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DIMENSIONS OF BODY IMAGE PERCEPTION AS PREDICTORS OF MENTAL WELLBEING IN IN-SCHOOL FEMALE ADOLESCENT

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ABSTRACT

Adolescence is a critical period marked by heightened sensitivity to body image concerns, which can significantly impact mental wellbeing. While existing literature highlights the relationship between body image dissatisfaction and psychological distress, limited research has examined how distinct dimensions of body image uniquely predict mental wellbeing in African adolescent populations. The present study investigated the predictive influence of body competence, body inadequacy, and internal conflict on mental wellbeing among in-school female adolescents in Lagos State, Nigeria. A cross-sectional survey was conducted with 454 participants aged 13–19 years across five urban local government areas. Data were collected using the Warwick–Edinburgh Mental Wellbeing Scale and the Adolescents Body Image Satisfaction Scale. Pearson correlation showed a significant negative association between body competence and mental wellbeing ($r = –.120$, $p < .05$), while body inadequacy ($r = –.027$, $p > .05$) and internal conflict ($r = .017$, $p > .05$) were not significantly correlated. Multiple regression analysis revealed that only body competence significantly predicted mental wellbeing ($\beta = –.277$, $p = .013$), although the overall model was not statistically significant ($F = 2.270$, $p > .05$). Body image dimensions collectively accounted for 1.5% of the variance in wellbeing scores. Findings underscore the importance of promoting body functionality as a protective factor for mental wellbeing in adolescent girls, and they point to the need for culturally responsive interventions targeting body competence within school-based mental health frameworks.

***Keywords*:** Body Image, Mental Wellbeing, Body Competence, Body Inadequacy, Internal Conflict**,** Adolescents.

INTRODUCTION

Mental wellbeing is increasingly recognized as a complex, multidimensional construct that defies a singular, universally accepted definition. It encompasses a broad spectrum of psychological and emotional states, including one's ability to regulate emotions, maintain fulfilling relationships, navigate daily responsibilities, and envision a sense of purpose or possibility (Keyes, 2002; WHO, 2014). Crucially, optimal mental wellbeing does not imply a constant state of happiness or invulnerability to adversity. Rather, it reflects the capacity to adapt to life's inevitable challenges while sustaining a sense of inner coherence and agency (Ryff, 1989). The coexistence of mental wellbeing difficulties is well-documented; individuals managing psychological disorders may still report moments of vitality, connectedness, or meaning, while those without a clinical diagnosis may nevertheless experience emotional distress, disengagement, or diminished life satisfaction (Keyes, 2005). This indicates that mental wellbeing exists on a continuum and is distinct from the mere absence of mental illness. Furthermore, when mental wellbeing is compromised, individuals often experience greater difficulty in coping with stress, maintaining productivity, or engaging in social relationships, thereby impacting overall functioning (Dodge et al., 2012). As such, mental wellbeing should be understood as a dynamic, fluctuating state influenced by both internal psychological processes and external environmental conditions. Promoting and sustaining mental wellbeing is not only integral to personal resilience but also foundational to broader societal health and productivity. Seligman (2012) advances a multidimensional model of wellbeing, incorporating positive emotion, engagement, relationships, meaning, and accomplishment. Further elaborating on this framework, Ryan and Deci (2000) emphasize the satisfaction of three fundamental psychological needs autonomy, competence, and relatedness as essential to fostering sustained wellbeing.

Adolescents' mental wellbeing is shaped by a diverse array of interrelated factors, including family dynamics, socioeconomic status, academic stress, and peer relationships (Wu, 2024; Hosseinkhani et al., 2020). For instance, disruptions in family structure or low parental support are associated with increased anxiety and depression in teens (Zamri et al., 2014; Behere et al., 2017), while socioeconomic disadvantage raises stress levels and diminishes overall mental health (Dougall et al., 2024). Among these influences, body image merits focused

