

The Relationship between Eating Attitudes, Body Image Appreciation and their Impact on Self-Esteem among Youth Community in Muar, Malaysia

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ABSTRACT

Introduction: Self-esteem is a major determinant of an individual's body image. Self-esteem issues can lead to inferior body images, which in turn increase the risk of disordered eating. This study will fill a gap in the relationship between eating attitudes, body image appreciation, and their impact on self-esteem among the Muar youth population. **Objective:** The study aimed to examine the relationship between eating attitudes and body image appreciation and self-esteem among the youth community in Muar. **Methods:** The study used a cross-sectional study design. A sample of 384 youths aged 18 to 35 years old was selected using a convenience sampling method. An online survey with bilingual questions in Malay and English was distributed for data collection. The study consisted of four sections: demographic data, the Eating Attitudes Test-26 (EAT-26), the Body Appreciation Scale-2 (BAS-2), and the Rosenberg Self-Esteem Scale (RSES). **Results:** The results indicated that the Muar youth community had good eating attitudes (14.27 ± 12.92), moderately good body self-appreciation (36.70 ± 8.40), and a moderate self-esteem score (17.32 ± 4.40). The regression results proved there was a significant relationship between eating attitudes and body self-appreciation towards self-esteem ($p < 0.05$), in which oral control and body appreciation were the predictors for self-esteem. **Conclusion:** The findings contributed to new knowledge regarding the pattern of eating attitudes and body image appreciation, as well as providing an understanding of self-esteem. The relationship showed that the reduction of oral control attitudes and the rise in body image appreciation would have an impact on improving self-esteem.

Keywords: *Body Image Appreciation; Cross-Sectional Study; Eating Attitude(s); Relationship; Self-Esteem; Youth, Muar*

INTRODUCTION

In each nation, the youth comprise a sizable portion of the population and require special attention because they are our present and future leaders and the engine for societal, economic, and cultural advancement. Youths can easily get swayed if they consistently receive negative comments or insecure jokes regarding their bodies. Second Asean Youth Development Index (2022) has stated that the youth age is between 15-35 years. This phase is considered an emerging adulthood period. Youths tend to be overly concerned about their body due to the influence of social pressures emphasizing thinness (Choukas-Bradley *et al.*, 2022). In recent years, unrealistic expectations for achieving an ideal body image have risen. The ideology spread like a virus, possessed the youngster's mentality and affected the ability to think rationally. As a result, regardless of gender, persons who believe that their body proportion does not meet the requirement of the beauty conventional ideal sometimes take significant measures to change their bodies to fit the norm (Xie, 2024).

Body image refers to how individuals perceive or experience their physical selves, with the emotions resulting from this perception being either positive or negative, influenced by personal or environmental

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factors (Khodabakhsh & Leng, 2020). Body image is a multidimensional construct that includes how one perceives, thinks, feels, and acts toward one's body, all of which fall on a spectrum ranging from healthy to unhealthy body image perceptions (Toselli *et al.*, 2023). At a young age, youth aspire to be perceived as attractive, either to attract the attention of other genders or to satisfy their desires. As a result, youth began to compare themselves to other friends, resulting in insecurity about one's body image. Researchers have already established body image as a predictor of eating problems (Yang *et al.*, 2022). Low body image appreciation can change eating attitudes, leading to a desire for weight loss and an ideal body shape. Eating disorders (ED) in youth are a substantial public health concern linked to the mental health and quality of life of individuals with EDs (Barakat *et al.*, 2023). Dysregulated eating behaviors appear in late childhood and adolescence, coinciding with the developmental stage when children gain more control over their food and eating choices.

The alteration in body image appreciation and eating attitudes might impact self-esteem. One of the psychological elements proposed to account for vulnerability to EDs is self-esteem, also known as global self-worth, which consists of both positive and negative thoughts about oneself (Krauss, Dapp, & Orth, 2023). Self-esteem is an individual's subjective assessment of their worth, and it has proven useful in many facets of personality research and practice (Shchebetenko, De-Marchis, & Lozhnikova, 2022). Self-esteem, in particular, can rise from late adolescence to emerging adulthood to middle age, while some studies have found very slight mean-level gains. Furthermore, this growing trend has been theoretically related to the maturity principle, which emphasises that people adapt to social roles in society more and more as they reach young adulthood.

