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Body image and sexual decision-making

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Investigating the Body Image and Sexual Decision-Making of Black Women Aged 40-65

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Abstract
The majority of research on African American women that are between the ages of 40-65 and
their sexual experiences has been limited. The research emphasizes the significance of
individual, interpersonal, and sociocultural factors, yet few studies have examined the role of
body image. The objective of the current study was to explore the role of body image in the
sexual experiences of African American women between the ages of 40-65. This group is
typically called middle-aged. This study utilized a two-part qualitative approach to investigate
the relationship between body image and sexual decision-making for middle-aged African
American women, and twelve Black women, ages 40-65, were recruited through a convenience
sample within a Southeastern metropolitan city. Seven individual interviews and one focus group
were conducted using a semi-structured interview guide. The interview guide explored
perception of body image, influencers to body image, and sexual decision-making. Interviews
were 30-90 minutes in duration, transcribed verbatim, and analyzed using a structured open-
coding approach and thematic analysis. Several themes regarding individual, interpersonal, and
sociocultural factors that influence and help to define body image emerged from data analysis.
Sexual self-esteem was found to be related to the preferences for lighting during sex, and body
appreciation was associated with increased use of protection. These findings provide new insight
into the characterization of body image and the relationship between body image and sexual
experiences for middle-aged African American women, and they suggest that quantitative
measures must be adapted or drafted to reflect this.

Keywords: body image, African American women, sex, decision making, middle-aged
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Investigating the Body Image and Sexual Decision-Making of Black Women Aged 40-65

Though it is commonly considered in relation to younger women, the concept of body image is one that is relevant to women of all ages. Body image can be broadly conceptualized as a multi-dimensional construct that is composed of cognitive, attitudinal, and emotional interpretations of the body (Wingood, Diclemente, Harrington, & Davies, 2002). Therefore, a negative body image, which involves negative thoughts, attitudes, and feelings towards the body, is related to a number of adverse outcomes, including low self-esteem, emotional distress, social isolation, and sexual risk. The relationship between sexual risk and body image suggests that body image is largely related to a woman’s sexual experiences, as body image encompasses feelings and thoughts about physical appearance. Increased body satisfaction in women has been linked to greater sexual functioning, engagement in protective sexual behaviors, higher sexual self-esteem, and increased sexual activity among various populations (Woertman & van der Brink, 2012).

The relationship between body image and sexual decision-making has been explored among African-American adult women, mostly as it pertains to risky sexual behaviors (Brown, Webb-Bradley, Cobb, Spaw, & Aldridge, 2014; Smith, 2015; Mallory, Harris & Stampley, 2009; Henderson, Bernstein, George, Doyle, Paranjape, & Corbie-Smith, 2004; Paranjape, Bernstein, George, Doyle, Henderson, & Corbie-Smith, 2006; Stampley, Mallory, & Gabrielson, 2005). However, there is limited research devoted to the experiences of middle-aged and older African-American women. The age criteria separating middle-aged and older women is often indistinct, but previous research has typically classified African American women over 45 as middle-aged and African American women over 60 as older (Mallory et al., 2009; Smith, 2015; Stampley et al., 2005; Henderson et al., 2004; Paranjape et al., 2006). A growing body of literature indicates
that the sexual experiences of these women and the factors that influence their sexual behavior and sexual decision-making are unique (Smith, 2015; Mallory et al., 2009). This suggests that increased research attention is warranted. When specifically considering the sexual experiences of middle-aged and older African-American women, research has investigated their beliefs concerning sexual risk behavior, their knowledge of HIV, their sexual behaviors (protective and risky), and the sociocultural/contextual factors that influence their experiences as a whole. Relevant findings pertaining to the body image and sexual behaviors of middle-aged African American women will be discussed in turn.

**Middle-Aged and Older African-American Women’s Sexual Risk-Taking Behavior**

Before examining the concept of body image and its role in the sexual behaviors of middle-aged and older African-American women, it is necessary to understand the nature of their sexual behaviors alone. Research indicates not only that these women are sexually active, but also that they are engaging in risky, or unprotected, sexual behaviors (Henderson et al., 2004; Mallory et al., 2009; Paranjape et al., 2006; Smith, 2015; Stampley et al., 2005). Though many factors may contribute to engaging in risky sexual behavior, the belief that one holds about the likelihood of contracting HIV/STI plays an important role. Multiple studies have noted that middle-aged African-American women tend to be less worried about contracting HIV and perceive themselves to be at low risk for the disease (Stampley et al., 2005). McCord’s (2014) findings corroborated this, as they revealed that middle-age African-American women perceived themselves to be at low risk for HIV/STI for a number of reasons. For these women, risky sexual behavior was typically practiced by women who were dating a younger partner, women who were with men who had been incarcerated, and women who had little self-control. Because the women sampled did not consider themselves to fit into any of these categories, they considered
themselves at low risk for HIV. Smith (2015) drew similar conclusions about the low level of perceived risk among middle-aged African American women, but also indicated that this perception of risk was related to the perception of partner “cleanliness” and the length of the romantic relationship. If one believed her partner to be “clean” (physical appearance and hygiene intact) or was in a long-term monogamous relationship, she likely perceived herself to be at low risk for HIV/STIs.

In many studies, having less knowledge of HIV/STIs has also been linked to participation in risky sexual behaviors. Similar findings from research have emerged to suggest that the HIV/STI knowledge of middle-aged and older African American women is limited. In a study where HIV/STI knowledge was tested directly, older women scored low (Henderson et al., 2004). They misidentified modes of transmission, while also failing to identify condoms and abstinence as effective ways of preventing HIV. Comparably, Paranjape et al. (2006) noted that the majority of middle-aged and older African-American women in relationships did not view condoms as effective in preventing HIV. More recently, research has found that middle-aged women do have knowledge of HIV/STIs and modes of transmission, but they were less likely to consider this level of knowledge high (Smith, 2015). This may be due to the fact that many of the participants reported that they had not received any formal HIV/STI education.

In addition to HIV/STI risk perception and low knowledge, researchers have identified other personal factors as potential explanations for sexual risk-taking behavior. Mallory et al. (2009) considered this and offered a broad theme, “Getting Caught Up,” as an explanation for middle-aged African-American women’s sexual-risk taking behavior. Although this theme included a mixture of sociocultural and individual influences, middle-aged women’s need for sexual release was identified as a relevant individual factor. This was considered unique for
middle-aged women, as many of the participants had a strong desire for sexual activity because they believed their 40’s and 50’s to be their “sexual peak.” In another study, middle-aged Black women cited past or current unsafe activities, such as drug/alcohol abuse or paid sex work that they engaged in as contributors to risk-taking in their sexual experiences (Smith, 2015). According to participants that engaged in such activities, these activities placed them more at risk to contract HIV or STIs because they were dealing with “the kind of people” that were more promiscuous and less careful when engaging in sexual behaviors.

Partner communication is also relevant to consider when attempting to understand the risky sexual behaviors of middle-aged and older African-American women. As it pertains to condom use and discussion of sexual history, much of the research is consistent in finding that condom use is often deemed a sign of mistrust among middle aged African American women and their partners (Paranjape et al., 2006; Smith, 2015; Stampley et al., 2005). Therefore, a high trust in one’s partner has been linked to riskier, unprotected sexual practices for older African American women (Paranjape et al., 2006). Smith (2015) investigated the components of successful condom negotiation and found that a portion of middle-aged African American women had low condom negotiation skills. This was the case for some of the women because they perceived themselves as having limited sexual relationship power and/or the men in their relationships had complete dominance over sexual decision-making. Other women had low condom negotiation skills due to issues with low self-esteem and/or past histories with intimate partner violence. All of these factors impacted a woman’s ability to speak up and negotiate for condom use. In regards to inquiring about a partner’s sexual history, Stampley et al. (2005) found that middle-aged African American women were less likely to probe into their partner’s sexual history than younger women. Consequently, they were less likely to know their partner’s
STI or HIV status. This limited knowledge of their partner’s sexual history played a distinct role in middle-aged Black women’s risk-taking sexual behavior, as it made them less likely to understand their risk for HIV or STIs during sexual activity with their partner. Taken together, these findings suggest that risk-taking behavior is not only influenced by individual factors, but also by interpersonal factors like partner communication.

