evaluation, Appearance Orientation, Body Area Satisfaction and Satisfaction with Life among hijabi women. There is a significant negative relationship between Over-weight Preoccupation, Self-classified weight and satisfaction with life among hijabi women. The study concluded Body Area Satisfaction and Overweight Preoccupation as stronger positive predictor as compared to Religiosity. Also while comparing three hijab types individuals with veil showed more satisfaction as compared to individuals with abaya and individuals with scarf showed more Over weight Preoccupation compared to individuals with veil. Nevertheless results confirmed that one's attire has very significant impact on one's wellbeing.

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## **APPENDICES**

**Appendix A****Informed consent**

I am Maria Muzaffar doing MSC at The National Institute of Psychology (Quaid-i-Azam University, Islamabad). It is a research organization, conducting a number of researches of psychological nature in order to explore different aspects of human behavior. I am doing research for partial fulfillment of my degree.

My research explores the relationship between Body image Satisfaction, Religiosity and Life Satisfaction among Hijabi women. It is requested to report your personal opinion **as honestly as possible**. This will help to get the authentic findings.

Your participation in the study is extremely important and valuable. Your anonymity will strictly be maintained. Nowhere, your name or identity will be disclosed/ mentioned. If you observe we have not asked for your name anywhere in the protocol. The information which you will provide will be treated as confidential and will be used only for the research purpose. Your help support and honest participation is highly appreciated.

If you are willing to participate in this research, please sign below.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you for your participation.

Maria Muzaffar

National Institute of Psychology, Quaid-i-Azam University, Islamabad.

## Appendix B

**Demographic sheet**

Age (in years): \_\_\_\_\_

Marital Status: Single  Married

Family System: Nuclear  Joint

**Reason for Hijab:**

Family Pressure: .....

Environmental Needs: .....

Religion: .....

Culture: .....

Others: .....

**Types of Hijab:**

1. Scarf
2. Abaya
3. Veil

### Multidimensional body self-relation questionnaire (MBSRQ-AS)

**Instructions :** Please give the answer that is most accurate for you. There is no right or wrong answers.

1                    2                    3                    4                    5

---

**Definitely**    **Mostly**            **Neither**            **Mostly**            **Definitely**  
**Disagree**    **Disagree**            **Agree Nor**            **Agree**            **Agree**  
**Disagree**

- \_\_\_\_\_ 1. Before going out in public, I always notice how I look.
- \_\_\_\_\_ 2. I am careful to buy clothes that will make me look my best.
- \_\_\_\_\_ 3. My body is sexually appealing.
- \_\_\_\_\_ 4. I constantly worry about being or becoming fat.
- \_\_\_\_\_ 5. I like my looks just the way they are.
- \_\_\_\_\_ 6. I check my appearance in a mirror whenever I can.
- \_\_\_\_\_ 7. Before going out, I usually spend a lot of time getting ready.
- \_\_\_\_\_ 8. I am very conscious of even small changes in my weight.
- \_\_\_\_\_ 9. Most people would consider me good-looking.
- \_\_\_\_\_ 10. It is important that I always look good.
- \_\_\_\_\_ 11. I use very few grooming products.
- \_\_\_\_\_ 12. I like the way I look without my clothes on.
- \_\_\_\_\_ 13. I am self-conscious if my grooming isn't right.
- \_\_\_\_\_ 14. I usually wear whatever is handy without caring how it looks.
- \_\_\_\_\_ 15. I like the way my clothes fit me.
- \_\_\_\_\_ 16. I don't care what people think about my appearance.
- \_\_\_\_\_ 17. I take special care with my hair grooming.
- \_\_\_\_\_ 18. I dislike my physique.
- \_\_\_\_\_ 19. I am physically unattractive.
- \_\_\_\_\_ 20. I never think about my appearance.
- \_\_\_\_\_ 21. I am always trying to improve my physical appearance.

\_\_\_\_\_ 22. I am on a weight-loss diet.

**For the remainder of the items use the response scale given with the item, and enter your answer in the space beside the item.**

\_\_\_\_\_ 23. I have tried to lose weight by fasting or going on crash diets.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very Often

\_\_\_\_\_ 24. I think I am:

1. Very Underweight
2. Somewhat Underweight
3. Normal Weight
4. Somewhat Overweight
5. Very Overweight

\_\_\_\_\_ 25. From looking at me, most other people would think I am:

1. Very Underweight
2. Somewhat Underweight
3. Normal Weight
4. Somewhat Overweight
5. Very Overweight

**26-34. Use this 1 to 5 scale to indicate how dissatisfied or satisfied you are with each of the following areas or aspects of your body:**

1	2	3	4	5
<b>Very Dissatisfied</b>	<b>Mostly Dissatisfied</b>	<b>Neither Satisfied Nor</b>	<b>Mostly Satisfied</b>	<b>Satisfied</b>
_____ 26. Face (facial features, complexion)				
_____ 27. Hair (color, thickness, texture)				
_____ 28. Lower torso (buttocks, hips, thighs, legs)				
_____ 29. Mid torso (waist, stomach)				
_____ 30. Upper torso (chest or breasts, shoulders, arms)				

### Satisfaction with Life Scale

Below are five statements that you may agree or disagree with. Using the 1-7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

- 7 - Strongly agree
- 6 - Agree
- 5 - Slightly agree
- 4 - Neither agree nor Disagree
- 3- Slightly Disagree
- 2 - Disagree
- 1 - Strongly disagree

\_\_\_\_\_ In most ways my life is close to my ideal.

\_\_\_\_\_ The condition of my life is excellent.

\_\_\_\_\_ I am satisfied with my life.

\_\_\_\_\_ So far I have gotten the important things I want in life.

\_\_\_\_\_ If I could live my life over. I would change almost nothing.