

## Knowledge and Attitude Regarding Objectified Body Consciousness Among Young Adults

### Karuna Nidhi

Department of Mental Health Nursing, Institute of Medical Science & Research (PG), Dehradun, Uttarakhand, India.  
karuna-karunanidhi576@gmail.com

### Suman Vashist\*

Department of Mental Health Nursing, Dev Bhoomi Uttarakhand University, Dehradun, Uttarakhand, India.  
drsuman.vashist333@gmail.com

### Joseph Jeganathan

Department of Nursing, College of Health and Sport Sciences, University of Bahrain, Zallaq, Kingdom of Bahrain.  
jjeganathan@uob.edu.bh

\*Corresponding author

**Abstract:** Positive body image or objectified body consciousness is essential for psychosocial functioning and subjective well-being. A positive body image is essential for self-care behaviours like exercise, sun protection, self-esteem, interpersonal confidence, social support, and sexual functioning. A negative body image is linked to poorer psychological adjustment and quality of life. A person loses subjectivity and becomes an object or instrument for others' purposes. Thus, the study examined young individuals' knowledge and attitudes about objectified body consciousness risk factors. Quantitative and descriptive methods were used. The study sampled 100 young adults using purposive sampling. Data was acquired using demographic factors, an attitude scale, and a knowledge questionnaire. The study found that 18% of individuals had inadequate knowledge, 47% had moderate knowledge, and 35% had strong knowledge. During the assessment, 78 (78%) of participants had positive attitudes, and 22 (22%) had negative attitudes. The demographic characteristics were significantly associated with Objectified Body Consciousness knowledge and attitude. The research found a substantial connection between demographic characteristics, young adult knowledge, and attitude. This study revealed new concerns. The findings showed the understudied relationship between appearance control ideas and environmental body image monitoring. Young adults who feel they can control their body image appear to lessen measures to control it in images and on other social media platforms. Awareness and knowledge of objectified body consciousness are crucial.

**Keywords:** Young Adults; Objectified Body Consciousness; Attitude Knowledge; Body Mass Index (BMI); Demographic Variables; Internalization and Pressures; Social Comparison.

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### 1. Introduction

Curiosity is a hallmark of adolescence, a time of rapid physical, social, and mental development. During adolescence, a person's body goes through a lot of changes that impact how they see themselves physically. They could be quite self-conscious about how they look. They may worry that other people are making snap judgments based on how they look, which can lead to emotional distress. The relationship between teenage body image and social interaction anxiety is the subject of current research. Psychosocial functioning and subjective well-being are greatly impacted by having a positive body image or

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objectified body consciousness. When people have a favorable self-image, they are more likely to engage in self-care behaviours like exercising or using sunscreen, and they also report higher levels of self-esteem, interpersonal confidence, social support, and sexual functioning [1].

The inverse is also true: lower quality of life and psychological adjustment are associated with low body image. Some forms of self-objectification represent a loss of subjective self-awareness, although the majority of research on the topic has been on its sexual and somatic aspects, i.e., the propensity to see oneself as something to be examined and judged according to one's looks and attractiveness [2].

When people aren't allowed to make their own decisions, those who suffer from self-objectivity typically feel helpless and like they don't have what it takes. Assuming the position of a "instrument," people who are self-objectified may view themselves as just possessions that can be exploited, mistreated, or replaced with other things [3]. A person who is self-objectified may experience feelings of alienation and uncertainty in their presence or existence if they are deprived of their subjectivity and view themselves primarily through the perspectives of others.

The shame associated with one's physical appearance, personality traits, or actions can result from excessive self-consciousness brought on by self-objectification, which in turn can cause emotions of inadequacy, helplessness, and extreme self-devaluation [4]. The majority of research on self-objectification has focused on gender power dynamics, specifically, how women have internalized societal norms that men have an inherent right to sexually exploit them.