When considering the sexual behaviors of middle-aged and older African-American women in general, it is important to understand that these behaviors do not occur in a vacuum. Instead, they occur with influence from individual, interpersonal, and sociocultural factors. As mentioned previously, Mallory et al.’s (2009) broad theme of “Getting Caught Up,” offers an explanation for sexual-risk taking behavior. Within this theme, a lack of available Black men, as well as dependence on men for meeting sexual needs, were identified as relevant sociocultural influences on risk-taking behavior. When women perceived this shortage of available men, they either shared partners or engaged in activities that they would not normally do to get and keep a Black man. Smith (2015) noted similar factors, while also expanding upon these findings. This study identified four more sociocultural factors that influenced the likelihood of risky sexual behavior, which included the incarceration of Black men, men “on the down low,” Black men’s resistance to condom use, and a lack of available Black men. In terms of the incarceration of black men, the middle-aged women in this study believed that Black men likely engaged in unprotected sex with men while in prison. Therefore, they felt that the reentry of Black men from the prison system into the dating pool increased the risk of HIV/STIs for Black women. Engaging in sexual activity with men on the “down low” was thought to increase HIV/STI risk as well, since these men were those who identified as heterosexual, but also engaged in sexual activity with men. Lastly, these middle-aged African-American women believed that Black men
resisted condom use, mostly because they were said to physically “feel different” during sexual activity. When considering all of these findings, it is apparent that sexual-risk taking behavior among middle-aged and older Black women is influenced by a variety of factors. These factors occur on individual, interpersonal, and sociocultural levels and serve as possible explanations for risky sexual behavior.

**Middle-Aged and Older African-American Women’s Sexual Protective Behavior**

While it is important to recognize that middle-aged and older African American women are engaging in risky sexual behaviors, it is also important to be aware that many of them are adopting measures to protect themselves during sexual activity. For a number of these women, such protective measures are related to matters of the self. For example, Mallory et al. (2009) suggested that a broad theme, “Taking Responsibility” for sexual decision-making, was tied to self-esteem, self-confidence, and self-reliance for middle-aged African American women. If a middle-aged African American woman had high self-esteem, or valued herself, she would make demands for herself rather than simply agreeing with others and allowing things to happen. Similarly, high self-reliance allowed middle-aged African American women to not rely on a man to meet their needs, while a high self-confidence allowed them to take responsibility for their sexual decision-making. Smith (2015) offered self-care as another related factor. Self-care behaviors were defined as the means taken to reduce sexual risk, and they included obtaining drug/alcohol addiction treatment, getting HIV/STI screening regularly, and maintaining a high-self efficacy for condom use. When taken collectively, prior research indicates that individual factors, or matters of the self, motivate middle-aged African-American women to reduce their sexual risk and take measures to protect themselves.
Middle-aged African American women’s protective sexual behaviors were also related to whether or not they had positive attitudes and beliefs about sexual protection and condom use (Smith, 2015). Such attitudes/beliefs, especially about condom use, were often linked to the degree an individual felt it was necessary to protect herself from HIV/STIs and/or pregnancy. Therefore, women who embraced positive attitudes/beliefs about condoms were thought to do so because they believed that condoms could provide protection from unintended pregnancy and HIV/STI infection (Smith, 2015). Furthermore, positive attitudes/beliefs about consistent condom use were often attributed to peers, family, and God.

Similar to how partner communication impacted risk-taking behaviors in middle-aged and older African American women, other relationship factors also influence their sexual protective behaviors. In a study specifically designed to determine the relationship factors present in safe sexual decision-making, older African American women who did not trust their partner were more likely to practice safer sex (Paranjape et al., 2006). These women were also found to be more likely to practice safer sex if they either depended on their partner to provide condoms or procured the condoms themselves. Comparably, Smith (2015) found that women who feared their partner was engaging in sexual activity outside of the relationship were more likely to use condoms consistently. This study also revealed the perceived sense of power in a sexual relationship to be a factor in protective sexual behavior, as middle-aged African American women who perceived a sense of shared power viewed themselves as more capable to both negotiate for condom use and make sexual decisions. In conclusion, research reveals that partner communication, along with other relevant factors, contribute to a greater understanding of why middle-aged and older African American women may practice protective sexual behaviors. In doing so, it not only allows for a greater understanding of these women’s sexual experiences, but
it also offers additional insight into the impact of the multiple influences on both risky and protective sexual decision making.

**Body Image and Women’s Sexuality and Sexual Behavior**

Research has been conducted to explore the relationship between body image and women’s sexuality and sexual behavior. An extensive literature review by Woertman & van der Brink (2012) on this topic revealed that positive feelings about the body, or less dissatisfaction, as well as higher levels of perceived attractiveness, were related to increased self-reported measures of sexual desire, the facilitation of sexual arousal, and less self-consciousness during sex. Additionally, body satisfaction and high perceived attractiveness were also associated with frequent and consistent orgasms and sexual satisfaction. Women who experienced body satisfaction were more likely to perceive themselves as romantic, passionate, and open-minded people, while also having higher sexual self-confidence. In terms of sexual behaviors, a greater body satisfaction was closely linked to frequent sexual activity, increased masturbation, initiation of sex, increased sexual assertiveness, and more consistent and/or frequent condom use. This suggests that there is a relationship between body satisfaction/dissatisfaction and sexual experiences for women, and increased research attention regarding this relationship is necessary.

Although similar to body satisfaction/dissatisfaction, the term ‘body appreciation’ specifically measures respect and enjoyment of the body rather than positive or negative feelings about the body (Satinsky, Reece, Dennis, Sander, & Bardzell, 2012). As a construct, it encompasses numerous facets such as: “holding favorable opinions of one’s body, acceptance of one’s body regardless of its shape or size, as well as the explicit rejection of unrealistic body standards” (Satinsky et al., 2012, p. 138). This has been examined in relation to women’s sexual functioning as well. Research among a sample of adult women found that an increased level of
Body appreciation positively predicted sexual arousal, sexual satisfaction, and orgasms (Satinsky et al., 2012). Unlike body satisfaction however, body appreciation was unrelated to sexual desire and lubrication. In regards to protective sexual decision-making, body appreciation was associated with condom usage among the sample of women. Most notably, Winter and Satinsky (2014) concluded that body appreciation predicted condom use for a sample of women with multiple sexual partners. Therefore, the relationship between body appreciation and condom use depended on a woman’s sexual relationship status. Ultimately, it can be concluded that body appreciation, along with body satisfaction and dissatisfaction, have complex relationships with sexuality and sexual behaviors in women.

Body image, which includes all feelings towards the body, has been independently associated with sexual self-esteem. Sexual self-esteem is a construct that involves sexual self-confidence, belief in sexual abilities, feelings of sexiness, and sense of control in sexual situations (Ménard & Offman, 2009). It has the potential to be influenced by a number of factors, and previous research has acknowledged that these factors either facilitate or hinder women’s sexual self-esteem (Heinrichs, MacKnee, Auton-Cuff, & Domene, 2009). Factors that facilitate sexual self-esteem include loving romantic relationships, self-confidence, openness about sexuality, and attention from men. Contrary to this, factors that inhibit sexual self-esteem include disrespect from romantic partners, lack of openness about sexuality, physical changes, life stressors, and cultural expectations, specifically those that create boundaries for and limit sexual freedom for women. Higher levels of sexual self-esteem have been related to better sexual functioning, increased sexual satisfaction, and increased sexual-assertiveness for women (Woertman & van der Brink, 2012; Ménard, & Offman, 2009). In terms of the relationship between body image and sexual self-esteem, body satisfaction has been found to predict higher
sexual self-confidence (Woertman & van der Brink, 2012). In contrast, body dissatisfaction, along with concerns about sexual performance, has been shown to cause cognitive distraction, which is related to lower sexual self-esteem. Higher body self-consciousness during sex has been associated with lower sexual self-esteem as well (Calogero & Thompson, 2009). When this information is considered collectively, it is evident that body image contributes to sexual self-esteem, and that sexual self-esteem consequently plays an important role in one’s sexual experiences.

When attempting to understand how the relationship between body image and sexual behavior manifests for older women, it is helpful to understand how older women experience and consider their body image. When exploring body image in a focus group of older women, Liechty (2012) concluded that older women do not view body image in the same way that younger women do. Instead of only pertaining to satisfaction with weight or appearance, body image for older women highlighted feelings about physical health, the perceptions of others, mental health, and self-evaluation as components of body image. Therefore, body image could be thought of as a multi-dimensional construct for these older women. In terms of how they actually viewed their body image, nearly all participants expressed dissatisfaction with at least one part of their bodies, while also expressing an overall contentment, or acceptance, with their bodies and the aging process in general. This was characterized as a “dual existence of desire for change and overall contentment” and was further evidence that the body image of older women is informed by their unique attitudes and experiences (Liechty, 2012, p.81).