This study aims to investigate the relationship between eating attitudes and body image appreciation and self-esteem in Muar's youth community. Local studies conducted on this topic involved the correlation of all three components. Thus, this study filled the gap in the relationship between eating attitudes, body image appreciation, and their impact on self-esteem among the Muar youth community in Malaysia.

METHODOLOGY

Study Design, Study Setting, and Target Population

The research design used was a quantitative, cross-sectional study. The study was conducted in Muar District, Johor. The target population of this study was directed among the youth community in Muar. The overall population of the youth community was calculated at 384.

Sample Size Calculation, Inclusion and Exclusion Criteria

The sample size calculation was determined as calculated by Calculator.net with a Margin of 5% and a Confidence Level of 95%. The sample size was estimated to be 384 ($N = 384$). The eligibility criteria for respondents is that they must be around 18–35 years old. Furthermore, the participants must have an email account and be able to speak English and/or Malay. This study excludes participants who have a personal dieting coach, pregnant women, and those diagnosed with terminal illnesses.

Data Collection Process

The participants were well-informed and able to give consent, allowing them to make an informed decision. Furthermore, their information was kept anonymous. Data were collected within three months, between March and May 2023. The convenience sampling method was used to collect the data. The survey was distributed online through sharing links on social media and sending a survey via email. The representatives of every town and village in Muar districts were approached through direct messages on Facebook pages.

Instrumentations and Pilot Study

Section A: Demographic Data

This section contained six questions about the respondent's characteristics: age, weight, height, gender, educational level, and household income. The educational level was categorized into primary, secondary, and tertiary levels.

Section B: Eating Attitudes Test-26 (EAT-26)

This section consisted of 26 items. Garner *et al.* (1982) developed and improved the questionnaire. The aim was to assess disordered eating habits. It consisted of three subscales: dieting, bulimia/food preoccupation, and oral control. The Likert scale was the scale used. Question 1–25 is a decrease scoring (always = 3; usually = 2; often = 1; sometimes = 0; rarely = 0; never = 0), while question 26 is an ascend scoring (always = 0; usually = 0; often = 0; sometimes = 1; rarely = 2; never = 3). The score ranged from 0-78. Thus, respondents who scored 20 and above indicated a high level of concern, while those who scored less than 20 showed no symptoms related to the ED. The tool demonstrates high levels of reliability and validity.

Section C: Body Appreciation Scale-2 (BAS-2)

This section consisted of 10 items. The tool was developed and improved by Tylka and Wood-Barcalow (2015). This questionnaire aimed to understand the features, correlations, and potential outcomes of a positive body image. A 5-point Likert scale (never = 1, seldom = 2, sometimes = 3, often = 4, always = 5) was used. The score for this tool ranged between 5 and 50. The higher the score, the more body appreciation the respondents received. The tool was validated, reliable, and tested across 65 countries (Viren *et al.*, 2023).

Section D: Rosenberg Self-Esteem Scale (RSES)

This section consisted of 10 items. Rosenberg (1965) developed the tool, specifically designing this question to measure self-esteem. The Likert scale was the scale used. Items 1, 2, 4, 6, and 7 have common valence (strongly agree=3, agree=2, disagree=1, strongly disagree=0), while items 3, 5, 8, 9, and 10 have reverse valence (strongly agree=0, agree=1, disagree=2, strongly disagree=3). If the respondents scored 0–14, it indicated they had low self-esteem; if they scored 15–25, it meant they had a moderate self-esteem score. Meanwhile, high self-esteem scores range from 26 to 30. The validity, accuracy, and reliability of the scale led to its widespread use (Garcia *et al.*, 2019).

