



Psychological Factors and Health Seeking Behaviour Among Female Students in a Nigerian University

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Abstract

This study investigated the influence of appearance anxiety and self-esteem on health seeking behaviour among female students in a Nigerian university. A cross sectional survey design was adopted in this study. A total of 351 female students participated in the study and they were selected using accidental sampling technique. Health Seeking Behaviour Scale, Appearance Anxiety Scale, and Self-Esteem Scale were used to gather relevant data for the study. Three hypotheses were formulated and tested with multiple regression statistical analysis. The results showed that appearance anxiety significantly predicted health seeking behaviour ($\beta = .08, t = 2.54, p < .01$). Self-esteem significantly predicted health seeking behaviour ($\beta = -.30, t = -5.79, p < .001$). Notably, self-esteem and appearance anxiety jointly predicted health seeking behaviour among female undergraduates accounting for 19% of the variance ($R = .43, R^2 = .19$). Based on the findings of this study on self-esteem and health seeking behaviour, it was recommended that University authorities should develop self-esteem enhancement programs to promote positive health seeking behaviour and also focus on self-esteem building to foster healthy seeking behaviour. University authorities should request for mental health professionals to address appearance anxiety in therapy sessions to mitigate negative health seeking behaviour among female students.

Keywords: Health seeking behaviour, self- esteem, appearance anxiety, female undergraduates

Word count: 204

Introduction

Health seeking behavior refers to the actions individuals take to prevent, diagnose, and treat health problems (World Health Organization, 2019). Among undergraduates, health seeking behavior is a critical issue, as this population is vulnerable to various health risks due to factors such as academic pressures, social relationships, and lifestyle choices (Harris et al., 2013).

Healthcare seeking behaviour (HSB) has been defined as, "any action or inaction undertaken by individuals who perceive themselves to have a health problem or to



be ill for the purpose of finding an appropriate remedy" (Olenja, 2004). Health seeking behaviour can also be referred to as illness behaviour or sick-term behaviour. Health seeking behaviour is situated within the broader concept of health behaviour, which encompasses activities undertaken to maintain good health, to prevent ill health, as well as dealing with any departure from a good state of health (MacKian, 2003).

Appropriate health-seeking behaviour (HSB) continues to be strongly associated with worse health outcomes, higher morbidity and mortality, and poorer overall health statistics (Atuyambe, 2008; Mwase, 2015). Recent research in low- and middle-income countries (LMICs) continues to highlight these links. For instance, Obels et al. (2025) conducted a household survey in South Sudan and found that distance to health facilities, lack of awareness of community health workers, and out-of-pocket medication costs were key barriers to seeking formal care. Similarly, (Brindley et al., 2024) showed in a systematic review that users of private-sector non-communicable disease services in LMICs often have higher costs and face mixed care quality, which can exacerbate disease burden. Furthermore, Zebron (2025) demonstrated that informal payments in public facilities disproportionately drive poorer households to lower-quality providers, undermining equitable access to care.

Health seeking behavior may be influenced by self-esteem (Siegel *et al.*, 2020). Self-esteem refers to the feelings and beliefs that an individual holds concerning themselves. It is usually formed from other people's perceptions and internal perceptions. The self-worth of the individual is an important factor in determining self-esteem (Roy & Andrews, 1999). Self-esteem can be classified as high and low, based on an individual's assessment of their own value, self-worth, and level of confidence in themselves.

Self-esteem has been linked to various mental health outcomes, including depression, anxiety, and eating disorders (Hartley, 2011). Therefore, it is essential to investigate



the factors that influence self-esteem among undergraduates, as well as the consequences of low self-esteem on their health seeking behavior.

Appearance anxiety may be more important than any other variables in predicting health seeking behavior. Appearance anxiety refers to the fear or apprehension that individuals experience when they perceive themselves as not meeting societal beauty standards (Slater & Tiggemann, 2015). Among undergraduates, appearance anxiety is a significant concern, as it can influence their self-esteem, body satisfaction, and mental health (Haines & Neumark-Sztainer, 2006). Research has shown that undergraduates who experience appearance anxiety are more likely to engage in disordered eating behaviors, substance abuse, and other negative health behaviors (Blanco et al., 2016).