attention, as body image dissatisfaction is linked to anxiety, depression, disordered eating, and low self-esteem throughout adolescence (Vannucci & Ohannessian, 2017). The American Psychological Association (APA, 2023) defines body image as a multidimensional construct encompassing an individual's perceptions, thoughts, feelings, and behaviors toward their own body. It includes internal mental representations of body size and shape and external beliefs about how others view one's body. Toselli et al. (2023) further describe body image as comprising three interconnected dimensions: perceptual assessment (how one sees their body size and shape), subjective evaluation (personal attractiveness judgments), and attitudinal beliefs about body form and size. These perceptions are deeply embedded within one's broader self-concept, influencing self-esteem, emotional wellbeing, and mental wellbeing outcomes (Stice & Whitenton, 2002). These understanding gains particular significance in developing and emerging societies, where shifting beauty standards and evolving sociocultural norms strongly shape individual experiences (Grogan, 2016). Grogan conceptualizes body image perception as the full spectrum of thoughts, emotions, and beliefs an individual holds about their body (Alipour et al., 2015). Gender differences in body image experiences are well documented; while women often report a larger discrepancy between perceived and actual body size, both men and women experience considerable body dissatisfaction, highlighting a shared vulnerability to sociocultural pressures (Lobo et al., 2020). These insights emphasize the necessity of adopting inclusive, intersectional approaches in addressing body image issues, recognizing the complex, evolving nature of this phenomenon shaped by diverse personal and social factors. Empirical studies reinforce the critical link between body image and mental wellbeing, particularly among adolescents. Otakpor and Ehimigbai (2016) explored this relationship among 600 senior secondary school students aged 14 to 19 in Benin City, Nigeria, a developmental stage marked by heightened self-awareness and psychological vulnerability. Using the General Health Questionnaire-28 (GHQ-28) and the Multidimensional Body-Self Relations Questionnaire (MBSRQ), they found that 36.7% were dissatisfied with their general appearance, and 46.2% were unhappy with specific body areas. Additionally, 35.4% exhibited possible psychiatric symptoms. Their findings revealed a significant negative association between body dissatisfaction and mental wellbeing, suggesting that lower body satisfaction correlates with increased psychological distress during adolescence. Similarly, Wroblevski et al. (2022), analysing a nationally representative Brazilian adolescent sample, identified that body dissatisfaction predicted frequent loneliness, anxiety-related insomnia, and social difficulties, with female adolescents showing a stronger link between body dissatisfaction and adverse mental wellbeing outcomes than males. Linardon et al. (2023) extended this understanding in adult women, demonstrating that higher body appreciation predicted lower depressive symptoms and enhanced self-esteem, flourishing, and overall wellbeing over three months, underscoring body appreciation as a protective psychological resource.

Further highlighting these complexities, Abaatyo, et al. (2024) studied 788 adolescents in Mbarara, Uganda, finding that 10.8% experienced significant body image and eating distress, with nearly half reporting emotional-behavioural challenges. Emotional difficulties and family structure influenced the likelihood of distress, with gender differences in eating behaviors and body shape concerns evident. This study emphasizes the interplay of family dynamics, emotional wellbeing, and body image, advocating for culturally sensitive, holistic interventions involving mental wellbeing education and parental engagement. Al-Musharaf et al. (2022), studying Lebanese adolescents, found that higher BMI, media-driven weight loss pressure, depression, dieting, and exercising for weight loss increased body dissatisfaction. Conversely, greater self-esteem and psychological distress were linked to reduced dissatisfaction, with self-esteem partially buffering the negative impact of anxiety and stress on body dissatisfaction. Similarly, Tekola et al. (2024) identified self-perceived overweight status, anxiety, and cigarette smoking as predictors of body image dissatisfaction (BID) among Ethiopian adolescents, though actual BMI was not statistically significant.

The European Institute for Gender Equality (EIGE) (2021), analyzing WHO data, reported that 47% of girls versus 34% of boys experienced weekly mental wellbeing difficulties, linked to societal pressures and body weight concerns. Girls more frequently engaged in dieting and perceived themselves as overweight, while boys had higher rates of overweight or obesity. These gendered differences in body image perceptions and related behaviours intensified with age, highlighting the urgent need for targeted interventions promoting positive body image, especially among girls.