Studies on the sexual objectification of women have, so far, mostly concentrated on this phenomenon and its manifestations in various cultural and social settings. From media portrayals of women's bodies that normalize sexual harassment and abuse to the pervasiveness of such an environment, sexual objectification is pervasive. Victims of interpersonal violence and abuse are less often studied for their tendency to self-objectify, even though researchers have shown a correlation between an objectifying culture and these forms of abuse [5].

To be more precise, despite the fact that objectification occurs in interpersonal relationships, the impact of exploitation on self-objectification and body consciousness in early childhood has received surprisingly little attention. As a means of expressing his or her desires and needs, the abuser, in cases of emotional, physical, or sexual abuse, frequently manipulates the victim's thoughts and body [6].

Between the ages of 18 and 26, there are a lot of social, cultural, physical, and psychological changes happening, making this a crucial time for developing a healthy body image. There are a lot of factors that go into understanding the connection between weight and body image, such as internalized body ideals, worries and pressures connected to weight, and various societal influences (e.g., social comparison, fat talk, and weight-related teasing and bullying). Avoidance of physical activity, eating disorders, and dysfunctional exercise are some of the consequences linked to adolescents having a bad body image. [7]

Consequently, efforts to combat adolescent obesity, eating disorders, and other health issues should centre on helping young people develop positive self-images. Due to the many physical, psychological, social, and cultural changes happening between the ages of 18 and 26, this is an important time for developing one's body image.

Several factors, such as internalised body ideals, weight-related stresses and worries, and various social effects (such as social comparison, fat talk, and weight-related taunting and bullying), contribute to the complicated relationship between weight status and body image [8]. Avoidance of physical activity, eating disorders, and dysfunctional exercise are some of the consequences linked to adolescents having a bad body image. Thus, all programs targeting adolescent obesity, eating disorders, and other health issues must incorporate the promotion of a positive body image [9].

The victim's autonomy and humanity are initially denied in these abuses, transforming them into passive objects in this dynamic. According to Spiegel et al., trauma can be seen as the feeling of being reduced to an object, a thing, through which one endures pain, terror, and the wrath of another [10]. A broken or polluted sense of self remains once a tolerably crippling feeling of powerlessness sets in, along with the understanding that one's desires will become meaningless in the grand scheme of things [11].

The negative consequences of self-objectification can arise from a variety of sources, including abuse, neglect, or what psychologists call "sins of omission" instead of "sins of commission." When a child is emotionally or physically neglected, they create an atmosphere where their unique experiences and needs are not validated or satisfied. Even after overcoming the effects of a neglected childhood, a kid may continue to believe that his or her wants, ideas, and emotions are unimportant or useless and may even attempt suicide [12]. These views and habits characterize a child's tendency to objectify themselves.

## **2. Need for study**

In the United States, almost 12.7 million young people between the ages of 2 and 19 are overweight, with the highest prevalence rates among Hispanic kids (22.4 percent), followed by non-Hispanic Black adolescents (20.2 percent), white youth (14.1

percent), and Asian youth (8.6 percent). The frequency of obesity rises throughout childhood and into young adulthood, reaching 8.4% in the 2–5 age group, 17.7% in the 6–11 age group, and 20.5% in the 12–19 age group. Consistent with previous research, adolescent girls and boys with a higher body mass index (BMI) report more severe weight issues. A model including body mass index (BMI), social comparison, peer teasing, and internalization explained 86% of the variance in body image concerns among 488 girls (mean age: 12.35 years) investigated by Beck et al. [12]. Body mass index (BMI) was not a mediator of the effects of social influences on body image; rather, internalization and social comparison served as mediators.

So, while body mass index (BMI) is one factor that might affect how adolescents feel about their bodies, it seems that perception (e.g., internalization, pressures, social comparison) is more important. In a study involving data from 34 nations, Bonner and Rich [13] discovered that among youths aged 10 to 16, a higher body mass index was linked to less physical activity. Interactions between body image and associated constructs and other variables, including gender, race/ethnicity, and socioeconomic status, are likely to impact levels of physical activity. Throughout the history of clinical eating disorders such as anorexia, bulimia, and binge eating disorder, the DSM-5 has consistently highlighted the importance of a negative body image as a key diagnostic indicator (DSM-5).

