



The Roles of Body Surveillance, Feminist Beliefs, and Feminine Norm Adherence in Women’s Reproductive Health Efficacy and Behavior

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Introduction

- Women are socialized into roles determining how they should act and behave in order to maintain their femininity and subservience to men.
- In emphasizing women’s appearance and policing their sexual activity, social expectations of women could harm their reproductive and sexual health efficacy and behaviors.
- Conversely, women who hold feminist beliefs and feel empowered could be less at risk for negative sexual health beliefs and behaviors.

This study focuses on the following research questions:

- 1) if body surveillance would be associated with sexual self-efficacy
- 2) if empowerment would be associated with sexual self-efficacy and contraceptive use
- 3) if the feminine norms of sexual fidelity, modesty, appearance, and thinness are associated with sexual self-efficacy and contraceptive use
- 4) if liberal feminism would moderate the association between body surveillance and sexual self-efficacy

Method

Participants

The present study includes participant data from 247 students attending a public university in Maryland who identified as women. The average age of participants was 19.6 (2.5), and 59% of participants were White, 16% were Asian, 10% were Hispanic/Latina, 9% were Black, and 6% were multiracial/other.

Measures

- **Demographics:** Age, gender, ethnicity.
- **Body Surveillance:** Objectified Body Consciousness Scale, Body Surveillance subscale (McKinley & Hyde, 1996); indicated agreement with statements relating to body surveillance behaviors (Ex. “I often worry about whether the clothes I am wearing make me look good”)
- **Empowerment:** Empowerment Scale (Rogers et al., 1997); indicated agreement with statements about ability to achieve goals (Ex. “I am often able to overcome barriers”)
- **Conformity to Feminine Norms:** Conformity to Feminine Norms-45 (CFNI45) (Parent & Moradi, 2009); rated agreement with statements of of feminine norms; appearance (“I spend more than 30 minutes a day doing my hair and make-up”), modesty (“I hate telling people about my accomplishments”), sexual fidelity (“I would feel guilty if I had a one night stand”)
- **Liberal Feminism:** Feminist Perspectives Scale Liberal Feminist subscale (Henley et al., 1998); indicated agreement with liberal feminist ideology (Ex. “The availability of adequate child care is central to a woman’s right to work outside the home”)
- **Sexual Self-Efficacy:** Sexual Self-Efficacy Scale (Rosenthal, Moore, & Flynn, 1991); indicated level of certainty sex-related tasks could be completed (Ex. “Refuse a sexual advance by your partner”)
- **Contraceptive Use:** Number of contraceptives used and their effectiveness

Procedures

Participants were recruited through a university study participation website and through active recruitment with flyering. Participants completed a secure web-based survey.

Results

Analyses

Regression analyses were used to examine associations between body surveillance, empowerment, liberal feminism, feminine norms, sexual self-efficacy, and contraceptive use.

Findings

Results showed body surveillance was not associated with sexual self-efficacy ($b = .06, p = .35$), and feminism did not moderate the relationship between body surveillance and sexual self-efficacy ($p = .82$). Empowerment was positively associated with both sexual self-efficacy ($b = .43, p < .001$) and contraceptive use ($b = .22, p < .001$). Appearance, modesty, and sexual fidelity were negatively associated with sexual self-efficacy ($b = -.14, p < .05$; $b = -.12, p < .05$; $b = -.12, p < .05$). Sexual fidelity was negatively associated with contraceptive use ($b = -.42, p < .001$). Results are reported below.

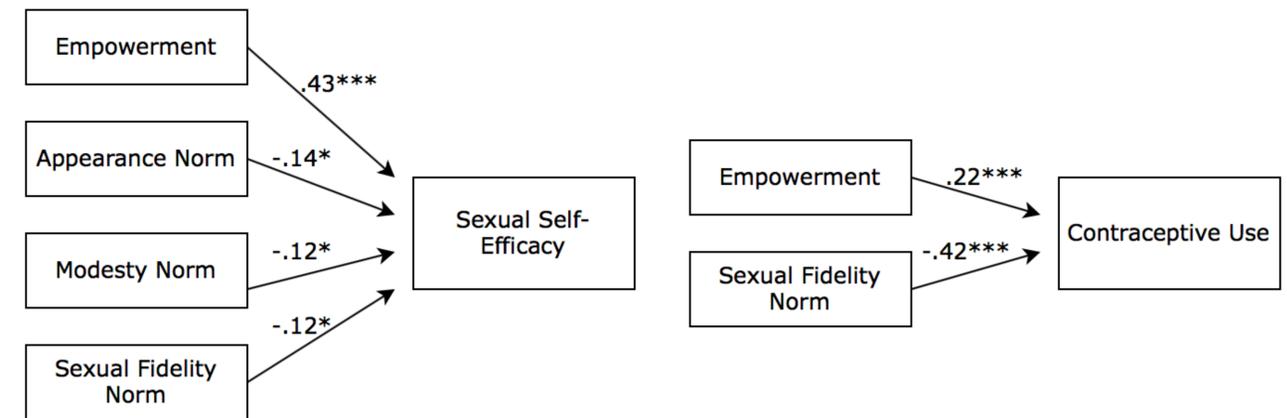


Figure 1. Regression coefficients and significance (* $p < .05$, ** $p < .01$, *** $p < .001$)

Discussion

- Empowerment was positively associated with both sexual self-efficacy and contraceptive use. Feminine norms of appearance, modesty, and sexual fidelity were negatively associated with sexual self-efficacy, while sexual fidelity was also negatively associated with contraceptive use.
- The moderation analysis was not significant, contrary to previous findings related to feminist beliefs and sexual health behaviors.
- Results indicate that feminine norms play a role in women’s reproductive and sexual health behaviors.
- These findings build upon past studies that show the importance of women’s experiences and gender role socialization in sexual health and efficacy, while also raising more questions about mechanisms of change.
- Limitations of this study include its correlational design. The majority of participants were White, and measures of socioeconomic status showed high SES among participants; this may not be representative of the general population.
- Future studies should formulate a possible intervention focusing on increasing empowerment and decreasing feminine norm adherence in women, especially those who exhibit high adherence to feminine norms. Additionally, qualitative data relating to women’s perceptions of their own reproductive and sexual health could be useful in further understanding risk factors and protective factors.