EMBRACING THE HOTTENTOT VENUS: A MIXED-METHODS EXAMINATION OF BODY IMAGE, BODY IMAGE IDEALS AND OBJECTIFIED BODY CONSCIOUSNESS AMONG AFRICAN WOMEN

A dissertation presented by

Oyenike Balogun-Mwangi, M.S., M.Ed.

Submitted to the Department of Applied Psychology in partial fulfillment of the requirements for the degree of Doctor of Philosophy

In the field of Counseling Psychology

Supervised by:
Tracy L. Robinson-Wood, Ed.D.
Jessica B. Edwards George, Ph.D.
Rachel F. Rodgers, Ph.D.
William Sanchez, Ph.D.

Northeastern University
Boston, Massachusetts
February 2016
ABSTRACT

Body image satisfaction among African women is poorly understood. Using a mixed-methods research design, 230 African women are surveyed in order to broadly examine body image. Specifically, body image satisfaction, body image ideals, objectified body consciousness and eating pathology is examined with the aim of highlighting psychological and counseling implications. Particular emphasis is placed on non-weight-related aspects of body image including hair texture, skin color/tone and facial feature appraisals. This study begins the work of answering questions about the relationship African women have with their bodies and the systemic forces that impact the same (histories of colonialism, rampant globalization and salient sociocultural factors). Notable quantitative and qualitative results suggest the following: a) African women endorse high levels of body satisfaction with their body sizes, hair textures, skin tones and facial features; b) African women idealize smaller body sizes; c) higher levels of hair satisfaction appear to have a negative influence on body image satisfaction; d) skin color satisfaction is associated with higher levels of body image satisfaction; and e) facial feature satisfaction has little influence on overall body image satisfaction.
ACKNOWLEDGEMENTS

I want to begin by thanking my husband, Dennis, for his unwavering support and his willingness to shoulder an unfair share of the responsibilities throughout my doctoral study. To my son, Luke, who is the joy of our lives and who greets me with bright eyes and a smile even when my time is taxed by a myriad of tasks. I look forward to spending some uninterrupted time with both of you. You are the fuel that has kept me going, and the reason why this pursuit is worthwhile. To Joyce, your willingness to babysit has been a Godsend when we needed a break. Thank you for being a wonderful auntie and constant support!

Dr. Robinson-Wood, you have often said that working with your students is your greatest pride. What you don’t know is that I was in such awe of you that I was afraid I would be a disappointment. Your mentorship is like a knife through butter (succinct, searing, and precise) and has pushed me to grow in ways that I have never imagined. More than that, through our work together, I have learned to push the boundaries of my thinking and make the courageous statements that need to be made. I am grateful for your attentive, caring and loyal mentorship over the last four years.

I extend warm appreciation to the rest of my committee. Dr. Rachel Rodgers, for your astute direction in the area of quantitative analysis. Dr. Jessica Edwards-George, for your “big picture” approach to the entire process of dissertation-completion. Dr. Sanchez, your sentence-level, “eagle-eye” edits have been invaluable. Additionally, I thank you for the introduction to Albert Memmi.

To my parents who have made countless sacrifices that broadened my horizons, I am forever grateful. You continue to put our needs ahead of yours and every one of my life’s accomplishments is of your making. I am blessed to call you ‘Mom’ and ‘Dad’.

My siblings-Kunle, Shola, Kemi and Toyin- who cheerlead from afar. I love you all more than words can say.

I am grateful for the support of the American Association of University Women (AAUW) and the generous fellowship that funded this dissertation.

I would like to thank my research assistants, Shola Balogun and Stacy Kihiu for their tireless work on the project.

Finally, special gratitude is sent to every woman who participated in this study and who offered her voice to this research. It is my hope that you find that this project is an honest and respectful reflection of you.
TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>TABLE OF CONTENTS</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIST OF TABLES</td>
<td>v</td>
</tr>
<tr>
<td>LIST OF FIGURES</td>
<td>ix</td>
</tr>
<tr>
<td>Chapter 1: Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Theoretical Framework</td>
<td>6</td>
</tr>
<tr>
<td>Sociocultural Theory</td>
<td>6</td>
</tr>
<tr>
<td>Objectification Theory</td>
<td>7</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>8</td>
</tr>
<tr>
<td>Purpose of the Study</td>
<td>8</td>
</tr>
<tr>
<td>Primary Research Questions</td>
<td>9</td>
</tr>
<tr>
<td>Summary</td>
<td>9</td>
</tr>
<tr>
<td>Chapter 2: Literature Review</td>
<td>11</td>
</tr>
<tr>
<td>Overview of Body Image</td>
<td>11</td>
</tr>
<tr>
<td>Defining Body Image</td>
<td>12</td>
</tr>
<tr>
<td>Body Dissatisfaction among African Women</td>
<td>12</td>
</tr>
<tr>
<td>Colonialism, Globalization and White Beauty Ideals</td>
<td>16</td>
</tr>
<tr>
<td>Colonialism and Body Image</td>
<td>18</td>
</tr>
<tr>
<td>Commodity Racism</td>
<td>19</td>
</tr>
<tr>
<td>Globalization and Body Image</td>
<td>21</td>
</tr>
<tr>
<td>Sociocultural Factors and Body Image</td>
<td>23</td>
</tr>
<tr>
<td>Familial, Peer and Media Influence on Body Image</td>
<td>25</td>
</tr>
<tr>
<td>Racialized Features and Body Image</td>
<td>26</td>
</tr>
<tr>
<td>Racialized Features in Body Image Research</td>
<td>26</td>
</tr>
<tr>
<td>Skin Color and Body Image</td>
<td>27</td>
</tr>
<tr>
<td>Skin Bleaching</td>
<td>31</td>
</tr>
</tbody>
</table>
Hair Texture and Body Image............................................................................................................32
Facial Features and Body Image........................................................................................................34
Objectified Body Consciousness.........................................................................................................35
Model of Key Objectification Theory Tenets....................................................................................38
Summary.............................................................................................................................................38
Chapter 3: Methodology........................................................................................................................40
Research Design....................................................................................................................................40
Participants............................................................................................................................................41
Procedure.............................................................................................................................................41
Instrumentation.....................................................................................................................................42
New Immigrant Survey Scale of Skin Color Darkness.................................................................42
Hair Texture.........................................................................................................................................42
Skin Color Satisfaction Scale.............................................................................................................43
Pulver’s Body Image Scale...................................................................................................................43
Racial Body Image Questionnaire.......................................................................................................44
Objectified Body Consciousness Scale............................................................................................45
Ideal Body Stereotype Scale- Revised.................................................................................................45
Eating Disorder Diagnostic Scale- DSM 5 Version.............................................................................46
Demographic Questionnaire................................................................................................................47
Qualitative Questions............................................................................................................................47
Research Questions and Hypotheses.................................................................................................48
Data Analysis.........................................................................................................................................49
Quantitative Data Analysis................................................................................................................49
Qualitative Data Analysis...................................................................................................................52
Introduction to the Researcher.............................................................................................................53
Summary.............................................................................................................................................54
Chapter 4: Results.................................................................................................................................55
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic Information</td>
<td>55</td>
</tr>
<tr>
<td>Procedures</td>
<td>56</td>
</tr>
<tr>
<td>Skin Color</td>
<td>57</td>
</tr>
<tr>
<td>Hair Texture</td>
<td>57</td>
</tr>
<tr>
<td>Actual and Ideal Body Sizes</td>
<td>58</td>
</tr>
<tr>
<td>Skin Color Satisfaction</td>
<td>58</td>
</tr>
<tr>
<td>Body Image Satisfaction</td>
<td>60</td>
</tr>
<tr>
<td>Objectified Body Consciousness</td>
<td>62</td>
</tr>
<tr>
<td>Internalized White Beauty Idealization</td>
<td>62</td>
</tr>
<tr>
<td>Eating Pathology</td>
<td>63</td>
</tr>
<tr>
<td>Hair Satisfaction</td>
<td>64</td>
</tr>
<tr>
<td>Facial Feature Satisfaction</td>
<td>65</td>
</tr>
<tr>
<td>Hypothesis Testing</td>
<td>66</td>
</tr>
<tr>
<td>Hypothesis 1</td>
<td>66</td>
</tr>
<tr>
<td>Hypothesis 2</td>
<td>68</td>
</tr>
<tr>
<td>Hypothesis 3</td>
<td>69</td>
</tr>
<tr>
<td>Hypothesis 4</td>
<td>70</td>
</tr>
<tr>
<td>Hypothesis 5</td>
<td>71</td>
</tr>
<tr>
<td>Qualitative Results</td>
<td>72</td>
</tr>
<tr>
<td>Perceptions of Beauty Ideals among African Women</td>
<td>73</td>
</tr>
<tr>
<td>African Beauty as Physical Specification</td>
<td>73</td>
</tr>
<tr>
<td>Confident and Comfortable in Her Skin</td>
<td>74</td>
</tr>
<tr>
<td>Character as Beauty</td>
<td>75</td>
</tr>
<tr>
<td>Natural as “Litmus Test” for Beauty</td>
<td>76</td>
</tr>
<tr>
<td>Beauty as Sacred and Indefinable</td>
<td>77</td>
</tr>
<tr>
<td>African Women’s Self-Appraisals</td>
<td>78</td>
</tr>
<tr>
<td>Self-Appraisals of Body</td>
<td>78</td>
</tr>
</tbody>
</table>
LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1</td>
<td>Age of Participants</td>
<td>118</td>
</tr>
<tr>
<td>Table 2</td>
<td>Countries of Citizenship and Residence</td>
<td>119</td>
</tr>
<tr>
<td>Table 3</td>
<td>Years Lived in Africa</td>
<td>120</td>
</tr>
<tr>
<td>Table 4</td>
<td>Marital Status and Number of Children</td>
<td>121</td>
</tr>
<tr>
<td>Table 5</td>
<td>Education Level, Employment Status and Wealth Index of Participants</td>
<td>122</td>
</tr>
<tr>
<td>Table 6</td>
<td>Skin Color Darkness/Hair Texture Appraisal</td>
<td>123</td>
</tr>
<tr>
<td>Table 7</td>
<td>Mean Body Dissatisfaction Scores by Age, Wealth Index and Country</td>
<td>124</td>
</tr>
<tr>
<td>Table 8</td>
<td>Hair, Skin, and Facial Feature Satisfaction as Predictors</td>
<td>125</td>
</tr>
<tr>
<td></td>
<td>Of Body Dissatisfaction</td>
<td></td>
</tr>
</tbody>
</table>
LIST OF FIGURES

Figure 1. Pulver’s Body Image Scale.................................................................126
Figure 2. African Women’s Perceived Body Size.............................................127
Figure 3. African Women’s Ideal Body Size....................................................128
Figure 4. Path Analysis of White Beauty Idealization, Self-Objectification, Body Shame and Eating Pathology.................................................................129
Figure 5. Path Analysis of White Beauty Idealization, Self-Objectification, Body Shame and Eating Pathology with Additional Path.................................................130
CHAPTER 1

Introduction

African women are stereotyped as mindless and instinctual, embodying inferior qualities of womanliness compared to their Western counterparts. In their portrayals as instinctual beings, women in Africa rarely are shown as whole women, with both intellects and bodies (Fair, 1996).

Saartjie Baartman, a South African woman from the Khoi-San tribe, was a 19th century European sensation. Christened the “Hottentot Venus,” she was the main attraction of a booming exhibition where her nude form- buttocks and genitalia- were on display. Scholars and historians (for example, Young, 1997) argue that Saartjie was an exemplar of the manner in which African women’s bodies are represented as abnormal and peculiar. Although the story of Baartman can be dismissed as a singular historical occurrence driven by ignorance and racism, researchers have suggested that there are historic and present-day interpretations that can be drawn. While all women are oppressed by standards of beauty that make body dissatisfaction normative (Cash & Henry, 1995), researchers argue that western standards of beauty are ubiquitous in the historic and contemporary messages that inundate African women (Akande, 1993; Eddy, Hennessy, & Thompson-Brenner, 2007). Moreover, like Baartman, African women are dehumanized further when their bodies come to be the focus of attention rather than their personhood.

Body image is a broad term encompassing not only individuals’ own views and feelings about their looks but also how they think others see them (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). As was the case with Baartman, existing historic, political, economic and social factors are inextricably linked to what women perceive to be acceptable beauty standards and these factors invariably impact their relationships with their bodies. Notably, some studies have examined slavery, racism, and contemporary media representations as pervasive
sources of messages about western standards of beauty (Patton, 2006; Schooler, Ward, Merriwether, & Carruthers, 2004). For example, light skin and Caucasoid features have traditionally been associated with beauty, attractiveness, and superiority (Bond & Cash, 1992; Hill, 2002; Zhang, Dixon & Conrad, 2009) and the economic, social, and political benefits of lighter skin tones are a global phenomenon especially in countries with histories of colonialism (Glenn, 2008; Hunter, 2011; Mire, 2001; Rondilla & Spickard, 2007; Telles, 2004). When considering that women’s worth and value is often linked to appearance, discrepancies between perceived and ideal skin tone can significantly impact women’s appraisals of themselves (Falconer & Nevile, 2000). While the studies of body image among African women are few, still only a fraction of these (e.g., Akande, 1993) allude to colonialism, globalization, and other sociocultural influences as providing a historic and contemporary context for understanding body image among African women. Ultimately, studies of body image among African women not addressing these systemic forces are incomplete and offer very little interpretive significance to the experiences of African women. In the West, feminist theorists “focus almost entirely on the role of culture, society and women’s roles in the current socio-historical moment as having a profound influence on development body image disturbance and eating disorders” (Thompson et al., 1999, p. 224). Notably, the socio-historical and contemporary context negotiated by African women is poorly understood. Emerging studies on African women suggest that they may be responding to western beauty ideals as evidenced, not only by attempts to alter appearance but also evidence of eating disorder symptoms. For example, according to the World Health Organization survey (2011), between 25% and 77% reported using skin-lightening products on a regular basis. Given that many skin-lightening products contain mercury, the health implications are immeasurable and the need for research exploration is clearly indicated. Similarly, in a study,
which included 628 South African women (52% White, 38.6% Black, and 9.4% Asian), Black women showed the highest drives for thinness and perfectionism as well as significant evidence of eating pathology (Wassenaar, Le Grange, Winship, & Lachenicht, 2000). Interestingly, Eddy et al. (2007) found that young Tanzanian women who were frequently exposed to western ideas (through media, Internet and global travel) had higher rates of eating disorder symptoms compared to Tanzanian women with lower exposure (with almost 5% showing clinically significant symptoms of eating disorder pathology). What these studies indicate is that African women are presenting with behaviors that are often indicative of body image dissatisfaction in other populations. While the studies highlighted above present very important findings on African women and body image, questions remain about the ways in which African women’s beauty ideals are impacted by systemic factors. Put another way, studies on African women have focused on measuring pathology (e.g., eating disorder behavior, extreme body alterations by way of skin bleaching) without much attention paid to a broad understanding of body image cognitions, affective reactions, and subsequent behavioral responses. The present study is aimed at addressing this gap.

The majority of extant literature on body image has focused on western populations in general and on white women in particular. However, studies that have included non-white subjects in the West (e.g., African-American women) suggest that these women may have altogether different experiences with regard to body image and may diverge in the ways their body dissatisfaction and/or body image disturbances are expressed (Grabe & Hyde, 2006; Perez & Joiner, 2003; Roberts, Cash, Feingold, & Johnson, 2006). The dearth of research on African women requires that studies on non-white or non-African black populations outside of Africa inform studies of body image among African women. This is not to suggest that African women
have a unique experience that women, across nationality and race, do not share. Rather, that black African women may be influenced by and/or subjected to the pressures of western standards of beauty in ways that may confirm or question existing research regarding body image and intersections with gender, class, skin color, and nationality. Studies of this kind have suggested that for women of color, body image research must focus on appearance features other than body size. Specifically, skin color, hair texture, facial features (e.g., nose and lip size) play a pivotal role in the body image satisfaction of women of color (Bond & Cash, 1992). Although the exploration of other appearance features, in addition to body size, is a relatively new research focus in the West, studies that have included features such as skin color, hair texture and facial features (e.g., Bond & Cash, 1992; Patton, 2006) have concluded that body size alone is an incomplete determinant of how African-American women appraise their bodies. The impact of skin color, hair texture and facial features on the body image satisfaction of African women is largely unexplored in existing literature. A central aim of this present study is to explore the extent to which other appearance features (skin color, hair texture and facial features) contribute to overall body image satisfaction among African women.

Very few researchers have focused on exploring the body image ideals to which African women aspire. Existing research suggests that when a significant discrepancy exists between perceived body image and body image ideals there is a detrimental impact on women’s mood states (Pinhas, Toner, Garfinkel, & Stuckless, 1999) and body image satisfaction (Richins, 1991; Strahan, Wilson, Cressman, & Buote, 2006). Given the adverse mental health outcomes associated with discrepant actual-ideal body perceptions, the need for exploration of body image ideals among African women is indicated.

It is important to note that Black women tend to be explored as a monolithic group
without specific attention paid to class, ethnic, sexual, and cultural differences. Orbe (1995) argues that researchers often produce findings that blur the heterogeneity among groups without giving voice to the perspectives that come with unique cultural experiences; this line of reasoning could be applied to Africans as well. Generally, Africans are neither differentiated from other groups of color in research nor are regional differences considered (country of origin, language, religion, tribe, and history). This tendency to regard racially similar groups as a monolith is especially true of research conducted outside of Africa. Although, there are some studies that have focused on the body image of African women (e.g., Jumah & Duda, 2008; Mwaba & Roman, 2009; Siervo, Grey, Nyan & Prentice, 2006), these studies tend to be conducted by African researchers in Africa. Studies, which include Africans outside of Africa, rarely distinguish Africans from other ethnic minorities.