Beyond body dissatisfaction, emerging research points to three distinct but interrelated dimensions of body image that influence mental wellbeing: body competence, body inadequacy, and internal conflict. Body competence refers to perceiving one's body as functional and capable, emphasizing physical abilities rather than aesthetics. This dimension, although less studied, is positively associated with self-efficacy and psychological resilience (Linardon et al., 2023). Body inadequacy captures feelings of insufficiency in appearance or ability, aligning with traditional body dissatisfaction, which correlates with depressive symptoms, low self-esteem, and poor wellbeing (Otakpor & Ehimigbai, 2016; Al-Musharaf et al., 2022). Internal conflict involves psychological tension from discrepancies between actual and ideal body perceptions, consistent with Self-Discrepancy Theory (Higgins, 1987), which links greater divergence to emotional distress, anxiety, and impaired wellbeing.

Body Competence and Mental Wellbeing

Afriyie-Adjimi et al. (2024) investigated body competence as the perception of one's physical capabilities and perceived stigmatization among obese women in Kumasi Metropolis, Ghana. Their study of 231 women revealed that a strong sense of body competence served as a protective buffer against the negative psychological effects of weight-related stigma. Cultural norms valuing larger body sizes as symbols of prosperity and strength further reinforced this resilience, underscoring the need to consider cultural factors when addressing body image and mental wellbeing in diverse settings.

In another study, Rodgers et al. (2023) offer a comprehensive global review of body image concerns, revealing that dissatisfaction with one's body is not limited to Western societies but is a growing phenomenon worldwide. This rise is fuelled by globalization and the spread of appearance ideals via media and digital platforms, contributing to increased rates of depression, anxiety, and eating disorders associated with negative body image. The authors advocate for a paradigm shifts toward positive body image frameworks, emphasizing body functionality and embodiment rather than appearance alone. They argue for culturally sensitive prevention and intervention strategies that tackle both individual and systemic influences on body image.

This emphasis on positive body image is echoed in longitudinal research by Halliwell et al. (2017) and Linardon et al. (2023). Both studies found that body appreciation—a positive, accepting attitude toward one's body—predicts better mental wellbeing outcomes, including reduced depressive symptoms and enhanced self-esteem, flourishing, and overall wellbeing. Importantly, these benefits persisted even when controlling for negative body image, suggesting body appreciation plays a unique and critical role in fostering psychological resilience. These findings highlight the potential value of interventions designed to cultivate body competence and acceptance as pathways to improved mental wellbeing.

Gendered dimensions of body image and emotional expression are further illuminated by Sánchez et al. (2024), who analysed Reddit forums related to diet, fitness, and mental wellbeing. Their work demonstrates that female-oriented forums, often aligned with thinness ideals, exhibited higher levels of negative emotions such as sadness and disappointment. In contrast, male-oriented forums focusing on muscularity showed more positive emotional expressions. This gendered pattern reflects broader societal stereotypes influencing body

image concerns and mental wellbeing, emphasizing the need for tailored, gender-sensitive support and content moderation in digital spaces.

Davey (2023) critiques the prevailing weight-centric approach in healthcare, which often uses body weight as a simplistic proxy for health. Through illustrative examples, including that of former athlete Brock McLean, Davey highlights how such weight-focused models can lead to misdiagnoses, exacerbate mental wellbeing issues, and perpetuate stigma. Health professionals like dietitian Fiona Willer and general practitioner Liz Sturgiss advocate for a weight-neutral healthcare model prioritizing holistic indicators such as metabolic health, mental wellbeing, and lifestyle factors. This approach aligns with emerging research emphasizing body competence and psychological resilience over narrow weight-based assessments.