A pilot study was done with a sample of 39 Muar youths before the actual study was conducted. The overall Cronbach alpha for the EAT-26 was 0.819, trailed by the Cronbach alpha values for each subscale: 0.759 for dieting with 13 items, 0.734 for bulimia with 6 items and food preoccupation, and 0.260 for oral control with 7 items. The value of the reliability test for BAS-2 was 0.946; meanwhile, for RSES, it was 0.750. Because the sample size was small, the overall Cronbach's alpha values for the tools were more than 0.7, excluding oral control. Considering all the questionnaires, except for oral control, are consistent and reliable.

Data Analysis

The collected data were analyzed with IBM SPSS Statistics Version 27. The descriptive and inferential statistics, such as the Multiple Linear Regression (MLR) test, were used for the analysis, and a p-value of less than 0.05 was considered significant to reject the null hypothesis.

Ethical Consideration

Ethical approval was obtained from the UiTM Research Ethics Committee, Selangor, Puncak Alam Campus, Malaysia with reference number FERC/FSK/MR/2022/0276 on 15th November, 2022, before the commencement of the study.

RESULTS

Distribution of Demographic Data Among Muar Youth Community

Table 1 shows the demographic data of the respondents. Most of the respondents were female, with 291 (75.8%) participating in completing the survey. As for the educational level, most of the respondents, 370 (96.4%), have enrolled in a tertiary institution. The mean age of the respondents in this survey was 23.16 ± 2.86 . Furthermore, in terms of BMI, the mean for both genders was 23.31 ± 5.14 . The mean average household income for the youth community in Muar was 3685.59 ± 4593.33 .

Table 1: Frequency, Percentage, Mean and Standard Deviation (SD) of Demographic Data (N= 384)

Demographic Data	Frequency	Percentage (%)	Mean	SD	Min	Max
Gender						
Male	93	24.20				
Female	291	75.80				
Educational Level						
Primary	4	1.00				
Secondary	10	2.60				
Tertiary	370	96.40				
Age			23.16	2.86	18.00	40.00
BMI			23.31	5.14	13.67	46.25
Household Income			3685.59	4593.33	0.00	30000.00

The Eating Attitudes Among the Youth Community in Muar

Table 2 presents the eating attitudes among the Muar youth community. The overall mean EAT-26 was 14.27. A lower value suggests that the respondents have fewer issues with their eating attitudes, and vice versa. The minimum score in this tool was 0, while the maximum score was 72, which should be a concern given that the total score was 78.

The first subscale is dieting, commonly used to describe people's attempts to reduce weight by restricting the amount or types of foods they consume (Markey & Gillen, 2023). Referring to item Q7, "I-particularly-avoid-food-with-a-high-carbohydrate-content (i.e. bread, rice, potatoes, etc.)," it showed a mean of 0.27 ± 0.74 . Furthermore, the item of Q17, "I-eat-diet-foods", proved only 0.29 ± 0.72 of the youth eat diet foods. However, 1.11 ± 1.20 was the mean score for Q12, "I-think-about-burning-up-calories-when-I-exercise". The highest mean for the dieting items was 1.19 ± 1.24 , which came from item Q1, "I-am-terrified-about-being-overweight".

The second subscale is about bulimia and food preoccupations. Table 2 displays the results of bulimia and food preoccupation in Muar's youth community. Q9 of "I-vomit-after-I-have-eaten" has the lowest mean of 0.12 ± 0.48 ; meanwhile, item Q25, "I-have-the-impulse-to vomit-after-meals," was 0.16 ± 0.55 . Q18 of "I-feel-that-food-controls my life" is represented by a mean of 0.53 ± 0.97 . The highest mean for the second subscale was Q3 with "I-find-myself-preoccupied-with-food" (0.68 ± 1.00).

