# The Moderating Role of Perfect Hijab (Chador) in the Relationship of Body Image Concern and Dissatisfaction with Body image with Social Anxiety among Female University Students

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## Abstract

The present research was designed with the aim of determining the moderating role of using the perfect Hijab (chador) in the relationship among worry and dissatisfaction about body image and social anxiety.For this purpose,261 female university students of Karaj Islamic Azad University were selected through purposive sampling (86 with Perfect Hijab,87 with Conventional Hijab and 88 with Unconventional Hijab) and responded to the Liebowitz's Social Anxiety Scale and Fischer's Body Image scale and Littleton's The Body Image Concern Inventory. The measurement model of this study was processed by structural-moderator equations modeling using partial least squares using Smart PLS software.The results showed that social anxiety increased with increasing levels of worry and dissatisfaction about body image.Moderating analyses also revealed that the effect of worry and dissatisfaction about body image on social anxiety in the three groups of women with different dressing of perfect Hijab(chador), conventional Hijab (Manteau) and unconventional dressing did not differ, and therefore the dressing type did not reduce (moderate) the intensity of the relationships among independent and dependent variables at 95%confidence level. Worry and dissatisfaction with body image is associated with their social anxiety in female university students and regardless of the type of hijab, these women need psychological interventions.

*Keywords*: *Social anxiety, Hijab, Dissatisfaction with body image, Worry about body image.*

Social anxiety is a type of anxiety disorders characterized by persistent obvious fear of one or more social situations or functions where the individual is confronted with strangers or may be the focus of curiosity by them. In such situations, the individual is concerned that he/she may behave in a manner resulting in humiliation and embarrassment. This disorder is characterized by concerns on embarrassment and avoidance from social situations, leading to limitation in the way of life, vital decisions and major disruption in his job and social areas for him/her (American Psychiatric Association, 2013).

Young people with social anxiety have experienced failures in their social meetings and suffered from poor social networking. In addition, they are at a major depression risk (Soltani & Mikaeli Manee, 2013).

Social anxiety is one of the chronic disorders of the first axis of DSM and is the most common type of anxiety disorder (Fehm, Beesdo, Jacobi & Fiedler, 2008).

In students, social anxiety is accompanied by problems, including decreased self-confidence, feeling of ashamed and problematic relationships with roommates and peers, and discomfort in faculty. It is an important disorder between students as students have active social life (Salajeghe & Bakhshani, 2014). There are many factors, which may create social anxiety in students. One of the most principal factors is dissatisfaction with body image.

In one study conducted on 156 subjects (65 men and 91 = women) in the age range of 21-25 years in India, the results showed that dissatisfaction with body image was a principal factor, since there was a positive correlation between body image and social anxiety, and between body image and psychological distress (Luqman & Dixit, 2017). Unlike past times, dissatisfaction with body image is today a problem in both genders, and only its frequency and distribution differ between them (Kostanski, Fisher & Gullone, 2004). In addition, the dissatisfaction is more prevalent in women so that dissatisfaction with body image is observed in all women regardless of their nationality (Demarest & Allen, 2000). Satisfaction with body image is associated with the perceived image of body, general health condition, and weight measurement (Sachdeva, Sachdeva & Goswami, 2012).

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Physical self-esteem, parental overprotection, parental care, teasing history, physical appearance-related comparisons, appearance-related teasing, and internalization of the thin ideal are the determinants of body-image shame (Markham, Thompson & Bowling, 2005), and can serve as the predisposing factors of dissatisfaction with body image and body image concern.

Although some studies show that dissatisfaction with body image (dissatisfaction with body image and body image concern) is a known disorder for adolescents (Balluck, Toorabally & Hosenally, 2016), according to a group of studies, it is more prevalent in adult women, and its frequency is higher in single women than married ones (Skandar Nezhad & Ebrahimian, 2015). Different factors, including socio-cultural values, social comparisons, concentration of society on appearance attractiveness and negative experience in interactions with peers, intensify such concerns and cause them to last for longer times (Garrusi, Razavi Nematallahee & Etminan Rafsanjani, 2013). In addition, many researchers have confirmed the relationship of dissatisfaction with body image to anxiety, stress, social phobia, smoking cigarettes, drinking alcohol, obsession, social anxiety, interpersonal relationship sensitivity, obsessive-compulsive behaviors, and eating disorders. It can be argued, therefore, that dissatisfaction with body and inappropriate perception of the mental image of body are important factors causing psychological problems (Mousavi, Poorhosain, Zare Moqadam, Mousavian Hejazi & Gomnam, 2016).

Nowadays, dissatisfaction with appearance is a common problem, since modern society puts significant socio-cultural emphasis on attractiveness and physical fitness. Social pressures on the necessity of being thin and widespread ideas about physical structure of body have intensified the prevalence of dissatisfaction with body image and negative body image (Bolboli, Habibi & Rajabi, 2013). Amongst others, the role of the media cannot be ignored. Scholars maintain that the ideal features and appearances advertised by the media affect body image, since millions of women are daily being bombed by ideal and perfect body images. Theses unrealistic pictures of female bodies are reflected in all journals of the U.S. and other countries. The message of these pictures to women is that they are not pretty or thin enough (Chojnacki, Maguire, Grant & Regan, 2005). Naturally, women subjected to such daily messages change their subjective perception of ideal body and are involved in dissatisfaction with body image. In one study analyzing the content of television programs and magazines, the results showed that all media tried to show a standard body form of women. There is a relationship between the frequency of watching TV by male and female students and their perception of ideal body form for women. In both genders, the acceptance of plastic surgery by women can be predicted by frequent watching of ideal body forms shown on TV (Harrison, 2003). In other words, there is a relationship between dissatisfaction with body image and inclination to make-up aiming at being more pretty and covering probable physical drawbacks (Movahed, Mohammadi, & Hasani, 2011).