Self-esteem and appearance anxiety are two factors that have been identified as potential predictors of health seeking behavior among undergraduates. Research has shown that individuals with low self-esteem and high appearance anxiety are more likely to engage in negative health behaviors and avoid seeking medical care (Slater & Tiggemann, 2015). However, the relationship between self-esteem, appearance anxiety, and health seeking behavior among undergraduates is not well understood. It is against this background that this study investigated appearance anxiety and self-esteem as underlying factors in health seeking behavior among female undergraduates. The gap this study aims to fill.

Statement of the Problem

The influence of appearance anxiety and self-esteem on health-seeking behavior is a significant concern among young adults, particularly female students, as it may have far-reaching consequences for their physical and mental well-being. According to Cash (2012) and Baris et al. (2018), appearance anxiety and self-esteem may impact an individual's likelihood of engaging in health-promoting behaviors, such as regular exercise, healthy eating, and seeking medical care when needed.



Research by Fredrickson and Roberts (1997) reported that objectification theory explain the relationship between appearance anxiety and negative health outcomes. Additionally, studies by Haines and Neumark-Sztainer (2006) have shown that sociocultural factors can contribute to body dissatisfaction and disordered eating behaviors. Individuals with high appearance anxiety may avoid seeking medical care due to fear of being judged or criticized about their appearance, while those with low self-esteem may struggle to prioritize their health and well-being. As noted by Rosenstock (1974), the health belief model can provide insight into the factors that influence health-seeking behavior.

Further research is needed to explore the complex relationship between appearance anxiety, self-esteem, and health-seeking behavior, including the role of psychological, social, and environmental factors. This study aims to investigate the influence of appearance anxiety and self-esteem on health-seeking behavior, particularly among female students. By understanding this relationship, healthcare providers and policymakers can develop targeted interventions to promote positive health behaviors and outcomes.

Objective of the Study

The general purpose of this study is to investigate the influence of appearance anxiety and self-esteem on health seeking behavior female university students in a university. The specific objectives of the study are to:

1. investigate whether appearance anxiety will significantly influence health seeking behavior of female students.
2. examine whether self-esteem will significantly influence health seeking behaviour of female students.
3. find out if appearance anxiety and self-esteem will have a significant joint influence on the health seeking behavior among female students.



Relevance of the Study

The study's findings have important implications for healthcare providers and mental health professionals who work with undergraduates. The study suggests that interventions aimed at enhancing self-esteem and reducing appearance anxiety may be effective in promoting health seeking behavior among undergraduates. Additionally, the study's findings will highlight the importance of addressing self-esteem and appearance anxiety in health promotion programs aimed at undergraduates.

The study will contribute to the existing literature on self-esteem and appearance anxiety as predictors of health seeking behavior among undergraduates. The study's findings support previous research that has found self-esteem and appearance anxiety to be significant predictors of health seeking behavior among undergraduates (Haines & Neumark-Sztainer, 2006). Additionally, the study's findings provide new insights into the relationship between self-esteem, appearance anxiety, and health seeking behavior among undergraduates.

The study on self-esteem and appearance anxiety as predictors of health seeking behavior among undergraduates will contribute to the existing theoretical frameworks on health behavior. The study's findings support the Self-Determination Theory (SDT), which posits that self-esteem is a critical factor in determining health behavior (Deci & Ryan, 2000). Additionally, the study's findings are consistent with health believe model and objectification theory.

Literature Review

Theoretical Framework

The Health Belief Model (HBM)

The Health Belief Model (HBM) posits that self-esteem is a critical factor in determining health seeking behavior (Becker & Rosenstock, 1984). According to



HBM, individuals' health behaviors are influenced by their perceptions of the severity of a health threat, their susceptibility to that threat, and the benefits and barriers of taking action to mitigate that threat. Self-esteem is thought to play a critical role in this process, as individuals with high self-esteem are more likely to perceive themselves as capable of taking action to mitigate health threats and are therefore more likely to engage in health-promoting behaviors.