The third subscale for EAT-26 is oral control, which pertains to self-control of eating and perceived pressure from others to gain weight (Papini *et al.*, 2022). According to Table 2, item Q2, "I-avoid-eating-when-I-am-hungry" has the lowest mean, with 0.26 ± 0.68 . Furthermore, the mean for item Q5, "I cut my food into small pieces," was 0.41 ± 0.81 . The next item, Q 15, "I-take-longer-than-others-to-eat-my-meals," has a mean of 0.70 ± 1.10 , followed by Q8, "I-feel-that-others-would-prefer-if-I ate-more," which had the highest mean value with 0.73 ± 1.10 .

Table 2: Descriptive Analysis for Eating Attitudes Test (EAT-26) (N=384)

Item	Eating Attitudes Test-26	Mean	SD	Min	Max
	Total Score	14.27	12.92	0.00	72.00
	Dieting	8.29	7.53	0.00	36.00
Q7	I particularly avoid food with a high carbohydrate content (i.e. bread, rice, potatoes, etc.)	0.27	0.74	0.00	3.00
Q17	I eat diet foods	0.29	0.72	0.00	3.00
Q10	I feel extremely guilty after eating	0.37	0.83	0.00	3.00
Q24	I like my stomach to be empty	0.37	0.85	0.00	3.00
Q16	I avoid foods with sugar in them	0.42	0.85	0.00	3.00

Q23	I engage in dieting behavior	0.44	0.83	0.00	3.00
Q22	I feel uncomfortable after eating sweets	0.52	0.97	0.00	3.00
Q6	I am aware of the calorie content of foods that I eat	0.60	1.00	0.00	3.00
Q14	I am preoccupied with the thought of having fat on my body	0.80	1.13	0.00	3.00
Q26	I enjoy trying new rich foods	0.95	1.02	0.00	3.00
Q11	I am occupied with a desire to be thinner	0.98	1.23	0.00	3.00
Q12	I think about burning up calories when I exercise	1.11	1.20	0.00	3.00
Q1	I am terrified about being overweight	1.19	1.24	0.00	3.00
	Bulimia and food preoccupation	2.40	3.22	0.00	18.0
Q9	I vomit after I have eaten	0.12	0.48	0.00	3.00
Q25	I have the impulse to vomit after meals	0.16	0.55	0.00	3.00
Q4	I have gone on eating binges where I feel that I may not be able to stop	0.42	0.84	0.00	3.00
Q21	I give too much time and thought to food	0.49	0.90	0.00	3.00
Q18	I feel that food controls my life	0.53	0.97	0.00	3.00
Q3	I find myself preoccupied with food	0.68	1.00	0.00	3.00
	Oral Control	3.58	4.03	0.00	21.0
Q2	I avoid eating when I am hungry	0.26	0.68	0.00	3.00
Q5	I cut my food into small pieces	0.41	0.81	0.00	3.00
Q20	I feel that others pressure me to eat	0.41	0.84	0.00	3.00
Q19	I display self-control around food	0.53	0.91	0.00	3.00
Q13	Other people think that I am too thin	0.54	0.95	0.00	3.00
Q15	I take longer than others to eat my meals	0.70	1.10	0.00	3.00
Q8	I feel that others would prefer if I ate more	0.73	1.10	0.00	3.00

The Level of Body Image Appreciation Among the Youth Community in Muar

Table 3 below shows the level of body image appreciation among the respondents. The higher the score the respondents receive, the greater their appreciation for their bodies. The overall mean for BAS-2 was 36.70 ± 8.40 , which means that the respondents had a moderately favorable appreciation for their bodies. The minimum score for BAS-2 in the Muar youth community was 10, while the highest was 50. Table 5 shows the mean of Q2, “I-feel-good-about-my-body” (3.53 ± 1.02), and Q9, “I am comfortable in my-body” (3.54 ± 1.13), scored for the lower mean. The positive sides of the respondents were that the youth scored the highest mean for Q6, “I feel love for my body” (3.76 ± 1.05), and Q1, “I respect my body” (3.97 ± 0.95), which showed favorable body image appreciation.