Cash (2004) showed that there was a significant relationship between dissatisfaction with body image and social anxiety. Obviously, most people are extremely sensitive to their appearance and concerned about appearance is a normal and acceptable norm, since attractive people receive more advantages, have more job opportunities, and receive more money (Mousavi et al., 2016). Attractive physical appearance predicts a group of positive social results, including visiting (interaction with others), having more friends, and even receiving more salary. Considering the above discussions, students' concern about their body or body image is a crucial factor of social anxiety in young population, particularly in female students. Body is the first part of human personality that others can see it during social interactions. Body differs from other parts of personality since it can be compared to other bodies from far distances and only by observation. Therefore, the scope of body image and relevant concerns have been generalized to an extent that it is the mental engagement of many people, particularly young people so that they daily spend considerable time and cost to make changes in their physical appearance (Green & Pritchard, 2003). This subject is important to an extent that there is an inverse correlation between body image and mental health. In addition, there is a significant inverse correlation between total body image score and total mental health score, as well as all of its dimensions (Soltani, Safajou, Amouzeshi & Zameni, 2017).

Aderka's study (2012) indicated that the symptoms of social anxiety disorder were a significant predictor of body image turbulences, attitude to personal appearance, and satisfaction with body. Izgic, Akyuz, Dogan and Kugu (2004) reported that the body image score of students with social anxiety was significantly lower than that of students with no social anxiety. Basharpoor, Abbasi, Ghorbani, Atadokht and Alimardani Somee (2014) showed in their study that both dissatisfaction with body image and social anxiety predicted the use of make-up.

It has been shown that individuals suffering from social anxiety have a more negative attitude to their body (Roshandel, Sobhi Gharamaleki & Tayyebi, 2016). Therefore, when they participate in social situations, they worry that their physical appearance may not be accepted by others, and they may be negatively evaluated by others, since the perception of the negative evaluation of others and negative self-evaluation, as two moderator variables, directly affect social anxiety. This research was conducted on 310 students (198 men and 112 women) whose age range was between 18 and 26 years old. The results showed that negative self-evaluation directly affects social anxiety (Mokhber Dezfooli et al., 2015).

Being worried about the negative evaluation of others results in dissatisfaction with body image and raises challenges to involved individuals by two main questions: 1) Is my value in the world affected by my physical appearance? 2) Is my appearance inacceptable? The continuation of such dissatisfaction leads to depression (Blashill & Wilhelm, 2014; Benas, Uhrlass & Gibb, 2010), social anxiety (Izgic et al., 2004), and reduced self-esteem (Markham et al., 2005). Therefore, negative attitude to one's appearance is directly related to the frequency of referring to beauty salons among women (Rouhani & Amiri Majad, 2016). Zadhasan and Seraj-Khorami (2015) in their study on undergraduate female students (sample number = 351) in Dezful, Iran showed that there was a relationship between body image concern, early maladaptive schemas, mood alexithymia, and social anxiety. This is important to an extent that any distortion in body image, especially extremist distortions, serves as a risk factor of increased symptoms of depression among adolescents (Blashill & Wilhelm, 2014). It is a variable lasting throughout lifespan in adult women (Runfola et al., 2013).

It is supposed that hijab can serve as a damper or guard against dissatisfaction with body image and anxiety, since some previous studies have confirmed that suitable wearing style is positively related to decreased body image concern, and non-suitable wearing style is positively associated with negative (poor) body image, dissatisfaction with body image, and anxiety. Hijab literally means veiling, and it is a term referring to women' attempt to maintain their value by hiding their body from strangers (Safarzade, 2010). In Iran, suitable hijab means clothes that cover the entire body of a woman, including hair and head and sexually arousing parts such as breasts and

buttocks. This can happen with both a Manteau and a Chador, an example of which can be seen in Figure-2 of this article.

Hijab is not restricted to chador. However, chador is the best choice of hijab, the symbol of Muslim Iranian women, and is compatible with women' socio-cultural activities (Aghayani et al, 2010).

There are limited data inside and outside Iran regarding hijab and relevant variables studied in this paper. However, it can be argued that wearing is inevitably related to body image concern and dissatisfaction. Some dimensions of body image concern and dissatisfaction differentiate people from each other during their social interactions. Physical appearance and behavior are included in these dimensions. Physical appearance includes observable features, such as wearing style and make-up, which are typically considered symbols to interpret actions (Khajenoori, Ruhani & Hashemi, 2012).

Appearance coverage like wearing style may give better feelings to individuals with low self-esteem, whereas in individuals with high self-esteem, it is the symbol of positive self-concept. In other words, physical appearance is a part of individuals associated with self-esteem. As part of physical, psychological and social appearance that can be affected by experience, beliefs, expectations and perception, wearing can also be affected by body image (Zamzami, Agahheris & Janbozorgi, 2014). Rastmanesh, Gluck & Shadman (2009) in their study indicated that fully-veiled women reported higher satisfaction with body, higher self-esteem and lower tendency to rhinoplasty for cosmetic purposes (nose plastic surgery).