While the aforementioned study provides a framework with which to view body image for older women, other research has examined how body image affects middle-aged women’s sexual experiences (Koch, Mansfield, Thurau, & Carey, 2005). In such research, most middle-
aged women within the sample perceived themselves to be less attractive than they were ten years prior. This lower perceived attractiveness was then related to declines in sexual response or activity. More specifically, the more a middle-aged woman believed herself to be less attractive, the more likely she was to report less sexual enjoyment, less sexual desire, and/or less frequent sexual activity. Conversely, the more a middle-aged woman perceived herself as attractive, the more likely she was to report enjoying sex more, desiring sex more, achieving orgasms more easily, and/or having sex more often. Taken together, the findings of this study propose that there is a distinct relationship between the sexual experiences of older women and their body image. This alone is significant because it potentially explains why some older women experience decreases in sexual response as they age. Most importantly, it underscores that older women’s sexual experiences should be considered in relation to the social or contextual factors of aging, such as body image, rather than biological factors alone.

**Body Image and Sexual Behavior of African-American Women**

Similar to the distinct characterization of body image by older women, the body image of African-American women has been explored in relation to their unique identity. By utilizing a focus group approach, Poran (2006) found that Black women experienced body image concerns that are both real and dangerous to their mental health. Contrary to previous literature (Harris, 1995), the African American women in this study did not feel protected from negative body images or the idealization of the thin female body by Black culture. Instead, they reported feeling persistent confusion and anxiety as it related to their body image. They also reported feeling body image pressures due to the perceived body size preferences of men of different ethnicities, with white men preferring them to be slender and Black men preferring them to be curvy but still slender. While these findings of body dissatisfaction among African-American women are
significant, Poran (2006) also concluded that common psychological quantitative measures designed to assess body image are likely inaccurate when used with African-American women. They provide misleading information and are likely to lead to incorrect interpretations of the data because they are designed for other populations. With this in mind, it is imperative that the body image of African-American women be understood as unique and that quantitative measures be adapted to accommodate this.

To examine body image in relation to the sexual behaviors of African-American women, a number of studies have been conducted. They have been mostly consistent with studies sampling primarily non African American women in finding that body dissatisfaction was linked to riskier sexual practices (Brown et al., 2014). Brown et al. (2014) concluded that higher body dissatisfaction is related to lower likelihood of inquiry into a partner’s sexual history for adult African American women. When considering African American adult women’s sexual behaviors overall, other research has explored various relationships among body image and specific aspects of sexual behavior. Shulman & Horne (2003) investigated African American adult women’s body image as it pertained to masturbation and compared it to European American women’s body image and masturbation. African American women in the sample were found to have higher levels of body satisfaction and lower frequencies of masturbation than European American women. Though this was the case, no relationship was identified between body satisfaction and masturbation practice or frequency for African American women. Ratliff (2012) explored self-consciousness during sex, a different component of body image, and found that it did have some impact on the romantic relationships of African American adult women. Such research, as well as the findings previously cited, is relevant to consider when exploring the body image and sexual behavior of middle-aged African-American women. It offers important
information about body image and sexual behavior specifically pertaining to African-American female populations, rather than majority White female populations. Therefore, this information may be particularly applicable when considering the experiences of middle-aged African-American women.

**Purpose of the Study**

The majority of previous research has illustrated the importance of body image in sexual functioning and behavior, primarily for both younger and older majority White female populations. While informative, all of the findings from such research are not necessarily generalizable to a population of middle-aged African-American women. Moreover, the research that has explored the sexual experiences of middle-aged and older African-American women did not examine body image as a potential influence. Given the established importance of individual, interpersonal, and sociocultural factors in understanding middle-aged African-American women’s sexual experiences, it is important to consider the concept of body image and its role in these experiences (Smith, 2015; Mallory et al., 2009). Therefore, the purpose of this qualitative study was to investigate the relationship between body image and sexual decision-making for middle-aged African-American women. The Centers for Disease Control and Prevention (CDC) Department of Aging defines middle-aged as between 40-64 years old. For the purposes of this study, the age limit was extended to 65 due to the research team’s strong belief that a participant who is 65 would be able to relate to and understand the experiences of those who are between 40-64. Specifically, this study sought to answer the following research questions related to middle-aged African American women’s body image and sexual experiences:

1. What are the individual, interpersonal, and sociocultural factors that influence middle-aged African American women’s body image?
2. What is the influence of body satisfaction or dissatisfaction on sexual self-esteem?

3. What is the influence of body appreciation on protective sexual decision-making?

**Methodology**

To address the limited research concerning middle-aged African American women’s sexual experiences related to body image, a two-part qualitative approach with individual interviews and a focus group was utilized. Utilizing a qualitative research design provided a depth of understanding in the current research area. The qualitative approach also enhanced understanding of middle aged African American women’s experiences, perspectives, and behaviors in regards to their body image and sexual decision making. Finally, this approach allowed the women to give meaning to their own experiences rather than the researcher relying solely on theory or existing research findings to interpret the data.

**Participants**

A total of 12 middle-aged African-American women participated in the study. Seven women participated in the individual interviews and 5 participated in the focus group. The participants recruited for this study were between 40-65 years old, English speaking, and residents of Atlanta, Georgia. Respondent driven convenience sampling was utilized for this study. Participants were first recruited through Facebook announcements. The Facebook announcements included an introduction of and the contact information of the researcher, a brief description of the study, and an online survey for participant screening (see Appendix A). This announcement was posted by the researcher’s advisor to ensure that the maximum number of participants was reached on Facebook.

Participants were also recruited from the Atlanta chapter of the Spelman alumnae network. To recruit participants using the alumnae network, the president of the Atlanta chapter
was contacted, and the researcher requested permission to visit the chapter’s monthly meetings to make announcements about the study. In addition, the researcher requested that the president reach out to chapter members via email to encourage participation. Lastly, participants, particularly for the focus group, were recruited by contacting researchers from Emory University who had access to middle aged African American women due to their research or profession. The researcher contacted them so that they could share information about the study, as well as the link to the online screening survey, with anyone who they felt might be interested. Inclusion criteria were: self-identified as a Black/African American woman, ability to speak English, and between 40-65 years old. Participants provided informed consent, and all study protocols were approved by the Spelman College Institutional Review Board (IRB).

Because the researcher expected that it would be difficult to identify women who were willing to discuss this sensitive topic, a respondent driven sampling technique was used in order to allow the participants to recruit their peers. In addition, to ensure that the size of the focus group is large enough to facilitate discussion but small enough for all participants to be heard, previous research identified a focus group with 5-10 participants as the most ideal (Halcomb, Gholizadeh, DiGiacomo, Phillips, & Davidson, 2007). Accordingly, this study held one focus group with 5 participants.

**Materials – Interview Guide**

An interview and focus group guide was used to explore the relationship between body image and sexual decision-making in this sample of middle-aged African American women. Development of both guides was informed by the current literature regarding body image and sexual decision-making in this population. Questions were asked that pertained to the following topic areas: body appreciation, body appreciation’s effect on protective sexual behavior, body
satisfaction, and body satisfaction/dissatisfaction’s effect on sexual self-esteem. Questions regarding body satisfaction or dissatisfaction concerned participants’ positive or negative evaluations of their bodies. In contrast, questions regarding body appreciation explored participants’ feelings of respect, appreciation, and enjoyment of their bodies. Lastly, questions were asked about potential individual, interpersonal, and sociocultural factors that may influence body image (see Interview and Focus Group Guide in Appendix A). Because the focus group occurred after the individual interviews had been completed, adaptations of the focus group guide were made based on participants’ responses during the individual interviews. Sample questions from the both guides include: “Could you think of a specific time when you did or did not like your body?” “In what ways do you think that appreciating your body affects your decision to use a condom during sex?” and “What does sexiness mean to you?”

In addition to the interview guide, an online screening form was utilized to determine participant eligibility, and short demographics form was used to gain a better understanding of the sample (see Appendix A). Lastly, Facebook announcements were used to recruit participants, and additional information about the study was provided to participants if they were deemed eligible to participate based on the screening form (see Appendix A).