Treatments for eating disorders, on the other hand, tend to centre on the idea that everyone can be healthy, regardless of their weight. The authors Irving and Neumark-Sztainer argue for the need to integrate treatments that promote a healthy body image with those that deal with obesity and other weight-related issues. When a person becomes self-objectified, they stop seeing themselves as subjective.

There should be a self-objectification scale that measures dehumanization in addition to the existing ones that evaluate self-perception as based on sexual and physical appearance. Women who have experienced sexual trauma are more likely to self-objectify, according to research. An experience of victimization by peers at age 10 was found to be a predictor of self-objectification at age 18, according to a longitudinal study. In a similar vein, research has shown that people who have been emotionally abused often put the needs of others ahead of their own, even taking unnecessary risks.

Furthermore, clinical groups exhibiting diseases like eating disorders, which appear to be linked to traumatic experiences, have been found to exhibit a high degree of self-objectification. To the best of our knowledge, all of the self-objectification assessments focus on how an individual views their own sexual and physical attractiveness. Assessments of Interpersonal Sexual Objectification and Objectified Body Consciousness Consequently, there is a discrepancy between the idea of objectification which denotes the utilization and rejection of individual subjectivity—and the present evaluations of its internalization, which gauge only a partial component of the phenomena.

Developing a scale to evaluate the core of self-objectification—i.e., the loss of subjectivity—could, therefore, aid in the advancement of both theoretical and clinical knowledge of the phenomenon, as valid and reliable measures contribute to both research and advanced practice. Because of a false sense of invincibility, many young adults dismiss the importance of self-care and body awareness as frivolous. Health concerns, high blood pressure, and aching joints are issues that should be dealt with by the elderly, not by the young and healthy. Modern youth are instilled with the value of savoring each moment. Future concerns are unwarranted. Oh, snow! Life is full of surprises! If healthy practises are a regular part of one's routine, being present at the moment can have a positive impact on one's health. At 20, we set the tone for how successful we will be at 40,60,80 and beyond. Our health is dictated by our habits, which are formed through routines.

Unintentional injury (e.g., from car accidents), suicide, and homicide account for the majority of deaths in this age group, rather than cancer or heart disease, which are the leading causes of mortality in the broader population. Prioritizing our physical well-being, ensuring our safety, and taking charge of our emotional and mental health are all important ways to safeguard our health at this point in our lives. The term “objectified bodily consciousness” (OBC) refers to an outsider's view of an individual's body rather than the internal experience of that body. Additionally, it's the propensity to see oneself as something that has to be examined and evaluated by other people. The OBC theory explains adults' poor self-esteem and its negative effects. Theoretically, sexual objectification of adults, particularly girls, is on the rise. Some young women experience internalisation of negative self-perceptions brought on by sexual objectification, which can progress to OBC.

For example, let's say that a person has a high OBC level. If that's the case, they might develop an unhealthy fixation on culturally determined beauty standards, engage in compulsive thoughts and actions related to keeping tabs on their body, and, most significantly, experience body shame whenever they fall short of these ideals. The acquaintance with a self-consciousness that adults have an imaginary audience behaviour is two separate things. Public self-consciousness is one social aspect that impacts OBC. If being self-aware is being aware of oneself, then being publically self-conscious is being aware of oneself and how one presents themselves in public. Although feelings of public self-consciousness can affect people of any age, certain studies have found that they are more prevalent in early adulthood.

When teenagers think their friends and family are really invested in what happens to them, they have an imaginary audience. It proved what the made-up audience had suspected. Belief in an imaginary audience typically starts throughout early young

adulthood and then fades, according to research. When it comes to self-perception, or how one sees oneself in relation to both real and imagined audiences, OBC is all about the body and how it presents itself.

Researchers recruited 35 healthy, educated young adults (ages 18-25) from students at a large public university in the Southeastern United States and pre-screened for regular exercise, non-smoking, and body mass index (BMI) between 18 and 25. Participants engaged in five 90-minute facilitated discussions on eight topics, including diet, nutrition selection, supplements, physical activity, sleep, stress, mindfulness, and social support. Subjects so self-evaluated their health and wellness.