Notably, researchers of African populations tend to make inappropriate generalizations and often will use anthropological studies (for example, Brink, 1989) to suggest that full-figured women are prized in many African cultures. Tribes like the Afaha Obong Anang of Nigeria are used as apt illustrations for this argument because young brides are placed in “fattening rooms” before their weddings (Garner, Garfinkle, Schwartz, & Thompson, 1980) (which could be more of a demonstration of class and wealth). The research example above illustrates two potentially problematic assumptions: (i) that African women maintain preferences for traditional standards of appearance including predilections for larger body sizes; and (ii) that findings in one African tribe are generalizable to the entire African female population. Nigeria, for example, is composed of 250 tribes and ethnic groups (American Central Intelligence Agency, 2014). Researchers fail to account for the diversity of lived experiences of African women, when singular examples are generalized to be normative of African women. A preponderance of research evidence is
required before conclusions can be drawn about African women, their appraisals of their bodies as well as the systemic expectations that exist for African women in this regard. At the very least, the vast cultural heterogeneity among African people should be noted when any generalizations are offered (because skin color/race tend to be more salient constructs worldwide than culture, the relevance of culture as a category of meaningful difference among racially similar people needs to be discussed with this reality in mind).

**Theoretical Framework**

**Sociocultural Theory**

Sociocultural Theory contends that existing standards of beauty proliferated by the mass media, espouse thinner body sizes as well as other arduous appearance standards. These standards of beauty are pervasive and for most women, unattainable (Thompson et al., 1999). The theory purports that several factors impact how women appraise physical appearance: (i) the pervasive, and mostly unattainable standards of beauty propagated by the mass media; (ii) existing in a social reality whereby economic and social rewards are accrued for being attractive while there are economic and social costs for being unattractive (Franzoi, 1995; Morisson, Kalin, & Morisson, 2004); (iii) women, throughout history, have attempted to alter themselves to meet existing ideals of feminine beauty (Mazur, 1986). An important consideration in the application of this theory to African women is the inclusion of the media imperialism argument (Hamelink, 1983) whereby the media environments of many non-western countries are dominated by western media content. This proliferation of western media invariably diminishes the relevance of indigenous content. What this suggests is that for many women in the developing world, western ideals disseminated via mass media, obfuscate images that are
reflective of their own cultures and traditions. That women of color are often in contexts where they are forced to judge themselves against a white beauty standard may lead to “greater vulnerability to body image dissatisfaction and eating disorder symptomology (Thompson et al., 1999; p. 108).

**Objectification Theory**

Objectification Theory offers a framework for understanding the way social meaning is conveyed through the physical body. For women, sexual objectification “is the experience of being treated as a body (or collection of body parts) valued predominantly for its use to (or consumption by) others (Fredrickson & Roberts, 1997, pg. 174).” For women of color, objectifying images often include undertones of racial stereotypes such as, comparisons to animals or objects. The theory posits that: (i) having a female body introduces a shared experience for women (regardless of race, class, gender, and age) of sexual objectification (and yet race, as a grandmaster status, impacts and therefore alters this “shared experience”); (ii) there exists a culturally sanctioned right of men to sexualize and sexually evaluate women regardless of age or status (known as objectifying gaze); (iii) in response to the “cultural milieu of objectification,” women begin to view themselves as objects and internalize how their bodies are viewed by their observers; (iv) women suffer psychological consequences of sexual objectification including shame, anxiety, habitual self-consciousness, dissociation from bodies and bodily sensations; and (v) puberty and midlife are flashpoints for bodily changes that place women at risk for mental illness. Furthermore, Objectification Theory includes research-backed hypotheses that link sexual objectification to depression, eating disorders, and sexual dysfunction in women (eg., Tiggemann, & Kuring, 2004; Tiggemann, 2011).
Statement of the Problem

Very little research attention has been paid to understanding body image and body image ideals among African women and there is need to expand the research that currently exists. This study aimed to address the dearth of research in this area and begin the work of answering questions about the relationship African women have with their bodies and the systemic forces that impact the same. Credence was given to colonialism, globalization, and other sociocultural factors as important systemic forces that may drive existing body image ideals and subsequent body dissatisfaction among African women. The strength of this study lay in the exploration of systemic forces that drive body dissatisfaction, eating pathology and maladaptive body-altering decisions among African women while highlighting psychological and health implications of findings.

Purpose of the Study

The purpose of this study was to initiate a foundational examination of the attitudinal (cognitive, affective and behavioral components; Bond & Cash, 1992) elements of body image and body image ideals among African women on which future research can build. The central aim was to examine African women’s cognitive and affective assessments of their body image ideals, body image, and the impact of these elements on their behaviors and socio-emotional functioning. Specific emphasis was placed on the role of skin color satisfaction and appraisals of hair texture, facial features and body size. A mixed-method research design using surveys, including open-ended responses, was utilized to gather not only quantitative data on the subject but also qualitative contributions from participants. While many studies focused on African populations tend to contextualize findings by comparing “western” to “non-western,” the study
goals were not to “to codify and entrench the binarism of Africa and the West,” but instead to give nuanced attention to the factors at play in 21st Century Africa and the subsequent impact on the lived experiences of African women (Lewis, 2004, p.2). Results of the survey were analyzed with the aim of extracting research and practice implications for counseling psychologists serving women of African descent.

**Primary Research Questions**

**Research Question One:** How satisfied are African women with their skin color, hair texture, and facial features?

**Research Question Two:** What is the magnitude of the discrepancy between perceived body size and ideal body size of African women?

**Research Question Three:** To what extent is skin color, hair texture and facial feature appraisal predictive of overall body image satisfaction among African women?

**Research Questions Four:** To what extent does the internalization of white beauty ideals influence objectified body consciousness among African women?

**Research Question Five:** To what extent does internalized white beauty idealization and objectified body consciousness predict eating pathology among African women?

**Summary**

This Chapter includes an exploration of historic factors, sociocultural influences as well as current research on the topic of body image and the body image ideals of African women. Gaps in existing knowledge are also addressed. Sociocultural Theory and Objectification Theory are summarized as frameworks for understanding the topic. An argument is made for the purpose
and rationale of the study. The chapter concludes with an overview of research questions examined in this study.
Overview of Body Image

In the extant literature, the application and use of the term body image has evolved. While the current use of the term is predominantly related to appearance satisfaction, the transformation of this term can best be described as convoluted. The distinction in definitions of body image lies in whether subjective, affective, cognitive, behavioral or perceptual processes are of importance (Thompson et al., 1999). Body image can be used to refer to specific sites of the body or used broadly to refer to one’s overall appearance. According to Thompson et al. (1999), the term body image has its roots in neurological research where work on phantom limb pain and autotopagnosia (an individual’s inability to distinguish the right and left sides of the body) provided the foundational basis for the term. Body schema, a concept coined by Henry Head (1926), was a definitive starting point for conceptualizing appearance as one dictated by cognitive processes. Almost concurrently, the extraction of body image from its neurological foundations to psychology was achieved by Paul Schilder (1950) who focused on the conscious, subconscious and emotional correlates of the processes that governed one’s body image. The seminal works by Schilder encouraged schools of body image researchers who refined the psychological aspects of body image (Fisher & Cleveland, 1968); explored self-perceptions of appearance (Secord & Jourard, 1953, 1955); and identified and investigated clinical populations with body image and eating disturbances (Stunkard & Burt, 1967; Stunkard & Mendelson, 1967).
Defining Body Image. As a result of the multifaceted research perspectives through which body image has emerged as an area of interest, “body image has gradually developed over time into a *sponge phrase*, absorbing many different connotations and meanings” (Thompson et al., 1999, p. 7). Schilder (1950) defined body image as the “picture of our own body which we form in our mind…the way in which the body appears to ourselves” (p. 11). The perceptual and attitudinal elements of body image are stressed in the following definition: “the picture we have in our minds of the size, shape, and form of our bodies; and to our feelings concerning these characteristics and our constituent body parts” (Slade, 1994, p. 35). Similarly, Cash, Ancis, and Strachan (1997), define body image as a multidimensional and contextual self–attitude towards one’s body size, shape and appearance.

Body Image Dissatisfaction among African Women

Body dissatisfaction is defined as “the experience of negative thoughts and esteem about one’s body” (Dittmar, Halliwell, & Ive, 2006, p. 284). Jefferson and Stake (2009) note that body dissatisfaction is cause for serious concern because it is a precursor to serious socio-emotional difficulties including depression, social anxiety, low self-esteem and eating pathology. Little is known about body dissatisfaction and its impact on the socio-emotional health of African women; however, studies on western populations and some African populations suggest that body dissatisfaction is associated with adverse physical and mental health outcomes. One such study (Mwaba & Roman, 2009) of 150 black (female) South African students, yielded results suggesting that African women generally endorse high levels of body satisfaction. However, the researchers note that 56% of the sample indicated concern about gaining weight. Furthermore, 8% and 2% respectively, reported engaging in extreme weight control behaviors (i.e., vomiting
and taking laxatives). In a larger study, Le Grange et al. (2006), reported some interesting findings. Responses from 895 South African participants (aged 14-24; 43% black/mixed-race and 57% white) indicated that 14% of participants had scores consistent with anorexic-like behaviors and 4.6% had scores indicating symptoms of bulimia. In the study, black and white participants were just as likely to populate the group that had the highest clinical risk for eating disorders. According to the researchers, participants with a combination of high body mass indices (BMI’s) and low self-esteem were most at risk for eating disorders. It is important to note that the demographic make-up, political and sociocultural history of South Africa differs from other African populations and generalizability of these findings is in question. First, the majority of African countries are racially homogenous (predominantly black), albeit ethnically heterogeneous (tribe). Secondly, South Africa’s history of apartheid introduces a political and historical context that my affect its peoples in ways that are not generalizable to the rest of the continent. Notably a few studies have focused on exploring body dissatisfaction in other parts of Africa. For example, Siervo et al. (2006) provide some data on West African women in their study of 200 urban Gambians. They concluded that women and girls (aged 14-50) had higher levels of body dissatisfaction compared to their male counterparts. Similarly, a study of 203 Tunisian women living in the greater Tunis area (aged 18-52) found that two-thirds (61%) of the sample were dissatisfied with their current body size (Tlili et al., 2008). What the research indicates is that body dissatisfaction is evident in studies of body image among African women. Additionally, the lifespan implication for African women is evident in that dissatisfaction was evident across age range in the studies referenced above. The magnitude of dissatisfaction is in question with some researchers finding generally high levels of body satisfaction among African women. Also, findings are in line with research conducted in the United States and other western
countries whereby body dissatisfaction has been found to have an adverse effect on mental health. Specifically, individuals who report body dissatisfaction are more likely to report adverse mental health outcomes (Hrabosky & Grilo, 2001; Wilson, Latner, & Hayashi, 2013). As is the case in most research on body image, most of the extant studies have focused on college students and small community samples. For example, Cash and Fleming (2001) linked body image attitudes not only to emotional adjustment but also to self-esteem, interpersonal relationships, eating and exercise behaviors, personal grooming habits, and sexual activities. This suggests that women’s feelings about their bodies can impact multiple facets of their lives. Walters-Brown and Hall (2012), using concept analysis on 40 articles exploring body dissatisfaction, concluded that body dissatisfaction was related to overvaluation of appearance, repetitive body checking (e.g., constantly pinching or measuring specific areas of the body), and body avoidance (e.g., avoiding mirrors or form-fitting clothing). Also, Hrabosky and Grilo (2007) examined body image concerns and eating disturbances in a community sample of 120 women (67 black and 53 Hispanic) and concluded that higher weight was associated with body image concerns as well as binge eating among black women. Specifically, individuals who endorsed dissatisfaction with their bodies were more likely to engage in pathological eating behaviors. Additionally, the researchers also found that depressive affect was predictive of body image concerns. Wilson, Latner, and Hayashi (2013) tested a mediational model linking body dissatisfaction to physical and mental health-related quality of life (HQRL). The study focused on a majority female college student population in Hawaii (n = 414; 69% female; 40% Asian, 19% Caucasian, 1% black, and 37% claimed mixed ethnicity). The researchers reported the following results: women reported greater stress \((d = -.23, p < .05)\) and body image dissatisfaction \((d = -.93, p < .001)\) than men; higher body dissatisfaction was significantly associated with increased anxiety,
stress, depressive symptoms, mental HRQL impairment, and decreased self-esteem ($r$s ranging from .33 to .61 in men and .25 to .45 in women, $p<.01$). These results give support to previous research findings that link body dissatisfaction to adverse mental health outcomes. It is notable that this study highlights the gender differences in the impact of body image dissatisfaction on stress (with women showing significantly higher levels). As part of a large epidemiological study of 5225 Australian women (aged 18-42), researchers (Runfola et al., 2012) explored body dissatisfaction and its relationship to quality of life. Interestingly, 86% of the sample indicated some dissatisfaction with body image with about 39% of the sample indicating moderate to marked levels of dissatisfaction. Strong associations were made between body dissatisfaction and psychosocial functioning. Specifically, participants with moderate and marked body dissatisfaction were overrepresented among individuals with eating disorder symptoms ($n = 482, 9.2\%$). Conversely, the prevalence of eating disorder symptoms was significantly lower in the rest of the study population.

Some researchers make the case that the nature and expression of body image concerns among black women may differ markedly from what is established in the literature (Kuba & Harris, 2001). In exploring the impact of body dissatisfaction on the mental health of black women, researchers have challenged the assertions of contemporary research that these women are buffered, or in many ways immune to body dissatisfaction and its corollary effects (Kuba & Harris, 2001; Sabik, Cole, & Ward 2010). Capadilupo and Kim (2014) argue that clinicians working with black women must consider attitudes and physical characteristics that are often excluded from clinical discourse such as, explorations of skin tone and hair texture. Important to explore in this review of literature is not only the evidence of body dissatisfaction among African women but also the likely contribution of the historical, cultural and social milieu to the
development and maintenance of existing beauty standards. These factors are explored in the following section.

Colonialism, Globalization, and White Beauty Ideals

What is posited about body image in existing literature is that women function against a “backdrop of cultural ideals” and often feel pressure to align their physical attributes with their perception of what is ideal (Slade, 1990, p. 106). Furthermore, historical and cultural shifts through time contribute to the non-static nature of beauty ideals (Slade, 1990). For African women, the research indicates that historic, political, economic and sociocultural changes have resulted in the valorization of white beauty ideals.

With a few exceptions, many of the countries in Africa gained independence from colonial powers (Britain, France, Belgium, Spain, and Portugal) in the 1950s and 1960s, however reverberations of the colonial past remain (Germany was also a colonial power until World War I) (Davies, 2010). Cabral (1979) makes an important distinction between classical colonialism which was the direct domination of peoples through an organized system of foreign armed forces, administrators and settlers (which effectively ended with independence) and a more indirect control of peoples that is more pervasive. Neocolonialism, argues Cabral (1979) is the way by which the developing world continues to be dominated primarily through the political control of local leaders. According to Young (2001), “Neocolonialism denotes a continuing economic hegemony that means that the postcolonial state remains in a situation of dependence on its former imperial powers” (p. 45). These assertions suggest that colonialism serves as a seminal historical context that changed the political, economic and sociocultural trajectory of many African nations.
Colonialism in Africa has long been understood as European imperialism motivated by a desire for wealth and resources and a potent residue is a phenomenon where light skin and other Caucasoid features have come to be associated with power (Hall, 2003). Memmi (1965) argued that colonized peoples developed an identity born of their circumstances whereby their culture, lands, resources, freedoms were appropriated by another. Moreover, colonized peoples were forced to acquiesce to the ways of their colonizers while their own ways were disregarded and repudiated. What resulted, Memmi explained, was a nationalistic consciousness that allowed colonized peoples to agitate for their own liberation (a nationalism that would have been absent otherwise).

Blay (2011) argues that colonialism in Africa was effective in defending a system of wealth, power and privilege by indoctrinating the minds of Africans with ideology that situated whiteness with godliness, morality, and goodness. Conversely, blackness was associated with darkness, godlessness, ignorance and iniquity. According to Blay (2011) the ideological tools that aided in the perpetuation of the White ideal included Christianity and its associated images depicting God and the Christ as white. “Christianity of the colonial order characterizes black skin not only as punishment from God via the ‘curse of Ham’, but divine justification for the enslavement of Africans” (Blay, 2011, p. 10). The imperialistic construction of Africa as a “Dark Continent” propagated its description as impenetrable, hostile, and rampant with disease; naturally casting Africa as inferior to the civilization of Europe. Similarities can be drawn between Africans’ internalizations of messages of inferiority and the Clark doll studies (Clark & Clark, 1947) in which African-American children as young as 7 years, showed a strong preference for white skin, in many cases rejecting any attempts to ascribe positive attributes to their darker skin colors. These findings support the damage that institutionalized racism can
wreak on oppressed peoples. Hall (2003) argues that power ascribed to whiteness is not a historic phenomenon but perpetuates in the global politics. Nations populated by lighter skinned people wield greater power in global decision making. Interestingly, Hall states that phenotypes of first, second, and third worlds can be correlated with skin pigmentation.