Body Inadequacy and Mental Wellbeing

Fielding (2023) critically examines the pervasive social practice of complimenting weight loss, revealing how ostensibly positive remarks may inadvertently reinforce body inadequacy and dissatisfaction. While often intended as affirmations, such comments perpetuate societal norms that equate thinness with success and attractiveness, thereby reinforcing harmful beauty ideals. Drawing upon personal narratives and expert insights, Fielding highlights the potential for these remarks to exacerbate body image concerns and contribute to disordered eating behaviours, particularly among vulnerable individuals. The article calls for a paradigm shift in societal validation from appearance-focused praise toward recognition of non-physical attributes and achievements to foster a more compassionate and holistic social discourse that prioritizes mental wellbeing and respects personal boundaries.

Complementing this critique, Balogun-Mwangi et al. (2023) conducted a cross-cultural study exploring body image among Black African women in Kenya and Nigeria through a sociocultural lens. Their investigation into body inadequacy extended beyond weight-related concerns to encompass dimensions such as hair texture and skin tone, elucidating how racialized beauty standards intersect with cultural contexts to shape body image perceptions. Findings revealed significant national differences: Nigerian women exhibited higher internalization of Eurocentric beauty ideals, which correlated with preferences for thinner body types and greater satisfaction with lighter skin tones—markers of racialized body dissatisfaction. Conversely, Kenyan women reported elevated objectified body consciousness, characterized by heightened awareness of external appearance pressures and societal scrutiny. Crucially, internalization of Eurocentric ideals mediated the relationships between nationality, racialized body dissatisfaction, and objectified body shame. This study underscores the imperative for culturally sensitive mental wellbeing interventions that address the complex interplay of race, culture, and globalization in shaping body image among Black African women.

Internal conflict and Mental Wellbeing

Sandy et al. (2022) conducted a qualitative investigation into the experiences of work–family conflict among employed Black women in South Africa, elucidating its detrimental impact on mental wellbeing. Utilizing interpretative phenomenological methods with 20 individual interviews and four focus groups, the study identified key antecedents of conflict including rigid work schedules, prolonged working hours, and entrenched gender roles that disproportionately assign domestic responsibilities to women. The psychological consequences manifested as obsessive thinking, anxiety, hopelessness, social withdrawal, and sleep disturbances, illustrating how these cumulative pressures exhaust personal resources and impair mental well-being. The authors advocate for workplace policies promoting work-life balance alongside culturally sensitive mental wellbeing interventions to mitigate these effects among Black South African women.

Addressing a related dimension of mental wellbeing burden, Getanda et al. (2015) employed a mixed-methods approach to assess psychological distress, quality of life, and life satisfaction among internally displaced persons (IDPs) in Nakuru County, Kenya. Using validated instruments such as the General Health Questionnaire-12 (GHQ-12), Satisfaction with Life Scale (SWLS), and WHO Quality of Life-BREF (WHOQOL-BREF), their survey of 100 IDPs revealed pervasive psychological distress exceeding clinical cut-offs, alongside markedly reduced quality of life and life satisfaction. Qualitative narratives further underscored feelings of hopelessness, insufficient government assistance, and ongoing safety concerns. Notably, demographic factors such as older age, widowhood, and lack of social or governmental support were associated with increased distress, underscoring the urgency of targeted mental wellbeing services and strengthened support networks for this vulnerable population.

Also, focusing on conflict-affected populations, Donati (2024) highlights the escalating psychological toll of prolonged armed conflict on children in Burkina Faso, where over two million individuals have been displaced, approximately 60% of whom are children. These children exhibit significant trauma symptoms including nightmares, social withdrawal, and pervasive anxiety. However, the country's mental health infrastructure remains critically under-resourced, with only 103 mental health professionals serving a population exceeding 20 million. Societal perceptions often minimize children's exposure to trauma, leading to their neglect in mental wellbeing interventions. Innovative programs led by the International Committee of the Red Cross (ICRC) engage caregivers to identify early trauma signs and employ therapeutic activities such as art therapy to facilitate expression and healing. Additionally, traditional medicine practitioners contribute culturally grounded mental wellbeing care. Donati emphasizes the necessity of comprehensive, culturally sensitive interventions to address the profound psychological impacts on Burkina Faso's youth, particularly in the context of disrupted education and healthcare access.