Results revealed the participants were skilful at information-seeking and were skeptical of information that lacked credible sourcing. They demonstrated relatively high-level knowledge about exercise and diet and practiced good healthy habits in those areas. However, these young adults lacked accurate information about sleep hygiene and practiced poor sleep habits; they also demonstrated inconsistent knowledge and poor practice of stress management, often resorting to negative stress coping methods. Hence, the researcher felt the importance of risk factors in objectified body consciousness and wellness in young adults.

### **3. Statement of the problem**

A study to assess the knowledge and attitude related to objectified body consciousness among young adults in a selected college of Dehradun.

#### **3.1. Objectives of the study**

- To assess the level of knowledge and attitude regarding risk factors related to objectified body consciousness among young adults studying in a selected college of Dehradun.
- To find out the association between the level of knowledge related to objectified body consciousness among young adults with their selected demographic variables.
- To find out the association between levels of attitudes to classify body consciousness among young adults with their selected demographic variables.
- Develop a pamphlet to increase knowledge and attitudes regarding risk factors related to objectified body consciousness among young adults.

### **4. Materials & Methods**

In view of the nature of the problem selected for the study and the objective to be accomplished, a Quantitative approach and descriptive research design were adopted for this study. The present study was undertaken at the Uttarakhand Institute of Hospitality Management and Tourism. The target population was young adults, and the accessible population was young adults studying in selected colleges in Uttarakhand, India.

The study sample consists of young adults from the Uttarakhand Institute of Hospitality Management and Tourism, Dehradun, Uttarakhand, India. In this study, a Purposive sampling technique was used to select 100 Young adults aged 18 to 25 years. The subjects were selected based on sampling criteria who were willing to participate in the study; both males and females were included in this study and were present on the day of data collection. The data was collected using a Demographic profile, Knowledge Questionnaire, and attitude scale.

The data was collected after obtaining formal permission from the college and concerned authority to conduct the study, and then informed consent was obtained from the young adults after ensuring anonymity and confidentiality of the collected data. Then, the data was collected using the knowledge questionnaire to assess the knowledge about objectified body consciousness, and the attitude toward objectified body consciousness was assessed using the attitude scale.

Data was analyzed using descriptive (mean, frequency, percentage, and standard deviation) and inferential (Chi-square test) statistics. Frequency and percentage distribution were done to analyze demographic variables. Mean, and standard deviation were used to assess the knowledge related to objectified body consciousness among young adults. A Chi-square test was used to find out the association between the scores of the knowledge questionnaire and attitude scale regarding objectified body consciousness among young adults selected demographic variables.

### **5. Results and findings**

Distribution of demographic variables of young adults Table 1 shows the frequency and percentage distribution of demographic variables of young adults. Regarding age, 26 (26%) of the subjects were in the age group of 18-20 years, 43(43%) of them belonged to the age group of 21-23 years, and 31(31%) of the young adults belong to the age group 24-26 years. As per the gender of the young adults, the majority, 77 (77%), were males, and 23(23%) of them were females. With respect to educational

status, the majority, 70 (70%), were graduated, and 30(30%) of them were post-graduated. Regarding the residence 18(18%) of the young adults were from rural areas, and the majority, 82(82%) of them, were from urban areas.

As per religion 48(48%) of them were Hindus, 22(22%) of them were Christians, and 30(40%) were Muslim. Regarding the source of information, 20(20%) of the young adults received it from their family, 21(21%) of them obtained it from mass media, 35(35%) of them got the information from TV, 10(10%) of the young adults were through their friend, and 14(14%) were from a medical professional.