**Colonialism and Body Image**

Few studies have explored the association between the internationalization of colonial ideologies and body image. Charles (2009) who argues that colonialism is the starting point for understanding the skin bleaching phenomenon in Jamaica alludes to several channels through which colonialism led to the internalization of Eurocentric notions of beauty: (i) *Colonial Government* and *Colonial Culture* which by design differentiated the white “ruling class” from the politically invisible black proletariat, invariably creating a white-black class structure. Also, Structures of African society were deemed as ignorant, uncivilized and backward; (ii) *Post-Colonial Governments* which were, in many cases, a continuation of the same policies and systems that existed pre-independence. Additionally, the colonial rulers were represented as fair rulers, discovers, and major players in the existential histories of black people; (iii) *Colonial Church* which tended to criminalize or dismiss African religions and elevate Eurocentric representations of the Divine; (iv) *Contemporary Christian Churches* which continue to reinforce and celebrate Eurocentric images of God; images that are often prominently displayed in houses of worship; (v) *Colonial Education Systems* whereby education was either denied the black proletariat or education was defined by the consumption of European writings and/or ideas; (vi) *Contemporary Education* which invariably included curriculums modeled against a British standard and material imported from Britain; (vii) *Colonial Media* where news and information was controlled by Britain and writings by Africans or other people of color were
banned; (viii) *Contemporary Media* which showcase representations of Africans that adhere to Eurocentric ideals in appearance and accent; and (ix) *Contemporary Popular Culture* whereby current-day blacks view aspects of their cultural roots as ignorant, uncivilized, and lewd while elevating remnants of European culture as preferable.

**Commodity Racism**

Researchers (Blay, 2011; McLintock, 1995) argue that the economic benefits of subjugating Africans are apparent in the systems and structures of colonialism. Blay (2011) argues that positioning white as the ideal created a demand for “whiteness” whereby Africans understood that social and economic rewards accompanied approximations of whiteness. Commodities such as soap or clothing, could afford Africans proximity to the European ideals to which they had been inculcated to aspire.

The commodification of whiteness is most apparent in historic and modern-day advertisements geared to the African market. McLintock (1995) reviewed 19th century advertising campaigns and concluded that commodities were sold to Africans via images that juxtaposed a white ideal with the apparent depravity of blackness. For example, Blay (2011) referenced an 1875 Pear’s Soap advertisement in which a seemingly unfortunate black boy is introduced to bathing by a benevolent White peer. The bath results in the whitening of the black boy’s body, albeit not his face. “The viewer realizes that it is through the White boy, a smaller and younger version of the White man, that the Black boy becomes ‘domesticated,’ thus reinforcing Whites’ positions as active agents towards civilization while Blacks remain passive recipients of their ‘kindness’ and ‘goodwill’ (pg. 18).
Modern-day consumer racism is readily identifiable in Africa via advertisements for cosmetics, household products and other commodities which position the ownership of these items as avenues to accessing beauty (e.g., via lighter skin, straighter hair) and modernity (e.g., via bathing soap and toothpaste). Essentially, dark skin and traditional methods of body- and teeth-cleansing are depicted as backward, dirty and uncivilized. According to Burke (1996), commodities “were by their very nature about the transformation of the ‘traditional’ African self into something advertisers argued would be more commensurate with ‘modern society’ (p.159). Essentially colonialism has not only institutionalized the inferiority of blackness in Africa but also amassed great wealth from promising “whiteness” through the purchase of commodities.

Currently, little is known about how the oppressive ideologies of colonialism impact body image perceptions of African women. However, a few studies have attempted to make links to colonialism in explaining body altering behaviors of African Women. For example, some studies have explored the phenomenon of skin bleaching among African women (Blay, 2009; Blay, 2011; Fukuo, 2009; Lewis, Robkin, Gaska&Njoki, 2011) and examined the internalization of colonial ideologies as a causal factor. For example, Blay (2011) stated,

While it is true that skin bleaching represents a multifaceted phenomenon, with a complexity of historical, cultural, sociopolitical, and psychological forces motivating the practice, the large majority of scholars who examine skin bleaching at the very least acknowledge the institutions of colonialism and enslavement historically, and global White supremacy contemporarily, as dominant and culpable instigators of the penchant for skin bleaching (p. 4).
According to Vacker and Key (1993), what commodities promise to a consumer is movement from a perceived deficient beauty state to a closer embodiment of a beauty ideal. Integral to this process is an internalization of a beauty ideal that one accepts as standard. To this point, Vacker and Key (1993) stated “…consumption of beauty is too a complex process, primarily involving epistemic concepts, wherein the consumer perceives, grasps, evaluates, and integrates the universal of beauty, and then applies it to the particulars of her or his purpose and life” (p. 484). Glenn (2008) argued that in the present day, corporations selling to African women, use print, Internet, and television advertisements to link products (i.e., skin lightening creams) to modernity, upward social mobility and youthfulness. Put another way, African women still continue to be oppressed by economically motivated beauty ideals that are invariably unattainable. While this may be a boon for corporations, African women (like women worldwide) are assailed by images of beauty ideals that they are told are attainable via purchase. Research findings (e.g., Tiggemann & McGill, 2004) suggest that media and product images, which typically populate magazines, increase body dissatisfaction and negative mood among women. The researchers hypothesize that advertisements may trigger women’s social comparisons to idealized female beauty.

**Globalization and Body Image**

While colonialism establishes a historical context for understanding body image among African women, globalization provides the current context for which to understand the social, cultural, political and economic realities of people on the African continent. “Globalization refers to the complex and multifaceted processes of worldwide economic, social, cultural and political expansion and integration which have enabled capital, production, finance, trade, ideas, images,
people and organizations to flow transnationally across the boundaries of regions, nation-states and cultures” (Chow, 2003, p. 444). Some researchers (e.g., Oloruntoba-Oju, 2007) argued that globalization, on the one hand, positions countries in Africa for engagement in a world that is increasingly globally oriented. On the other hand, “cultural hybridity or globalization sounds the death knell of cherished elements of indigenous cultures” (Oluruntoba-Oju, 2007, p.23).

Extending this argument to body image, Oloruntoba-Oju (2007) added that globalization eventually results in dramatic alterations of beauty ideals and body image among African people. The examination of globalization as a determinant of body image satisfaction among African women remains unexplored in the extant literature. However, some innovative studies in rural, non-western populations have indicated that globalization, primarily via western media content, plays a seminal role in undercutting the traditional, identity-making resources of non-western cultures. For example, Becker (2004) examined the impact of television on 30 Fijian adolescents. The subjects were interviewed prior to and three years after the introduction of television to their rural community. It is important to note that television programming included largely western content. Analysis of data indicated the following: (i) Fijian adolescents reported that television had influenced their attitudes toward their body shape and weight; (ii) subjects indicated a desire to emulate characters on television including lifestyle elements and appearance features; (iii) some subjects endorsed disordered eating behaviors in order to achieve the body shapes and sizes on television; (iv) the most frequent comments made by the Fijian adolescents about characters on television centered on thinness, hairstyles, and apparel. These findings are particularly notable because “traditionally for Fijians, identity had been fixed not so much in the body as in family, community, and relationships with others, in contrast to Western-cultural models that firmly fix identity in the body/self (Becker, 2004, p. 551).” Put another way, long-held social
systems celebrating larger bodies were swiftly and significantly subverted by western appearance and customs with the introduction of television. Becker (2004) notes that “eating disorders—once more prevalent in post-industrialized and westernized societies—now have global distribution. Moreover, population studies demonstrate that transnational migration, modernization, and urbanization are associated with elevated risk of disordered eating among girls and young women” (p. 533). Similarly, Eddy et al. (2007) focused on media exposure, global travel and education in order to assess links between media exposure, globalization and eating pathology among 214 East African women (aged 13 to 30 years). Globalization was operationalized to include an aggregated score of access to television, VCR, magazines, Internet and global travel. Results indicated a significant positive association between media exposure and cognitive eating disorder symptoms, binge/purge symptoms and overall eating disorder symptoms. Similarly, globalization aggregate scores were positively associated with binge/purge symptoms and overall eating disorder symptoms among the participants. What these findings suggest is that women in 21st century Africa are likely idealizing western beauty ideals over the traditional beauty ideals that were once salient within their cultures. Furthermore, increased exposure to western beauty ideals via media, Internet, television and the like may result in elevated levels of body dissatisfaction and disordered eating among African women.

**Sociocultural Factors and Body Image**

Sociocultural factors play a seminal role in the development of body image (Cash, 2005). Additionally, “societal factors have a powerful impact on the development and maintenance of body image through the creation of an appearance culture that values, reinforces, and models cultural ideals of beauty and body shape (Jones, Vigfusdottir, & Lee, 2004, p. 323-324;
Thompson et al., 1999). While there has been research examining the sociocultural factors impacting body image in samples in western countries, relatively little is known about what sociocultural factors impact African women and the avenues through which these sociocultural factors have influence. According to Thompson et al. (1999), the “thin ideal” has been the focus of the majority of research on western samples because of its pervasive influence on body image and its role in the etiology of eating pathology and body dissatisfaction.

Emerging research exploring the role of sociocultural factors in body image have included proposed models of the central mechanisms through which these factors impact body image. One example is the tripartite influence model (Keery, van den Berg & Thompson, 2004), which identifies three sociocultural influences that impact body image: media, familial, peer and partner influences. Cash (2005) argues that “Because media-promulgated messages are absorbed by other socializing agents, especially parents and peers, they are transmitted and reinforced in everyday social interactions” (p.440).

Rubin, Fitts, and Becker (2003) state that “researchers interested in understanding body image concerns among women of color must take account of cultural representations of marginalized women and understand how popular imagery influences a woman’s strategies of self-representation and self definition” (pg. 52). Notably, the expectation for women to be beautiful is ubiquitous regardless of culture; however, each culture holds unique definitions of physical attractiveness and collective ideals about a desirable body (Jung & Lee, 2006). Hence, an individual’s cultural values around appearance are central to evaluations of appearance as well as perceptions of others. Overall, these assertions urge a nuanced approach to studies of body image where intersections of race, ethnicity, and culture intersect.
Familial, Peer and Media Influence on Body Image

Relatively few studies have begun to explore the impact of media on the body image satisfaction of African women (e.g. Eddy et al. 2007). However, researchers who have studied the impact of media on ethnic minority populations in the West have argued that western media images do not include heterogeneous images of female beauty but instead present images of women that elevate oppressive beauty standards that are particularly oppressive to women of color (Bordo, 1993; Rooks, 1996; Trepagnier, 1994).

With regard to body dissatisfaction, emerging research findings suggest that familial and peer influences may play a protective role in the lives of African women. Mchiza, Goedecke, and Lambert (2011) examined body image attitudes among 201 South African mother-daughter dyads. Thirty-one percent of sample identified as black, 32% as white and 37% as mixed ancestry. The results indicated that black mothers and daughters were more likely to tolerate bigger body sizes than their white and mixed-race counterparts. Overall, mothers and daughters had similar levels of body dissatisfaction although black participants were more likely to view fatness as a sign of health and beauty. On the other hand, Mchiza et al. (2011) concluded that black girls in South Africa endorsed more body size acceptance by peers and friends than their mothers. Interestingly, Granberg, Simons, and Simons (2009) found that family context, especially a context in which black girls are educated about racial history and meaning of being black increased positive body image perceptions and attitudes. In conclusion, there appears to be agreement among researchers that proliferated images of black women offer little by way of heterogeneous, phenotypically congruent or attainable beauty standards. However, there is
research support for the role of protective factors (i.e., family, peers, psychoeducation) in shielding black women from the impact of these invariably unattainable beauty ideals.

**Racialized Features and Body Image**

**Racialized Features in Body Image Research**

As researchers have explored body image, it has become evident that non-weight-related factors are salient in research that includes non-white populations, specifically black women (Altabe, 1996). For black women, skin color and features are central attributes of appearance and thus, these features cannot be omitted from body image studies, which include black women (Jefferson & Stake, 2009; Neal & Wilson, 1989). Studies of this kind are few; specifically, studies which focus on African women.

Research on African-American women has revealed some findings where racialized features are concerned. In a study that included a small sample of college students, Miller et al. (2000) found that African-American women had more positive appraisals of their hair thickness, hair texture and skin color than the ratings of European-American women in the same study. Also, Jefferson and Stake (2009) assessed hair texture, thickness, lips, noses and skin color in a sample of African American and European-American women. African American women rated their hair as more important than any other feature. In the same study, the majority of African-American who indicated dissatisfaction with their skin (16.3%), preferred to have lighter skin. Similarly, Rongmuang et al. (2011) indicated that their sample identified facial appearance as the most important domain followed by weight, body shape, skin and hair. Conversely, Bond and Cash (1992) reported that 36% of their sample expressed dissatisfaction with their skin color and preferred lighter skin. In the same way, Milkie (1999) reported that African-American girls
indicated marked levels of distress about their hair texture and indicated that they felt pressure to make alterations to their hair.

In a mixed-method study that included 150 males and 185 females, Altabe (1996) concluded that African-Americans had the highest levels of positive self-view and lowest levels of body image disturbances. However, African-Americans had the second highest proportion of individuals who valued light skin (7.6%) only Asian-Americans were higher at 15.7%. Qualitative analysis of responses from African-American women indicated the following traits on their lists of ideal physical traits: (i) long or longer hair; (ii) tall or taller; (iii) thin or thinner; (iv) toned; and (v) brown eyes. What can be concluded from these findings is that the body image satisfaction of black women appears to be linked to non-weight-related appearance attributes. It is notable that when black women indicate dissatisfaction with an appearance feature, their ideals reflect attributes aligned with white beauty ideals (straight hair and lighter skin).

Skin Color and Body Image

There has been very little research focus on skin color as a central determinant of overall body image satisfaction among African women. The studies that do exist focus primarily on the impact of skin color on African-American identity and self-acceptance. Clark and Clark (1947) for example, concluded that African-American children preferred white dolls over black dolls suggesting poor self-acceptance among black children. Other studies in the early years after the American Civil Rights Movement of the 1960s focused on the impact of skin color on African-American women and suggested that disproportionate levels of social disadvantage were meted on darker skinned women (Hill, 2002; Neal & Wilson, 1989). For example, several studies by
indicated that light-skinned women were preferred as mates over their dark-skinned counterparts (Goering, 1972; Udry, 1977; & Udry, Bauman, & Chase, 1971). Additionally, dark-skinned women were less likely to enjoy upward social mobility via marriage to Black men of higher socioeconomic status. Arguably, even with the sociocultural and political transformations of the 20th and 21st century, more recent research continue to support the negative impact of skin color on the lived experiences of African-Americans (Hill, 2000). Similarly, Hamilton, Goldsmith, and Darity (2009) examined the socialization processes that led to preferences for skin tone that disproportionately favor lighter-skinned black women for marriage. Using data from the Multi City Study of Urban Inequality (MSCUI), Hamilton et al. (2009) examined demographic information for 1579 black females (aged 16 and older) with comparisons made to 1155 white (female) controls. Of the black sample, 13% were light-skinned, 45% medium-skinned and 42% were listed as dark-skinned (interviewers graded respondents on skin tone using a 3-point Likert scale- light, medium and dark). Results revealed that black women were less likely to be married within their lifetimes than their White counterparts. Notably, marriage rates within the black sample showed significant differences across skin tones. Specifically, 55% of light-skinned females had been married; 30% of medium-skinned females and 23% of dark-skinned females had been married respectively.  

In related research, Goldsmith, Hamilton and Darity (2007) also identified skin tone preferences in wages among African-Americans. Specifically, Goldsmith et al. (2007) posit that the “…intraracial wage gap widens as the skin shade of the black worker darkens” (p.4).  

While beyond the scope of this study, it is important to note that marriage as a social construction of western culture is explored in existing literature. This is a particularly important consideration in the context of studies that explore upward mobility as a benefit of lighter skin among women of color. The reader is referred to the work of Glenn (1999) and Gergen (1999).
Specifically, mean hourly wages rise as skin tone lightens with darker skinned blacks earning $11.72; medium-skinned blacks earning $13.23 and lighter-skinned blacks earning $14.72. Comparatively, the average hourly pay for the average white worker was noted, in this study, to be $15.94. These findings provide empirical support for the measurable economic and social impact of skin tone in America. Accepting this premise, it is therefore a logical hypothesis that darker skinned women desire lighter skin tones, which can afford them access to social and economic coffers typically reserved for individuals who better approximate whiteness.

Current research focusing on skin color and body image has yielded mixed results with some showing positive relationships between skin color satisfaction and body image satisfaction and others, a negative relationship. Bond (1992) examined the relationship between skin color and body image among 66 African-American women (aged 18-37 years). Participants completed Multidimensional Body-Self Relations Questionnaire, which assessed attitudinal aspects of body image. Facial satisfaction was assessed using the Body Areas Satisfaction Scale (BASS) and skin color satisfaction was assessed using the Skin Color Questionnaire (SCQ). Participants also used a standardized color system to identify the color that most resembled their actual facial color, the facial color they would prefer to have as well as the facial color they believed their opposite sex African-American peers would find most attractive. Notably, the researchers in the study presumed a heterosexist lens in surveying the sample. Results indicated that African-American women, regardless of skin tone, believed that lighter-skin was more attractive to African-American males. Seventy percent of participants selected the three lightest shades as the most attractive. Interestingly, 65% of dark-skinned participants selected ideal facial skin tones that did not differ from their own even though they perceived lighter skin tones as more attractive. The researcher infers that “perhaps darker women, as opposed to light- and medium-skinned women,
realistically perceive such light ideals as too far removed from their actual skin tone to assimilate into their personal ideals” (p. 882). Additionally, while light- and dark-skinned participants selected ideal facial skin colors that were congruent with their own, medium-skinned participants selected significantly lighter skin tones than their self-appraisals. Notably, appraisals of actual or ideal skin color did not significantly impact overall attitudinal body image among the sample. In the same way, Falconer and Neville (2000) explored skin color and body image perceptions among 124 African American women attending a historically black college in the United States (aged 18 to 51 years). Results showed that skin color satisfaction among African-American women was positively correlated with body image satisfaction. In other words, women who were dissatisfied with their skin color, were more likely to endorse body dissatisfaction. Interestingly, skin color satisfaction was associated with internalized acceptance of societal notions of beauty and satisfaction with specific body areas (e.g., hair, lips, and thighs). Conversely, a relatively recent study by Mucherah and Frazier (2013) explored appraisal of skin color in relation to body image among 328 self-identified women of African descent residing in the United States (44 Africans, 256 African-Americans, 12 Afro-Caribbeans, and 16 biracial). Participants ranged in age from 18 to 41+ years. Results suggested that skin color satisfaction was positively correlated with body dissatisfaction. This result suggests that there are mixed findings with regard to skin color satisfaction and body image. In this case, women who endorsed acceptance of their skin color, were less satisfied with their bodies. Interestingly, skin color satisfaction was negatively correlated with self-esteem suggesting that as women’s satisfaction with skin color increased, their self-esteem decreased. One explanation is found in research by Hesse-Biber et al. (2010) and Thompson (1992) which posited that women who endorsed dissatisfaction with skin color had higher levels of satisfaction with specific body areas. This finding suggests that women
unhappy with their skin tone (an immutable quality) focused on changeable areas of their bodies through fitness and diet in an attempt to cope with dissatisfaction around their skin tone. These researchers conclude that pursuit of a thinner body shape was an attempt by some black women to avoid further discrimination due to their skin tone.