Expanding the discourse on displaced women's health challenges, Amodu et al. (2020) conducted a scoping review of 31 studies examining the multifaceted health issues faced by conflict-induced internally displaced women across Africa. The review underscores heightened exposure to gender-based violence, psychological distress, and reproductive health challenges within this population. Displacement exacerbates risks of intimate partner violence and sexual assault, compounded by socioeconomic disruptions and shifting gender roles. Mental wellbeing challenges stem from excessive caregiving responsibilities, limited financial and social support, sustained violence exposure, family dysfunction, and prevalent substance abuse among men. Access barriers to reproductive health services include limited knowledge, geographic isolation, spousal consent requirements, and affordability constraints.

Finally, Golovey et al. (2021) examined intra-personal conflicts and their association with psychological well-being in adolescents, focusing on Motivation-Value Conflict (MVC) and Self-Estimate Conflict (SEC). Surveying 237 high school students aged 15 to 18 years with psychological instruments including the GHQ-12, SWLS, and WHOQOL-BREF, the study identified a high prevalence of intra-personal conflicts. Adolescents with elevated MVC reported significantly diminished environmental mastery and self-acceptance, while those with heightened SEC demonstrated reduced life satisfaction, decreased cheerfulness, and increased negative emotions such as anxiety and despondency. These findings show the critical impact of internal conflicts on adolescent mental wellbeing and reveal the importance of targeted interventions during this formative developmental stage.

While extensive literature confirms robust associations between body image and mental wellbeing, gaps remain in exploring these nuanced dimensions, as most research treats body dissatisfaction or appreciation as unidimensional constructs. This study aims to address this gap by examining how body competence, body inadequacy, and internal conflict predict mental wellbeing among female adolescents in Lagos, as this population faces heightened

exposure to global and local beauty ideals via social media, peer culture, and advertising, intensifying the risk of internalizing conflicting physical appearance standards and subsequent negative mental wellbeing outcomes (Stice & Whitenton, 2002; EIGE, 2021). Despite this vulnerability, limited research has explored the psychological dimensions of body image within this context. By investigating these mechanisms, the study offers a culturally contextualized contribution to adolescent mental wellbeing research, with implications for developing targeted, nuanced interventions to enhance wellbeing in this high-risk group.
below is the objective of this study;

1. To examine how the dimensions of body image perception (body competence, body inadequacy, and internal conflict) relate to mental wellbeing among in-school female adolescents.

Hypothesis

1. Body image, internal conflict, and body inadequacy will jointly and independently predict the mental well-being of in-school female adolescents in Lagos.

METHODOLOGY

Research Design

This study adopted a cross-sectional research design so as to examine different variables of interest at once. For primary data, structured questionnaires were used for data collection, which lasted for about two months. The structured questionnaire was in pencil and paper format. In the study, the dimensions of body image (body competence, body inadequacy, and internal conflict) were independent variables, while mental wellbeing was the dependent variable. This study was carried out in various schools across Lagos State.

Population

The study population consist of in-school female adolescent in Junior Secondary School 1 (JSS1) to Senior Secondary School 3 (SSS3) in Lagos state, within the age range of 13 to 19 years across.

Sample and Sampling Technique

To ensure a broad representation, schools were purposively selected from both the mainland and island areas of Lagos State, covering five local government areas: Alimosho, Ojo, Lagos Island, Mushin, and Surulere. The study utilized a sample size of 454 in school female adolescents, due to financial constraints limiting the ability to reach a larger sample, a total of 597 students were initially sampled, but only four hundred and fifty-four (454) properly filled out the questionnaire. 243 participants (53.5%) identified as Muslims, 209 (46.0%) as Christians, and 2 (0.5%) belonged to other religious groups. Regarding ethnicity, the majority were Yoruba (326 participants, 71.8%), followed by Igbo (92 participants, 20.3%), Others (28 participants, 6.2%) and Hausa (8 participants, 1.8%).

Measures

The researcher used an offline structured questionnaire for data collections which was divided into three sections.