**Table 1:** Frequency and percentage distribution of socio-demographic variables of young adults. (N=100)

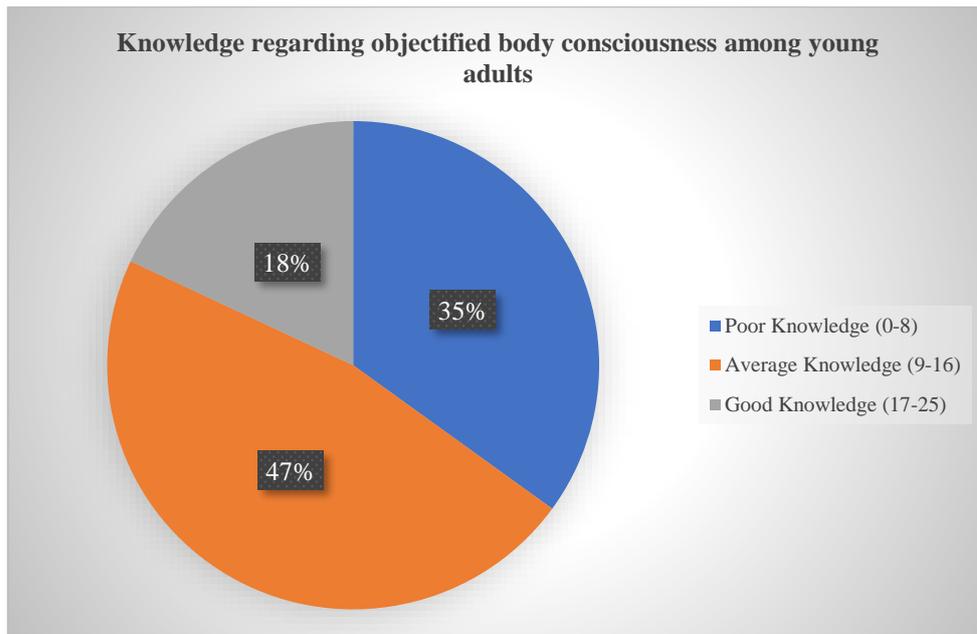
Sl. No.	Demographic Variables	Frequency	Percentage
1.	Age		
	18-20years	26	26%
	21-23years	43	43%
	24-26years	31	31%
2.	Gender		
	Male	77	77%
	Female	23	23%
3.	Educational status		
	Graduation	70	70%
	Post-Graduation	30	30%
4.	Residence		
	Rural	18	18%
	Urban	82	82%
5.	Religion		
	Hindu	48	48%
	Christian	22	22%
	Muslim	30	30%
6.	Source of Information		
	Family	20	20%
	Mass media	21	21%
	TV	35	35%
	Friend	10	10%
	Medical Professional	14	14%

### 5.1. Knowledge and attitude regarding objectified body consciousness among young adults

Table 2 depicts the frequency and percentage distribution of knowledge regarding objectified body consciousness among young adults. More than one-third, 35 (35%) of the young adults had poor knowledge, 47(47%) of them had average knowledge, and only 18 (18%) of the young adults had good knowledge. The same is illustrated in Figure 1.

**Table 2:** Frequency and percentage of knowledge regarding objectified body consciousness (N-100)

Knowledge Score	Frequency	Percentage
Poor Knowledge (0-8)	35	35%
Average Knowledge (9-16)	47	47%
Good Knowledge (17-25)	18	18%

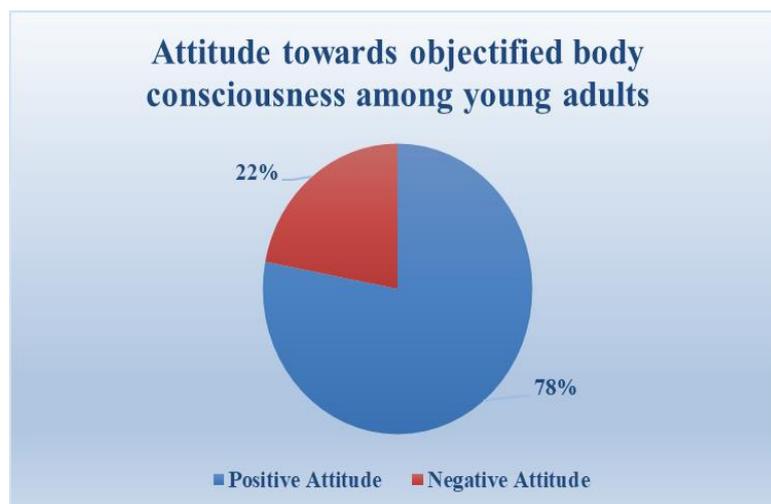


**Figure 1:** Pie chart showing the Percentage distribution for knowledge regarding objectified body consciousness among young adults