**Procedure**

To obtain the sample, a two-part screening process was created. If participants indicated that they were interested in the study, they were sent an email link to an online study screener survey created on Survey Gizmo. If participants were recruited via Facebook however, the link to the online screener was in the announcement so they already had access to it. The screener determined participant eligibility based on race, gender, age, and distance from Atlanta. Participants who were not between 40-65, did not identify as African American women, and did
not live within the Atlanta area were excluded. If potential participants met the criteria, additional screening took place via email. Through email, detailed information about the study, which included the study’s purpose, logistical information, and potential implications, was communicated to the participant. Following this, the participant was asked via email to provide a preference for an individual interview or focus group, as well as potential times, dates, and a convenient location for her interview or focus group. The researcher then confirmed the time, date, and location for the interview/focus group via email.

Seven individual interviews and one focus group were conducted at a location based on the availability and convenience of the participant. These locations were mutually agreed upon to ensure that both the researcher and the participant(s) were comfortable and free of distractions. Each interview/focus group lasted approximately 30-90 minutes, and informed consent was obtained before they began. The researcher explained the potential risks and benefits of the study and informed participants that their participation in the study was voluntary. Due to this voluntary nature of participation, the researcher also explained that participants could withdraw from the study at any time without penalty/consequence, as well as refuse to answer any questions without consequence. Lastly, participants were provided with a copy of the consent form that included contact information for the researcher and an institutional research contact should they have any additional questions or concerns in the future.

Following these procedures, participants were asked to provide consent for the session to be digitally recorded. Participants were assured not only that the researcher alone would have access to the digital audio files, but also that the written transcriptions would only be used for the purpose of data analysis. The researcher maintained participants’ confidentiality through a number of procedures. Participants had the opportunity at the beginning of the interview to
choose a pseudonym to be addressed by, and this protected confidentiality. If they did not choose a pseudonym and their name was mentioned in the interview/focus group, the name was redacted on the transcript. In the focus group specifically, participants were told to not address other participants by name, as this may have directly compromised confidentiality. Additionally, participants were encouraged to refrain from sharing information about other participants outside of the focus group. For both the individual interviews and focus group, participants were informed that their responses would not be linked to any personal identifiers in order to protect both privacy and confidentiality. Digital files containing the audio recordings were stored in an encrypted folder. This folder was kept on a password protected computer in the researcher’s advisor, Dr. Ukuku’s, locked office. Access to these files was restricted to only the research team (researcher and her advisor), who listened and transcribed the information given. There were no follow up sessions to the interviews.

Once consent to all conditions was given, participants were asked to fill out a short demographics form. Following this, the interview began, and the researcher initiated the discussion of the questions from the guide. For the focus group, a short rapport building activity followed the completion of the forms, which allowed participants to become comfortable with each other as well as the researcher, and then the focus group began with discussion of the questions. The researcher guided the discussion and probed for more information when appropriate for both the interviews and the focus group. Upon completion of the interview/focus group, the digital audio file was encrypted, transcribed, and then destroyed afterward.

**Data Analysis**

Interviews and the focus group were both digitally audio recorded and transcribed. The resulting data was coded then analyzed. Thematic analysis was employed, and codes were
developed based on the interview/focus group guide to capture key themes in the data. To begin the initial process, the data were read actively. This allowed for familiarization with the data and for an immersion into the content of the findings (Braun & Clark, 2006). General notes, ideas, and potential coding schemes were written down during this reading of the data, and this continued throughout the coding process. Next, the researcher re-read the transcripts and developed initial codes that identified an aspect of the data that was interesting or meaningful. The codes used were consistent across the interviews and focus group. Once code development was complete, the codes were analyzed and considered in relation to potential overarching themes. Potential themes and subthemes were then identified and the codes were sorted into these themes. To meet the criteria for a theme, there was a response pattern evident in the data across transcripts, a research question was addressed, and the topic played a major role in the interviews (McCord, 2014). Once the themes were identified, they were reviewed and refined in order to ensure that they formed a coherent pattern. Lastly, the themes were defined, named, and analyzed. Analysis of the subsequent themes was essential to understanding how they related to the overall research question. Each interview was initially analyzed independently for such themes, key concepts, and topics. Once this process was complete, the interview transcripts were examined in relation to each other and the focus group transcript for shared themes/subthemes. This was done until all transcripts were examined in relation to each other, and no new themes were found. Following this, all codes were entered into a computer program used for qualitative research, MAX QDA, and the researcher conducted frequency analyses to identify major codes and subcodes and to determine how often major subcodes occurred.
Results

Demographics

In total, twelve women participated in this study, with five participating in the focus group and seven participating in individual interviews. Table 1 outlines the demographic characteristics of these participants. The twelve women’s ages ranged from 40-61, and the average age was approximately 47 years old. The majority, or 83%, of the women were employed full time, and the most common type of employment was educational organizations/institutions (50%). The sample was highly educated, with most of the women (59%) completing a Master’s degree or higher. Lastly, it is important to note that the majority of the women, 75%, were married and had children. Out of the twelve participants, only three identified themselves as single and without children.

Table 1

Demographic Characteristics of the Sample (N=12)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Individual Interviews</th>
<th>Focus Group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age group</td>
<td>N=7</td>
<td>N=5</td>
<td>N=12</td>
</tr>
<tr>
<td>40-49 (%)</td>
<td>57</td>
<td>100</td>
<td>75</td>
</tr>
<tr>
<td>50-59 (%)</td>
<td>28</td>
<td>--</td>
<td>17</td>
</tr>
<tr>
<td>60-65 (%)</td>
<td>14</td>
<td>--</td>
<td>8</td>
</tr>
<tr>
<td>Marital Status</td>
<td>N=7</td>
<td>N=5</td>
<td>N=12</td>
</tr>
<tr>
<td>Married (%)</td>
<td>71</td>
<td>80</td>
<td>75</td>
</tr>
<tr>
<td>Single (%)</td>
<td>29</td>
<td>20</td>
<td>25</td>
</tr>
<tr>
<td>Children</td>
<td>N=7</td>
<td>N=5</td>
<td>N=12</td>
</tr>
<tr>
<td>Yes (%)</td>
<td>86</td>
<td>60</td>
<td>75</td>
</tr>
<tr>
<td>Educational Attainment</td>
<td>N=7</td>
<td>N=5</td>
<td>N=12</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----</td>
<td>-----</td>
<td>------</td>
</tr>
<tr>
<td>High School (%)</td>
<td>14</td>
<td>--</td>
<td>8</td>
</tr>
<tr>
<td>Bachelor’s (%)</td>
<td>43</td>
<td>20</td>
<td>33</td>
</tr>
<tr>
<td>Master’s (%)</td>
<td>29</td>
<td>60</td>
<td>42</td>
</tr>
<tr>
<td>Doctorate (%)</td>
<td>14</td>
<td>20</td>
<td>17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>N=7</th>
<th>N=5</th>
<th>N=12</th>
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<tbody>
<tr>
<td>Full time (%)</td>
<td>86</td>
<td>80</td>
<td>83</td>
</tr>
<tr>
<td>Not Employed (%)</td>
<td>14</td>
<td>20</td>
<td>17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Employment</th>
<th>N=6 (1 unemployed)</th>
<th>N=4 (1 unemployed)</th>
<th>N=10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education (%)</td>
<td>50</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Government (%)</td>
<td>17</td>
<td>25</td>
<td>20</td>
</tr>
<tr>
<td>Non-Profit (%)</td>
<td>17</td>
<td>25</td>
<td>20</td>
</tr>
<tr>
<td>Other (%)</td>
<td>17</td>
<td>--</td>
<td>10</td>
</tr>
</tbody>
</table>

**Conceptual Models**

One of the primary variables of interest in this study was body image. Based on research question one which sought to uncover the factors that influence body image, the researcher created a conceptual model to represent the levels on which it is believed that these factors occur and the relationships among them (see Figure 1). This conceptual model uses Bronfenbrenner’s social ecological model as its foundation, and it illustrated the researcher’s finding that middle-aged African American women’s body image was unique, in that it was determined by the interactions between individual, interpersonal, and sociocultural factors. Within the model, individual factors encompassed women’s feelings, emotions, and beliefs about their bodies,
while interpersonal factors were related to the ways in which friends, family, or romantic partners influenced body image. Lastly, sociocultural factors occurred at the broadest level, and they involved social, societal, or cultural norms that affected body image for this sample of women.

Figure 1. A conceptual model illustrating the factors that interacted to create and/or affect middle-aged African American women’s body image.