**Skin Bleaching**

Blay (2011) argues that skin bleaching is an attempt to approximate the white ideal in order to gain access to “the humanity and social status historically reserved for Whites” (p. 5). Being that the hierarchy of skin color privilege exists in a binary—either white or non-white—attempts at skin bleaching skirt this binary and use proximity to whiteness as a path to color privilege. In Africa, the practice can be traced back to the early 1950s. Curiously, the practice emerged during the initial wave of African independence from colonial powers (Blay 2011). According to Hunter (2011) skin bleaching has reached epidemic proportions in Africa with women participating in higher numbers than men. The research on body image has focused on understanding the historic and sociocultural factors driving the behavior. For example, Blay (2011) and Glen (2008) argue that colonial ideologies, global mass marketing of white ideals, and mass media dissemination of hegemonic white images drive the valorization of white skin and the denigration of darker skin. Other studies (e.g., Blay, 2009; Charles, 2009; & Fukuo, 2009) highlight motivations for engagement in the practice including: (i) avoidance of perceived disadvantages of color-based discrimination; (ii) increasing desirability to potential mates; (iii) career mobility; and (iv) increasing self-esteem. Hunter (2011) argues,

The majority of skin-lightening products use the word "white" in their name. This practice reveals the strong desire by consumers to achieve aesthetic whiteness, if not a
white identity. The racial capital of whiteness is now something consumers can buy. It is not necessarily the case that consumers of skin-whitening products want to be white per se, but the huge demand for these products suggests that many people want to look white, or at least light, relative to other people in their racial or ethnic group (p. 149).

In a qualitative study of Ghanaian women, Blay (2009) identified that women engaged in the practice to be noticeably perceived as beautiful. The researcher concluded that the beauty ideals that subjects hoped to attain was functional in that it gave access to exclusive social and economic spheres. Similarly Fukuo (2009) used a mixed-method design to examine the importance of skin color in mate selection among 90 Ghanaian women (aged 18-54). Sixty women completed a quantitative survey and 30 women were recruited for semi-structured interviews. Participants reported the following: (i) lighter skin tones were more attractive to Ghanaian men; (ii) lighter-skinned Ghanaian women were more likely to marry wealthy men; and (iii) although lighter skin was idealized by participants, the majority indicated satisfaction with their own skin tones. Current research appears to support the purposeful nature of skin bleaching among African women. Specifically, that African women desire lighter skin as a means to economic and social gains that would not be afforded the darker skinned among them.

**Hair texture and Body Image**

As is the case with skin color, hair texture appears to play a role in body image satisfaction among African women. In 2013, African women in Cameroon, Nigeria and South Africa alone accounted for $1.1 billion in liquid hair product sales (Euromonitor International, 2013). The sale of so-called “dry hair” products such as weaves, extension and braids is estimated at about $6 billion for the continent (Reuters, 2014). Very few studies have explored
Hair texture as a correlate of body image satisfaction in African women. Existing studies on this topic are few and focused on women of color in the West. However, some researchers (e.g., Weitz, 2001) attempt to explore pervasive standards of white beauty that drive the hair styling decisions of women. Weitz (2001) argues that hair is central to the “White beauty” standards that exist in the United States and require that all women adhere to the following: (i) women’s hair should be long, curly or wavy—not kinky—and preferably blond; (ii) women’s hair should look hairstyled which often requires investments of time and money; and (iii) women’s hair should differ from men’s hair and should look feminine. Caldwell (1991, p. 383) observed that,

Hairstyle choices are an important mode of self-expression. For blacks, and particularly for black women, such choices also reflect the search for a survival mechanism in a culture where social, political, and economic choices of racialized individuals and groups are conditioned by the extent to which their physical characteristics, both mutable and immutable, approximate those of the dominant racial group. Hair becomes a proxy for legitimacy and determines the extent to which individual blacks can "crossover" from the private world of segregation and colonization into the mainstream.

According to Rooks (1996) black hair is judged against an existing white archetype. Furthermore the white archetype is made starker against the images of black hair as messy, irregular and hard to manage.

Altabe (1996), in a study of 335 male and female college students, found that hair (long or longer hair specifically) was a common trait mentioned on the ideal list of African-American females. Similarly, a study of 120 young women in Thailand explored physical attributes- not
just body weight and shape - of salience to appearance satisfaction among young Thai women (Rongmuang, Corte, McCreary, Park, Miller, & Gallo, 2011). Thai women, like Asian American women (Altabe, 1998) and African-American women (Alexander, Reid, & Sarin, 2007), rate long, straight hair as desirable. What can be concluded here is that, for African women, standards for hair texture are perceived to align with white beauty ideals. This invariably places the natural hair texture of many black women at odds with existing ideals. That African women inject vast amounts of money into the hair industry may indicate their strong desire to adhere to perceived hair texture ideals.

**Facial features and Body Image**

Very little is known about how African women’s facial features impact overall body image satisfaction. Evidence of facial dissatisfaction is seen in attempts to alter facial features using cosmetic surgery. While cosmetic surgery is not widespread in Africa (likely because costs make the option unattainable to the vast majority), research on non-African people of color indicates that body alteration attempts tend to favor a white ideal of body shape and facial features. According Haiken (1997),

> As practice, ethnic cosmetic surgery is not new. Since the emergence of cosmetic surgery at the turn of the 20th century, individuals in the US and Europe have looked to cosmetic surgery not only as a way to enhance their appearance: it has also enabled them to minimize or eradicate physical signs that they believe mark them as ‘other’ – ‘other’ invariably meaning other than the dominant, or more desirable, racial or ethnic group. (p. 175)

Similarly, Hunter (2011) and Davis (2003) note that people of color in the United States are much more likely to undergo cosmetic surgery primarily to “anglicize” their bodies and features
Body Image and Objectification among African Women


Minhas and Newton (2005) explored facial satisfaction of 66 women (24 undergoing orthodontic treatment, 22 undergoing orthognathic treatment, and 20 undergoing no treatment). Women were shown either idealized facial photographs from mass circulation international magazines or neutral photographs. The results indicated that viewing idealized facial images resulted in decreased facial satisfaction (participants undergoing orthodontic and orthognathic treatment had the highest levels of facial dissatisfaction). Additionally, white participants (aged 19 and older) had the highest levels of satisfaction with their facial appearance. Notably, levels of dissatisfaction were specific to the face and did not appear to affect overall body image satisfaction. The researchers conclude “If acute exposure to media images of stereotypical attractiveness can cause deterioration in facial image satisfaction, it is possible that chronic exposure is in part responsible for the increase in demand for aesthetic treatment in western cultures” (p. 417). These findings indicate there is evidence of facial-feature discontent among ethnic minorities seeking cosmetic surgery in the United States. While this dissatisfaction would be expected of candidates for cosmetic surgery, the desires of these subjects to alter their features in order to approximate white ideals can inform this present study.

Objectified Body Consciousness

Objectified body consciousness is a process that occurs “through widespread cultural representation of women as sexually appraisable body parts and through interpersonal reactions that focus on a woman’s body and sexual desirability” (Crawford et al., 2009, p.174). Jean Baker Miller (1986) noted that “When one is an object, not a subject, all of one’s own physical and sexual impulses and interests are presumed not to exist independently. They are brought into
existence only by and for others—controlled, defined, and used” (p. 60). Within these objectifying cultures, women are socialized to objectify themselves by measuring their worth against their own culture’s feminine ideal. Calogero, Tantleff-Dunn, and Thompson (2011) argue that sexual objectification is most active through interpersonal interactions (e.g., catcalls, sexual gazing, and sexual comments) and exposure to visual media which tends to fragment women into a collection of sexual parts. According to Mckinley (2000), central to the understanding of objectified body consciousness is that women’s whole beings are reduced to summations of their body parts.

Whereas men are evaluated on other dimensions such as coordination, strength and agility, women are almost exclusively evaluated on how they look (Mckinley, 2000). Sinclair and Myers (2004) note that a consequence of women’s enduring pervasive objectifying treatment is that they eventually adopt an observer perspective on their own bodies. Specifically, “A result of this habitual body monitoring, or self-objectification, is that many women develop identities or concepts of self-worth that are strongly rooted in and defined by their physical appearance” (Sinclair & Myers, 2004, p. 151). Notably, the accumulation of objectifying experiences have been found to be detrimental to women’s mental health (Fredrickson & Roberts, 1997; McKinley, 1999, 2006). According to McKinley (1995), objectifying experiences heavily tax women’s psychological resources and result in a cluster of pathological behaviors: (i) body surveillance (constant monitoring of how one’s body looks); (ii) body shame (feelings of failure associated with not “measuring up” to feminine ideals); and (iii) control beliefs (a woman’s belief that she can and should maintain control over her body size, shape and appearance). Similarly, Calogero et al.(2011) posit that “self-objectification disrupts and usurps cognitive, physical, and financial resources (e.g., time, physical energy, cognitive capacity, health, money) that could be used for achievement and competence-based activities, thereby becoming
increasingly disempowering over time” (p. 9). Crawford et al. (2008) argue that the majority of studies on objectified body consciousness have focused on white college students in the United States. However, the ubiquity of objectifying experiences faced by women makes the concept relevant to broader examination.

To date, the exploration of objectified body consciousness among African women is limited. However, a few studies have attempted to explore objectified body consciousness among ethnic minorities in the United States and in the developing world. With an interest in exploring objectified body consciousness in a developing country, Crawford et al. studied 23 pairs of Nepali mother and daughters. All participants were over the age of 18 and fluent in English. Participants completed the objectified body consciousness scale (Mckinley & Hyde, 1996), open-ended questions assessing their feelings about their bodies and a demographic survey. Results suggested that Nepali women had lower levels of objectified body consciousness than their U.S. counterparts. The researchers hypothesized that Nepali women had less exposure to objectifying media images and thus, were less affected. Secondly, younger Nepali women had higher levels of objectified body consciousness; specifically, higher levels of body surveillance. Notably, Nepali women were less likely than their U.S. counterparts to express body shame or body dissatisfaction in their open-ended responses. Fitzsimmons and Bardone-Cone (2011) examined body surveillance among 276 college women in the Mid-Western United States (97 identified as African-American, and 179 as Caucasian). Results indicated that, unlike their Caucasian counterparts, African-American participants did not show increased levels of body surveillance even as weight/shape concerns increased. According to Fitzsimmons and Bardone-Cone (2011), these results suggest that African-American women define attractiveness in a broader and more multidimensional manner. A conservative interpretation of the small number
of available studies suggests that women of color show lower levels of objectified body consciousness than counterparts in the West. Specifically, body surveillance, body shame and body dissatisfaction appear to be less associated with weight concerns among African-American women. What this suggests is that objectified body consciousness among African women may be more strongly associated with appearance features rather than body size (hair texture, skin color and facial features).

**Model of Key Objectification Theory Tenets**

The model of key objectification tenets by Fredrickson and Roberts (1977) posits that the milieu of social and cultural objectifying experiences (e.g., standards perpetuated by media, sociocultural experiences including comments by men, family members and friends) lead to self-objectification or internalization of these objectifying experiences. What sprouts from internalization of objectifying experiences are psychological consequences (e.g., body shame, diminished internal awareness, appearance anxiety, reduced flow and anxiety about physical safety). Ultimately these psychological consequences put women at risk for physical health and mental health struggles (eating pathology, depression, and sexual dysfunction). Fredrickson and Roberts (1997) propose two paths through which sexual objectification experiences influence the mental health of women: i) a direct/overt path that involves sexual objectification experiences; and (ii) a subtle more indirect path that involves women’s internalization of sexual objectification experiences.

**Summary**

This chapter included a review of literature exploring definitions of body image, and ways in which white beauty ideals are ubiquitous in the historic and contemporary lives of African women. Specifically, relevant studies are reviewed that link body image satisfaction to
skin color, hair texture, and racialized facial features. Finally, objectified body consciousness as a consequence of feminine ideal internalization is explored. The following conclusions can be drawn from the extant literature: (i) systemic factors including a history of colonialism, globalization and sociocultural factors may maintain and reinforce western beauty ideals among African women; (ii) non-weight-related appearance factors (skin color, hair texture and facial features) may significantly impact body image satisfaction among African women; (iii) body dissatisfaction may increase the likelihood for adverse psychological outcomes among African women including depression, social anxiety, low self-esteem and eating pathology; and (iv) the centrality of non-weight-related appearance factors to the body image of African women may increase the likelihood of objectified body consciousness among African women.
CHAPTER 3

Methodology

Research Design

A concurrent mixed-method research design was employed for gathering and analyzing the data gathered in this study (Johnson & Onwueguzie, 2004; Teddlie & Tashakkori, 2003). Specifically, both quantitative and qualitative data were collected, analyzed and interpreted simultaneously or at approximately the same time. Quantitative research involves the collection, analysis, interpretation and documentation of results in a manner that tests existing theories and investigates relationships among variables. Instruments are typically used to generate numerical data which are then analyzed using statistical procedures (Creswell, 2013). Qualitative research incorporates forms of inquiry that include purposeful sampling, gathering of open-ended data, text and/or photo analysis, and personal interpretation with a central aim of understanding the meanings individuals attribute to aspects of the human condition (Creswell, 2013). Additionally, qualitative research is appropriate when there is relatively little known about a topic (Morse & Field, 1995). Compared to a single-method design, using both quantitative and qualitative methods allows for a more extensive and complete understanding of the research questions. According to Johnson and Onwueguzie (2004), mixed-method research “is an expansive and creative form of research, not a limiting form of research. It is inclusive, pluralistic, and complementary, and it suggests that researchers take an eclectic approach to method selection and the thinking about and conduct of research” (p. 17). The goal of this mixed-method approach was expansion, which is research aimed at using divergent forms of inquiry to yield information on a topic.
Participants

A sample of 230 adult women (18 and older) were recruited for this study. Sample size estimates for this study were primarily driven by the quantitative analyses proposed, which included path analysis. Analyses of path models are invariably large sample techniques. To facilitate ample power and minimize type II errors, a sample size that is less than 100 subjects may yield unstable estimates (Klein, 1998). Decisions about sample size in this case included considerations about the complexity of the model to be tested as well as the number of parameters in the model. It is recommended that there is a ratio of 20 cases per parameter (no less than 5 cases per parameter at the minimum). Put another way, 100-200 subjects constitute a medium sample and a sample of 200 or higher is considered a large sample with ample power for more complex modeling (Klein, 1998).

Procedure

African women were recruited through acquaintance and snowball sampling and in-person recruiting in two countries (Kenya and Nigeria). Printed flyers were handed out in shopping malls, open markets and beauty salons in Abuja, Nigeria and Nairobi, Kenya. Survey information was also posted to various Facebook groups geared toward African women including Kilimani Mums Marketplace and African Women Leaders Network. Emails were sent to institutions of higher learning (i.e. colleges and universities) across the continent with requests to forward survey information to college students. Additionally, survey information was also forwarded to a number of African professional organizations with active websites and email contacts including psychological, counseling and mental health associations.
Interested participants who were recruited online were provided with a uniform resource locator (URL) or link to access and complete the survey. Participants who were recruited in-person completed the survey in one of two ways: i) received a flyer with instructions for completing an online version of the survey at their convenience; or ii) utilized a laptop or iPad that was made available for women who were able to complete the survey at the time of in-person recruitment or who did not have access to the Internet. The survey included a brief eligibility-determination form, consent form, demographic questionnaire, and survey questions. As incentive for completion of the survey, participants were invited to provide an email address to be entered into a raffle to win an Apple iPad.

**Instrumentation**

**Skin Color.** Skin color or skin tone was assessed using the New Immigrant Survey (NIS) Scale of Skin Color Darkness (Massey & Martin, 2008; see Appendix A). The scale is an 11-point (0-10), pictorial scale depicting an image of a hand shown in varying skin tones (ranging from a total absence of color [0] to the darkest possible skin tone [10]). Using this scale, skin color was assessed through the self-report or self-identification of participants. Hersh (2008) demonstrated a high correlation ($r=0.95, p<.01$) between the NIS skin color scale and an existing measure of skin color, which used a spectrophotometer to objectively measure skin color (Jablonski & Chaplin, 2000). Because the NIS skin color scale is a one-time scale, reliability was not calculated.

**Hair Texture.** Hair texture was assessed by inviting participants to provide a self-report of their perceived hair texture in its natural or unprocessed state by referencing four photographic images (see Appendix A). Natural hair texture was defined as the look of participants’ hair when
it has not been altered by hot combs, flat irons, chemicals (through perming, relaxing, or straightening), weaves, extensions or braids. Participants chose from one of four photographs that most closely approximated their natural hair texture (Howard, 2008): straight hair, wavy hair, curly hair, or kinky-coily hair.

