BODY IMAGE PERCEPTIONS AT CRITICAL AGE PERIODS: FOCUS ON WOMEN’S SELF-CONFIDENCE AND WELL-BEING

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Abstract

Body image is a crucial part of subjective experience in daily life. Most women are concerned with their body transformations due to pregnancy, delivery, breastfeeding, menopause, weight gain and obesity, serious gynecological and other diseases. Body image perceptions may influence women’s health, sexuality, fertility, and social behavior. Popularized images of slim models and celebrities adversely affect women’s perceptions of beauty and attractiveness. The difference between the perceived body image and desired silhouette may result in body image dissatisfaction. Outlook comparisons may influence the quality of life and result in anxiety, loss of confidence, and sexual ill-health.

Keywords: body image; body satisfaction; sexuality; social media; obesity.

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Introduction

Body image issues have become a global concern driven by growing sociocultural pressure, changing stereotypes, and societal norms of beauty and self-satisfaction [1]. According to the Medical Subject Headings (MeSH) definition, body image is individuals’ perception of their bodies. As a multidimensional concept, it involves feeling, attitude, and behavioural facets [2]. Gaining or losing weight, ageing processes, brawniness, thinness, and sexuality perceptions are among the most typical characteristics of body image conceptualization at the current stage [1, 3]. Despite the fact that body image dissatisfaction can be experienced by anyone, scientists report that women are more likely to experience dissatisfaction with their outlook and shapes of their body parts, especially during critical age periods [1, 4]. The pervasive influence of mass media and sociocultural norms enormously change stereotypes of ideal body images.

Celebrities with outstanding shapes of their bodies often become role models for the general population adopting new norms of body images and trying to adjust to popular trends advertised by public figures [5]. The consequences of such trends often lead to physical and mental health issues due to unjustified physical overloads, plastic surgeries, and even corticosteroids and use of other agents that negatively affect mood, self-esteem, and social relationships [5, 6, 7]. As a result, body image dissatisfaction is often associated with anorexia nervosa, bulimia nervosa, and other pathological conditions [4].

The aim of this review is to overview specific individuals’ body image perceptions and related factors of psychophysical well-being.
Search strategy

Literature searches were conducted through Medline/PubMed, Scopus, and Directory of Open Access Journals (DOAJ) up to June 2023. Recommendations on comprehensive and systematic searches through databases were consulted [8]. The following MeSH keywords were utilized to analyze relevant articles: “body image”, “body satisfaction”, “body dissatisfaction” in combination with “obesity”, “social media”, “sexuality”, and “infertility”. We processed English original articles, reviews, and case reports. Conference papers, book chapters, and preprints were filtered out.

Body image perception in obese subjects

Preliminary evidence suggests that body image is a subjective perception which is influenced by sociocultural norms and aggressive propagation of public role models’ “ideal” outlooks and “standard” shapes of breasts, belly, and other body parts [9]. The growing global prevalence of obesity and inability to meet publicized body image norms often result in mood disorders, depression and loss of self-confidence among overweight subjects, particularly during critical age periods associated with changes in sexuality, attractiveness, and interpersonal communications. In fact, a recent study demonstrated that students were more likely to undervalue their body weight and become dissatisfied with their body image (70%) [10]. Although boys more often suffer from obesity than girls, higher levels of dissatisfaction with body image is more common among girls [11]. At the same time, body image dissatisfaction increases the risk of adverse emotional outcomes in both boys and girls (Odds Ratio [OR] 2.8 and 2.2, respectively) [12].

The prevalence of obesity increases with age and inevitably changes the shapes of body parts, particularly the breasts, belly, thighs, and bottom in women. Obese women are more often dissatisfied with their body image than those with normal weight [9]. Women with lower Body Mass Index (BMI) are more often self-confident and satisfied with their appearance than men with the same parameters [13]. Body weight corrections, particularly weight loss, have positive effects on body image satisfaction and sexuality perceptions [14].

Breast image

Breast size, an important component of women’s attractiveness, often confounds their body image satisfaction [24]. Both small and large breast sizes may cause dissatisfaction, particularly in women before their motherhood. In fact, an Italian study of self-presentation and breast size dissatisfaction demonstrated that 69% (n=335) of subjects were dissatisfied with the size of their breasts, with 44% desiring larger and 24% smaller breasts [25].

Another large Australian survey of 345 women at various age periods, mostly dissatisfied with their large breasts, highlighted that breast size satisfaction positively influenced women’s sexual well-being-related measures of quality of life and their level of physical activity, independently of age and weight [26]. It was revealed that women with large and hypertrophic breasts experience increased breast motion that limits their involvement in all...
types of physical activities [27]. Finally, a study of women above 40 demonstrated that those with larger breasts were embarrassed by their breasts and were experiencing upper back pain [28].