There is no study in Iran into the moderating role of hijab in the relationship between dissatisfaction with body image, concern about body image, and social anxiety. Only one study has evaluated the relationship between devotion (adhere) to hijab, not use of chador (perfect hijab), and improvement of body image. Zarei Toopkhane, Moradiani and Haratian (2014) concluded in their recent study that promoted devotion to hijab

was correlated with improved body image and increased mental health. Outside Iran, however, most studies into image body are in the form of correlative studies. For example, a study on Jewish women showed that women with suitable veil (resembling chador) experienced lower dissatisfaction with body image than those with non-suitable veil. In addition, they showed low eating disorder and obesity concern as well as higher positive physical image in general (Gluck & Geliebter, 2002).

Al Wazni (2015) conducted a study on 12 veiled women in North Carolina and concluded that none of them reported a relationship between hijab and negative body image. Furthermore, they acknowledged that hijab strengthened positive self-physics and gave them more positive attitude to their body. Rastmanesh et al. (2009) discovered in their study that women using tougher Islamic wearing styles reported higher self-esteem and body satisfaction and lower depression scores. They argued that religious habits had protective effects on the health. The review of international papers showed that there were only two studies showing that veiled women experienced lower social anxiety. In one of the papers, Demrich, Atmaca and Dinc (2017) showed that appearance-induced social anxiety was very lower in veiled women than in unveiled ones. Kertechian and Swami (2017) concluded in their study that French Muslim veiled women experienced lower dissatisfaction with body and socio-physical anxiety. Considering the above discussions as well as the importance of wearing for the women of Iran Islamic society and cultural differences between Iran and other countries in which the aforementioned studies have been conducted, this study aims to answer this question that "Can perfect hijab (chador) moderate or decrease the effects of dissatisfaction with body image and body image concern on social anxiety? Fig. 1 shows this moderating model.

**Figure 1**
The proposed model for the moderating role of hijab in the relationship between body image concern and social anxiety
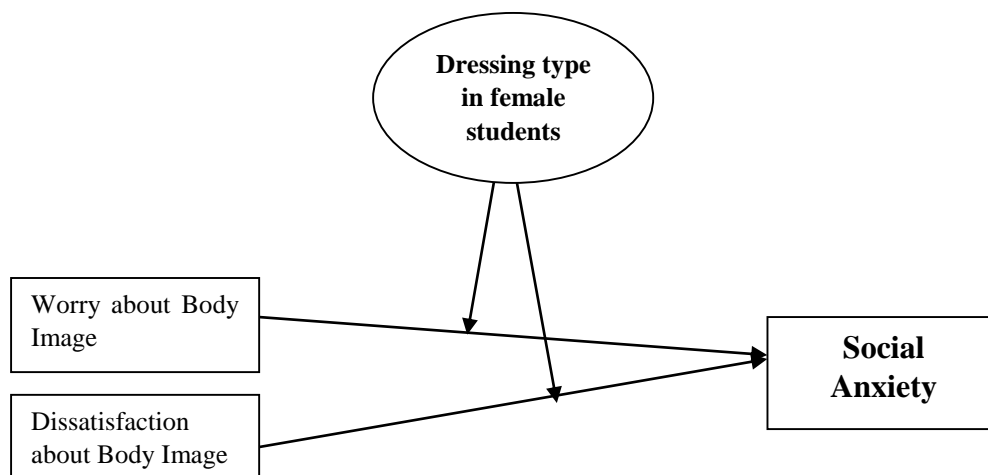


**Methods**

This is a causal-comparative and a pairwise comparison study in terms of nature. Dissatisfaction with body image, body image concern, and social anxiety were considered dependent variable, and wearing hijab (with categorical nature in terms of measurement) was considered a moderator or a secondary independent variable. The study population consisted of all

female students of Islamic Azad University, Karaj in 2017 (accessible in http://www.kiau.ac.ir). The study samples were 270 female students with perfect hijab (chador), conventional hijab (manteau) and unconventional hijab selected using the purposive sampling method. The samples were selected and grouped into above three groups (perfect hijab, conventional

hijab, and unconventional hijab) according to their hijab type and typical wearing style of female students. Figure 2 A to C present the comparison of the groups to wearing styles.

The types of hijab are operationalized in Figure 2 of the appendix. In Iran, the meaning of the perfect hijab is the chador, which is the recommendation of religious scholars and imitators (Figure A). However, this form of hijab has no legal or mandatory configuration. Rather, wearing a Manteau (Figure B) is the minimum hijab that is expected of women in Iran, and violating this hijab is at least against the Iranian constitution and is blameful.

This study used standard pictures to prevent the researcher from adopting subjective measures in the sampling process.

Sample size was determined for the three variables introduced to predictive block (two variable of worry and dissatisfaction with body image and age variable as probable covariate) considering F ratio, incremental $R^2$ and moderated hierarchical regression analysis using G*Power 3.1.9.2 (Faul, Erdfelder, Buchner & Lang, 2009). Considering the probability of the error of the type 1 (Alpha) as 0.05 (confidence level=95%), test power as 0.95 and mean effect size as $f2=0.20$, the sample size was calculated to be 81 for all the three mentioned groups (total sample size=81×3=243). To cover outliers and failure in completion of some tests, with a dropout of 10%, the final sample size was increased to 90 cases in all the groups (total sample size=90×3=270).