For this qualitative study, the outcome variable of interest was the sexual experiences of middle-aged African American women. With the knowledge obtained from the interviews and focus group conducted, a conceptual framework was created to illustrate how each construct likely interacts to influence sexual experiences (see Figure 2). Within this framework, body image, body satisfaction, and body appreciation are interconnected because they involve how women think or feel about or towards their bodies. Body image and body satisfaction then influence sexual self-esteem based on research question two by altering feelings of sexiness or self-control in sexual situations. Based on research question three, women’s levels of body appreciation impact sexual decision-making, as appreciating one’s body may lead to more demands being made about the circumstances surrounding sex, such as the location, protection, and timing. Sexual self-esteem was also related to sexual decision-making because it allowed a woman to make similar demands for herself, and sexual self-esteem and sexual decision making
ultimately affected sexual experiences, as a result of being informed by body image, body appreciation, and body satisfaction/dissatisfaction. All of the concepts are intertwined, and it is important to note that the sexual experiences of middle-aged African American women were not simply the product of one factor, but rather a multitude of factors, such as the ones associated with body image and sexual behavior displayed in the conceptual model.

![Figure 2](image)

Figure 2. Conceptual model displaying how the constructs interact to influence the outcome variable, sexual experiences of middle aged African American women.

**Themes**

Five broad themes emerged from both the individual interviews and focus group discussion. *Individual Influences* encompasses the factors that contribute to middle-aged African American women’s body image on a personal level, such as their life experiences, feelings, thoughts, and values. *Interpersonal Influences* describes how these women’s romantic partners, close friends, and family members shape their perception of their body image. *Sociocultural Influences* discusses the extent to which social, societal, and cultural level factors impact and
help to define their body image. When considering sexual decision-making, *The Effect of Body Satisfaction on Sexual Self-Esteem* describes how women’s positive or negative view of themselves governs their feelings of sexiness and self-confidence in sexual situations. Lastly, *The Effect of Body Appreciation on Sexual Decision-Making* illustrates how women’s respect and appreciation for their bodies can determine whether or not they decide to use a condom during a sexual encounter. The major codes and subcodes within each theme and the percentages at which the subcodes occurred within the parent code are displayed in Table 2.

**Table 2**

*Major codes and subcodes and the percentages at which the subcodes occurred*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Parent Code/Subcode</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Influences</td>
<td>Positive influence of clothing/</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emphasis on presentation of self</td>
<td>47.1%</td>
</tr>
<tr>
<td></td>
<td>Focus on enhancing body</td>
<td>35.3%</td>
</tr>
<tr>
<td></td>
<td>Body size/lack of relationship between body size and sexiness</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>Imparting knowledge to younger generation/importance of habits modeled</td>
<td>75%</td>
</tr>
<tr>
<td></td>
<td>Rejection of old thought framework/</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shift in thought patterns</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>Putting personal issues in perspective by considering alternatives</td>
<td>26.7%</td>
</tr>
<tr>
<td></td>
<td>Body dissatisfaction/body discomfort</td>
<td>16%</td>
</tr>
<tr>
<td></td>
<td>Body appreciation/</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Greater current body appreciation</td>
<td>26.1%</td>
</tr>
<tr>
<td></td>
<td>Dual appreciation and dissatisfaction</td>
<td>13%</td>
</tr>
<tr>
<td>Importance of health/</td>
<td>Health issues</td>
<td>31%</td>
</tr>
<tr>
<td></td>
<td>Body functioning well</td>
<td>23.8%</td>
</tr>
<tr>
<td></td>
<td>Activities to incorporate wellness into lifestyle</td>
<td>21.4%</td>
</tr>
<tr>
<td>Body satisfaction/</td>
<td>Body comfort</td>
<td>38.5%</td>
</tr>
<tr>
<td></td>
<td>Contentment with body and desire for change</td>
<td>12.8%</td>
</tr>
<tr>
<td></td>
<td>Body satisfaction-somewhere in between</td>
<td>7.7%</td>
</tr>
<tr>
<td>Weight/</td>
<td>Weight gain</td>
<td>18.6%</td>
</tr>
<tr>
<td></td>
<td>Weight loss</td>
<td>17.1%</td>
</tr>
<tr>
<td></td>
<td>Weight fluctuations</td>
<td>5.7%</td>
</tr>
<tr>
<td></td>
<td>Weight management</td>
<td>10%</td>
</tr>
<tr>
<td>Weight goals</td>
<td>4.3%</td>
<td></td>
</tr>
<tr>
<td>Conflicting feedback from family on weight</td>
<td>4.3%</td>
<td></td>
</tr>
<tr>
<td>Time period/milestone events</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Body shape/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mom body shape</td>
<td>14.7%</td>
<td></td>
</tr>
<tr>
<td>Family body shape</td>
<td>11.8%</td>
<td></td>
</tr>
<tr>
<td>View of self/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings about self</td>
<td>58.6%</td>
<td></td>
</tr>
<tr>
<td>Self-acceptance</td>
<td>14.7%</td>
<td></td>
</tr>
<tr>
<td>Wish fulfillment</td>
<td>9.5%</td>
<td></td>
</tr>
<tr>
<td>Christianity</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Self-love</td>
<td>5.2%</td>
<td></td>
</tr>
<tr>
<td>Appearance/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body parts</td>
<td>17.5%</td>
<td></td>
</tr>
<tr>
<td>Body changes</td>
<td>16.9%</td>
<td></td>
</tr>
<tr>
<td>Positive feelings about nude appearance</td>
<td>3.6%</td>
<td></td>
</tr>
<tr>
<td>Awareness of potential for body improvement</td>
<td>4.2%</td>
<td></td>
</tr>
<tr>
<td>Inevitability of body shape</td>
<td>4.8%</td>
<td></td>
</tr>
<tr>
<td>Consciousness of appearance</td>
<td>3.6%</td>
<td></td>
</tr>
</tbody>
</table>

**Interpersonal Influences**

| Partner influence/partner acceptance of body | 23.1% |
| Positive influence of friends/friend support | 100% |
| Influence of upbringing/peer influences on body image | 38.1% |
| Grounding effect of peers/peer honesty | 37.5% |

**Appearance/**

| Negative partner feedback on appearance | 3.6% |
| Negative peer feedback on appearance | 5.4% |
| Differences in appearance compared to friends | 3% |
| Partner preferences for appearance | 3% |
| Mom negative feedback on appearance | 2.4% |
| Dad negative feedback on appearance | 1.8% |

**Sociocultural Influences**

| Influence of upbringing/upbringing environment | 28.6% |
| Societal/media influence/ |  |
| Social comparison | 28.6% |
| Lack of social comparison | 14.3% |
| Beauty ideals | 14.3% |
| Lack of societal influence | 14.3% |
| Sociocultural norms/ |  |
| Black women body shape | 60% |
| White women body shape | 25% |
| Body shape/ |  |
| Definition of thick | 14.7% |
| Positive perception of thick | 8.8% |
| Definition of shapely | 8.8% |

**Effect of Body**

| Hiding body/preferences for room lighting during sex | 62.5% |
BODY IMAGE AND SEXUAL DECISION-MAKING

<table>
<thead>
<tr>
<th>Satisfaction on Sexual Self-Esteem</th>
<th>Body dissatisfaction/</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low openness to trying new sexual behaviors 20%</td>
</tr>
<tr>
<td></td>
<td>Sexual self-esteem 20%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Effect of Body Appreciation on Sexual Decision-Making</th>
<th>Practice of risky sexual behaviors/</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unprotected Sex 21.4%</td>
</tr>
<tr>
<td></td>
<td>Sex while under the influence 15%</td>
</tr>
<tr>
<td></td>
<td>Sex with multiple partners 15%</td>
</tr>
<tr>
<td></td>
<td>Gap between knowledge and protection 10.7%</td>
</tr>
<tr>
<td></td>
<td>Marriage lack of condom use/low perception of sexual risk 100%</td>
</tr>
<tr>
<td></td>
<td>Body appreciation/relationship between body appreciation and protection 34.8%</td>
</tr>
</tbody>
</table>

**Individual Influences**

**Self.** Although African American women in this sample’s body image was affected by various factors at the individual, interpersonal, and sociocultural level, individual factors were prominent. Overall, participants often described how their view of themselves positively and negatively impacted their body image. Feelings about themselves emerged frequently from the interviews and focus group, and these encompassed feelings of inadequacy, self-confidence, self-love, and self-acceptance. It is important to note that the women attributed their shifts towards self-love and self-acceptance to age and a shift in their thought patterns about their bodies. The women also discussed that a greater appreciation for their bodies accompanied age, this thought pattern shift, and the recognition that their body still functioned well. They mentioned that they were now able to respect and enjoy their bodies because it still worked, even if they had negative evaluations of it. This belief was often associated with a participant’s ability to keep her own body image issues in perspective by considering negative alternatives, such as limitations on their body functioning or serious health conditions.