Table 3: Descriptive Analysis for Body Appreciation Scale-2 (BAS-2) (N=384)

Item	Body Appreciation Scale-2	Mean	SD	Min	Max
	Total Score	36.70	8.40	10.00	50.00
Q2	I feel good about my body	3.53	1.02	1.00	5.00
Q9	I am comfortable in my body	3.54	1.13	1.00	5.00
Q10	I feel like I am beautiful even if I am different from media images of attractive people (e.g., models, actresses/actors)	3.55	1.16	1.00	5.00
Q3	I feel that my body has at least some good qualities	3.61	0.99	1.00	5.00
Q8	My behaviour reveals my positive attitude toward my body; for example, I hold my head high and smile	3.65	1.05	1.00	5.00
Q7	I appreciate the different and unique characteristics of my body	3.65	1.10	1.00	5.00
Q5	I am attentive to my body's needs	3.71	0.96	1.00	5.00
Q4	I take a positive attitude towards my body	3.72	0.96	1.00	5.00
Q6	I feel love for my body	3.76	1.05	1.00	5.00
Q1	I respect my body	3.97	0.95	1.00	5.00

The Degree of Self-Esteem Among the Youth Community in Muar

Table 4 shows the trend for the degree of self-esteem among the respondents. The youth community in Muar has a moderate self-esteem score, according to the mean average (17.32 ± 4.40). The minimum score the respondents had filled up was 3, while the maximum value was 30. According to Table 4, the mean score for item Q8, "I wish I could have more respect for myself," was between 0.71 and 0.69. The next item, Q5, "I certainly feel useless at times," also had a mean score between 1.55 and 0.91. However, the respondents still have positive sides, in which they scored the highest mean on item Q2, "I feel that I have a number of good qualities," with 2.08 ± 0.60 , followed by the next item, Q2, "I feel that I am a person of worth, at least on an equal plane with others" (2.08 ± 0.60).

Table 4: Descriptive Analysis for Rosenberg Self-Esteem Scale (RSES) (N=384)

Item	Rosenberg Self-Esteem Scale	Mean	SD	Min	Max
	Total Score	17.32	4.40	3.00	30.00
Q8	I wish I could have more respect for myself	0.71	0.69	0.00	3.00
Q5	I certainly feel useless at times	1.55	0.91	0.00	3.00
Q9	I feel I do not have much to be proud of	1.60	0.94	0.00	3.00
Q10	At times I think I am no good at all	1.60	1.01	0.00	3.00
Q3	All in all, I am inclined to feel that I am a failure	1.69	0.81	0.00	3.00
Q7	On the whole, I am satisfied with myself	1.95	0.78	0.00	3.00
Q4	I am able to do things as well as most other people	2.01	0.63	0.00	3.00
Q6	I take a positive attitude toward myself	2.06	0.68	0.00	3.00
Q1	I feel that I am a person of worth, at least on an equal plane with others	2.07	0.64	0.00	3.00
Q2	I feel that I have a number of good qualities	2.08	0.60	0.00	3.00

The Relationship Between Eating Attitudes and Body Image Appreciation Towards Self-Esteem

MLR was performed to examine the relationship between eating attitudes and body image appreciation towards self-esteem. Preliminary analyses were conducted to ensure no violation of normality, linearity, or homoscedacity. No multicollinearity was detected in this study, as the *T* values ranged from 0.450 to 0.918, while the VIF values were 1.606 to 2.327, which indicates the best value for VIF. The adjusted R square for this study was 0.334, with the R square being 0.341, meaning that the multiple regression explains 34.1% of the variance data. The results of the ANOVA represent the overall regression for independent variables. The results from this study showed that the predictive model's utility was significant $F(4.379) = 48.97, p < 0.001$. This research model has proven that the EAT-26 and BAS-2 subscales are significant for RSES. Hence, the relationship between eating attitudes and body appreciation towards self-esteem was present.