**Figure 2**:
           Perfect hijab (A), conventional hijab (B), unconventional hijab (C)



Fig. 2: perfect hijab (A), conventional hijab (B), unconventional hijab (C)

This study uses Leibowitz's Social Anxiety Scale (LSAS) to assess social anxiety. This scale was first developed by Leibowitz in 1987. It is the first clinical tool assessing various social situations in which individuals with social anxiety face problems. This questionnaire is consisted of 24 items for performance anxiety (13 items) and avoidance (11 items) subscales. Cronbach's alpha for the whole test was reported 0.95 where the Cronbach's alpha of performance anxiety subscale was 0.82, and that of avoidance behavior was 0.91 (Fresco et al., 2001). Atrifard et al. (2012) evaluated the reliability of this test in Iran and

calculated the reliability of this test to be 0.83 using internal consistency and Cronbach's alpha. They showed that the retest reliability of this scale and relevant subscales ranged from r=0.76 to r=0.84 and its internal consistency ranges from α=0.73 to α=0.93. Moreover, its convergent reliability with other scales of social anxiety lies within the acceptable range of r=0.46 to r=0.94.

Fischer's body image questionnaire was used to assess dissatisfaction with body image. Fischer designed this questionnaire in 1970 with 46 items where each item was scored by points 1 to 5 (completely dissatisfied=1, dissatisfied=2, moderately satisfied=3, satisfied=4 and

completely satisfied=5). Score 46 shows the existence of disorder, and score>46 (Max.=230) shows no disorder. This test covers head and face with 12 items and lower limbs with 6 items. The remainder 18 items measure the attitude of trials to the general features of body. Yazdanjoo assessed the reliability of this test in Iran (as cited in Asgari, Pasha & Aminiyan, 2009). The validity of the body image questionnaire was calculated using Cronbach's alpha (0.93) and split-half (0.91) methods. The questionnaire reliability was calculated using Cronbach's alpha, and the obtained value was 0.95.

In addition, the questionnaire of Littelton, Axsom and Pury (2005) was used to measure body image concern and dissatisfaction. Littelton et al. (2005) designed this questionnaire with 19 items to evaluate individuals' concern and dissatisfaction with their appearance. The total score of items varies from 19 to 95 in which a higher score indicates higher dissatisfaction with body image and appearance. Littelton et al. (2005) evaluated the factorial structure of the questionnaire. Their results revealed two important and significant factors. The first one is consisted of 11 items (1-3-5-8-9-14-15-16-17-18-19) addressing individuals' shame and dissatisfaction with their appearance, verification, and hiding perceived deficiencies. The second one has 7 items (2-4-6-7-10-11-12-13) addressing the contribution of body image concern to individuals' social performance.

Littelton et al. (2005) showed that this questionnaire had ideal validity. Its validity was evaluated using internal consistency, and Cronbach's alpha was obtained 0.93. Its convergent reliability was evaluated by calculating its coefficient of correlation with the Padua Inventory of obsessive-compulsive symptoms, and eating disorders questionnaire, which was obtained 0.62 and 0.40, respectively (P<0.01). The coefficient of correlation of each item with the total score of the questionnaire ranged from 0.32 to 0.73 with a mean correlation of 0.62. The Cronbach's alpha of the first and second factors was 0.92 and 0.76, respectively. In addition, the coefficient of correlation between the factors was reported 0.69. Basak Nejad and Ghaffari (2007) evaluated the validity of this test using internal consistency and reported its Cronbach's alpha to be 0.95. Furthermore, the internal consistency of this test was calculated using Cronbach's alpha and was reported to be 0.89 (Roshandel et al., 2016).

### Procedure

This study was conducted following determination of the sample size of all the studied groups, namely perfect hijab (chador), conventional hijab and unconventional hijab. The questionnaires for the variables (body image concern, body image dissatisfaction and social anxiety) were prepared in June 2017, and necessary permits were obtained by the researcher from Karaj Islamic Azad University. The samples were selected from 270 cases using the purposive sampling method. The cases were asked to answer the items of Leibowitz's social anxiety questionnaire, Fischer's body image scale for dissatisfaction with body image, and Littelton's body image concern questionnaire. To keep the study confidential, the researcher encoded the questionnaires of all the groups as follows: group A stands for perfect hijab, group B stands for conventional hijab, and group C stands for unconventional hijab (see Figure-2). Then, the questionnaires were submitted to the studied cases by making a comparison between their hijab and the defined groups. Data were collected, and it was revealed that only 261 questionnaires were complete and could be analyzed where 86 students with perfect hijab, 87 students with conventional hijab and 88 students with unconventional hijab answered the items of the questionnaires. The collected data were analyzed by the SPSS software. Moreover, following

the evaluation of statistical assumptions, the data were processed by structural-moderator equations modeling using the partial least square method and Smart PLS.

### Results and Hypothesis Testing

According to Table 1, B.S. students have the highest frequency (86 cases or 79.1%) in the perfect hijab group, whereas PhD students have the lowest frequency (3 cases or 3.5%). As a further exploration, the results of the chi-square and likelihood ratio test[1] revealed that there was a significant difference in the education level between the studied groups (P<0.001, df=2 and chi-square=18.60).

In other words, B.S. students have the highest frequency in the unconventional group, and this frequency decreases as education level increases, or as the education level of the studied students increases, their wearing style becomes closer to the conventional hijab group.