Objectification Theory

Objectification theory, developed by Fredrickson and Roberts (1997), posits that societal objectification of women can lead to internalized objectification, impacting various aspects of their well-being. This theory can be used to explain how appearance anxiety, a direct consequence of internalized objectification, acts as a predictor of reduced or altered health-seeking behavior among female undergraduates. Internalized Objectification and Appearance Anxiety: Female undergraduates, constantly exposed to idealized beauty standards in media and social interactions, internalize the objectifying gaze. This leads to significant appearance anxiety, characterized by a preoccupation with perceived flaws, body shame, and a heightened sensitivity to others' judgments.

Carl Rogers' Self-Theory (1951)

Carl Rogers' self-theory (1951) posits that a person's self-concept, including their self-esteem, significantly influences their behaviors, including health-seeking behaviors. A strong, positive self-concept fosters well-being, while a weak or incongruent self-concept can lead to avoidance and maladaptive coping mechanisms, potentially hindering health-seeking behaviors among female undergraduates. Key concepts from Rogers' self-theory are: Self-Concept: This is the organized, consistent set of perceptions an individual holds about themselves. It encompasses their understanding of their abilities, attributes, and overall worth.

Hypotheses



1. Appearance anxiety will significantly predict health seeking behaviour among female students.
2. Self-esteem will significantly predict health seeking behaviour among female students.
3. Appearance anxiety and self-esteem will jointly predict health seeking behaviour among female students.

Operational Definition of Terms

Health-Seeking Behavior: Refers to the actions taken by female undergraduates to seek medical attention, health information, or health services to address their physical or mental health concerns. High score above average indicates that an undergraduate has high health seeking behaviour while low score below average indicates low health seeking behaviour.

Self-Esteem: refers to a female undergraduate's overall evaluation of their own worth, value, and abilities which encompasses their sense of identity, confidence, and self-respect. In the context of female undergraduates, self-esteem may influence their academic performance, social interactions, and emotional well-being. It was measured using Rosenberg Self- Esteem Scale. High score above average indicates high self -esteem while low score below average indicates low low self-esteem.

Appearance Anxiety: Refers to the feelings of worry, concern, or anxiety related to one's physical appearance, including concerns about weight, shape, or specific features, as measured by a standardized appearance anxiety scale developed by Veale *et al* (2014). High score above average indicates high appearance anxiety and vice visa.

Female Student: Female students who enrolled in Adekunle Ajasin University Akungba typically pursuing her bachelor's degree.

Method



Research Design

A cross sectional survey design was adopted for this study. The design is appropriate because the female students were selected across faculty, department and academic level. The dependent variable was health seeking behaviour while the independent variables were self-esteem and appearance anxiety.

Research Setting

This study was conducted in Adekunle Ajasin University, Akungba Akoko (AAUA).

Sampling Technique

A multi-stage sampling technique, which involves a combination of purposive and accidental sampling techniques were adopted. The researcher administered the questionnaire to female students who were available at AAUA and willing to participate in the study. Purposive sampling technique was used to select the participants because it allows the researcher to target female students who are most relevant to the research.

To determine the number of female undergraduates to be selected for the study, Yamane's (1987) formula was used. The formula is presented below: $n = N / 1 + N(e)^2$

Where, **n** is the sample of the size, **N** is the population size and **e** is the level of precision/margin of error, which is expressed as 5%. The researcher visited ICTAC (The unit responsible for information about students) to get the statistics of students across departments and faculties. According to the statistics, there were about 7, 204 female students. By applying the above formula, the sample size of the present study is calculated as follows.

$$n = 7204 / 1 + 7204(0.05)^2$$

400



Based on the Yamane's (1987) formula, a total of 400 female undergraduate students were selected for this study.