**Table 3:** Attitude toward objectified body consciousness among young adults (N=100)

Attitude Score	Frequency	Percentage
Positive Attitude	78	78%
Negative Attitude	22	22%

Table 3 depicts the frequency and percentage distribution of attitudes toward objectified body consciousness among young adults. The majority, 78(78%), of the young adults had a positive attitude, and 22(22%) of them had a negative attitude towards objectified body consciousness. The same is illustrated in Figure 2.



**Figure 2:** Pie chart showing the Percentage distribution for attitude towards objectified body consciousness among young adults.

Table 4 shows the mean and standard deviation of knowledge and attitude scores regarding objectified body consciousness among young adults. Regarding knowledge, the Mean and Standard deviation were 9.53±3.887, and in the attitude score, it was 27.36±12.52, respectively.

**Table 4:** Mean and Standard Deviation of scores of Knowledge and Attitude score regarding objectified body consciousness among young adults (N=100)

Variables	Mean	Standard Deviation
Knowledge score	9.53	3.88
Attitude score	27.36	12.52

Tables 5 and 6 depict the association between scores of attitudes towards objectified body consciousness and the selected demographic variables of young adults. There was no significant association found between scores of attitude score with the selected demographic variables such as age, gender, residence, religion, and source of information, whereas a significant association was found with the educational status ( $\chi^2=3.841$ ;  $p<0.025$ ) of the young adults with the scores of attitude towards the objectified body consciousness.

**Table 5:** Association between the score of knowledge regarding objectified body consciousness with selected demographic variables of young adults (N=100)

Sl. No.	Demographic Variables	Knowledge Score			$\chi^2$ value	p value
		Poor	Average	Good		
		F	F	F		
1.	Age				9.49	0.802
	18-20 years	11	12	3		
	21-23 years	10	25	8		
	24-26 years	14	10	7		
2.	Gender				5.99	0.291
	Female	30	39	8		
	Male	5	8	10		
3.	Education				5.99	0.004*
	Graduation	23	37	17		
	Post Graduation	12	10	1		
4.	Residence				5.99	0.210
	Rural	4	12	2		
	Urban	31	35	16		
5.	Religion				9.49	0.001*
	Hindu	12	25	11		
	Christian	13	6	3		
	Muslim	10	16	4		
6.	Source of information				15.50	0.944
	Family	7	11	2		
	Mass media	5	14	2		
	TV	13	12	10		
	Friends	5	4	1		
	Medical professional	5	6	3		

**Table 6:** Association between the score of attitude towards objectified body consciousness with selected demographic variables of young adults (N=100)

Sl. No.	Demographic Variables	Attitude Score		$\chi^2$ value	p value
		Positive	Negative		

		F	F		
<b>1.</b>	<b>Age</b>				
	18-20 years	19	7	9.49	0.945
	21-23 years	40	3		
	24-26 years	19	12		
<b>2.</b>	<b>Gender</b>				
	Female	67	10	3.841	0.175
	Male	11	12		
<b>3.</b>	<b>Education</b>				
	Graduation	62	8	3.841	0.025*
	Post Graduation	16	14		
<b>4.</b>	<b>Residence</b>				
	Rural	20	8	3.841	0.129
	Urban	68	14		
<b>5.</b>	<b>Religion</b>				
	Hindu	36	12	5.99	0.945
	Christian	15	7		
	Muslim	27	3		
<b>6.</b>	<b>Source of information</b>				
	Family	18	2	9.49	0.482
	Mass media	17	4		
	TV	28	7		
	Friends	7	3		
	Medical professional	8	6		

## 6. Discussion

The present study data shows that the data represented that 18(18%), the majority of the sample, had poor knowledge, and 47(47%) of the sample had average knowledge and 35(35%) of the sample had good knowledge. Data represented the attitude that 78(78%), that is, the majority of the sample had a positive attitude, and 22 (22%) of the sample had a negative attitude after assessment. Grignon and Olness [14] conducted a study to assess the effects of social media on the body satisfaction of adolescent and young adult females, and the Results indicated that participants who accessed their social media accounts more times per day were more likely to engage in social comparison behaviour to fashion models and celebrities and peers.