**Table 1**
*Education Level of Groups*

| Groups | | Perfect Hijab | | Conventional Hijab | | Unconventional Hijab | |
|---|---|---|---|---|---|---|---|
| Variable | | n | % | n | % | n | % |
| Level of education | Bachelor | 68 | 79.10 | 49 | 56.30 | 72 | 81.80 |
| | Master | 15 | 17.40 | 25 | 28.70 | 12 | 13.60 |
| | Doctoral | 3 | 3.50 | 13 | 14.90 | 4 | 4.50 |

According to Table 2, the mean age in all groups ranges from 22 to 23 with the minimum age of 18. The results of the one-way analysis of variance, which was conducted to evaluate and compare mean age of groups showed that there was no significant difference in age between the studied groups (p=0.107, df=2, F=2.25).

**Table 2**
*Mean age of Groups*

| Types of hijab | n | mean | SD | min | max |
|---|---|---|---|---|---|
| Perfect Hijab | 86 | 23.26 | 5.72 | 18 | 52 |
| Conventional Hijab | 87 | 23.98 | 4.65 | 18 | 48 |
| Unconventional Hijab | 88 | 22.47 | 3.51 | 18 | 36 |
| Total | 261 | 23.24 | 4.73 | 18 | 52 |

Prior to evaluating the model fitness, some statistical assumptions were assessed. Composite reliability for dissatisfaction with body image, body image concern and social anxiety was calculated to be 0.954, 0.913, and 0.953, respectively. The calculated values are above 0.70, indicating the suitable internal consistency of the variables for the measurement models (Davari & Rezazadeh, 2014). $Q^2$ –value shows the prediction power of the model, which was calculated to be 0.061, indicating the moderate prediction power of the exogenous variables of the model. The total fitness of the model was calculated using goodness of fit (GOF) measure, which was obtained 0.252. Considering the fact that GOF=0.01, 0.25 and 0.36 stand for weak, moderate and strong predictions, respectively, our model has moderate fitness (Davari & Rezazadeh, 2014). Fig. 3 shows the standard

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[1] The reason for choosing this test versus Pearson chi square test was that, it is not sensitive to the sample size, marginal distribution, and the order of the row and column.

coefficients of the relationship between anxiety, dissatisfaction with body image, and body image concern.

**General hypotheses**

2. There is a relationship between dissatisfaction with body image and social anxiety in students.
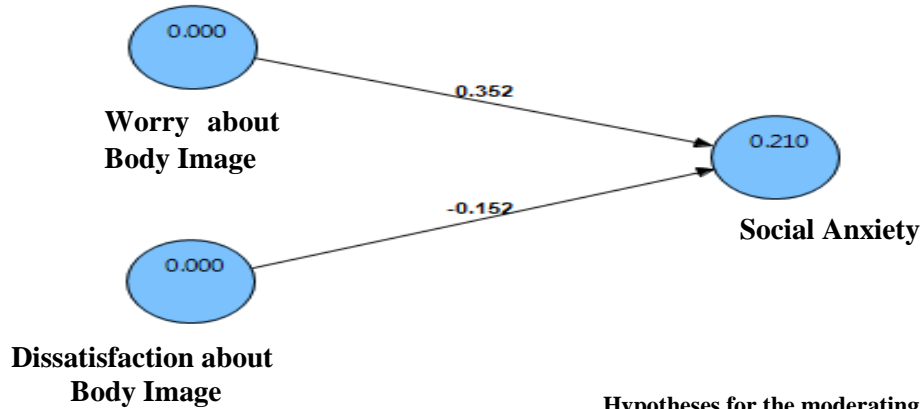


According to Fig. 3, the significance coefficient of the path between latent variables shows that with the t value of 2.058, body image concern significantly and positively affects social anxiety. In other words, the higher body image concern, the higher is social anxiety and vice versa. Moreover, with the t value of 5.358, dissatisfaction with body image significantly and inversely affects social anxiety. Here, the standardized path coefficient is negative. In other words, there is an inverse relationship between the two variables; the higher the dissatisfaction with body image, the lower is social anxiety in students and vice versa. To finalize our conclusion, it should be added that lower scores in Fischer's body image scale mean higher dissatisfaction and vice versa. According to Fig. 3, and above standard coefficients, one can argue that body image concern and dissatisfaction with body image justify 35% and 15% of changes of social anxiety, respectively. In addition, $R^2$, which was calculated to be 0.210 according to Fig.1, shows the effect of an exogenous variable on an endogenous variable. $R^2$ connects measurement and structural parts of modeling in structural models. It is at a moderate level in this study (Davari & Rezazadeh, 2014).

$$t = \frac{r1 - r2}{\sqrt{\left(\frac{(n1-1)^2}{n1+n2-2} \times s1\right) + \left(\frac{(n2-1)^2}{n1+n2-2} \times s2\right)}} \times \frac{1}{\sqrt{\frac{1}{n1} + \frac{1}{n2}}}$$

1. There is a relationship between body image concern and social anxiety in students.

**Hypotheses for the moderating role of hijab**

3. Wearing perfect hijab (chador) moderates the relationship between body image concern and social anxiety in students
4. Wearing perfect hijab (chador) moderates the relationship between dissatisfaction with body image and social anxiety in students

To evaluate the moderating role of hijab, standard coefficients model and significance coefficients model are first separately estimated for the three groups. Then, relying on Hensler's group analysis formula (2012), pairwise comparisons are performed on the statistical indices of the groups to make statistical decisions on their moderating role.