Participants

A total of 351 female students were selected for this study. They were selected from different levels, departments and faculties in AAUA. Their age ranges from 17 to 38, $M = 22.46$, $SD = 2.703$. In terms of religious affiliation, Christianity =168 (47.9%), Islamic =122 (34.8%), and African Traditional Religion =61 (17.4%). In terms of level, 100 level= 137 (13.0), 200 level =69 (19.7%), 300 level =27 (7.7%), 400 level = 87 (24.8%), and 500 level= 31 (8.8%). In terms of department, Economics =22 (6.3%), English Studies =8 (2.3%), Early Childhood Education=4 (1.1%), Chemistry =4 (1.1%), Mass Communication = 24 (6.8%), Accounting = 9 (2.6%), Linguistic and Languages =9 (2.6%), Biology Education = 7 (2.0%), Political Science Education = 7 (2.0%), Chemistry Education 2 (.6%), History and International Studies =21 (6.0%), Finance= 6 (1.7%), Computer Science = 6(1.7%) , Microbiology =26 (7.4%), Animal Science =3 (.9%), Biochemistry =12 (3.4%), Law= 19 (5.4%), Criminology =8 (2.3%), Geography and planning Science =7 (2.0%), Adult Edu=5 (1.4%), Political Science =30 (8.5%), Social Science Education =2 (.6%), Human Kinetics =5 (1.4%), Public Administration =9 (2.6%), Performing Art =10 (2.8%), Library Science =2 (.6%), Industrial Chemistry =7 (2.0%), Psychology =14 (4.0%), Sociology =11 (3.1%), Guidance and Counselling=10 (2.8%), Mathematics =2 (.6%), Agronomy =3 (.9%), Philosophy =1 (.3%), Agricultural Economics =4 (1.1%), Animal and Environment Biology =2 (.6%), Educational Management =2 (.6%), GPS Education =4 (1.1%), Economics Education =2 (.6%), Physics Electronics =2 (.6%), Plant Science and Biotechnology =4 (1.1%), Business Administration =41.1%), Art Education =2 (.6%), English Education =3 (.9%), Earth Sciences=1 (.3%), STL =1 (.3%), Health Education =3 (.9%), and Religion and African Culture =2 (.6%). In terms of faculty, Social Sciences =114 (32%), Art =54 (15.4%), Education =59 (16.8%), Sciences =66 (18.8%), Agric=11 (3.1%), Administration and Management Sciences =28 (8.0%) and Law =19 (5.4%).



Instrument

Relevant data was gathered through the use of questionnaire. This contained socio-demographic information (such as: age, religious affiliation etc.), measure of perception of body image, self-esteem and appearance anxiety

Section A: Socio-Demographic Information

This included age, religious affiliation, academic level etc.

Section B: Health Seeking Behaviour Scale

Health-Seeking Behavior Scale: Developed by Kırac and Öztürk in 2021, this scale is a three-dimensional, 12-item scale that includes information on online health-seeking behavior (6 items), professional health-seeking behavior (3 items), and traditional health-seeking behavior (3 items). The items on the scale allow participants to express their opinions using Likert-type options ranging from 1 to 5 (1=strongly disagree, 5=strongly agree). The Cronbach's alpha coefficients calculated to determine the reliability of the scale were found to be 0.74 for on-line health-seeking, 0.71 for professional health-seeking, 0.63 for traditional health-seeking, and 0.71 for the overall scale.¹⁴ The internal consistency coefficients for this study were 0.82 for online health-seeking, 0.75 for professional health-seeking, 0.74 for traditional health-seeking, and 0.78 for the total health-seeking behavior scale. The current study reported a Cronbach alpha of .89. High score above average indicates high health seeking behaviour and low score below average indicates low health seeking behaviour.