Demographic variable: This included demographic variables such as religion, ethnicity and their family background.

Mental Wellbeing: The Warwick–Edinburgh Mental Wellbeing Scale (WEMWBS) was utilized for the study. The WEMWBS is a 14-item scale of positively worded statements covering feeling and functioning aspects of mental well-being. The 14-statement Likert scale has five response categories ranging from ‘none of the time to all of the time (1= none of the time to

5= All of the time). The performed factor analysis suggested a one-factor solution for the WEMWBS with a Cronbach's alpha level of 0.89.

The Adolescents Body Image Satisfaction Scale (ABISS): This scale was developed to measure adolescent body image. ABISS is a 4-point Likert-type scale (ranging from Strongly Disagree=1 to Strongly Agree=5.) that consist of 16 items grouped under 3 factors (Body competence, Body Inadequacy, and Internal conflict). The first factor consisted of 6 items regarding BC of body image. The factor had an eigenvalue of 2.77 and explained 17.3% of the model variance. The second factor consisted of 6 items regarding BI of body image. The factor had an eigenvalue of 2.75 and explained 17.2% of model variance. The third factor consisted of 4 items related to IC. This factor had an eigenvalue of 1.30 and explained 8.1% of the variance in the model. The maximum value of each question is "4," with minimum values of "1," and scores are summed for a total score. Statements were positively and negatively worded, for example, "I am satisfied with my body" would be scored on a 4-point Likert scale (Strongly Disagree = 4, Disagree = 3, Agree=2, Strongly Agree = 1). The oppositely scored parallel item would be "I am critical of my body" and would be scored using a reverse coding sequence (Strongly Disagree = 1, Disagree = 2, Agree = 3, Strongly Agree = 4). Higher scores equate to a stronger level of body image dissatisfaction. The exploratory factor analysis using a principle-axis factor extraction method with a varimax rotation was conducted. Kaismer-Meyer-Olkin measure of sampling adequacy was appropriately close to 1.0 (0.86), and Bartlet's test of sphericity was statistically significant ($x2$ (120) = 1666.31, $p \leq 0.05$), Weighted omega composite reliability was calculated for each of the 3 subscales. Weighted omegas for the 3 scales were BC = 0.82, BI = 0.79, and IC = 0.64.

Data Collection Procedure

The data was collected from in-school female adolescents across selected public and private secondary schools in Lagos State. Prior to data collection, formal approval was obtained from the relevant school authorities, including principals and vice principals. In each selected school, female students within the target age range were identified and assembled by designated school staff. The research team then provided a concise oral briefing to the assembled students, outlining the general purpose of the study without disclosing extensive details, in order to minimize potential response bias. Participation was entirely voluntary, and informed assent was obtained from all students, alongside institutional consent from school authorities. The instruments used in the study were self-administered questionnaires designed to assess various dimensions of body image perception as well as mental wellbeing. The participants completed the questionnaires in their respective schools under the supervision of the researchers, ensuring clarity of instructions and addressing any immediate concerns while maintaining the confidentiality and privacy of responses. The data collection spanned a period of three months, due to academic scheduling and school holidays across different institutions.

RESULTS

Table 1

Summary of correlation matrix showing the relationship among body competence, body inadequacy, internal conflict and mental wellbeing neglect among adolescents in Lagos State.

Variables	Mean	SD	1	2	3	4
1. Body Competence	10.74	3.83	-			
2. Body Inadequacy	12.53	3.97	.176**	-		
3. Internal Conflict	11.09	2.19	-.317**	.208**	-	
4. Mental Wellbeing	49.03	8.32	-.120*	-.027	.017	-

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

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

A Pearson product–moment correlation was conducted to examine the relationships among body competence, body inadequacy, internal conflict, and mental wellbeing among in-school

female adolescents (*N* = 454). A significant negative correlation was found between body competence and mental wellbeing, (r = -.120; P < .01), indicating that higher levels of dissatisfaction with one's sense of body competence are associated with lower mental wellbeing. No significant relationships were found between body inadequacy (r = -.027; P > .01), or internal conflict (r = .017; P > .01), and mental wellbeing.