Furthermore, participants' body satisfaction decreased as their sentiments toward their appearance increased in relation to their comparisons to celebrities, fashion models, and classmates. In terms of social comparison behaviour, views toward physical attractiveness, and the amount of time spent on social media, age did not have a significant role. On the other hand, body image satisfaction was higher among the younger members of the sample than the older ones. On a daily basis, participants spent three hours or less on social media and checked their accounts five to fifteen times, on average.

The results of this study demonstrate a statistically significant correlation between the amount of knowledge and the demographic variables that were chosen for analysis. It was found that there is a substantial relationship and dependency between the demographic characteristics of young adults and their knowledge. Knowledge among young individuals was highly correlated with both religious affiliation and level of education. The chosen demographic variables were significantly correlated with the attitude score level. That there is a substantial relationship and dependence between the demographic variable of young adults and their attitudes is illustrated by this.

When looking at attitudes among young individuals, there was a strong correlation between education and attitude. The relationship between demographic variables (gender, sexual orientation, race/ethnicity, age, and body mass) and sociocultural concerns about one's appearance as measured by objectification theory and the tripartite influence model was investigated by Braquehais et al. [15] in a study including 11,620 adults. There was no difference between the sexes in terms of peer pressures, but males reported higher levels of muscle/athletic internalisation and were less likely to report high body surveillance, thin-ideal internalisation, media pressures linked to beauty, and familial pressures. Men and women alike would rather have a "extremely lean" appearance than a "very thin" one.

There was less internalisation of the slender ideal, less body monitoring, less peer pressure, and fewer media pressure among heterosexual men compared to homosexual men. Asian women showed higher levels of familial pressures, while White,

Hispanic, and Black women reported lower levels of thin-ideal internalization. Sociocultural concerns about one's looks were higher across most measures for those who were younger and had higher body mass indexes. Interventions are necessary since the prevalence of sociocultural concerns about beauty varies among these demographic groups.

The study's results revealed some fresh, unanticipated problems. The results showed that environmental monitoring of body image is associated with understudied ideas about controlling one's appearance. In particular, it seems that young adults who believe they have control over their body image use fewer tactics to manage their image in images and on other social media sites. It is critical to be aware of and educated about objectified bodily consciousness. In this study, young adults were asked to fill out self-structured knowledge questionnaires, and the results show that the sample size was 9.53, with a standard deviation of 3.887.

Additionally, among young adults evaluated using self-structured attitude questionnaires, the results reveal an attitude with a mean of 27.36 and a standard deviation of 12.52. Knowledge among young individuals was highly correlated with both religious affiliation and level of education. The chosen demographic variables were significantly correlated with the attitude score level. There is a substantial relationship and dependence between the demographic variable of young adults and their attitudes, as illustrated by this. We support hypothesis (H2) since there is a statistically significant relationship between education and attitude among young individuals.

## 7. Conclusion

The study results indicate varying levels of knowledge and attitudes among the sample population regarding self-care and health awareness. Specifically, 18 participants (18%) demonstrated poor knowledge, 47 participants (47%) exhibited average knowledge, and 35 participants (35%) displayed good knowledge. This distribution highlights that nearly half of the participants fall within an average range of health knowledge, suggesting some awareness yet room for improvement in understanding self-care practices. Furthermore, when attitudes were assessed, a substantial 78% of the sample exhibited a positive attitude toward health and self-care, while the remaining 22% displayed a negative attitude. The results underscore a significant trend among young adults who often view self-care and health awareness as unimportant, rooted in a sense of invincibility associated with youth. Many young adults feel that worrying about health issues is unnecessary due to their current state of health, which they perceive as resilient. This sentiment of perceived invulnerability may contribute to the lack of health knowledge and awareness seen in 18% of the sample. However, the majority with average knowledge (47%) suggests that while young adults may not prioritize self-care, there is a foundational understanding of its importance. The findings reveal an opportunity further to educate young adults on the benefits of self-care, emphasizing that proactive health management is relevant at every age. This study serves as a reminder that fostering positive attitudes toward self-care and increasing health knowledge among youth could benefit long-term well-being.