**Body image and sexuality**

Sexual health is another important component of women’s well-being and relationships with their intimate partners. It is largely influenced by body image perception, with dissatisfied subjects experiencing sexual encounters, and enjoyable relationships with close friends and intimate partners [29]. Sexual self-esteem influences women’s sexual behaviour [30]. It includes perception of sexual beauty, attractiveness, and intimate partners’ sexual satisfaction [31]. Women with body image dissatisfaction are more likely to feel upset due to their failure to meet ‘ideal’ norms promoted by mass media; they are also at risk of risky sexual behaviours such as intercourse without condoms and other protection means [32]. Women ashamed of their appearance irregularly use condoms, have numerous sexual partners, and consume alcohol during sexual activity [33].

At another extreme, negative perception of body image prevents sexual activity. Sexual respect, desire, and satisfaction may improve chances of having healthy sexual encounters [34]. Sexual satisfaction is proved to significantly correlate with body esteem and appearance-based minds during sexual activity [35]. And sexual functioning strongly correlates with sexual satisfaction ($r = 0.7$, $P < 0.001$) [35].

Importantly, experts consider a number of complementary therapeutic modalities to improve women’s sexual health, particularly in those with history of sexual abuse, gynecological diseases, anxiety and shame, and intercourse without orgasms [36]. A number of holistic approaches, such as acupressure through the vagina and pelvic massage, can be offered to women with sexual problems [36]. All these therapies should be used with great care by experienced specialists after obtaining consent from women and adhering to all ethical norms [36].

**Body image misperception, sexuality and aging**

Women’s sexual health is interconnected with emotional and physical well-being throughout their life. Body image perception may influence their sexual activities in many ways, regardless of the age-related changes in the vagina, loss of energy, and growing number of gynecological diseases [37]. A number of dysfunctional conditions have been described in aging women: orgasmic infringement, sexual interest violation, genito-pelvic ache, and drug-induced dysfunction [38]. There are discrepancies in studies on menopausal women that suggest either sexual dysfunction or its absence [38, 39]. Importantly, menopause-related hormonal changes usually do not affect sexual activity; but women’s perception of sexuality does [39]. In other words, emotional status outweighs hormonal decline in maintaining sexual activity and satisfaction in women at advance age. Also, a study on 45-60-year-old sexually active women demonstrated that changes in the breast tissues and weight gain have an enormous impact on the quality of sexual activity [40].

Body image dissatisfaction may grow during the perimenopausal period. However, some women at advanced age may still maintain their self-confidence and enjoy positive attitude toward their body image despite age-related changes [30].

**Body image and infertility**

Infertile couples encounter a number of conflicting situations, issues with their sexual partners, and severe sexual dysfunction [41]. Such issues are widely prevalent in countries with high infertility rates [42]. Infertility causes emotional distress, depression, and poor self-esteem [43]. Positive body image perception and romantic relationships may help to avoid emotional distress and anxiety and maintain sexual activity [44]. By improving attitude toward own body image, women may increase the quality of sexual life despite issues with infertility [45].

**Body image and breast cancer**

Body image plays a significant role in avoiding psychological issues and preserving the overall quality of life in women with breast cancer [46]. Subjects undergoing breast cancer therapies encounter numerous transformations, affecting the breast and other body parts’ image and changing their perceptions of sexuality and attractiveness [47].

Women undergoing mastectomy suffer a lot due to body image modifications that affect their attractiveness and social expectations of femininity [48].

Emotional balance in subjects with breast cancer can be reached through their adaptation and positive feelings. Educated breast cancer subjects who possess a sense of humour have been shown to be self-confident and satisfied with their body
to be self-confident and satisfied with their body image [49].

Some therapies such as hydrotherapy in patients with skin adverse events due to cancer treatment have been shown to eliminate the skin damage and improve the quality of life [50].

Social media and body image

Social media channels have enormous influence on propagating beauty standards which are variably accepted across the world and may have a detrimental effect on some women’s perceptions [51, 3]. The resultant negative consequences include eating disorders, poor self-esteem, and body image dissatisfaction [3]. Image-sharing platforms may particularly affect body image perceptions [52]. In fact, frequent entries to Instagram has been associated with orthorexia nervosa [53]. The use of Facebook has also been associated with mood changes and body image misperceptions [54]. Editing and enhancing tools may change original images on social media and manipulate users’ feelings and perceptions [55]. The users’ level of education is perhaps the only factor that may help them to avoid issues with misunderstanding and misperception [56].

Body image survey

A recent body image survey has revealed that a high percentage of students are dissatisfied with their body (80%), mostly due to the desire to look slim [57].

DISCLOSURES
The author has no potential conflicts of interest to disclose.

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