**Skin Color Satisfaction.** Falconer and Neville’s Skin Color Satisfaction Scale (SCSS; Falconer & Neville, 2000; see Appendix A) was used to measure skin color satisfaction. The scale is a seven-item scale, which is an expansion of the three-item Skin Color Questionnaire developed by Bond and Cash (SCQ;1992). Falconer and Neville demonstrated evidence of the four-item SCSS’s reliability ($\alpha = .80$) and moderate discriminant validity with measures of body and overall appearance ($r = -.39$). The scale consists of the following Likert-type questions (1 = extremely dissatisfied/strongly disagree, 9 = extremely satisfied/strongly agree): (i) “How satisfied are you with the shade of your own skin color?”; (ii) “Compared to the skin color of members of my family, I am satisfied with my skin color”; (iii) If I could change my skin color, I would make it lighter”; and (iv) “Compared to the skin color of other African-Americans, I am satisfied with my skin color.” Permission was obtained from the authors to modify the scale. Specifically, changing the reference to “African-Americans” to instead read as “Africans”. The complete seven-item scale, which also included the following three questions, was utilized: (i) Compared to most African people, I believe my skin color is (1 = extremely light, 9 = extremely dark); (ii) I wish the shade of my skin was darker (1 = strongly disagree, 9 = strongly agree); and (iii) I wish my skin was lighter (1 = strongly disagree, 9 = strongly agree). In this study, the internal consistency on the SCSS was $\alpha = .76$.

**Actual Body Size and Ideal Body Size.** Pulvers Body Image Scale (PBSI; Pulvers, et al., 2012; see Appendix A) was used to measure discrepancies between actual body size and ideal
body size among the sample. The instrument is adapted from Stunkard, Sorensen, and Schulsinger’s Figure Rating Scale (FRS; 1983) and designed to be culturally relevant to African-Americans. The scale includes nine female silhouettes ranging from very thin (1) to very heavy (9). Participants were asked to identify the figure they currently have (actual) as well as the figure they desire to have (ideal). Scores were calculated based on the difference between the actual and ideal figures selected by participants. Pulvers et al. (2012) demonstrated the validity and reliability of the instrument with recruited observers matching figures to participants. Inter-observer reliability was robust ($r = .89$). Similarly, the instrument was strongly correlated with the BMI of female subjects ($r = .82$).

**Body Image Satisfaction.** Hargrove’s Racial Body Image Questionnaire (RBIQ; Hargrove, 1999; see Appendix A) was used to measure body image satisfaction. The scale is a 27-item questionnaire designed to measure Black women’s perceptions of their physical features as well as satisfaction with their appearance. This scale includes items designed to measure physical features that are relevant to the body image of Black women (i.e., hair, skin color, nose shape and size). Responses were measured on a five-point Likert scale and produced scores on two subscales: The physiognomy subscale invites subjects to indicate satisfaction or dissatisfaction with specific areas of their bodies, e.g., nose size, nose shape, hair texture (participants rate body areas on a range from “very satisfied” to “very dissatisfied”). The appearance satisfaction subscale measures the extent to which Black women are satisfied or dissatisfied with racialized features. Participants were invited to respond to statements such as, “I stay out of the sun because I do not want to get any darker” or “I use products to change my skin complexion” (on this scale, participants’ responses range from “strongly agree” to “strongly disagree”). The RBIQ physiognomy and appearance satisfaction subscales show mixed levels of
reliability ($\alpha = .91$ and $\alpha = .64$ respectively). Given that the scale was normed on Black women in America, African women who have not been imbedded in the same milieu may not understand the meanings of some terms. Specifically, the scale makes references to “nappy hair”, “good hair” and “lower torso” which are words that may need further clarification. For this study, brief explanations of these terms were included in parentheses. Scores are obtained for each subscale by calculating means for the items. Higher scores indicate dissatisfaction with body image. The internal consistency for the RBIQ in this study was $\alpha = .88$.

**Objectified Body Consciousness.** The Objectified Body Consciousness Scale (OBCS; McKinley & Hyde, 1996; see Appendix A) was used to measure the extent to which African women self-objectify. Specifically, through the examination of women’s levels of surveillance behaviors, and body shame. The OBCS consists of three, 8-item scales (32 items in total): Body Surveillance (e.g., “During the day, I think about how I look many times”), Body Shame (e.g., “I feel like I must be a bad person when I don’t look as good as I could”) and Control Beliefs (e.g., “I can weigh what I am supposed to when I try hard enough”). The OBCS includes items on a 7-point scale ranging from 1 (strongly disagree) to 7 (strongly agree). In addition to a midpoint of 4 (neither agree nor disagree), participants may also select “NA” (Not Applicable). The OBCS yielded Cronbach’s alphas ranging from .68 to .84 for each of the three subscales. Given that items aimed at assessing control beliefs yielded the lowest validity measures, these items were not included in this study. In this study, internal consistency for this scale was $\alpha = .75$.

Importantly, body surveillance and body shame are associated with lower levels of body esteem, psychological well-being and problem eating behaviors.

**Internalized White Beauty Idealization.** With author permission, an adapted version of the Ideal Body Stereotype Scale-Revised (IBSS-R; Stice, Fisher & Martinez, 2004; see Appendix
A) was used to assess the internalization of White beauty ideals among the sample. The IBSS-R was designed to assess thin-ideal internalization and consists of Likert-type questions with a response format ranging from 1 = strongly disagree to 5 = strongly agree. Some example of items on the IBSS-R are: (i) “slender women are more attractive”; (ii) “tall women are more attractive”; and (iii) “women who are in shape are more attractive”. The scale has shown good internal consistency ($\alpha = .89$) and 10-month test–retest reliability ($r = .63$) (Stice, Fisher and Martinez, 2004). Questions were adapted to increase relevance to African women. The adapted 15-item scale included the following: (i) slender women are more attractive; (ii) women with shapely buttocks are more attractive; (iii) women with long hair are more attractive; (iv) women with straight hair are more attractive; (v) women with light skin tones are more attractive; (vi) women with light complexions are more attractive; and (vii) Women with slim noses are more attractive.

**Eating Pathology.** The Eating Disorder Diagnostic Scale-DSM 5 Version (EDDS; Stice, Telch & Rivzi, 2000; see Appendix A) was used to examine the prevalence of eating pathology among the sample. The EDDS is a brief, self-report questionnaire that identifies the presence of symptoms that meet DSM-5 (American Psychiatric Association, 2013) criteria for anorexia nervosa, bulimia nervosa, and binge-eating disorder. While the cross-cultural validity of the original EDDS has not been established, the measure has been validated for use in China (Lee et al., 2007). Stice et al. (2000) have demonstrated a strong reliability estimate for the EDDS (cronbach’s alpha of 0.89). Also, the measure has shown a 1-week test-retest reliability estimate of 0.87 (Stice et al., 2000). Similarly, criterion and convergent validity for the scale (against structured interviews, Eating Disorder Scale and Three Factor Eat Questionnaire) demonstrated
high agreement (all greater than 0.74). As the DSM-5 version was still under development at the time of this study, validity information was not available.

**Socioeconomic Status** (see Appendix A). In order to assess socioeconomic status across multiple African countries (most of them developing countries), Tajik and Majdzadeh’s (2014) simple index was utilized for assessing socioeconomic status among the sample. Participants were asked to report whether or not they had the following in their respective households: (i) flush toilet; (ii) built-in kitchen sink; (iii) vacuum cleaner; (iv) washing machine; and/or (v) personal computer. Based on calculated results, participants were placed in one of five wealth indices.

**Demographic Questionnaire** (see Appendix A). Participants completed a demographic questionnaire providing information regarding age, marital status, region/nationality, highest educational level, socio-economic status, self-reported current height and weight.

**Qualitative Questions** (see Appendix A). In line with the specific research questions and hypotheses tested in this study, the qualitative portion of the study explored:

1. Participants’ perceptions of existing beauty ideals for African women
2. Participants’ appraisals of their own appearance
3. Participants’ perceptions of how their appearance was viewed/appraised by others

Participants were invited to respond to five open-ended questions embedded within the online survey: (i) What do you consider beautiful/attractive for an African woman; (ii) What words would you use to describe your body? (iii) What words would you use to describe your hair? (iv) What words would you use to describe your facial features; (v) What comments have you heard from others about your appearance?
Participants’ responses were unrestricted in length (as brief or as detailed as they wished).

**Research Questions and Hypotheses**

**Research Question One:** How satisfied are African women with their skin color, hair texture, and facial features?

**Hypothesis One:** It is hypothesized that African women will endorse significant dissatisfaction with their skin color, hair texture and facial features.

**Research Question Two:** What is the magnitude of the discrepancy between the perceived body size and ideal body size of African women?

**Hypothesis Two:** It is hypothesized that the perceived body sizes of African women will be significantly discrepant from their ideal body sizes.

**Research Question Three:** To what extent is skin color, hair texture and facial feature appraisals predictive of overall body image satisfaction among African women?

**Hypothesis Three:** It is hypothesized that lighter skin tones, straighter hair textures and positive appraisals of facial features will predict higher levels of body image satisfaction.

**Research Questions Four:** To what extent does internalized white beauty idealization influence objectified body consciousness among African women?

**Hypothesis Four:** It is hypothesized that African women who indicate higher levels of internalized white beauty idealization will endorse higher levels of objectified body consciousness including; surveillance behaviors (constant monitoring of how one’s body looks), body shame (feelings of failure associated with not “measuring up” to perceived feminine
Research Question Five: To what extent does internalized white beauty idealization and objectified body consciousness predict eating pathology among African women?

Hypothesis Five: It is hypothesized that internalized white beauty idealization and objectified body consciousness will statistically predict eating pathology.

Data Analysis

Quantitative Data Analysis

Once collected, data was analyzed using statistical procedures. For this study, Statistical Program for Social Sciences (SPSS 23 with AMOS) was utilized for analyzing data. As a first step, descriptive analyses were conducted to clean the data and find general trends. The main goal in this initial step was to ensure that errors were corrected and data were normally distributed for further analysis.

Hypothesis 1: To test the hypothesis that African women with lighter skin tones, straighter hair textures and positive appraisals of facial features will indicate higher levels of satisfaction with these appearance features than African women with darker skin tones, kinkier hair textures and negative appraisals of their facial features, descriptive statistics were summarized using participants’ responses to the SCSS and RBIQ. Specifically, descriptive statistics were disaggregated across women’s identified skin tones (NIS Skin Color Scale selections), hair texture (straight, wavy, curly or kinky-coily) and reported satisfaction/dissatisfaction with nose and lip size (RBIQ). By grouping the sample using identified skin tone, hair texture and satisfaction/dissatisfaction with nose and lips, differences in
scores on the RBIQ or OBCS were examined using t-tests. Assumptions for t-tests, including the requirement of a bivariate independent variable, continuous dependent variable, independent observations and a normally distributed dependent variable were tested and met.

**Hypothesis 2:** In order to test the hypothesis that the perceived body sizes of African women will be significantly discrepant from their ideal body sizes, a Wilcoxon signed–rank test was conducted to determine if there was a significant difference between actual and ideal body sizes. The assumptions for this statistical procedure include: (i) independently paired data from the same population; and (ii) data measure on an ordinal scale. These assumptions were tested and met prior to data analysis.

**Hypothesis 3:** To test the hypothesis that lighter skin tones, straighter hair textures and positive appraisals of facial features were predictive of body image satisfaction, a multiple linear regression was conducted to assess the extent to which skin color (NIS skin color scale selection), hair texture (curly and kinky-coily hair textures) and facial feature appraisals are predictive of body image satisfaction among African women (scores on the RBIQ). Prior to running the multiple regression analysis, several preliminary analyses were run to ascertain to what extent each variable contributed to the outcome (body image satisfaction). First, a correlational analysis was conducted to examine the bivariate relationship between skin tone and body image satisfaction. The statistical assumptions for the correlational analysis required: (i) that both variables were continuous; (ii) each participant have a pair of values; (iii) absence of outliers; (iv) normality of variables; and (v) linearity and homoscedasticity which refers to the distance between data points. Second, an independent samples t-test was run to compare body image satisfaction scores for African women who indicated satisfaction or dissatisfaction with their nose sizes and lip sizes. The t-test compared one measured characteristic (in this case, body
image satisfaction) between the two groups. The assumptions for this statistical analysis included normal distribution, and homogeneity of variances. Both assumptions were tested prior to the analysis. Finally, a preliminary one-way ANOVA was conducted to assess the extent to which body image satisfaction differed among African women with regard to hair texture (straight, wavy, curly or kinky-coily). Results of these preliminary tests were used to determine which variables would be entered into the final regression model with the aim of capturing the unique contribution of each variable to the outcome (variables that did not contribute to body image satisfaction were not included in the final model). Prior to this analysis, assumptions for the procedure were tested including establishing that continuous independent variables were not correlated with one another. Beta weights were compared to determine the relative contributions of skin color, hair texture, and facial features to body image satisfaction among African women.

**Hypothesis 4:** To test the hypothesis that African women who indicate higher levels of Internalized White beauty idealization (adapted IBSS scores) will endorse higher levels of objectified body consciousness (OBCS), a correlational analysis was conducted to examine the bivariate relationships between internalized White beauty idealization and elements of objectified body consciousness (surveillance behaviors and body shame). Correlational analyses require that variables are continuous, normally distributed, and linear (with no significant outliers present). These assumptions were tested and met prior to analysis.

**Hypothesis 5:** To test the hypothesis that African women with high levels of objectified body consciousness (body surveillance and body shame) would endorse more pathological eating behaviors, Fredrickson and Roberts (1997) objectification theory and subsequent model of key objectification theory tenets was tested using path analysis (See Figure 1). Path analysis, an extension of multiple regression, allows more complex exploration of relationships between
variables as well as comparisons of different models to evaluate which best fits the data (Streiner, 2005). Fredrickson and Roberts (1997) proposed two paths through which sexual objectification experiences influence the mental health of women: i) a direct/overt path that involves sexual objectification experiences; and (ii) a subtle more indirect path that involves women’s internalization of sexual objectification experiences (the latter will be the focus of examination in this study). Internalization of white beauty ideals was examined using participants’ scores on the adapted IBSS-R as well as the body surveillance subscale of the OBCS, which has typically been used to operationalize self-objectification in existing research. Social and cultural objectifying experiences, as unobserved variables, served as the exogenous variables in the model (Becker, Hill, Han & Stewart, 2013). As noted above, the Fredrickson and Roberts model (1997) formed the basis for the analysis although a simplified model was used to simultaneously explore the relationships between internalization of white beauty ideals, body surveillance behaviors (self-objectification), body shame (psychological consequence), and eating pathology (mental health impact) among the sample. The extent to which body shame mediated the relationship between self-objectification and eating pathology was examined. Fit indices (NFI values of 0.9 or higher; RMSEA values of .05 or lower; and CFI values of .95 or higher) were used to assess the quality of model fit (Hu & Bentler, 1999). Assumptions for path analysis require that relationships between variables are linear. Also, the endogenous variables (body shame and eating pathology) should follow a normal multivariate distribution. This was tested using Mahalanobis distance. Finally path analysis also assumes neither reverse causation nor correlations between residuals and the variables that precede them.

**Qualitative Data Analysis**

One hundred and seventy-seven (n = 177) participants’ responses to open-ended
questions were analyzed using an Interpretive Phenomenological Approach (IPA; Smith & Osborn, 2003). Central to IPA is concern for the lived experiences of the individual and a clear focus on understanding how individuals make sense of their own experiences. Rather than using a pre-selected theory to organize themes found in the data, IPA involves careful examination of data to find insights into participants’ experiences and gain a fuller understanding of the world in which they live. The meanings that participants attribute to their experiences are integral to IPA. Necessary steps to using IPA in qualitative analysis include: (i) reading and re-reading material to gain familiarity, (ii) dividing text into small, meaningful units and with each reading of the material, documenting comments, observations, paraphrases, associations, and connections prompted by the review of the material, (iii) documenting emerging themes by condensing phrases to capture essential quality of participants’ contributions, and (iv) transforming and clustering phrases into terminology that captures and organizes findings.

**Introduction to the Researcher**

It is important to note that as a dark-skinned, Black African woman, the researcher’s role in this qualitative analysis was emic in nature. That this researcher shared socio-historical and contemporary experiences with the prospective sample, likely introduced a unique and hopefully elucidating understanding of Black African women’s body image ideals and appraisals. Similarly, the researcher’s lens was potentially less objective due to existing biases and expectations based on lived experience.

**Summary**

This chapter included an overview of the research design, which was guided by a concurrent, mixed-method design. Included in the chapter is information on participants,
recruitment procedures, research questions and tested hypotheses. Detailed approaches to data analysis, including the model utilized for examining variables via path analysis, were presented.
CHAPTER 4

Results

Demographic Information

Two hundred and thirty (230) African women were included in this study. Participants ranged in age from 18-69 with 69.6% (n = 160) between the ages of 26-40 (M = 34.52, SD = 8.09). The median age was 35. Additionally, 16.5% (n = 38) were between the ages of 41-65, 11.7% (n = 27) between the ages of 18-25 and 2.2% (n = 5) 66 years and older (see Table 1).

The women in the study claimed citizenship from 9 African countries (see Table 2). The overwhelming majority of women were of Nigerian (n = 109, 47.4%) and Kenyan (n = 100, 43.5%) nationalities. Aside from nationality, 86% of women (n = 199) claimed tribal affiliations and subsequently named 71 tribes from across the continent (many claiming heritage from two or more tribes). Only 3% of participants (n = 7) had lived in Africa less than 10 years (see Table 3). The rest of the participating women had lived in Africa for up to 50 years (72.6% between 21 and 40 years).