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## References

1. J. I. Portela-Pino, M. Alvariñas-Villaverde, and M. Pino-Juste, "Socio-emotional skills in adolescence. Influence of personal and extracurricular variables," *Int. J. Environ. Res. Public Health*, vol. 18, no. 9, p. 4811, 2021.
2. R. Malinauskas and V. Malinauskiene, "Training the social-emotional skills of youth school students in physical education classes," *Front. Psychol.*, vol. 12, no.1, p. 741195, 2021.
3. B. L. Fredrickson and T.-A. Roberts, "Objectification theory: Toward understanding women's lived experiences and mental health risks," *Psychol. Women Q.*, vol. 21, no. 2, pp. 173–206, 1997.
4. B. Polit, *Nursing research generating and assessing evidence for nursing practice* 9th edition. 2013.
5. T. Sandhu and S. Sandhu, "Body consciousness and self-objectification in gen Z adolescent girls," *Curr. Res. Psychol.*, vol. 9, no. 1, pp. 1–13, 2021.
6. V. Boursier, F. Gioia, and M. D. Griffiths, "Objectified body consciousness, body image control in photos, and problematic social networking: The role of appearance control beliefs," *Front. Psychol.*, vol. 11, no.1, p.12, 2020.

7. R. Jankauskiene and M. Baceviciene, "Body image concerns and body weight overestimation do not promote healthy behaviour: Evidence from adolescents in Lithuania," *Int. J. Environ. Res. Public Health*, vol. 16, no. 5, p. 864, 2019.
8. T. Jackson and H. Chen, "Features of objectified body consciousness and sociocultural perspectives as risk factors for disordered eating among late-adolescent women and men," *J. Couns. Psychol.*, vol. 62, no. 4, pp. 741–752, 2015.
9. B. T. Basavanthappa, "Communicating nursing research," in *Essentials of Nursing Research*, Jaypee Brothers Medical Publishers (P) Ltd., India, pp. 318–318. 2011,
10. R. Sharma and T. Majhi, "Assessing the risk factors of suicide among adolescents and evaluating the knowledge on suicide prevention at Goalpara, Assam," *Indian J Psy Nsg*, vol. 16, no. 2, p. 72, 2019.
11. A. T. Beck, G. K. Brown, R. J. Berchick, B. L. Stewart, and R. A. Steer, "Relationship between hopelessness and ultimate suicide: A replication with psychiatric patients," *American Journal of Psychiatry*, vol. 147, no.1, pp. 190–195, 1990.
12. A.T. Beck, R. A. Steer, M. Kovacs, and B. Garrison, "Hopelessness and eventual suicide: A 10-year prospective study of patients hospitalized with suicidal ideation," *American Journal of Psychiatry*, vol. 142, no.5, pp. 559–563, 1985.
13. R. L. Bonner and A. R. Rich, "Predicting vulnerability to hopelessness: A longitudinal analysis," *Journal of Nervous and Mental Disease*, vol. 179, no.1, pp. 29–32, 1991.
14. D. A. Grignon and J. B. Olness, "The effects of a stress-management intervention in elementary schoolchildren," *Journal of Developmental & Behavioral Pediatrics*, vol. 35, no. 1, pp. 62–67, 2014.
15. M. D. Braquehais, M. A. Oquendo, E. Baca-García, and L. Sher, "Is impulsivity a link between childhood abuse and suicide?" *Compr. Psychiatry*, vol. 51, no. 2, pp. 121–129, 2010.