In Henseler's formula (2012), r1 stands for the factor loading coefficient of the first relationship path i.e. relationship between body image concern and social anxiety, r2 stands for the factor loading of the second relationship path i.e. relationship between dissatisfaction with body image and social anxiety, s1 stands for the standard error of the first relationship, s2 stands for the standard error of the second relationship, n1 is the sample size of population 1 and n2 is the sample size of population 2. Table 3 shows the calculations of Hensler's group analysis used to evaluate the moderating role of hijab in different subgroups.

**Table 3**

*Calculations of Hensler's Group Analysis*

| Variables relationships and Subgroups | The moderating Role? | The calculations of Henseler's group analyses (2012, p:496) |
|---|---|---|
| The relationship between worry about Body image and social anxiety in two groups of Perfect Hijab and Conventional Hijab | NO | $t = \dfrac{0.312elatio}{\sqrt{\left(\frac{(8631)^2}{86+87el} \times 0.123\right) + \left(\frac{(8712)^2}{86+87el} \times 0.123\right)}} \times \dfrac{1}{\sqrt{\frac{1}{86} + \frac{1}{87}}} = 0.237$ |
| The relationship between worry about Body image and social anxiety in two groups of Perfect Hijab and Unconventional Hijab | NO | $t = \dfrac{0.312elatio}{\sqrt{\left(\frac{(8631)^2}{86+88el} \times 0.123\right) + \left(\frac{(8812)^2}{86+88el} \times 0.089\right)}} \times \dfrac{1}{\sqrt{\frac{1}{86} + \frac{1}{88}}} = 0.593$ |
| The relationship between worry about Body image and social anxiety in two groups of Conventional Hijab and Unconventional Hijab | NO | $t = \dfrac{0.195elatio}{\sqrt{\left(\frac{(8719)^2}{87+88el} \times 0.123\right) + \left(\frac{(8812)^2}{87+88el} \times 0.089\right)}} \times \dfrac{1}{\sqrt{\frac{1}{87} + \frac{1}{88}}} = 0.848$ |

| The relationship between dissatisfaction about Body image and social anxiety in two groups of Perfect Hijab and Conventional Hijab | NO | $t = \dfrac{-0.313 - 0.405}{\sqrt{\left(\dfrac{(86.3)^2}{86+8730} \times 0.126\right) + \left(\dfrac{(8712)^2}{86+8730} \times 0.110\right)}} \times \dfrac{1}{\sqrt{\dfrac{1}{86} + \dfrac{1}{87}}}$ $= 0.190$ |
|---|---|---|
| The relationship between dissatisfaction about Body image and social anxiety in two groups of Perfect Hijab and Unconventional Hijab | NO | $t = \dfrac{-0.313 - 0.102}{\sqrt{\left(\dfrac{86313^2}{(86+88)^2} \times 86 + 88\right) + \left(\dfrac{(886+)^2}{(866+88^2} \times 66 + 88\right)}} \times \dfrac{1}{\sqrt{\dfrac{1}{86} + \dfrac{1}{88}}}$ $= 0.386$ |
| The relationship between dissatisfaction about Body image and social anxiety in two groups of Conventional Hijab and Unconventional Hijab | NO | $t = \dfrac{0.405elatio}{\sqrt{\left(\dfrac{(8740)^2}{87+88el} \times 0.110\right) + \left(\dfrac{(8711)^2}{87+88el} \times 0.172\right)}} \times \dfrac{1}{\sqrt{\dfrac{1}{87} + \dfrac{1}{88}}} = 0.961$ |

According to Table 3, considering path coefficient, standard error value and sample size, t-value for pairwise comparison of the moderating effect of perfect hijab and conventional hijab was calculated to be 0.237. This value is lower than 1.96 at the confidence level of 95%. Therefore, the effect of body image concern on social anxiety is not different between perfect hijab (chador) and conventional hijab (Manteau) groups, and it can be argued that wearing style has failed to moderate the intensity of this relationship. Hensler's group analysis in other groups indicated that t-value was lower than 1.96 at the confidence level of 95% (Table 3). In summary, these results indicate that in the current sample size, the effect of body image concern and dissatisfaction with body image on social anxiety between the paired groups of perfect hijab and conventional hijab, perfect hijab and unconventional hijab and conventional hijab and unconventional hijab was not different. In other words, wearing style has failed to moderate the intensity of this relationship.

**Discussion**

This study aimed to evaluate the moderating role of hijab (perfect hijab, conventional hijab and unconventional hijab) in the relationship between body image concern, dissatisfaction with body image, and social anxiety among female students. Our results confirmed the first hypothesis of study indicating that there is a relationship between body image concern and social anxiety. The hypothesis was evaluated using structural equations modeling, and path coefficient and t-value were obtained 0.352 and 5.358, respectively, being consistent with the results of Sira and White (2010), Grossbard, Lee, Neighbors and Larimer (2009), Luqman and Dixit (2017), Zadhasan and Seraj-Khorrami (2015), Roshandel et al. (2016) and Mokhber Dezfooli et al. (2015).

To explain these results, it can be argued that different cultures have similar attitudes toward women. Therefore, body image concern is higher in women and leads to different problems, including dissatisfaction with physical appearance and social anxiety. El Ansari, Dibba, Labeeb and Stock (2014) indicted that 40% of the female students of a university in Egypt suffered from body image concern.