Section C: Self-Esteem Scale

Rosenberg Self-Esteem Scale (RSE) was developed by Rosenberg (1979). The purpose of the 10 item RSE scale is to measure self-esteem. Originally the measure was designed to measure the self-esteem of high school students. However, since its development, the scale has been used with a variety of groups including adults, with



norms available for many of those groups. The response format is 1 = Strongly agree, 2 = Agree, 3 = Disagree, 4 = Strongly disagree. Low self-esteem responses are “disagreed” or “strongly disagree” on items 1, 3, 4, 7, 10, and “strongly agree” or “agree” on items 2, 5, 6, 8, 9. Two or three out of three correct responses to items 3, 7, and 9 are scored as one item. One or two out of two correct responses for items 4 and 5 are considered as a single item; items 1, 8, and 10 are scored as individual items; and combined correct responses (one or two out of two) to items 2 and 6 are considered to be a single item. The scale can also be scored by the individual 4-point items after reverse-scoring the negatively worded items. The RSE demonstrates a Guttman scale coefficient of reproducibility of .92, indicating excellent internal consistency. Test-retest reliability over a period of 2 weeks reveals correlations of .85 and .88, indicating excellent stability. The sample items are: On the whole, I am satisfied with myself. At times I think I am not good at all, I feel that I have a number of good qualities, I am able to do things as well as most other people. A Cronbach alpha of .71 was reported in this study.

Section D: Appearance Anxiety Scale

Appearance anxiety scale was developed by Veale *et al.* (2014) and is a 10 question self-report scale that measures the cognitive and behavioural aspects of the body image anxiety in general and body dysmorphic disorder in particular. Each item is scored based on five-point Likert scale. The sample items are, I avoid situations or people because of my appearance and I try to camouflage or alter aspects of my appearance. Veale *et al.* (2014) reported a Cronbach alpha of 0.86 while the researcher reported a Cronbach alpha of .77. High score above average indicates high appearance anxiety and low score below average indicates low appearance anxiety.

Procedure

The researcher sought for permission to conduct the study from the University authorities which enable the researcher to administer the questionnaires. The researcher explained the nature and purpose of the study to the participants with



assurance of confidentiality related to their response. Well explanation was given to them on how to fill the questionnaire. Copies of the questionnaires were distributed to participants who showed willingness to participate in the research by the researcher, also, questions were entained and once a rapport was formed between the researcher and the respondents, the questionnaires were administered to them. They were given time frame of about 30 to 45 minutes to complete the questionnaires. Purposive sampling technique was used to select female undergraduates. An accidental sampling technique was used in selecting 351 female undergraduates that participated in the study.

The process of data collection took about 2 weeks. A total of 351 copies of questionnaires were administered, retrieved and found usable for the analysis. This yielded 88% rate from the participants.

Ethical Consideration

The participants were provided enough information on the purpose of study in order to make them take informed decisions on whether to fill the questionnaire or not. Confidentiality of responses was guaranteed.

Data Analysis

Pearson Product Moment Correlation (PPMC) was used to test the relationship that exists among the study variables. Hypotheses, 1, 2 and 3 were tested using a multiple regression. This allowed the researcher to control for other variables that may affect the relationship between health seeking behaviour, self-esteem and appearance anxiety. All analysis was conducted using SPSS version 20.0.

RESULTS

Test of Relationships among the Study Variables

The mean and standard deviation scores as well as the relationships among the study variables are presented in Table 4.1

Table 4.1: Summary of Correlation Matrix Showing the relationship among Study Variables

Factors	Mean	SD	1	2	3	4	5	6
1. Age	22.46	2.70	1					
2. Religion Affiliation	28.35	7.13	.07	-.34	1			
3. Self Esteem	29.87	4.87	.18	.21	.15	1		
4. Appearance Anxiety	27.37	7.16	.06	.5.3	.07	-.37**	1	
5. Health Seeking Behaviour	129.80	26.77	-.09	-.37	.21**	-.38**	.33*	1