In addition, the analysis revealed a significant positive correlation between body competence and body inadequacy, (r = 176; P < .01), suggesting that adolescents who reported lower competence also tended to feel more inadequate about their bodies. Body competence was also significantly negatively correlated with internal conflict, (r = -.317; P < .01), indicating that higher competence was associated with lower levels of internal struggle about body image. Furthermore, body inadequacy and internal conflict were positively correlated, (r = .208; P < .01), implying that as feelings of inadequacy increased, internal conflict also tended to rise. These findings indicate that although the three dimensions of body image perception (body competence, body inadequacy, and internal conflict) are significantly interrelated, only body competence showed a meaningful relationship with mental well-being among in-school female adolescents in this study. Specifically, higher levels of perceived body competence were associated with better mental well-being, while the other dimensions did not exhibit significant correlations with mental health outcomes. Therefore, the hypothesis proposing significant relationships among all dimensions of body image and mental well-being is not fully supported and is thus rejected.

Following the correlation analysis, which revealed a significant negative relationship between body competence and mental wellbeing, a multiple linear regression was conducted to further explore the extent to which the three dimensions of body image perception (body competence, body inadequacy, and internal conflict) predict mental wellbeing among in-school female adolescents in Lagos State.

Table 2

Summary table of multiple regression showing the significant influence of Body Image Dimensions (Body competence, Body Inadequacy and internal conflict) on mental wellbeing among in-school female adolescents in Lagos State.

Model	R	R^2	F	P	β	T	P
Constant	.122	.015	2.270	>.05			
Body Competence					-.277	-2.49	.013
Body Inadequacy					.000	.004	.997
Internal Conflict					-.091	-.465	.642

The table shows that there was no joint significant prediction of body image dimensions on the mental wellbeing of in-school female adolescents, as the overall regression model was not statistically significant (R = .122; F = 2.270; p > .05). The result showed that they jointly accounted for only 1.5 percent of the variance in mental wellbeing scores. This indicates that the three predictors, as a group, do not significantly predict mental wellbeing in the sample.

Despite the non-significant overall model, an examination of the individual regression coefficients showed that body competence significantly predicted mental wellbeing, (β = -.277; T = -2.497; P =<.05). This result suggests that as dissatisfaction with body competence increases, mental wellbeing decreases. In contrast, body inadequacy (β = 0.000, P =>.05) and internal conflict (β = -.091, P =>.05) did not make significant contributions to the model. The stated hypothesis is hereby rejected.

DISCUSSION

This study examined the association between the mental health of female adolescents enrolled in school and three aspects of body image: internal conflict, body competence, and body inadequacy. Female adolescents who felt less physically competent or capable were

more likely to report poorer levels of mental wellbeing, according to the data, which showed a substantial negative link between body competence and mental wellbeing. The psychological significance of physical competence during adolescence was shown by the fact that it independently predicted mental wellness, even though the total regression model was not statistically significant.

This finding supports previous studies that highlight the value of body functionality in adolescent development. Linardon et al. (2023) demonstrated that individuals with higher body appreciation, which includes perceived competence, reported fewer depressive symptoms and higher levels of wellbeing. Similarly, Afriyie-Adjimi et al. (2024) found that body competence served as a buffer against psychological distress in obese adolescents in Ghana, suggesting that body functionality plays a protective role even in stigmatized populations. These outcomes align with global perspectives that promote a shift away from appearance-focused definitions of body image toward frameworks that emphasize body functionality and embodiment (Rodgers et al., 2023; Halliwell et al., 2017).

In contrast, the dimensions of body inadequacy and internal conflict did not significantly correlate with mental wellbeing in this study. This contrasts with earlier research which associated body dissatisfaction with psychological difficulties such as anxiety and depression. Otakpor and Ehimigbai (2016) found a strong link between body dissatisfaction and psychological distress among adolescents in Benin City, while Al-Musharaf et al. (2022) reported similar outcomes among Lebanese adolescents. The lack of significant associations in the present study could be attributed to protective cultural norms or coping mechanisms within the Nigerian context that may buffer adolescents against internalized distress, even in the presence of perceived inadequacies.