With regard to marital status, 42.8% (n = 98) were single and 46.3% (106) were married. A little over half of the sample (n = 123) indicated having one or more children (range of 1-7 children). Also, 87.8% of women who indicated having children reported having three or less (See Table 4 for summary of marital status and number of children).

Over 95% of the sample had at least a secondary school education (49.3% had a Bachelor’s degree and 39.7% a Master’s degree). The majority of participating women were employed (76%); primarily in management (16.1%), business and financial operations (13.8%) and office and administrative support (10.9%) positions. About 89% of participating African women were in the highest two quintiles of the wealth index used to explore socioeconomic
status in low-income contexts. Only 10.9% of the sample (n = 25) populated the lowest three quintiles of the wealth index. Overall, responses from the African women in this study suggested they were highly educated and in the middle to upper socioeconomic tiers of their respective countries (education level, employment status and socioeconomic status is summarized in Table 5). To put these findings in the context, the World Bank (2016) reported that poverty headcount ratio in Nigeria and Kenya fell around 46% of the population.

With regard to religion, an overwhelming majority of African women in this study (88.3%, n = 203) indicated that they identified as Christian (including Catholic, Protestant, Pentecostal, or any other Christian denomination). A small percentage (6%, n = 14) identified as Muslim. Additionally, 3.5 % (n = 8) indicated that they were not religious and one woman indicated that she was a practitioner of a native religion. Demographics of religion vary widely across region in Africa. For example, to understand these numbers in context, the World Fact Book (2015) reports that the population of Muslims in Nigeria, Kenya and Senegal are approximately 50%, 11% and 95% respectively. In the same countries, the percentage of the population who are Christian is reportedly 40% in Nigeria, 82% in Kenya and 4.2% in Senegal.

**Procedures**

African women were recruited through acquaintance and snowball sampling and in-person recruiting in two countries (Kenya and Nigeria). With regard to in-person recruiting, two research assistants (one in each country) handed out printed flyers in shopping malls, open markets, and beauty salons in Abuja, Nigeria and Nairobi, Kenya. Women who were interested in completing the survey in-person were provided with a laptop or iPad for this purpose. Other women sought assistance from research assistants for uploading the survey to their smart phones.
Interested participants, who preferred to complete the survey at a later time, were provided with flyers with information for accessing the survey. Survey information was also posted to various Facebook groups geared toward African women, including Kilimani Mums Marketplace and African Women Leaders Network. Emails with study information were sent to institutions of higher learning (i.e. colleges and universities) across the continent with requests to forward survey information to college students and alumni Listservs. Additionally, survey information was also forwarded to a number of African professional organizations with active websites and email contacts including psychological, counseling and mental health associations.

At the conclusion of recruitment, 281 online surveys were collected. Forty (40) surveys were excluded from the final analysis because participants did not meet one or more of the inclusion criteria: 18 years or older, female, holding citizenship in an African country, English literacy and current residence on the African continent. Another 11 participants were excluded for dropping out in the early stages of the survey (informed consent or demographic survey). To the extent possible, participants who met eligibility requirements provided consent and completed some or all scale items (SCSS, NIS-SSCD, IBSS etc.) and/or open-ended questions were included in analysis.

**Skin Color**

Eighty-six percent of participants (n = 109) selected skin tones between 3 and 6 (medium skin tones). Thirteen women (5.6%) selected the lightest skin tones (1 and 2) and 19 women (8.3%) made selections of the darker tones (7-10). Overall, the mean score of skin color darkness was 4.63 (SD = 1.43). A summary of these findings can be found in Table 6.

**Hair Texture**
Women were asked to select from one of four photos the hair texture that most closely resembled their natural hair (no chemical alteration, weaves, braids, hot combs etc.). A significant majority of participating women (n = 169, 73.5%) selected the kinky-coily hair texture. About twenty-one percent (21.3%) of women indicated that their hair textures were either straight or wavy. Finally, 5.2% of women (n = 12) selected curly hair. A summary of hair texture findings for the sample can be found in Table 6.

**Actual and Ideal Body Sizes**

When women were prompted to select a body size closest to their current size, 88.6% of respondents selected body sizes between 3 and 6 on the pictorial scale (n = 204; see Figure 1). The mean score for selected *actual* body size among African women was 4.68 (SD = 1.43). Thirty-three percent of the entire sample (n = 76) indicated that their actual body sizes closely resembled number 4 on the pictorial scale. Furthermore, 9.5% of women (n = 205) selected an *ideal* body size between number 3 and number 5 on the pictorial scale. Overall, 43.2% of women (n = 99) indicated an ideal size of number 4 and 35.8% (n = 82) an ideal body size of number 3. It is important to note that Body Mass (BMI) for the sample ranged between 15.43 and 68.42 (M = 27.92, SD = 7.54). Among the sample, actual and ideal body size percentages are summarized in Figure 2 and Figure 3.

**Skin Color Satisfaction**

The mean score on the Skin Color Satisfaction Scale (SCSS) for African women in this study was 6.18 (SD = 1.63), which suggests moderate satisfaction with skin color. Notably, 18.4% of the women (n = 37) reported that they were “extremely dissatisfied” with the shade of their skin. On the other hand, 81.6% (n = 164) indicated that they were “somewhat satisfied” or “extremely satisfied” with the shade of their skin. Interestingly when asked how they would...
change their skin color if they could, 23.3% of women (n = 45) indicated that they would change their skin color to a “much lighter” tone. Furthermore, 17.1% (n = 33) indicated they would change their skin color to one that was “much darker”. Half the sample, 59.6% (n = 115) indicated that they would make no change and keep their skin tone “about the same color”.

Similarly, a majority of the sample (60.9%, n = 117) indicated that they strongly disagreed with the statement “I wish the shade of my skin was darker.” On the other hand, 14.1% (n = 27) strongly agreed with the statement and 25% (n = 48) indicated that they were neutral. When asked to what extent they agreed or disagreed with the statement, “I wish the shade of my skin was lighter”, 11.5% (n = 22) strongly agreed; 25% (n = 48) were neutral and 63.5% (n = 122) strongly disagreed. Finally, women were asked to compare their satisfaction with their skin tones to that of family members and other Africans. Specifically, women were asked to consider the statement, “Compared to the complexion (skin color) of members of my family, I am satisfied with my skin color”. In response, 58.5% (n = 117) strongly agreed with the statement, while 22% (n = 39) remained neutral. Also, 19.5% of the sample (n = 39) strongly disagreed that their skin satisfaction was comparable to that of members of their family. Similarly, when asked to consider the statement, “Compared to the complexion (skin color) of other Africans, I am satisfied with my skin color.” A majority of the sample (57.7%, n = 112) strongly agreed with the statement; 21.6% (n = 42) indicated they were neutral about the statement; and 20.6% (n = 40) strongly disagreed with the statement.

Items related to skin color on the RBIQ also yielded some notable findings regarding skin color satisfaction among the sample. First, 32.5% of respondents either agreed or strongly agreed with the statement, “I stay out of the sun because I do not want to get any darker.” In
keeping with responses on the SCSS, more than half the sample (60.9%, n = 120) disagreed with the statement.

On the RBIQ, 92.4% (n = 182) of the respondents indicated that they were very satisfied or mostly satisfied with their skin color while 4 respondents (2%) indicated that they were mostly dissatisfied or very dissatisfied with their skin color. Also, participants were asked specifically about use of products to change skin color or complexion. To this statement, 89.3% (n = 176) either strongly disagreed or disagreed that they used any products to alter their skin color hue. Thirteen women (6.6%) agreed or strongly agreed that they used complexion-altering products (8 respondents stated that there were “uncertain” whether or not they used complexion-altering products). The RBIQ also includes an item assessing to what extent participants have been teased because of their skin color. In response, 11.6% (n = 23) either agreed or strongly agreed that they had been teased about their skin color (scores on the SCSS are summarized in Table 6).

**Body Image Satisfaction**

Higher scores on each scale indicate dissatisfaction with body image. Average scores on the RBIQ Physiognomy subscale ranged from 1 to 5 (M = 1.86, SD = .71). On this scale, 92.9% of the sample indicated they were very satisfied or mostly satisfied with their face. Similarly, 94.9% and 92.4% of the sample indicated moderate to high satisfaction with their lips and skin color respectively. The highest levels of dissatisfaction were found to relate to thighs (41% of women were mostly or very dissatisfied) and lower torso (41.1%). On the appearance subscale, average scores of the sample fell between 1 and 3.35 (M=1.8, SD = .5). Total body image satisfaction scores fell between 1 and 3.24 (M= 1.83, SD = .52). Mean scores for the sample on
the physiognomy subscale, the appearance subscale and composite body image satisfaction scores suggest high to moderate levels of body satisfaction among participants.

In exploring body image satisfaction by age group, women aged 26-40 years (n = 137), show relatively higher mean scores on the RBIQ than their counterparts (M = 1.86, SD = .52). African women who fell between 41 and 65 years (n = 32) had a mean score of 1.81 (SD = .50). Women 66 and older (n = 5) showed a mean score of 1.76 (SD = .45). Finally, the youngest women in the sample (18-25; n = 21) showed the lowest body dissatisfaction scores (1.64, SD = .59). It is important to note that mean body dissatisfaction scores across age group were low. The differences that are revealed across age group sit within a context of low body dissatisfaction scores across the sample. These findings suggest that the highest levels of body dissatisfaction tend to rest with young adult to middle aged women. College-aged African women in this sample had the lowest mean body dissatisfaction score.

When RBIQ scores were explored across socioeconomic status, a clear trend emerged. Higher socioeconomic status was associated with higher levels of body dissatisfaction (higher scores on the RBIQ). Women in the sample populated five indices (index 1 the lowest SES and index 5 the highest SES). Women who populated the lowest wealth index (n = 2) had a mean RBIQ score of 1.47 (SD = .583); Women in wealth index 2 (n = 4) had a mean RBIQ score of 1.71 (SD = .908). Women populating index 3 (n = 12) had a mean RBIQ score of 1.77 (SD = .466). The highest wealth indices (where the largest number of participants were represented) also continued the trend. Participants who reported assets placing them in the wealth index 4 (n = 63) showed a mean RBIQ score of 1.82 (SD = .534). Finally, women in the highest wealth index (n = 114) had an RBIQ mean score of 1.85 (SD = .517). Mean dissatisfaction scores are
summarized by age, wealth index and country in Table 7 (3 participants were the only respondents from their respective countries and are not included in the summary).

**Objectified Body Consciousness**

Composite scores on the OBCS range from 24-168 with higher scores indicating higher levels of body consciousness. Objectified body consciousness scores among the sample ranged from 26 to 88. The mean score on the OBCS was 53.06 (SD = 10.99). Scores on the OBCS body surveillance subscale in this sample ranged from 8 to 56. (M = 31.8, SD = 9.55). On the OBCS shame subscale, respondent’s scores fell between 16 and 32 (M = 21.11, SD = 3.64). Interestingly, on all 8 items on the shame subscale, 100% of respondents either strongly disagreed, somewhat disagreed or disagreed to all statements examining body shame (e.g. “When I’m not the size I think I should be, I feel ashamed”).

**Internalized White Beauty Idealization**

Average scores on the IBSS range from 1 to 5 with higher scores indicating higher levels of internalized white beauty idealization. Mean scores on the IBSS for African women in this study fell between 1 and 4.23 (M = 2.69, SD = .74). Across the sample, up to a third of the sample agreed that women who were slim, slender, tall, had big breasts, long legs and long hair were more attractive. Nearly two-thirds (63%) of the sample (n = 113) indicated that women with flat stomachs were more attractive. Also, 56.5% (n = 101) agreed that women with shapely buttocks were more attractive. About 25% of the sample (n = 45) either agreed or strongly agreed that tall women were more attractive. Around fifteen percent of the sample (n = 28) agreed or strongly agreed that women with visible collar bones were more attractive. Similarly, 15.7% of the sample (n = 28) indicated agreement that women with light complexions were more attractive.
attractive. Sixteen percent of the sample (n = 30) indicated that women with slim noses were more attractive. Finally, a relatively small 4% to 6% of the sample (n = 8 to 11) agreed that straight hair and thin lips were more attractive respectively.

**Eating Pathology**

Symptom composite scores on the EDDS-DSM 5 Version fell between 0 and 78 (M=13.73, SD = 14.1). Eating disorder symptomatology z-scores on the EDDS-DSM 5 Version fell between 0 and 4.59 (M = 0.8, SD = 0.83). Stice, Fisher and Martinez (2004) in comparing clinical and non-clinical samples (DSM IV version) reported the mean z-score for a non-clinical sample to be 0.89 (SD = 0.99). Individuals diagnosed with Bulimia were found to have a mean z-score of 4.41 (SD = 2.91). The mean EDDS z-score of African women in this sample (M = 0.8, SD = 0.83) appears to align with the non-clinical sample reported above.

Notably, 14.3% of the sample (n = 26) responded “extremely’ in response to the question, “Have you felt fat?” Seventeen percent (n = 31) of the sample indicated that they had an extreme fear of gaining weight or becoming fat. About twenty-three percent of the sample (n = 43) indicated that their weight or shape slightly influenced how they judged themselves as a person. Notably, 17.6% (n = 32) indicated that their judgments of themselves were moderately to extremely influenced by their weight or shape. All respondents (n = 182) reported that their body image either slightly, moderately or extremely impacted their relationships with others (it is important to note that respondents could select “not at all” as an option). Fifty-six percent of respondents (n = 100) reported that in the preceding 3 months, they had eaten an unusually large amount of food and felt a lost of control (42 % had done this between 1 to 5 times in the preceding 3 months). When asked if in the past 3 months, they had eaten alone because of
embarrassment by how much they were eating, 9.2% \((n = 16)\) endorsed the behavior. Thirty-nine women (22.5%) endorsed feeling depressed or guilty after overeating. Ten respondents (5.5%) reported that they had made themselves vomit in the past 3 months. Similarly 5.5\% \((n = 10)\) reported laxative use between 1-10 times in the past 3 months. Also, 28.7% or respondents \((n = 52)\) endorsed fasting non-religiously (skipping two meals in a row), 1 to 16+ times in the past 3 months. About thirty-three percent of respondents \((n = 59)\) indicated that they engaged in intense exercise specifically to counteract the effects of overeating. Similarly, 55 women (31.4\%) indicated eating large amounts of food (between 1 to 16+ times) after awakening from sleep or after an evening meal and feeling distressed by the behavior.

**Hair Satisfaction**

Respondents’ satisfaction with hair texture was assessed using 7 items on the RBIQ examining overall satisfaction with natural hair texture, thickness, color, and styling choices. Overall, respondents indicated high levels of satisfaction with their natural hair (specifically when asked about overall satisfaction, texture, color and thickness). With regard to overall natural hair satisfaction, 76.6% of African women \((n = 151)\) indicated they were very satisfied or mostly satisfied with their hair while 13.8% \((n = 27)\) were very dissatisfied or mostly dissatisfied with their hair. Similarly, when asked about hair color satisfaction, 86.8% of respondents were very/mostly satisfied and 6.6\% \((n = 13)\) very or mostly dissatisfied. With regard to hair thickness, 73.1\% \((n = 144)\) were very satisfied or mostly satisfied, while 19.3\% \((n = 38)\) were very dissatisfied or mostly dissatisfied. Respondents also had the option of selecting neither satisfied nor dissatisfied and 6%-10\% of respondents made this selection for satisfaction with hair, hair color, hair texture and hair thickness. Respondents were then asked to assess to what extent they agreed or disagreed with the statement, “I wish I had ‘good’ hair”. Sixty-six percent
(n = 130) strongly disagreed or disagreed with the statement. Conversely, 25.4% (n = 50) either strongly agreed or agreed with the statement. ‘Good hair’ was not defined for participants, and it not clear that women’s understandings of the term were similar. To the statement “I hate when my hair is ‘nappy’ (in its natural state- not relaxed, braided, weaved etc.)”, 64.5% (n=127) strongly disagreed or disagreed. Notably, nearly one-quarter of the sample (22.7%) of African women agreed or strongly agreed with the statement. Finally when asked if they wished they could wear their hair in “natural styles” (i.e. afros, twists and locs), 21.3% (n=42) strongly disagreed and 14.7% disagreed (n=29). About 41% of women (n = 96) strongly agreed or agreed with the statement and 15.2% were uncertain. Items examining natural hair seem to suggest that a majority of African women like and appreciate their natural hair textures but feel that natural styles are not accessible to them. Notably, 21-25% of respondents reported strong feelings of dissatisfaction with their natural hair and low desire to wear their hair in natural styles.

**Facial Feature Satisfaction**

African women’s satisfaction with their facial features was assessed by responses to 6 items on the RBIQ examining respondents’ appraisals of face, lips, and nose. Overall, results indicate high levels of satisfaction with facial features among African women in the sample. When asked to indicate level of satisfaction with their faces, 92.9% were very or mostly satisfied. Over 94% were very satisfied or mostly satisfied with their lips. When respondents were asked if they appraised their lips to be “too big”, 95.9% disagreed. Nose and nose shape satisfaction was relatively lower among the women. While 84.3% of respondents (n=166) were very satisfied or mostly satisfied with their nose shape, 8.1% (n=16) were very dissatisfied or mostly dissatisfied. These results indicate high levels of satisfaction with facial features among African women. The highest levels of satisfaction were with faces and lips. While nose shape
satisfaction tends to be relatively lower, the majority of African women indicate high levels of satisfaction with this facial feature.