Note: ** $p < 0.01$, * $p < 0.05$, $N = 351$

The results in Table 1 indicated that self-esteem had a significant negative relationship with health seeking behaviour among female students [$r(351) = -.38$, $p < .01$]. This implies that as self-esteem increases, health seeking behaviour among female students decreases. The relationship between appearance anxiety and health seeking behaviour among female students was positively significant [$r(351) = .33$, $p < .01$]. This implies that as appearance anxiety increases, health seeking behaviour increases among female students. Similarly, religious [$r(351) = .21$, $p < .01$] significantly predicted health seeking behaviour among female students. This implies that religious is a strong determinant of health seeking behaviour among female students. However, age [$r(351) = -.09$, $p > .05$] and gender [$r(351) = -.09$, $p > .05$] had no significant relationship with health seeking behaviour among female students. This implies that the age and gender of undergraduates does not relate with their health seeking behaviour.

Test of Hypotheses 1 to 3

Table 4.2: Summary of Multiple Regression Showing the Influence of self-esteem and appearance anxiety on health seeking behaviour among female undergraduates



Criterion Variable	Predictors	$us\beta$	Stand.Error	$s\beta$	t	Sig	R	R^2	df	F
Health Seeking Behaviour							.43	.19	2,348	40.15**
	Self Esteem	-	.29	-	-	.000				
	Appearance Anxiety	1.66		.30	5.79**	.000				
		.82	.19	.08	2.54**	.000				

Note: ** $p < 0.01$, $N = 351$; $us\beta$ = Unstandardized Beta; $s\beta$ = Standardized Beta

The results showed that appearance anxiety significantly predicted health seeking behaviour ($\beta = .08$, $t = 2.54$, $p < .01$). This suggests that appearance anxiety is linked or associated with health seeking behaviour among female undergraduates. This confirms hypothesis 1. Self-esteem significantly predicted health seeking behaviour ($\beta = -.30$, $t = -5.79$, $p < .001$). This indicates that self-esteem is determinant of health seeking behaviour among female students. This confirms hypothesis 2.

Notably, self-esteem and appearance anxiety jointly predicted health seeking behaviour among female undergraduates accounting for 19% of the variance ($R = .43$, $R^2 = .19$). This confirms hypothesis 3.

Discussion, Conclusion and Recommendations

Discussion

The primary aim of this study was to examine the influence of self-esteem and appearance anxiety on health seeking behaviour among female students of Adekunle Ajasin University, Akungba-Akoko, Ondo State, Nigeria. The finding that appearance anxiety significantly predicted health-seeking behavior suggests that appearance anxiety is associated with health-seeking behavior among female undergraduates. This result confirms hypothesis 1 and highlights the complex relationship between appearance anxiety and health behaviors. At first glance, the relationship between appearance anxiety and health-seeking behavior may seem counterintuitive. However, it's possible that individuals experiencing appearance anxiety may be more motivated to seek medical attention in an effort to address their appearance



concerns (Cash, 2012). Research has shown that appearance anxiety can have a significant impact on mental health and well-being. Individuals experiencing appearance anxiety may be more likely to seek medical attention in an effort to alleviate their distress (Veale, 2016). The finding that appearance anxiety predicts health-seeking behavior is consistent with the Health Belief Model, which suggests that individuals' perceptions of their health and well-being can influence their health behaviors (Rosenstock, 1974). It's also possible that the relationship between appearance anxiety and health-seeking behavior is influenced by other factors, such as societal beauty standards or cultural expectations. Research has shown that these factors can contribute to body dissatisfaction and appearance anxiety (Slater, 2017). The study's findings highlight the importance of considering the complex relationships between psychological factors and health behaviors. By understanding the role of appearance anxiety in health-seeking behavior, healthcare providers can develop targeted interventions to promote positive health outcomes. Cognitive-behavioral therapy (CBT) has been shown to be an effective treatment for body image concerns and appearance anxiety. Healthcare providers may consider incorporating CBT into treatment plans for individuals experiencing appearance anxiety (Veale, 2016). The study's findings also suggest that healthcare providers should prioritize the development of interventions aimed at promoting positive body image and reducing appearance anxiety. Such interventions may include educational programs, support groups, or individual therapy sessions.