Table 5 displays the coefficient results for each independent variable, with RSES serving as the dependent variable. There was a significant negative linear relationship between oral control ($\beta = -0.144, t = -2.722, p < 0.05$) and RSES. Hence, oral control can predict self-esteem, and if oral control increases by one unit, the level of self-esteem will decrease by 0.144. A positive relationship was found between BAS-2 and RSES ($\beta = 0.529, t = 12.141, p < 0.001$). BAS-2 greatly influenced RSES, in which if body appreciation increases by one unit, the level of self-esteem will increase by 0.118. To summarize, oral control and body appreciation were the predictors of self-esteem. If oral control is low, it indicates positive self-esteem. Meanwhile, when it comes to body image appreciation, the higher the score, the higher the level of self-esteem.

Table 5: Multiple Linear Regression Analysis of Variables Associated with RSES (N = 384)

Variables	B	SE	β	<i>t</i>	<i>p</i> -value
(Constant)	7.545	0.927		8.142	< 0.001**
EAT-26					
Dieting	0.064	0.036	0.109	1.778	0.076
Bulimia and Food Preoccupation	-0.155	0.087	-0.113	-1.783	0.075
Oral Control	-0.157	0.058	-0.144	-2.722	0.007*
BAS-2	0.277	0.023	0.529	12.141	< 0.001**

Note: B = unstandardized regression coefficient; SE = Standard Error; β = standard regression coefficient; Significance at the level: **p*: <0.005; ***p*: <0.001

DISCUSSION

The Eating Attitudes Among the Youth Community in Muar

The overall mean of EAT-26 was good, but it is still below the alert score. Buchanan (2023) stated that higher scores represent more severe ED symptoms. The EAT-26 is a useful screening tool for identifying ED symptomatology and promoting earlier treatment and recovery. Despite this good level of eating attitudes scored by the Muar youth community, previous studies, such as by Chua *et al.* (2022), found that about 14.0% of university students in Malaysia are at risk for developing an ED, with a prevalence differing by ethnicity and gender. As a result, young adults are still under supervision regarding their risk of developing EDs. Fear of being overweight can trigger obesophobia, a psychological condition characterized by an irrational fear of weight gain, resulting in negative thoughts, emotions, and actions (Murphy, 2023). To further support this, issues like binge eating may occur, as it mediates the association between attachment anxiety and a fear of gaining weight in individuals (Li *et al.*, 2024).

A current study indicated that the bulimia and food occupation issues in the Muar youth community are lower than a study conducted in Cyberjaya, which estimated that 3% of the population suffers from bulimia (Azman *et al.*, 2022). Health promotion and food preoccupation prevention are crucial for bulimia and anorexia nervosa, which persist worldwide and increase mortality risk among all age groups (Van Eeden, Van Hoeken, & Hoek, 2021). Deliberate vomiting should not become a habit, as it is one of the main signs of EDs. Calderón-Asenjo *et al.* (2022) discovered a connection between food preoccupation and emotional eating in young adults, emphasizing the need to address obsessive eating concerns to avert mental health problems. Previous studies suggested that the reason for oral control might be due to social situations, such as family gatherings or meals with friends, which can sometimes involve pressure to eat more than one might want to. This pressure can come from others encouraging someone to eat more, or from social norms around eating in that context (Higgs, Bouguettaya, & Ruddock, 2022). It is important to note that avoiding eating when hungry is not a healthy or sustainable behavior in the long term.

The Level of Body Image Appreciation among the Youth Community in Muar

BAS-2 measures positive body image, which assesses an individual's acceptance, respect, and favorable opinions toward their body. Overall, an estimated 73.4% of the youth community in Muar has a good level of body image appreciation, scoring moderately high in BAS-2. A previous study in India found a positive correlation between body appreciation and self-esteem among Indian adolescents and young adults, making this a significant achievement in terms of mental health. The Muar youth population, in short, exists and practices positive body image appreciation.