**Negative views.** When participants had negative evaluations of their bodies but continued to appreciate them, this represented a dual appreciation and dissatisfaction for their bodies. Similarly, many participants discussed being overall content with their bodies, but also feeling the desire to change their body. This desire for change was related to wish fulfillment and the
awareness of potential for improvement to their bodies, and both signified their desire to make changes that they anticipated would be difficult, usually either to their weight, body size/shape, or certain body parts. In particular, participants mentioned that even though they viewed themselves positively when looking at themselves in the mirror naked, they were able to notice areas that needed improvement, such as toning or tightening.

**Religion.** Lastly, the African American women of this sample’s body image was informed by their belief in Christianity. This was related to the notion that they were made in the image of God, or “wonderfully and fearfully made,” and therefore accepted themselves because this is how God created them to be.

**Appearance.** In addition to personal thoughts and feelings related to their inner selves, the women frequently referenced their thoughts and feelings about their appearance. Many described feeling very aware of how their body looked like, or increasingly conscious of their appearance, and this was mentioned upon reflection of their past and present experiences. Some of the women also mentioned the body shape of their family members and mothers in relation to their own body shapes. This sometimes negatively impacted a participant’s body image, especially when she felt as though her body shape was drastically different and/or not comparable to that of her family. In contrast, some women believed that their body was greatly influenced by the body shapes of their family members and essentially inevitable due to genetic influences.

**Milestone Events and Body Changes.** Participants discussion of their appearance was also characterized by mentions of specific body parts and changes to the body. References to body parts, such as the stomach, breasts, and butt, were typically tied to positive or negative feelings, and changes to the body were usually perceived to be the result of the aging process or
pregnancy. The majority of the sampled women were mothers, and many of them did view pregnancy as an event that had negatively shaped their body image, in that it was an event marked by unwanted changes to their bodies. When asking one woman to describe a time that she disliked her body, she noted “probably after I had my son. Um…and I guess, more specifically once I stopped nursing. I noticed that it was harder to…lose the weight. And that was the first time I think I actually cared about my body.” This fell under the category of milestone events, which were also frequently mentioned by participants as events that had shaped or defined their perception of their body image, such as pregnancy, experiencing a health issue, or getting married. Specifically, motherhood and contact with younger family members, such as granddaughters or nieces, also influenced women to consider the habits related to their body image that they modeled. Most expressed a desire to model positive behaviors regarding their body image, such as exercising freedom in the way in which it is defined and/or not obsessing over appearance.

**Body Presentation.** While mentions of appearance did emerge often from the interviews and focus group discussion, some participants interestingly noted that their focus was not simply directed towards their thoughts and feelings about how they looked, but instead how they presented themselves. Many of the women, particularly in the focus group, described how “tastefully” presenting themselves in clothing contributed to increased positive feelings, such as self-confidence and sexiness. They emphasized the necessity of enhancing their current appearance by carefully selecting clothing, including undergarments, that would complement their appearance and accentuate their assets. Moreover, participants described that body size was not related to sexiness, as they knew women who were larger and still sexy.
**Weight.** The women also described how their weight played a role in defining their body image. Many of them indicated that they had experienced periods of weight gain, weight loss, and fluctuations in weight, and these periods were sometimes marked by conflicting feedback from their family members about their weight. Participants noted difficulties pleasing their family because they were often unhappy with their appearance when they gained weight, but were also similarly dissatisfied with them when they lost what they considered to be too much weight. This denoted a lack of support from their families, and sometimes negatively impacted a participant’s desire to maintain a healthier lifestyle where they could manage their weight. Accordingly, the ability to manage weight was important to participants, in the sense that this allowed them to exercise control over their weight and appearance. It also allowed them to set and work towards reaching a goal for their weight. However, when the women perceived that they had lost the ability to manage, control, or reach their goal weight, this tended to negatively influence their body image.

**Physical health.** In addition to how they viewed themselves, the women highlighted the importance of their physical health in defining their body image. They described being intentional about taking care of themselves and incorporating certain activities into their lifestyles, such as exercise, eating healthy, and getting enough sleep, that promote their health. This was an important component of how they defined their body image and signified that the women were concerned with more than their appearance when considering body image. However, some participants mentioned experiencing issues with their health, which were health problems that altered their perceptions of their body image. Health issues included but were not limited to mentions of fibroids, breast cancer, and vitiligo, and they tended to lead feelings about the body towards dissatisfaction.
Interpersonal Influences

Partners and Parents. As expected, questions from the semi-structured interview/focus group guide also elicited participants’ mention of various factors that influenced their body image at the interpersonal level. These factors could be further classified into influences from family, friends, and romantic partners. The majority of the sample women were married, and they described their partners as both negatively and positively impacting perceptions of their body image. In terms of the positive ways in which their partners shaped their body image, participants mentioned that when their partners accepted their body as it is, it made them feel better about and more satisfied with their bodies. For example, one woman stated, “so it actually ended up working out that my shape was actually quite appealing, you know to him so that also kinda played into it. Well more, God first, but…it does help when your man like it too, you know?” In contrast, some women discussed receiving negative feedback from their partners about their appearance. These often involved derogatory and hurtful remarks about body shape, weight, and/or beauty, and they were not limited to romantic partners, as multiple women described how their parents had provided them with the same type of feedback in the past and present. Taken together, both parents and romantic partners acted as sources for negative feedback about the way the women looked and consequently contributed or continue to contribute to their personal dissatisfaction with their bodies.

Peer Influences. The influence of peers on these African American women’s body image could be separated into their effect in the past and their effect in the present. When describing their upbringing, the majority of participants alluded to their peers being more influential than their families in shaping their body image. They attributed this to the messages about body image presented at school that they did not receive at home, as well as the negative feedback many of
them received about their appearance. Similar to the aforementioned negative feedback from parents and partners, negative feedback from classmates, including Black classmates, during participants’ upbringing was characterized by teasing and derogatory comments about weight, body shape, and certain body parts. These comments may have been rooted in the distinct differences in appearance many participants noted between them, their close friends, and their classmates. In sum, peers and the school environment tended to be a negative influence for participants in their earlier years, with many of them only reaching a place of self-acceptance for their bodies when they got older.

While friends often had negative consequences for a participant’s body image during their upbringing, the influence was described as largely positive in the present. When asked to discuss their close friends, the women elucidated that their friendships were grounded in mutual support and honesty. Support from their friends came in the form of compliments on their appearance, holding them accountable to making healthy decisions, and providing messages that identity is more important than appearance. The women also detailed their appreciation for the level of honesty that could have with their close friends, in that they were able to have open, candid conversations about their body image, changes to their appearance, and the extent to which they were making healthy decisions.

Sociocultural Influences

**Upbringing Environment.** In addition to individual and interpersonal factors, these African American women also expressed that perceptions of their body image were colored by influences at the sociocultural level. For example, participants recounted details about their upbringing and described characteristics of the environment in which they were raised. Such descriptions often included mentions of how the environment was composed racially, and this
was impactful in determining how participants viewed themselves earlier in their lives. References to racial environments frequently involved comments about their environment being composed of those who did not belong to their racial group (African Americans). This racial makeup of the environment in which they grew up was also related to differences in appearance compared to their peers and subsequently tended to negatively shape perceptions of how participants felt as though they should look.

**Body Norms.** On a larger scale, norms for appearance, beauty, and body shape have continued to influence participants’ characterizations of their body image. The women detailed certain attributes and qualities that they should possess to be beautiful according to a Eurocentric society, and this was typically associated with detrimental effects on their body image when they felt that they did not meet societal standards for beauty. In addition to such beauty standards, participants mentioned sociocultural notions of how they felt that they were supposed to be shaped as a Black woman. They detailed how they were supposed to be shapely and/or thick, which signified that a person was curvy and had “meat on their bones.” This idea of a Black woman’s body shape stood in contrast to the idea of a White woman’s body shape, which was viewed to be naturally small with large breasts. Many of the participants recounted that they had never in fact been shaped like a “typical” Black woman though, and this sometimes resulted in body dissatisfaction and negative feedback from their peers and partners. This was illustrated by one woman remarking, “but I know for Black women, of course we’re supposed to be curvier but I’m not really curvier. I’m you know kind of a slender build. It’s just, you know...wishing my, you know certain areas just fit with my build.”