It can be argued that individuals with social anxiety disorder symptoms generally worries about the negative evaluation of others and show a more negative attitude to their body (Roshandel et al., 2016) and believe that they are not accepted by others. Therefore, they try to avoid social communications and give considerable importance to others' evaluations, causing them to be sensitive to social rejection and to become hyper-vigilance to others' negative evaluations. They use compensatory solutions, such as make-up and wearing good-looking clothes, as a strategy to overcome this drawback. This can serve as a defending shield against their fear and anxiety in social situations.

Consistent with these results, Mokhber Dezfooli et al. (2015) in their study showed that negative self-assessment directly affected social anxiety. Luqman and Dixit (2017) indicated that there was a positive correlation between body image and social anxiety. Zadhasan and Seraj-Khorami (2015) showed that body image concern could predict social anxiety. Rudd and Lennon (2000) found that women quickly learned to manage their appearance to achieve cultural ideals. This typically includes weight balance and cleanness aiming at satisfying expected social norms. Such cultural expectations strongly affect women's feeling about their body. In addition, they affect parts of appearance management, including diet, exercise, use of cosmetics, cosmetic surgeries and wearing styles. This is because socio-cultural values determine, to some extent, the importance of appearance, formation of body image concern, social interactions and interpersonal experiences. The values can significantly affect the formation of social anxiety.

The results of hypothesis 2 showed that path coefficient and t-value were -0.152 and 2.058, respectively. This indicates that there is a significant relationship between dissatisfaction with body image and social anxiety among students. This agrees with the results obtained by Luqman and Dixit (2017), Soltani et al. (2017), Basharpoor et al. (2014), Mohammadi and Sajadinejad (2007) and Cash et al. (2004). To explain the findings, one can argue that women, compared to men, pay more attention to their appearance and body. Dissatisfaction with body image is available in all women regardless of their nationality (Demarest & Allen, 2000). This phenomenon is today observed among men and women, although it is more common in women (Kostanski et al., 2004). This excessive concentration on body has a stable and negative effect on women' attitude to their body, known as body value. Furthermore, we face media-based advertisements in modern world. Again, these advertisements emphasize other dimensions of women's beauty. According to Voelker, Reel and Greenleaf (2015), today the media target individuals and assist the formation of beliefs about ideal body. Therefore, when the cultural texture of a society emphasizes the value of appearance attractiveness, especially for women, body image concern and dissatisfaction with body image are gradually formed and this, in turn, forms social anxiety.

To have a more comprehensive explanation about both hypotheses as well as the relationship between body image concern, dissatisfaction with body image, and social anxiety, one can argue that the perception of being negatively judged by others and negative self-assessment, as moderating variables, directly affect social anxiety (Mokhber Dezfooli et al., 2015). In other words, the higher is the negative perception of an individual of his/her body, or the higher is his/her dissatisfaction with his/her body, the higher is his/her social anxiety. This is why women lacking positive perception of their body undergo more cosmetic surgeries (Ghasemi, 2017). In support of this, Skandar Nejad and Ebrahimian (2015) found

a significant relationship between dissatisfaction with body image and social anxiety. The reason is that appearance assessment and satisfaction with different parts of body predict a large portion of self-esteem variance (Sadeghi Someeh Aliaei et al., 2012). In this regard, it has been claimed that individuals' appearance and body image concern and dissatisfaction with body image lead to decreased self-esteem (Sheikh & Moslemi Nejad, 2016). When an individual is dissatisfied with his/her appearance and worries about his/her body, the concern of others' judgments of his/her body will be naturally manifested in different social situations and this, in turn, leads to social anxiety. The study conducted by Asgari and Ramezani Badr (2015) on female students indicated that female students with body image concern showed lower self-esteem. Furthermore, Mohammadi and Sajadinejad (2007) showed in their study that self-esteem was the best predictor of social anxiety. Therefore, according to Roshandel et al. (2016), individuals with social anxiety have a more negative attitude to their body compared to normal ones, and this can owing to their lower physical self-esteem.

Previous studies have demonstrated that negative self-evaluation has a significant relationship with social anxiety (Mokhber Dezfooli et al., 2015) and negative self-evaluation underlies negative self-concept and as a result low self-esteem. Negative physical self-esteem also causes anxiety and dissatisfaction with body image (Markham et al., 2005). Consistent with these studies, Movahedi, Mohammadi and Hosseini (2011) indicated that there was a negative relationship between physical self-esteem and dissatisfaction with body image and the latter, itself, was related to inclination of women toward make-up. Furthermore, there is a positive relationship between self-esteem and body satisfaction (Garrusi et al., 2013). For this reason, there is a relationship between self-esteem, negative body image, and acceptance of journal models so that media models, have no direct effect on female students who are satisfied with their body size and forma and show higher self-esteem (Chojnacki et al., 2005). The study of Green and Pritchard (2003) showed that self-esteem predicted dissatisfaction with body image in both genders. In addition, Markham et al. (2005) indicated that physical self-esteem, background of being humiliated, body appearance comparisons, being ridiculed for body appearance and considering thinness an international standard of ideal body form were the determinants of being ashamed of body form. Burns (2007) maintained that conditional self-acceptance was a facilitating factor of social anxiety and argued that assisting the creation of unconditional self-acceptance and increasing self-esteem were solutions to decrease social anxiety. In summary, body image concern and dissatisfaction with body image lead to decreased self-esteem. Since self-esteem is one of the best predictors of social anxiety (Mohammadi & Sajadinejad, 2007), it can be concluded that women dissatisfied with their body image will experience social anxiety in social situations.