By promoting positive body image and reducing appearance anxiety, healthcare providers can help individuals develop healthier behaviors and improve overall well-being (Tylka, 2015). The study's findings have implications for healthcare policy and practice. Policymakers and healthcare providers should prioritize the development of interventions aimed at promoting positive body image and reducing appearance anxiety. The study's findings highlight the importance of considering the psychological factors that influence health-seeking behavior. By understanding the

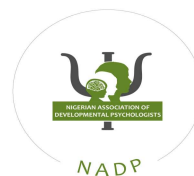


role of appearance anxiety, healthcare providers can develop targeted interventions to promote positive health outcomes (Hagger, 2017).

Research has shown that appearance anxiety can have a significant impact on mental health and well-being. Individuals experiencing appearance anxiety may be more likely to seek medical attention in an effort to alleviate their distress (Veale, 2016). The study's findings also suggest that healthcare providers should prioritize the development of interventions aimed at promoting positive body image and reducing appearance anxiety. Such interventions may include educational programs, support groups, or individual therapy sessions. Cognitive-behavioral therapy (CBT) has been shown to be an effective treatment for body image concerns and appearance anxiety. Healthcare providers may consider incorporating CBT into treatment plans for individuals experiencing appearance anxiety (Veale, 2016).

Research has shown that societal beauty standards can contribute to body dissatisfaction and appearance anxiety (Slater, 2017). Healthcare providers should be aware of the potential impact of societal beauty standards on appearance anxiety and health-seeking behavior. By promoting positive body image and self-acceptance, healthcare providers can help individuals develop healthier attitudes towards their bodies. Further discussion points would continue to explore the implications of the study's findings, including the potential benefits of promoting positive body image and reducing appearance anxiety, and the importance of considering the complex relationships between psychological factors and health behaviors.

The finding that self-esteem significantly predicted health-seeking behavior indicates that higher self-esteem is associated with health-seeking behavior among female students. This result confirms hypothesis 2 and highlights the complex relationship between self-esteem and health behaviors. It's possible that individuals with higher self-esteem may be less likely to seek medical attention due to a sense of invincibility or a lack of perceived vulnerability (Baumeister, 2017). Research has shown that self-esteem can influence various aspects of human behavior, including motivation,



emotional regulation, and decision-making. Individuals with high self-esteem may be more likely to engage in risk-taking behaviors and less likely to seek medical attention (Sowislo, 2013). The finding that self-esteem predicts health-seeking behavior is consistent with the Health Belief Model, which suggests that individuals' perceptions of their health and well-being can influence their health behaviors (Rosenstock, 1974). It's also possible that the relationship between self-esteem and health-seeking behavior is influenced by other factors, such as social support or life experiences. Research has shown that these factors can contribute to the development of self-esteem and influence health behaviors (Harter, 1999). The study's findings highlight the importance of considering the complex relationships between psychological factors and health behaviors (Fennell, 2016).

Research has shown that promoting positive body image can have a range of benefits, including improved mental health and well-being, and reduced risk of eating disorders and other health problems (Tylka, 2015). The study's findings highlight the importance of considering the specific needs of female undergraduates in healthcare settings. Research has shown that this population may be particularly vulnerable to body image concerns and appearance anxiety (Slater, 2017). Healthcare providers should be aware of the potential impact of appearance anxiety on mental health and well-being among female undergraduates. The study's findings have implications for the development of health promotion programs aimed at promoting positive body image and reducing appearance anxiety. Such programs may include educational components, support groups, or individual therapy sessions. By promoting positive body image and reducing appearance anxiety, healthcare providers can help individuals develop healthier behaviors and improve overall well-being. The study's findings also highlight the importance of considering the potential impact of social media on appearance anxiety and health-seeking behavior. Research has shown that social media can contribute to body dissatisfaction and appearance anxiety (Kaplan, 2010). The study's findings suggest that healthcare providers should prioritize the development of interventions aimed at promoting positive body image



and reducing appearance anxiety among female undergraduates. By promoting positive body image and reducing appearance anxiety, healthcare providers can help individuals develop healthier behaviors and improve overall well-being (Tylka, 2015).