**Hypothesis Testing**

**Hypothesis 1**

To test the hypothesis that African women with lighter skin tones, straighter hair textures and positive appraisals of facial features would indicate lower levels of body image dissatisfaction than women with darker skin tones, kinkier hair textures and negative appraisals of their facial features, differences in mean scores on the RBIQ were examined using t-tests.

On the RBIQ, mean scores range from 1 to 5 (with higher scores indicating higher levels of dissatisfaction with racial physiognomy and appearance). For respondents in this study, the mean score on the RBIQ physiognomy subscale was 1.86 (SD = .71) and 1.80 (SD = .5) on the appearance subscale. The composite mean score on the RBIQ was 1.83 (SD = .52). These results suggest high levels of satisfaction among African women with their racial physiognomy and appearance. For analysis, women who indicated 1 to 5 on the Scale of Skin Color Darkness (NIS-SSCD) were grouped as having “light skin” and women who selected 6 to 10 were grouped as having “dark skin”.

An independent samples t-test was then conducted to compare body satisfaction scores for women with lighter skin tones and darker skin tones (composite mean scores on the RBIQ). Assumptions of level of measurement (continuous dependent variable), and independence of observations were met. Because recruitment was primarily via snowball and acquaintance sampling, the assumption of random selection was not met. While the data were slightly positively skewed (high scores were relatively fewer), t-tests are generally robust to violations of
the assumption (especially with larger sample sizes). There was no significant difference in scores for women with light skin \( (M = 1.79, SD = .505) \) and dark skin \( (M = 1.85, SD = .549; t (146) = -.693, p = .49, \text{ two tailed}) \). The magnitude of the difference in the means (mean difference = -.061, 95% CI: -.236 to .113) was very small (eta squared=.003).

To assess if a finer distinction could be made if women were grouped into three groups by skin tone (light, medium, and dark) a one-way between-groups ANOVA was conducted. The assumption of homogeneity of variance was not violated. Similarly, there was no statistically significant difference in mean body satisfaction scores \( (p = .602) \) for women with light skin tone \( \text{(NIS-SSCD 1-3; M = 1.77, SD = .492)} \), medium skin tone \( \text{(NIS-SSCD 4-6; M = 1.83, SD = .511)} \) and dark skin tone \( \text{(NIS-SSCD 7-10; M = 1.91, SD = .698; F (2, 191) = .508)} \).

To compare body satisfaction scores for women with straighter hair textures and women with kinkier hair textures, another independent samples t-test was conducted. Women were grouped according to their self-reported natural hair texture. Women who selected straight or wavy hair textures were grouped as having “straight hair”. Women who selected curly or kinky-coily hair textures were grouped as having “kinky hair”. No significant differences in appearance satisfaction scores \( (\text{RBIQ appearance subscale}) \) were found between women with kinky hair \( \text{(M = 1.81, SD = .51)} \) and women with straight hair \( \text{(M = 1.88, SD = .58; t (193)=-.65, p = .51, two-tailed)} \). Similarly, eta squared was calculated at .002. These findings suggest that hair texture and skin tone may not significantly influence African women’s overall satisfaction with their appearance.

Body satisfaction scores were also compared for women with either positive or negative appraisals of their noses and lips. Women were grouped based on their response to the RBIQ
items regarding satisfaction with their nose and lips (five-point Likert scale from “very satisfied” to “very dissatisfied”). Women who selected 1 or 2 on either item were grouped as “lip satisfied” and/or “nose satisfied”. Women who selected 4 or 5 were grouped as “lip dissatisfied” and/or “nose dissatisfied”. Women who selected “neither” (or 3 on the scale) were not included in the analysis (n = 21). The outcome variable in this analysis was the composite score on the OBCS. There was no significant difference in composite scores on the OBCS (summed scores of body shame and body surveillance) between women who were lip satisfied (M = 53.20, SD = 11.05) and lip dissatisfied (M = 48.20, SD = 14.16; t (177) = .991, p = .32, two tailed). The magnitude of the differences in the means (means difference = 5.0, 95% CI: -4.95 to 14.97) was very small (eta squared = .006). Similarly there was no significant difference in objectified body consciousness scores between women who were satisfied with their noses (M = 52.49, SD = 10.60) and those who were dissatisfied with their noses (M = 55.61, SD = 16.60; t (12.83) = -.667, p = .51, two tailed. Effect size was very small (eta squared = .002). These findings suggest that facial features (specifically nose and lips) seem to have little influence on the body satisfaction of African women in the sample. The hypothesis that women with lighter skin tones, straighter hair textures and positive appraisal of facial features would have higher levels of overall body image satisfaction was not supported.

**Hypothesis 2**

In order to test the hypothesis that the actual body sizes of African women would be significantly discrepant from their ideal body sizes, a Wilcoxon Signed Rank Test was conducted to determine if there was a significant difference between actual and ideal body sizes among the sample (ideal and actual scores on the PBIS). The assumptions for this statistical procedure include: (i) independently paired data from the same population; and (ii) data measured on an
ordinal scale. These assumptions were met prior to data analysis. Results revealed a statistically significant discrepancy between actual and ideal body sizes among the sample (ideal body sizes were smaller), $z = -.93, p < .001$ with a medium to large effect size ($r = .4$). This result suggests that African women desire body sizes that are smaller than their current body sizes. The hypothesis that the actual body sizes of African women would be significantly discrepant from their ideal body sizes was supported by the findings.

**Hypothesis 3**

To test the hypothesis that skin satisfaction, hair satisfaction and facial feature satisfaction were predictive of overall body image and appearance satisfaction, a multiple linear regression was conducted to assess the extent skin color satisfaction (SCSS mean score), hair texture satisfaction (mean score of hair items on RBIQ physiognomy subscale; items 5, 6, 7, and 8) and facial feature appraisals (mean scores of the facial feature items on RBIQ physiognomy subscale; items 1, 2, 3, and 4) were predictive of body image satisfaction among African women (mean score on RBIQ appearance subscale). The following assumptions were checked prior to analysis: first, correlations were run to check multicollinearity. Review of correlation coefficients (all correlations less than $<.7$) as well as Tolerance ($>.10$) and VIF ($<10$) values indicated that this assumption was met. A review of Mahalanobis’ Distance maximum value (23.12) and Cook’s distance values (.628) indicated that identified outliers were not having any undue influence on the results of the model. An inspection of Normal Probability Plot (P-P) of standardized residual and scatterplot indicated that data was normally distributed. A multiple regression was then conducted to assess the extent to which skin satisfaction, hair satisfaction and facial feature satisfaction is predictive of overall appearance satisfaction among African women. Results indicated that the total variance explained by the model as a whole was 34.0%, $F$
(3, 172) = 31.062, p < .0001. Of the three variables, hair satisfaction makes the largest unique contribution (beta = .496). Beta weights for facial feature satisfaction and skin color satisfaction were .015 and -.257 respectively. Importantly, skin color and hair texture make a statistically significant contribution to the model (p < .0001). These findings suggest that hair satisfaction and skin color satisfaction are significant predictors of body image satisfaction among African women (See Table 8). Holding all variables equal, every unit increase in skin color satisfaction results in a .25 increase in mean appearance satisfaction scores among the sample. Additionally, every unit increase in hair satisfaction results in a .496 decrease in mean appearance satisfaction scores among the sample. Overall, these findings partially support the hypothesis.

**Hypothesis 4**

To test the hypothesis that African women who indicated higher levels of internalized White beauty idealization (IBSS scores) would endorse higher levels of objectified body consciousness (OBCS composite score), a correlational analysis was conducted to examine the bivariate relationships between white beauty ideal internalization and elements of objectified body consciousness (surveillance behaviors and body shame). Assumptions of normality, linearity and homoscedasticity were tested prior to analysis. Based on results of Kolmogorov-Smirnov normality tests (p < .001) and review of histogram and Q-plots the mean scores on the IBSS-R significantly deviated from normal with intermittent peaks in the data (high score frequencies) disturbing a normal trend. For this reason non-parametric correlation was conducted (Spearman rho). There was a small, positive correlation between internalized white beauty ideals (adapted IBSS scores) and objectified body consciousness (OBCS scores), \( r = .19, n = 174, p < .001 \). Results suggested that as levels of internalized white beauty idealization increase, objectified body consciousness also increase. Our hypothesis that African women who
endorsed higher levels of internalized white beauty idealization would also have higher levels of objectified body consciousness was supported by the findings. As noted earlier, objectified consciousness among the sample was low. While the correlation was significant, the relationship between white beauty idealization and objectified consciousness existed in a context of relatively low levels of body shame and body surveillance among the sample. Thus, the association may have been limited by a flooring effect.

**Hypothesis 5**

To test the hypothesis that African women with high levels of objectified body consciousness (body surveillance and body shame) would endorse more pathological eating behaviors (composite scores on EDSS), Fredrickson and Roberts’ (1997) objectification theory and subsequent model of key objectification theory tenets were tested using path analysis (See Figure 2). Specifically, path analysis was utilized to examine the relationships among body surveillance, body shame, and internalized white beauty ideals and the subsequent impact on eating pathology among African women. Assumptions for path analysis require that relationships between variables are linear. Also, the endogenous variables (self-objectification, body shame and eating pathology) should follow a normal multivariate distribution. This was tested using Mahalanobis’ distance. Finally path analysis also assumes neither reverse causation nor correlations between residuals and the variables that precede them. Maximum likelihood estimation was used to address the issue of missing data. The resulting model was identified ($df = 2$) and not significantly different from the saturated model (Chi-square = 5.5, $p > .05$). A Comparative Fit Index (CFI) of .943 and Root Mean Square Error Approximation (RMSEA) of 0.87 indicated that the model fit was mediocre and did not represent a convincing fit to the
hypothesized model (see Figure 4). Fit indices (RMSEA values of .07 or lower; and CFI values of .90 or higher) were used to assess the quality of model fit (Hu & Bentler, 1999).

To improve model fit, an additional path was added between white beauty idealization and eating pathology. This model was recursive as well (n = 230), identified (df=1) and not significantly different from the saturated model (Chi-square = .669, p > .05). CFI was calculated at 1.0, and RMSEA at .00 suggesting a strong model fit. The total variance explained was 25%. Body shame had a significant effect on eating pathology (β = .443, p < .0001) and self-objectification had a significant effect on body shame (β = .225, p = .002). Additionally, white beauty idealization had a significant effect on body shame (β = .184, p = .012). Finally, white beauty idealization had a significant effect on eating pathology (β = .155, p = .025.) (see Figure 5). Taken together, these findings support the hypothesis.

Qualitative Results

One hundred and seventy-seven (n = 177) women responded to one or more of the open-ended questions in the survey. Overall, participant responses were brief. The majority of responses were approximately fifteen words or less. Quotations from participants to support findings were used with careful attention to anonymity. Participants from countries with relatively fewer participants, who could be potentially identifiable, are not identified by country but rather, by region. Open-ended questions were analyzed using an Interpretive Phenomenological Approach (IPA; Smith & Osborn, 2003). The meanings that participants attribute to their experiences are integral to IPA. Necessary steps to using IPA in qualitative analysis include: (i) reading and re-reading material to gain familiarity, (ii) dividing text into small, meaningful units and with each reading of the material, documenting comments,
observations, paraphrases, associations, and connections prompted by the review of the material, (iii) documenting emerging themes by condensing phrases to capture essential quality of participants’ contributions, and (iv) transforming and clustering phrases into terminology that captures and organizes findings.

**Perceptions of Beauty Ideals among African Women**

The following themes were identified when participants responded to the question, “What do you consider beautiful/attractive for African women”: a) African beauty as a physical specification; b) Confident and comfortable in her skin; c) Character as beauty; d) “Natural” as ‘litmus test’ for beauty; e) Beauty as sacred and indefinable;

**African Beauty as Physical Specification.** A significant majority of participants (n = 109) provided descriptive language and specific appearance preferences or standards for “beautiful” African women. These descriptions included various skin tone requirements, body size prescriptions including acceptable proportions of hips and waist. Words that occurred with some frequency included “dark skin”, “voluptuous”, “curvy”, “shapely”, and “clear skin/complexion”. In some instances, these descriptions included words that were generally complimentary to African women such as this statement by a 46 year-old woman from a country in the south of the continent: “Smooth and healthy complexion, African women usually have beautiful skin. Curvy body and elegant. African women dress well and take care of their appearance”. Similarly, a 36 year-old Nigerian participant stated, “I consider our natural curly hair which can be well-nurtured and stylish. I also consider our smooth skin.” Statements from participants describing beauty standards for African women were generally matter-of-fact and
Body Image and Objectification among African Women

devoid of either self-deprecation or self-aggrandizement. Many of the responses were similar in content to the exemplars below:

“A beautiful African woman is one who has a curvy and toned body.”- Age 27, Kenya (Kikuyu)

“Average/tall height, full breasts, full hips and butts (sic), flat stomach, full hair, nicely shaped eyes and lips, slim and slightly pointed nose, smooth and even skin tone.”-Age 36, Nigeria (Yoruba)

“Curves, an African woman has to have curves.”-Age 36, Kenya (Kamba)

“Radiant skin, shapely, moderate hips and breasts.”-Age 39, Nigeria (Igbo)

While media personalities were rarely mentioned in response to this prompt exploring beauty among African women, two respondents who aspired to the body types or skin tones of a public figure alluded to celebrities of color in the United States (Nikki Minaj, Beyonce, Jennifer Lopez, and Lupita Nyong’o).

Confident and Comfortable in Her Skin. Statements containing a physical standard for African beauty only slightly outnumbered statements that alluded to the degree of comfort and confidence with which African women negotiated their worlds. “Confidence” and “comfortable in her skin” were used frequently by respondents in referring to the attitude and grace that often effaces the exact physical attributes of the African woman. Statements supporting the position of confidence, self-love, and self-acceptance as elemental to beauty included the following:

“A woman who is comfortable in her skin. You can tell by the way they walk and dress. For me it is not about weight or height or skin color. It’s how comfortable one is.”-Age 40, Kenya (Luhiya)

“I believe African women are generally of a larger build and "curvier" than our western counterparts, and therefore should not have insecurities about our differences. Our features are also different. Confidence, whatever her size, shape or features, makes any woman beautiful in my opinion.”-Age 46, Nigeria (Ibira)
“…the most beautiful thing for me though is AN AFRICAN WOMAN WHO ACCEPTS HERSELF. Someone who loves her curves and hair, the colour of their skin…someone who accepts the AFRICANNESS in themselves.”-Age 30, Kenya (Kalenjin)

“A woman that is comfortable in her own skin, whether it be charcoal grey or fuschia pink.”-Age 27, Nigeria (Niger Delta)

While some of the statements implied that physical attributes are part of the metric used to measure beauty among African women, these participants go further by valuing how a woman feels about her physical attributes. Specifically, confidence and self-acceptance can mute the salience of her physical attributes to others. One example is this statement by a 36 year-old Yoruba woman from Nigeria, “A woman, who looks good in what she wears and who is able to carry herself confidently and pays no attention or overlooks any 'defects' in her body.” As explained in this statement, what is important is that perceived “defects” are well-tolerated rather than ruminated upon.

**Character as Beauty.** A 30 year-old Kenyan respondent of the Kalenjin tribe stated the following: “I consider all women beautiful in their own way. I attach attractiveness of African women or people generally in how they are as opposed to how they look - are they generally kind, accepting, positive?”

This recurring theme was striking because often included was some rejection of physical attributes as solely sufficient for defining a beautiful African woman. Character attributes that were cited by the respondents included, “kindness”, “integrity”, “positive attitude”, “dignity”, and “perseverance”. Interestingly, a significant number of participants who attributed some aspect of physical appearance to beauty often pointed out character as a necessary ingredient as well. One such representative statement was offered by a 34 year-old participant from the south of the continent: “Woman's spirit and ability to be successful at nearly anything is attractive to
me than the outside”. This theme differed from the theme of confidence (discussed above), because women argued that external beauty was superficial. Instead character and spiritual attributes were ultimately of import when African women’s beauty was assessed.

A combination of factors - a big smile, kindness, a brain that can reason, a heart that is open physical attributes rarely count much for me. – Age 28, Kenya (Kikuyu)

**Natural as “litmus test” for Beauty.** Some participants focused on the absence of adornment or embellishment as an important aspect of African beauty. A fair number of the responses identified under these theme included undefined, unexpanded uses of the word “natural” to describe African beauty. For example, brief phrases such as “natural beauty”, “natural hair” and “being as natural as possible” were common. It is notable that respondents who expanded on their use of the word “natural” often lauded this characterization of beauty as ideal and often adulterated by unfortunate attempts at beautification. A 45 year-old Kenyan respondent stated, “A woman who is confident and proud in her skin, does not subscribe to lighteners or enhancers.” Similarly, a 30 year-old Kenyan participant of Kikuyu ethnicity offered the opinion that beautiful African women used “…no make-up and no hair additives.” A 37 year-old Nigerian woman argued, “Our skin color makes us who we are. And I believe we should keep it clean and healthy not try to lighten it use harsh chemical products that destroy it. Our hair texture too though mine is relaxed and not natural. I don't like the pain I go through trying to comb and manage natural hair.” Responses suggested that skin and hair were identified as aspects of appearance that were often subject to interventions. Essentially, these statements implied that the interventions were potentially harmful and somehow rejecting of African standards of beauty. Unique to many of the contributions grouped under this theme was the tone of the responses, which tended toward prescription, advice or admonishment such as the tone in the quote below:
“…She should wear her hair natural and proud with no chemicals, weave-ons or attachments or wigs. She should not have to wear much make up but should take good care of her skin using natural and chemical free products.” - Age 36, Nigeria (Taroh)

**Beauty as Sacred and Indefinable.** Many participants were rejecting of the invitation to offer standards of African female beauty. For many respondents, beauty was a qualitative experience that went beyond the physical and was very subjective. Some respondents pointed out that beauty standards were oppressive and limited more expansive ways of defining beauty:

“I personally believe that as a person, you should be comfortable in your body, and nobody should define the yardstick for such, but yourself. So, as long as you are okay with yourself, and there is no any health risk, then you are beautiful.” - Age 41, Nigeria (Gbayi)

An attractive African woman is not measured by your physical being rather your inner wellbeing, behaviour and respect of one self. It's good to look and feel great because it boosts your confidence somehow. Bottomline- you do not need to get stressed over your body shape or size. Accept who you are! You want to change how you look, do so but don't break a leg while at it! - Age 27, Kenya (Kikuyu)

“Beauty is from within. Whatever an individual deems beautiful is a matter of their choice. No one can really put a standard of beauty.” - Age 32, Kenya (Luo)

Furthermore, respondents argued that beauty was a matter of personal choice. Also, there were strong themes of approaching beauty as a holistic process which included a focus on health, well-being and ultimately guided by personal strengths and goals. Taken together, these respondent were proponents of an active rather than passive approach to the subject of beauty. In a sense, the focus here was on shaping the narrative rather than accepting what exists.