Regarding the moderating hypotheses 3 and 4, it can be argued that according to pairwise comparisons on the effect of body image concern and dissatisfaction with body image on social anxiety between perfect hijab and conventional hijab, perfect hijab and unconventional hijab, and conventional hijab and unconventional hijab group, this effect is not significantly different in the studied groups. In other words, wearing style has failed to moderate the intensity of this relationship. We suppose that body image concern and dissatisfaction with body image have such a long last and strong effect that even perfect hijab (chador) cannot mitigate it. Our results do not agree with the results obtained by Rastmanesh et al. (2009), Demrich et al. (2017), Wilhelm et al. (2018), and Kretchian and Soami (2017). Certainly, the results of moderating hypotheses do not mean that the veil is ineffective and useless, since, according to

researchers, hijab is a religious identity and behavior for Muslim women whether they were born in Muslim countries or convert to Islam later (Sintang, Mohd, Sabdin & Khair, 2016).

Hijab gives social support and modesty to Muslim women and is not an obstacle to their growth and achievement (Javed, 2014). The study by Kertechian and Swami (2016) is consistent with this study. They concluded in their study of 450 Muslim French women, that women wearing hijab reported fewer weight problems, dissatisfaction with body, attempts for being thinner, and socio-physical anxiety and being under pressure for achieving ideal body forms advertised by the media and peers. Demrich et al. (2017) reported that appearance-related social anxiety was lower in veiled women compared to unveiled ones. They concluded that all forms of religiosity were strongly, rationally, and negatively associated with appearance-related social anxiety in veiled women. Their study showed that wearing hijab and religiosity were a protective shield against negative body image in Muslim Turkish women. Wilhelm et al. (2018) concluded in their study that unveiled Muslim women reported higher body verification behavior compared to veiled Muslim and Christian women. In addition, there were more anorexia nervosa than Christian women. Therefore, prevention of eating disorders, which results from the body appearance of women, should be concentrated on unveiled Muslim women. Rastmanesh et al. (2009) concluded in their study that women with perfect hijab showed higher satisfaction with body, higher self-esteem, and lower inclination to cosmetic rhinoplasty.

In summary, the above studies demonstrated the protective effect of hijab while our study did not obtain this result. The reason for this discrepancy is the difference in the type of research community and sample individuals compared to other studies, since naturally in the university environment, individuals are required by law to comply with minimum standards in terms of coverage, behavior, and speech. Therefore, not all those wearing hijab and even perfect hijab at university are necessarily those who have chosen hijab owing to their religious beliefs.

We have seen students wearing perfect hijab and cover at university, but outside the university, their hijab was different, suggesting that what students wear as hijab in the university environment does not **necessarily** represent their personal beliefs and values; however, it is an organizational hijab suiting the place of study, like some female employees who have standard hijab in their work environment, and use another hijab style outside the workplace.

The choice of perfect hijab, as a veiling style, is under the influence of different factors such as personal preferences, religious requirements, family pressure and cultural values (Javed, 2014). Awan et al. (2011) indicated this in their study. Thus, all types of perfect hijab are not affected only by religious beliefs, and in some cases, it might occur through modeling of friends and classmates.

Hijab may offer its protective effect only if it is selected based on religious beliefs and insight so that Zarei Toupkhane et al. (2014) in their study showed that there was a negative relationship between the extent of belief in hijab and dissatisfaction with body image. Demrich et al. (2017) in their study indicated that all forms of religiosity were strongly, rationally, and negatively associated with appearance-induced social anxiety in veiled women, and hijab and religiosity were considered a protective shield against negative body image in Muslim Turkish women. In line with these studies, Fatehi and Ekhlasi (2008) in their study indicated that religiosity and body management were inversely related to each other. Pasha-Zaidi (2015) in his study demonstrated that veiled women believed that they were more religious than unveiled women were.

## Implications

Therefore, it seems that since anxiety, worry and dissatisfaction with the body image are cognitive, attitude and perceptual variables, variables related to knowledge, belief and perception can affect them not merely the hijab as apparent cover. Of course, hijab is effective when it is worn based on religious beliefs, and what is more effective than apparent hijab is its underlying religious beliefs, one that knows the value of man and woman is attached to the development of moral and spiritual qualities and personality, and not physical appearance.

In the religious attitude, it is believed that human value is dependent on piety, faith, and righteous acts, not physical attractions. Therefore, the self-concept of religious individuals differs from that of other people and they less put emphasis on appearance-related values. As Kertechian and Swami (2017) point out, Muslim women in France consider hijab a protective and supportive element. Although keeping hijab has caused considerable social discrimination towards them, they have kept hijab.

## Limitations

The location of this study was limited to Islamic Azad University, Karaj that could not represent the whole Iranian society. Therefore, the obtained results are not expected to be complete and comprehensive, and we should be cautious in generalizing its results to other parts of the country.

## Conclusion

According to the research findings, since women and girls' concerns and dissatisfaction with their bodies are common and causing a decrease in self-esteem and consequently their social anxiety, as well as the use of cosmetics and surgeries with huge psychological and economic consequences on the family and community; therefore it is imperative that educational, cultural, advertising and media institutions strengthen their religious beliefs and attitudes so that, as a result of these education, the valuing criterion for these individuals turns to intellectual, scientific, personality and artistic competencies, not just their physical appearance.

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