The Degree of Self-Esteem among the Youth Community in Muar

For this study, the overall mean self-esteem was moderate. Youth groups today are particularly susceptible to experiencing fluctuations in self-esteem because some are still figuring themselves out and adjusting to fit in with the social group. The developmental stage of adolescence is characterized by substantial behavioral and physical changes (Valois *et al.*, 2019). Holding a detrimental opinion of oneself is a sign of low self-esteem, and it is associated with higher levels of negative feelings that go along with it (Selensky & Carels, 2021). Self-respect, the lowest mean score in RSES by the Muar youth community, should be worried about, as it also makes the person feel useless. Self-respect is an individual's most valuable mental resource, directly impacting productivity in all facets of life, from education to interpersonal status, communication style, and professional life (Pilishvili & Danilova, 2019). A person with high self-esteem has steadfast confidence in their abilities and the ability to rise beyond their limitations because they understand that everyone has value and worth in them.

The Relationship Between Eating Attitudes and Body Image Appreciation Toward Self-Esteem

Self-esteem is a fundamental determinant of one's body image; a reduction in self-esteem adds to a negative body image, which increases the chance of disordered eating (Yusof & Shukri, 2020). This study showed a relationship between eating attitudes and self-esteem. MLR identified a negative association between oral control and self-esteem. Oral control was the predictor of self-esteem; a lower score indicates a

higher level of self-esteem. The result from this study is consistent with previous studies, as it also supported that self-esteem was a significant negative predictor of scores on a measure of disordered eating attitudes and behaviors (Flint & MacQuillan, 2019). Those with a better feeling of self-worth are less likely to have body image difficulties and are more likely to support healthy eating behavior (Kapoor, Upadhyay, & Saini, 2022). Indeed, De Pasquale *et al.* (2022) have identified self-esteem as a key mediator in preventing EDs.

The current study found a positive correlation between body image appreciation and self-esteem, which aligns with the findings of a prior study (Nazia, Law, & Butt, 2022). Self-esteem directly impacts people's sentiments, beliefs, and behaviors toward their appearance (Pires Portugal & Marcelino Siquara, 2022). Individuals who feel good about their entire selves, including their bodies, and value themselves are more likely to notice and respect their bodies's wonderful qualities. High self-esteem individuals embrace the imperfections in their appearance and bodies, believing they are deserving of love and respect from both themselves and others, irrespective of their appearance. A bad or negative self-image can cause low self-esteem and become a subconscious prophecy that people will always fail.

To sum up, the current study explored that there was a relationship between eating attitudes and body image appreciation toward self-esteem. High self-esteem has been demonstrated to be a protective factor not only against inappropriate eating behaviors but also against body image and EDs (Kapoor, Upadhyay, & Saini, 2022). Hence, the alternative hypothesis of this study regarding the relationship between the variables was accepted.

Limitations

The district of Muar, with its population split into urban and rural categories, was the sole focus of this study. Using an online survey questionnaire as the only medium for collecting the data, the survey might only reach urban citizens, as they have more access to the internet. The authors did not include race or ethnicity in the demographic data. Hence, it is questionable whether rural citizens participated in this study. The data analyzed in this study was solely from the district of Muar, with limited coverage across the state of Johor. Furthermore, the answers to the survey may not be reliable, as some participants might have completed it hastily without thoroughly reading the questions. The study provides valuable insights into the perspectives and highlights the need for further research to include more diverse and representative samples.

CONCLUSION

From the above study it can be said that it is important to nurture self-esteem as a component of social health, particularly among youth, as they are a valuable resource that will contribute to the country's future prosperity. Health has a significant value, even in the most basic things, such as healthy eating attitudes and positive body appreciation. This research focuses on these two indicators of self-esteem. The findings facilitate the health department's ability to upgrade the health of young people to a better level by creating mental health awareness programs in youth's focused areas, such as universities and working places. Self-esteem is crucial because individuals with low self-esteem often struggle to socialize effectively, which can negatively impact their mental health. In short, the best health treatment is early detection and prevention. Future research can expand on this study by exploring additional factors that influence self-esteem and social health among youth, such as the impact of social media, peer relationships, and family environments. Additionally, integrating self-esteem building into broader public health strategies could help create more comprehensive and sustainable health promotion frameworks.

Conflict of Interest

The authors declare that they have no conflict of interests.

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