**Social comparison.** Themes regarding the extent to which society and social comparison affected participants’ body image also arose from the interviews and focus group discussion.
While some of the women explained that their body image was largely affected by how others looked and their subsequent feelings of inadequacy, others noted that they were able to refrain from comparing themselves to others. When participants refused to determine their body image based on that of others and resisted the influence of societal imagery, this was associated with less pressure to change their appearance and more positive feelings about and satisfaction with their own bodies.

*The Effect of Body Satisfaction on Sexual-Self Esteem*

Upon asking the sampled women to describe their level of body satisfaction, some mentioned feeling dissatisfied, satisfied, and that their satisfaction level was somewhere in between with their bodies. These feelings were strongly tied to whether they felt comfortable in their skin, and those who were dissatisfied did mention feelings of discomfort with their bodies. Many of the women mentioned that this dissatisfaction was related to lower perceptions of their sexiness and self-confidence in sexual situations (sexual self-esteem), and this then increased their desire to hide their bodies during sex. Some even defined self-confidence as “being able to have sex with the lights on,” so when participants lacked this self-confidence they hid their bodies by having sex with the lights off. This indicated a clear discomfort with exposing their body in the light to their partner. When asked if her body dissatisfaction affects her sexual self-esteem, one woman mentioned this preference for the lights to be off during sex, “yeah cause I don’t really be wanting to…I still don’t like doing, having sex or anything in the light. So I think it does in that sense.” Furthermore, when participants were feeling dissatisfied with their bodies, they expressed that they were less open to trying new sexual behaviors with their partner. Taken together, participants’ feelings of dissatisfaction affected their sexual self-esteem, which in turn influenced their decision-making regarding the circumstances of their sexual encounters.
The Effect of Body Appreciation on Protective Sexual Decision-Making

When asking the women among the sample to outline the behaviors involved in sexual risk, they commonly defined risky sexual behavior as having unprotected sex, having sex while under the influence of any substances, or having sex with multiple partners. Given these definitions for sexual risk, the majority of women expressed that they perceived themselves to have a low sexual risk due to marriage. Even though they defined sexual risk as not using condoms during sex, it was evident that they meant not using a condom within non-married relationships, as nearly every married participant discussed not using condoms because they trusted their partners. Due to this information, the researcher asked the women to consider the experiences of other women in their age group and their level of sexual risk. The women then indicated that they noticed a gap between women’s knowledge that condoms are valuable for STI/HIV prevention and their lack of condom use. They believed that this lack of condom use was at least partially attributed to body appreciation, in that participants believed that when a person respected and appreciated their body more, they would be more likely to protect themselves during sex by using a condom. In addition, some of the women reflected upon their engagement in risky sexual behaviors in the past, and they mentioned that as their level of body appreciation increased with age, so did their likelihood of using condoms during sexual encounters. When reflecting on her past behaviors, one woman mentioned, “when you love yourself, and when you love your body, then you have a greater, you’re more inclined to be a little bit more careful.” This serves to demonstrate the perceived positive relationship between self-love, body appreciation, and the use of protection during sexual encounters. Even though some participants were not able to speak to the relationship between body appreciation and
protection within their own lives, it is important to acknowledge that they were able to recognize that this relationship existed for women in their age range.

**Discussion**

When considering the emergent themes within the individual interviews and focus group discussion, it is evident that middle-aged African American women’s body image was uniquely influenced by interactions among various individual, interpersonal, and sociocultural factors. The majority of these factors, such as milestone events, Christianity, partner acceptance of the body, and sociocultural norms related to Black women’s body shape, have not been captured within the previous literature. Although, the importance of physical health in defining body image and a simultaneous contentment and desire for change to the body was consistent with previous research conducted with a primarily Caucasian sample (Liechty, 2012). This suggests that current quantitative measures assessing body image among this age group solely with questions regarding their feelings about appearance and/or weight are failing to record women’s true perceptions of their body image, and thus may lead to inaccurate interpretations of the data.

In addition to revealing the individual, interpersonal, and sociocultural level factors affecting middle-aged African American women’s body image, this study did reveal an emergent relationship between body dissatisfaction, sexual self-esteem, and the preference for the lights to be off during sex. When considering the conceptual model displayed in Figure 2, factors at the individual, interpersonal, and sociocultural level contributed to their body dissatisfaction, and this then created lower perceptions of their sexiness and self-confidence (sexual self-esteem). Lower perceptions of their sexual self-esteem were related to sexual decision-making, more specifically the decision to turn the lights off during sex. Although this decision appears to be a negative one, it does imply that the women are still able to exercise a sense of control over the
circumstances of their sexual encounters. This decision to turn the lights off likely directly informed the outcome variable, sexual experiences, and this relationship is interesting, especially when considering the previous literature. One previous study identified loving romantic relationships as a factor that would facilitate sexual self-esteem, however it did not seem to facilitate sexual self-esteem for the women in this sample, as it was instead trumped by their body dissatisfaction (Heinrichs et al., 2009). However, the results of this study were consistent with extant literature in finding that body dissatisfaction was associated lower sexual self-esteem (Woertman & van der Brink, 2012). Similar to the unique factors that influence middle-aged African American women’s body image, this emergent relationship between body dissatisfaction, sexual self-esteem, and preferences for lighting during sex suggests that quantitative measures should be adapted.

**Suggestions**

When considering the results of this study, it is the researcher’s recommendation that sexual self-esteem, particularly self-confidence in sexual situations, should be evaluated in quantitative measures by asking middle-aged African American women about their willingness to have sex with the lights on. The results of the present study indicate that if quantitative measures are not eliciting responses concerning preferences for lighting during sex, they are not adequately assessing middle-aged African American’s sexual self-esteem.

Finally, the current study suggests that there is a relationship between body appreciation and protective sexual decision-making, although it did not necessarily exist for the women sampled. This finding was in agreement with previous literature that suggested that the relationship between body appreciation and protection depended on relationship status, and further research is therefore needed among single middle-aged African American women to
determine if body appreciation does in fact contribute to their protective sexual decision-making (Winter & Satinsky, 2014).

Limitations

This study was limited by the lack of variance and small size of its sample, as the majority of the women were married with children and aged under 50. Thus, the results should not necessarily be generalized to the larger population of middle-aged African American women, as it would include women of various relationship statuses up to 65 years old. Furthermore, after conducting interviews and a focus group discussion with primarily married participants, it is apparent that the primary outcome variable of this study, sexual experiences, should have been investigated differently for married and single women. For single women, future research should focus on their sexual risk, whereas for married women, future research should focus on their relationship and sexual satisfaction with their partners. In particular, little is still known about the perspectives and behaviors of single women within this age bracket, who seem to be practicing risky sexual behaviors for various reasons according to the few single women in this sample. Future studies are needed to further elucidate their sexual experiences. Finally, this study was limited by its lack of intrarater reliability.

Future Implications

Despite its limitations, this study describes how middle-aged African American women characterize their body image, the factors influencing it, and the role that body image plays in their sexual experiences. There is a relative scarcity of literature pertaining to the body image and sexual decision-making of this specific population, so the information that this study provides is valuable in enhancing understanding of these women’s experiences, perspectives, and thoughts related to their body image and sexual decision-making. Quantitative measures should
be drafted or adapted to incorporate findings related to body image and sexual self-esteem from this study in particular, and the subsequent results from quantitative studies should be used to inform interventions concerning body image and/or sexual behavior for Black women of this age group.
References


Appendix

Interview/Focus Group Discussion Guide

Hello, my name is Erin Ferguson and I am a senior Psychology major at Spelman College. My thesis project aims to understand how middle aged African American women characterize their body image, what factors influence it, and the relationship between your body image and your on sexual decision-making. I am interested in your input regarding the characterization and development of your body image, your sexual experiences, and how your current body image may be related to or affect your sexual experiences.

- There is no right or wrong answer to any of the discussion questions.
- All comments, both positive and negative, are welcome.