The finding that self-esteem and appearance anxiety jointly predicted health-seeking behavior among female undergraduates, accounting for 19% of the variance confirms hypothesis 3 and highlights the complex relationship between psychological factors and health behaviors. This result suggests that both self-esteem and appearance anxiety play important roles in determining health-seeking behavior among female undergraduates. Research has shown that these factors can influence various aspects of human behavior, including motivation, emotional regulation, and decision-making (Baumeister, 2017; Cash, 2012). The joint prediction of health-seeking behavior by self-esteem and appearance anxiety highlights the importance of considering the interplay between multiple psychological factors in understanding health behaviors. By examining the relationships between these factors, researchers can develop more comprehensive models of health behavior (Hagger, 2017). The finding that self-esteem and appearance anxiety account for 19% of the variance in health-seeking behavior suggests that other factors also play important roles in determining health behaviors. Research has shown that social support, life experiences, and cultural background can influence health behaviors (Harter, 1999).

The study's findings have implications for healthcare policy and practice. Policymakers and healthcare providers should prioritize the development of interventions aimed at promoting positive self-esteem and reducing appearance anxiety. By promoting positive self-esteem and reducing appearance anxiety, healthcare providers can help individuals develop healthier behaviors and improve overall well-being (Tylka, 2015). Cognitive-behavioral therapy (CBT) has been shown to be an effective treatment for self-esteem issues and appearance anxiety. Healthcare providers may consider incorporating CBT into treatment plans for individuals experiencing these issues (Fennell, 2016; Veale, 2016). The study's



findings also highlight the importance of considering the specific needs of female undergraduates in healthcare settings. Research has shown that this population may be particularly vulnerable to body image concerns and appearance anxiety (Slater, 2017).

The joint prediction of health-seeking behavior by self-esteem and appearance anxiety suggests that interventions aimed at promoting positive self-esteem and reducing appearance anxiety may be effective in promoting healthier behaviors (Tylka, 2015).

Conclusion

It was concluded that appearance anxiety significantly predicted health seeking behaviour which suggests that appearance anxiety is linked to health seeking behaviour among female undergraduates. Similarly, Self-esteem significantly predicted health seeking behaviour. This indicates that self-esteem is associated with health seeking behaviour among female students. Self-esteem and appearance anxiety jointly predicted health seeking behaviour among female undergraduates accounting for 19% of the variance.

Recommendations

Based on the findings of this study on self-esteem, appearance anxiety and health seeking behaviour among female undergraduates, it was recommended that University authorities should develop self-esteem enhancement programs to promote positive health seeking behaviour and also focus on self-esteem building to foster healthy seeking behaviour.

University authorities should request for mental health professionals to address appearance anxiety in therapy sessions to mitigate negative health seeking behaviour among female students. Developmental psychologists can collaborate with other professionals, such as health educators, counselors, and nutritionists, to provide comprehensive support to female undergraduates and design interventions



aimed at enhancing self-esteem and reducing appearance anxiety among female undergraduates. These interventions may include cognitive-behavioral therapy, self-esteem building activities, and media literacy programs.

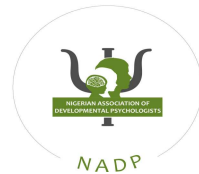
They should also address both self-esteem and appearance anxiety to effectively promote positive health seeking behaviour, mental health professionals and policymakers should work together to create supportive environments fostering positive health seeking behaviour and self-esteem.

Future researchers should explore other factors influencing health seeking behaviour, such as cultural factors or peer relationships.

University authorities and parents should recognize that health seeking behaviour is widespread, regardless of religious affiliation.

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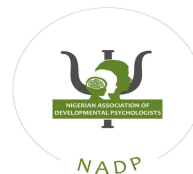
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