It is also possible that these dimensions influence wellbeing through indirect mechanisms. For instance, internal conflict which is defined as a mismatch between actual and ideal body image—may not immediately affect overall wellbeing but could increase vulnerability to peer pressure, social comparison, or negative affect over time (Higgins, 1987; Golovey et al., 2021). Additionally, previous studies have shown that self-esteem and family dynamics can moderate the relationship between body image and mental wellbeing (Tekola et al., 2024; Abaatyo et al., 2024), which were not examined in this current study.

The regression analysis reinforced the unique role of body competence in predicting mental wellbeing, even when body inadequacy and internal conflict were controlled. This finding adds to the literature advocating for the development of school-based and community interventions that promote physical engagement, body functionality, and strength-based self-concepts among adolescents. For instance, interventions like the Body Project or physical education programs that emphasize performance and personal growth rather than appearance have shown promise in improving adolescent wellbeing (Tylka and Wood-Barcalow, 2015).

Furthermore, the findings echo broader calls for culturally grounded and gender-sensitive mental health promotion. Studies from the European Institute for Gender Equality (2021) and Balogun-Mwangi et al. (2023) have emphasized the importance of contextually appropriate interventions, particularly for girls in settings where media and beauty ideals are rapidly evolving. In this light, future work in Nigeria should examine how local beliefs, education, and social norms either protect or exacerbate the psychological effects of body image challenges.

The current study contributes to a growing body of evidence that considers mental wellbeing in adolescence as inextricably tied to one's perspective of the body, particularly its perceived competence. These findings support a reorientation of programs and policy away from narrowly defined appearance goals toward more inclusive, functional, and strength-based narratives. Adolescent girls dealing with body image issues may experience better psychological results if these difficulties are addressed in the home and in the educational system.

CONCLUSION

The present study offers a culturally grounded contribution to the expanding literature on body image and adolescent mental wellbeing in sub-Saharan Africa. To the best of our knowledge,

this is among the first adequately powered studies to explore how distinct body image dimensions—body competence, body inadequacy, and internal conflict—uniquely relate to mental wellbeing in in-school female adolescents in Lagos, Nigeria. Our findings demonstrate that among these dimensions, only body competence significantly predicts mental wellbeing, suggesting that perceptions of physical functionality and capability may serve as a crucial psychological resource during adolescence. Although body inadequacy and internal conflict did not emerge as significant predictors, the observed intercorrelations indicate a complex interplay of these constructs that may influence wellbeing through indirect or long-term pathways.

While further research is needed to explore mediating factors such as self-esteem, peer dynamics, and sociocultural influences, our findings suggest that strengthening adolescents' sense of body competence could yield short-term psychological benefits. These insights highlight the value of integrating body functionality-focused content into adolescent mental health promotion and education. Such interventions, particularly in culturally specific contexts like Nigeria, could serve as protective tools in the prevention and management of body image-related distress among vulnerable youth populations.

LIMITATIONS

Despite its contributions, this study is not without limitations. First, the cross-sectional design restricts causal interpretations between body image dimensions and mental wellbeing; future longitudinal studies are needed to establish the direction and duration of these relationships. Second, the study focused solely on in-school female adolescents in Lagos State, thereby excluding out-of-school youth and those from rural areas who may face distinct psychosocial and cultural influences on body image and mental wellbeing. Third, the reliance on self-reported measures introduces potential social desirability and response biases, especially concerning sensitive topics like body dissatisfaction and emotional distress. Lastly, several of the selected schools were in the middle of examination preparations during the data collection period. This significantly constrained our ability to gain access to students for participation, resulting in a lower-than-anticipated sample size and possibly affecting the representativeness of the data. Lastly, the study did not account for moderating or mediating variables such as peer pressure, self-esteem, parental influence, or media exposure, which are known to shape both body image and mental wellbeing and could have provided additional explanatory depth.

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