Procedures

- As you look over the IRB form, I will briefly explain to you each of the sections. (risks, benefits, confidentiality).
- Would you like to choose a pseudonym? If you would not, is it okay if I address you by name? Your name will be changed when this interview is transcribed and it will not be used in any form of the results that we obtain from this study.
- Ask participants to fill out short demographic form.
- Start tape recording, Hi my name is Erin Ferguson, and today, on [insert date], I am interviewing participant #.
- So I will be reading from this interview guide just to ensure that I’m staying on the right track. If you notice me taking notes on it, just know that I am not taking notes about you, but instead about something interesting that you may have said.
• All information and comments obtained from the interview will be used for research purposes only.
• If I change the subject or move ahead, please stop me if you want to add something.
• We will talk together for about 60 minutes.
• Two similar concepts will come up in our discussion often, so I would like to discuss the meaning of them now and differentiate between the two. Body appreciation involves respect, appreciation, and acceptance of one’s body as well as the rejection of unrealistic body standards. In contrast, body satisfaction and dissatisfaction involve positive or negative feelings about or evaluations of one’s body. Please feel free to ask me to repeat these definitions if there is confusion at any time during the interview.

• Do you have any questions before we start?

Transition
• Before the discussion begins, remind participants to be honest, and that they do not have to answer any questions that make them feel uncomfortable.
• Remind participants that this is a judgment free zone.

Introductory Question
• What is the first thing that comes to mind when you hear the words “body image?”

Key Questions:

Body Image and Influencing Factors
Q1. Could you think of a specific time when you did or did not like your body? Could you think of a time that made you more aware of how you felt about your body (body image)?
Q2. What do you believe shapes your body image?
Q3. Could you describe any cultural or social norms that influence your body image?
Are you in a relationship? If so, could you describe what effect your partner has on your body image?

If not, at any time were you in a relationship? If so, could you think back to that time and describe any influence you feel that your partner may have had on your body image?

Can you tell me a little bit about your family? What influence did _____ if any have on your body image?

Lastly, could you describe your closest friends? In what ways have they impacted the way you view your body?

**Transition: Thank you for talking to me about your body image, now we’re going to move on to the way your body image may affect your sexual attitudes. These topics may be a little more sensitive, so please remember that you can stop me at any time if you feel uncomfortable, and you do not have to answer any question that you do not wish to.**

**Body Satisfaction/Dissatisfaction and its Effect on Sexual Self-Esteem**

Q1. Could you describe what it means to be satisfied with your body?

Q2. Would you describe yourself as satisfied, dissatisfied, or somewhere in between with your body? Why?

Q3. What does sexiness mean to you? What does it mean to be self-confident in sexual situations?

Based on what you just told me about how you view sexiness and self-confidence, how do you perceive yourself in sexual situations in terms of your sexiness or self-confidence?

Q4. Could you describe to me how your body satisfaction may affect your sexiness and/or sexual self-confidence?
PROBE: Do you think that your body satisfaction or dissatisfaction affects your level of self-confidence or feelings of sexiness in sexual situations?

PROBE: Do you feel that your satisfaction or dissatisfaction with your body influences your interest in trying new sexual behaviors? If so, how?

**Body Appreciation and its Effect on Protective Sexual Decision Making**

Q1. Body appreciation involves feelings of respect, appreciation, enjoyment, and acceptance of one’s body regardless of its shape or size. Do you agree with this? What does body appreciation mean to you? To what extent would you say that you appreciate your body?

    PROBE: How did you think about your body in your 20’s? Has your body image or the way you appreciate your body changed since then?

Q2. In general, what does it mean to be risky to you? What do you think it means to be risky in terms of sexual behavior? Do you think that you are at risk as far as sexual behavior goes?

    PROBE: How do you typically come to a decision to either use or not use a condom during a sexual encounter?

Q3. In what ways do you think that appreciating your body affects your decision to use a condom during sex?

***If married, ask participants to think about Black middle-aged women overall instead of themselves.

**Ending Questions**

- I want to better understand how middle-aged African American women view their body image and how this may be associated with their sexual experiences. Is there anything that I missed? Is there anything else that you would like to share?
Thank you so much for your time. Your input is very valuable to me, and this research would not be possible without you. Thanks again!

Do you have any feedback for me?

I have copies of a recruitment flyer that I would like you to share with any middle aged African American women that you know who would be willing to participate in this study. I am looking for about 25 women. Would you be willing to share several copies with any of these women that you know?

Thank you so much for your time. Your input is very valuable to me, and this research would not be possible without you. Thanks again!
Screening Form for Participation

1. What is your current age? _____________________

2. What best describes your gender?
   - [ ] Male
   - [ ] Female
   - [ ] Decline to answer

3. What best describes your race?
   - [ ] African-American/Black
   - [ ] American Indian/Alaskan Native
   - [ ] Asian/Pacific Islander
   - [ ] White
   - [ ] Hispanic/Latino
   - [ ] Other-________________

4. Do you currently reside in Atlanta, GA or within a 20-25 mile radius of Atlanta?
   - [ ] Yes
   - [ ] No

5. Are you able to travel to Spelman College?
   - [ ] Yes
   - [ ] No

6. This interview will meet for approximately 30-60 minutes. In order to complete the interview, you should attend the entire session. Do you think that you will be able to attend the entire session?
   - [ ] Yes
   - [ ] No
   - [ ] Possibly
     Explain: ____________________

7. If you can attend the entire interview, are there any specific days of week or times that will usually work best? ______________________________
8. Is there a phone number where we can best reach you?

☐ Yes
   Phone number: _______________________

☐ No
☐ Decline to answer

9. Can we send you information about the interview to your email account?

☐ Yes
   Email address: _______________________

☐ No
☐ Decline to answer

Thank you, that is all the information that I need to collect and you will be contacted if you meet the eligibility criteria for this study. Do you have any questions?
Demographic Form

1. What is your age? __________________

2. What is your highest level of education?

☐ High school or equivalent
☐ Certificate or training program
☐ Associate
☐ Bachelors
☐ Masters
☐ Ph.D, Doctorate, M.D., J.D.
☐ Other

3. What is your current employment status?

☐ Employed full time
☐ Employed part time
☐ Not employed
☐ Retired
☐ Military
☐ Unable to work
☐ Decline to State

4. If you are employed, what best describes the type of organization you work for?

☐ For profit
☐ Non-profit (religious, arts, social assistance, etc.)
☐ Government
☐ Health Care
☐ Education
☐ Other
5. What is your relationship status?

☐ Single
☐ In a committed relationship
☐ Married or domestic partnership
☐ Widowed
☐ Divorced
☐ Separated

6. Do you have any children/stepchildren?

☐ Yes
☐ No

7. How were you recruited?

☐ Facebook
☐ Morehouse School of Medicine/Emory
☐ Spelman Alumnae Network
☐ Other
Announcement for Facebook

Hello, my name is Erin Ferguson, a senior Psychology major Public health minor at Spelman College. As part of my senior thesis, I am currently investigating the relationship between attitudes and beliefs about sexual behavior and body image for middle-aged African American women. If you are between 40-65 years old and are interested in participating in individual interviews about this topic, please complete the survey below. All responses will remain confidential. Thank you in advance, and I hope to use the results of this study to inform interventions and to better understand how middle-aged African American women view their body image and its relation to their sexual experiences. If you have any questions, please do not hesitate to contact me. Thank you!

http://www.surveygizmo.com/s3/3120314/12ed009cea8a
Detailed information about the Study following participant’s completion of the online screening form.

Hello (insert name),

Thank you so much for completing the online screener for this study. Based on your responses, you pre-qualify to participate in an interview. As the screener stated, this study is part of my senior honors thesis at Spelman College. In order to compete your enrollment, I would like to give you a detailed explanation of the study.

Below you will find detailed information about the purpose of the study and next steps.

**What is the purpose of this research study?** The purpose of my study is to explore the relationship between body image and attitudes and beliefs about sexual behavior for middle-aged African American women. The study seeks to understand how this population views their body image and the individual and sociocultural factors that may influence it. In addition, it will examine body dissatisfaction, satisfaction, and appreciation and the ways in which they relate to beliefs about sexual behaviors. In terms of beliefs about sexual behaviors, the study will primarily focus on protective sexual decision-making and sexual self-esteem.

I am hoping to recruit approximately 20 middle-aged women to participate in this study. I hope that the results from this study will allow for a better understanding of middle-aged African American women’s experiences and behaviors. In addition, I hope that the results will eventually inform interventions to decrease risky sexual behaviors among this population.
So what would I like you to do? If you agree to participate, I would ask you to be present for a 30-60 minute individual interview at a location that is most convenient for you.

What are the next steps? If you agree to participate, I would like to discuss times that you are available to participate in the interview either via email or over the phone. Once this is complete, I will send you a confirmed time and date for the interview.

Thank you and I look forward to speaking with you.

Sincerely,

Erin Ferguson