Another group of statements falling under this theme stressed that there existed diversity among African women with regard to size, shape, skin tone and hair textures, and identifying some singular standard of African beauty was difficult. While similar to statements rejecting externally imposed standards of beauty, these contributions went further by highlighting the
many ways in which beauty manifests among African women. Essentially, these respondents argued for limitless standards of beauty that allow entry for women who are often phenotypically different based on region, country and tribe. The implication here was that standards of beauty that exist for African women were narrow and restrictive for a great many African women who otherwise have attributes, physical and otherwise, that can be celebrated. For example:

“African women come in different shapes, with different skin colors and also with different hair textures. What I consider beautiful/attractive in African woman, is when she is true to her natural self, i.e. embracing her hair, skin color or physical shape without the need to alter any of the above.”-Age 35, Southern Africa

“We come in so many different shapes and sizes it's amazing! I haven't met one African woman yet whose physical attributes I didn't admire in some way. I have a bias for Southern Sudanese women though; that dark almost flawless skin.”-Age 39, Nigeria (Igbo)

**African Women’s Self-Appraisals**

**Self-Appraisals of Body.** Participants were asked to respond to the prompt, “What words would you use to describe your body?” In describing their bodies, 61 women made unqualified declarations of self-acceptance and self-love. Frequently used words included, “sexy”, “beautiful”, “perfect”, “attractive” and “fit”. The timbre of these statements was positive, celebratory and quite striking in their frequency. Notably, these statements referred to the entire body and rarely focused on specific physical features. Also present in many responses were words expressing contentment with their bodies and the absence of any desire to change any aspect of their physical selves. Some statements that capture this theme include:

“My body is beautiful as it is. I do not wish that it was otherwise or like somebody else’s. I love my body, now and always!”-Age 49, Nigeria (Gbaya)

“Heavenly, voluptuous, beautiful in all its glory, my body is loved.”-Age 29, Kenya (Luo)

“I have a beautiful curved body. I love me.”-Age 41, Kenya (Kikuyu)
A similar number of participants described their bodies in neutral terms absent any value judgments. When such statements were offered, the emphasis was on body shape and size. “Curvy”, “slim”, and “petite” were common descriptors. Only occasionally was skin tone or facial features described in this set of responses. Similar to the positive descriptions of their bodies highlighted above, a notable number of responses were also value- and judgment-laden, albeit more negatively. These statements can best be grouped by the degree to which there was focus on specific problem areas of the body as well as the amount of importance ascribed to these “imperfections”. For some women, the problems with their bodies were fixed, definite and hopeless. For example, a 37 year-old Kenyan woman describes her body as follows, “Disgusting. Ugly. Unshapely. Unsexy.” Similarly, a 33 year-old Nigerian participant stated, “Not slim, straight body, no hips, no butt, small boobs, not very attractive.” In this response lies the implication that there is failure to meet a beauty standard that somehow requires thinness, curviness and large breasts. Other responses primarily focused on problem areas as well, but tended toward a more future-oriented and goal-oriented stance. An example of this tendency to highlight a problem area and then shift toward acceptance and intent for change was more prevalent:

My body type is ok (sic), I wish I had a little more hips and curves with flat belly too. I have since discovered how to appreciate my body type and dress it accordingly.-Age 31, Nigeria (Benin)

I am overweight but have struggled with several health issues so I would describe my body as transforming, changing and growing into what I want it to be. -Age 36, Nigeria (Taroh)

Self-Appraisals of Hair. To assess African women’s appraisals of their hair, respondents were asked the following: “What words would you use to describe your hair?” Unlike with self-appraisals of the body highlight above, the vast majority of hair appraisals were purely descriptive. Very few statements included a positive value judgment about hair, the exception
being respondents who indicated that their hair was natural. Some statements of this kind were:
“naturally beautiful”, “lovely and natural”, and “curly, short and all natural…I love my hair”.
Statements describing hair as “natural” or “dreadlocked” were often positive and prideful.
Additionally, several respondents noted an aspiration to be natural in the future. For example, a
39 year-old from Kenya stated, “[My hair is] an asset. Thick and voluminous. A bit too much
grey for my own liking given my age. Relaxed, though I’d like to go back to natural. I’ll go back
to natural at some point.” Self-appraisals of hair were generally geared to the area of texture
(softness, smoothness, thickness, coarseness, fullness); length (short or long); natural, relaxed or
permed (particularly the use or rejection of relaxers and other products to straighten, smoothen or
color hair); ease of care or versatility (manageability, combing difficulty, styling options);
absence or presence of gray strands; color (dark, black, or brownish) and perceptions of the
health of hair (thinning, breakage, brittleness, and lack of growth or length). Frustration was
palpable among participants who were unhappy with the health of their hair. Thickness, softness,
and longer lengths were often associated with positive appraisals and pride. For example, a 39
year-old respondent from Kenyan described her hair as, “Thick long and envy inducing”.
Similarly, a 34 year-old from Nigeria gave this description of her own natural hair: “Lovely,
silky, Smooth.”

While many of participants noted that they had attempted many chemical interventions to
address hair problems, the outcomes were often unsatisfactory. A few participants planned to “go
natural” as a solution to hair problems. The implication being that the use of chemical
interventions was viewed as harmful to the health of hair. These observations are illustrated in
the quotations below:
My hair is not as thick as I would want it, I do not mind it's texture, I know I am African but I have gone to extremes so as to make it thick. I spend a lot on hair products looking for ways of making it thicker than present state. The length does not quite matter to me because it allows me to play around with different looks.-Age 30, Kenya (Luo)

Thinned due to relaxer so decided to go natural to make it thicker -Age 36, Nigeria

**Self-Appraisals of Facial Features.** In response to the question, “What words would you use to describe your facial features?”, one-word value judgments were prevalent. Responses varied from dispassionate contributions such as, “okay”, “regular” and “fine” to more effusive descriptions of facial features including, “beautiful”, “perfect”, “cute” and “African beauty”. While it was not clear where the word “interesting” fell in either a positive or negative judgment category, the word appeared multiple times in facial feature descriptions. The word “natural” also recurred often in the context of make-up use. Several respondents noted that they were beautiful with or without make-up and others expressed a desire to use less and show off their facial features without the aid of cosmetics.

When descriptions were offered, respondents focused on face shape (round, oval or long), nose shape and size (flat, wide, small, petite, broad, pointed or straight), lip size (thick), skin tone (dark, brown, chocolate, light, fair), skin quality (smooth, even), eyes (brown, small, bright). Very rarely did respondents indicate a desire to change any aspect of their facial features. However, it was notable that when such statements were made, they were in reference to skin tone (wishing for lighter skin), teeth (needing dental intervention), acne-prone skin and forehead shape.

**Perceived Appraisals of Appearance by Others.** Finally, respondents were prompted to respond to question, “What comments have you heard from others about your appearance?” Overwhelmingly, respondents indicated very complimentary comments from others. Words like
“beautiful”, “attractive”, “sexy”, “perfect”, “hot”, “cute” and “gorgeous” were frequently used. Other complimentary words, which occurred less frequently, albeit notably, were “black beauty”, “African beauty” and “natural beauty”. Often, these complimentary statements were brief and were not often qualified or expanded upon by respondents. Interestingly, when respondents were specific about compliments they received, there were common threads: curviness, big hips, shapeliness and smooth skin were highlighted. A few respondents however, wondered whether the compliments they received were believable. For example, a 33 year-old Nigerian respondent indicated that when she was complimented for being beautiful, “I don’t really believe them”. A 40 year-old Kenyan respondent of the Luhuya tribe stated, “[People tell me] that I am beautiful, that I do not look my age. Many seem to like my body but I still feel conscious of my butt (too big) because of my height.” The implication here is that even in the context of positive verbal commentary from others, appearance insecurities remain apparent for some African women. Interestingly, some respondents observed that they were complimented for being phenotypically different from what would be expected from their tribe, country or race. For example, the word “exotic” was a common commentary from others about appearance. Essentially, positive attention and compliments were often received for participant who “stood out” in ways that were observable. It is not clear from these responses whether these remarks from others merely highlighted a phenotypic difference or if they were a clear negative commentary on the women who generally match the phenotypes in their region:

Different for my tribe, / cute / high cheek bones / pretty / Athletic-Age 31, Nigeria (Igbo)

Exotic looking, interesting face, pretty, you look unusual, what race are you? You don't look African.”-Age 46, Southern African region
Critical comments from respondents reveal some patterns. First, respondents indicated they were often criticized for their weight. While most indicated they were often criticized for being overweight, some respondents noted that they were often admonished for being too slender. Specifically, respondents who heard critical statements about their slender frame noted that the commentary was that they were boyish or lacking curviness or shapeliness in the chest, hips or buttocks. A 34 year-old respondent observed, “I’m usually described as tall and slim or with a model figure. At times, I can also be described as being too slim in a derogatory manner.” Also, a 24 year-old East African respondent reported, “[They say] …I'm too skinny. Should gain some weight, I'm too short, I have no butt.”

An underlying theme is that the commentary from others can be copious, contradictory and relentless. This comes through in this statement by a 30 year-old Kalenjin woman from Kenya: “…I put on weight; people think I am too big. I lose weight, others think I am too thin -- people will never be satisfied.” The contradictory and relentless nature of the commentary is also well illustrated by the following quote:

“Beautiful, stunning, nice butt, great legs, fat, 'you've lost weight, you look great', 'you've gained so much weight, you're rolling', you're looking good, you're so beautiful, love your dimples, love your hair, love your smile, love your eyes, you're always nicely dressed, love your hair, your style is unique, your style is so you, what are you eating, have you gained weight, have you lost weight, you need to lose weight”-Age 38, Nigeria (Igbo)

Being overweight seemed to be the most reported criticism by respondents. A 32- year old Kenyan respondent of Luo ethnicity stated, “My peers and colleagues come down on me hard when I put on weight.” A 27 year-old Nigerian participant who identified as Fulani parroted some of the comments she had heard: “You’ve added weight! You need to start exercising! Kai, you’re enjoying oh!”
Respondents highlighted criticisms about their skin tone or skin color. Overall, the trend was that observers were often critical of darker skin and complimentary of lighter skin. These themes are evident in the following quotes:

Colour-- I am pretty dark complexioned--more like Lupita Nyong'o and I have been pretty much discriminated because of it from when I was young till now. People think I am too dark, I usually am the darkest in environments. I have been in school, work, and have experienced a fair share of discrimination because of it.”-Age 30, Kenya (Kalenjin)

“I have heard others say I am beautiful; most probably because I am light skinned, I do not know if they would say that if I were dark-skinned.”-Age, Undisclosed, Kenya (Kikuyu)

Important to note is some respondents’ observations that the comments they received differed by region. Many compared the comments they received while in Africa or abroad. Respondents argued that in some regions, comments were complimentary and critical in others. A 36 year-old Nigerian woman of Taroh ethnicity observed, “In Africa they say I am pretty and beautiful but when I travel abroad they say I am fat and overweight!” A similar comment was made by 39 year-old participant from Kenya:

“Depends on where I am in Africa. In West Africa, I am beautiful, no ifs or buts. In East Africa, mixed reviews…my weight has been criticized and I am seen as less easy on the eye than lighter-skinned, slim counterparts.”

Finally, a theme that emerged with regard to appraisals from others centered around the expectation that respondents would put some perceptible effort into their appearance. Respondents who preferred a more casual, effortless style for instance, were often cited for their apparent lack of effort. This statement from a 35 year-old Nigerian respondent (Igbo) is illustrative: “[They say]…I should get a perm. I should wear heels (I prefer padded shoes for foot comfort).” Similarly a 48 year-old Nigerian woman (Yoruba) observes, “They say I don't pay
enough attention to my appearance as I don't use make-up all the time and I am not very particular about trending fashion.”
CHAPTER 5

Discussion

The purpose of this study was to initiate a foundational examination of body image and body image ideals among African women. Specifically, to gather a broad swath of information not only about the ways in which African women appraise specific body areas and features, but also overall body image satisfaction. Given the dearth of body image research focused on African populations, the work of understanding these results within the context of previous findings is methodologically challenging because there is a relatively weak base of knowledge to which to refer (although the extent to which study findings confirm or bring to question existing research will be included when possible). What is available are the established theoretical frameworks (sociocultural theory and objectification theory) where there is space for generalization of findings and comparisons to existing work. However, situating the results in the context of what we know about some of the socio-cultural, political, and historic factors at play in Africa will aid in meeting another primary aim of the study, which is to understand results by prioritizing systemic factors including colonial histories and globalization, as well as familial, peer and media influences. The inferences and interpretations made here about how these factors impact and drive body image satisfaction among African women is where the future of research lies. Importantly, situating these findings within the work of counseling psychology is central to this study and will be examined with an aim to provide information that will inform the work of practitioners who seek to efficaciously empower African women.

As a black African woman conducting a study of this kind, I am aware of the potential for bias in the interpretation of these findings. However, sharing similarities with African women in this sample is a specific strength of this study. In the face of seemingly contradictory findings
and a weak fund of previous research with which to make comparisons, there is space for me to position my unique perspective in interpreting the findings. The exploratory nature of the study, at times, requires caution with respect to the interpretation of the data as it remains unclear whether findings are accurate reflections of the sample or if methodological factors impact findings (i.e. the use of adapted scales that were not normed on African populations). While appropriately normed scales remain sparse, there is much to be gleaned from qualitative data. The qualitative data complements the quantitative data and thus encourages a more thorough and holistic interpretation of black African women's voices regarding their gendered bodies against a backdrop of Africa's colonialist and hegemonic narratives reflective of racism and sexism.

What is made clear in the results of this study is that there is evidence for high levels of body image satisfaction among the sample, which is supported by extant research among African female populations (Mwaba & Roman, 2000; Eddy et al., 2007). Given the hypotheses of the study, positive appraisals were surprising and yet encouraging in their consistency. Further examination of the data, however, revealed some areas of concern. For example, over 40% of the sample indicated a desire to have a different skin tone than their own. Also, results suggested a significant preference for smaller body sizes among the sample. The positive appraisals expressed by African women are an indication of positive, and likely healthier attitude towards their bodies which is notable as we explore body image in a continent where there is some support that Western beauty ideals may be ubiquitous (Akande, 1993) and that beauty standards around the world make body dissatisfaction normative (Cash & Henry, 1995).

Initially, African women’s satisfaction with their skin color, hair texture and facial features were examined. Deviating from what was expected, results suggested an overall positive appraisal of skin color, hair texture, and facial features. Again, these findings were surprising
given our initial assumptions that racialized features (hair, skin tone, and facial features) would be problematic for African women. That African women’s appraisals of their skin tone, hair texture and facial features measure high is heartening within a context where ideals may not be validating, reflective or celebratory with regard to these features. However, there are some notable findings that warrant a more careful exploration of the results. A closer look at the skin color satisfaction among African women revealed a mixed picture. While we can conclude that African women report moderate to high levels of skin color satisfaction, only half of the sample agreed they would keep their skin tone unchanged if given a choice. It is important to also point out that a quarter of the sample populated the neutral option on the SCSS, opting not to disclose whether or not they desired a skin tone other than what they had or suggesting the absence of either strong positive or negative attitudes regarding skin tone. When the option to be neutral was removed on the RBIQ, a significant majority (92%) reported satisfaction with their skin color. What is evident here is that when neutrality is not an option, the sample tended toward a more positive appraisal of skin tone. This neutral stance warrants some further investigation as its source and function was beyond the scope of this study. However, there are some inferences to be made about the role a neutral stance plays in body image appraisal. In exploring the context in which African women express satisfaction or dissatisfaction with their bodies, some extant literature on African socio-historical benchmarks, highlights some of the factors at play in post-colonial, 21st century Africa. Albert Memmi (1965), for example, explained the ways in which African nationalism functioned in post-colonial Africa. Memmi argued that in the quest to forge a national identity, post-colonial African nations essentially revolted against the values of their colonizers in order to recapture aspects of traditional identity that were lost or disparaged. Similar to the American black consciousness movements of the 1960s and 1970s, there was often
an overt expression of pride in all that was national and African (food, dress, culture, and physical attributes). These expressions of pride were central to educational curricula across the continent including national anthems and national pledges. The argument that can be made here is that African women may find these messages of national and cultural pride dissonant when faced with any dissatisfaction with their racialized features. An extension of the argument lies in exploring the ways in which stigmatized individuals consciously push against oppression by way of resistance. Research on topics of resistance theory and optimal psychology (Myers, 1991; Myers et al., 1991) have highlighted the ways individuals contending with oppression are able to respond in either optimal or suboptimal ways (e.g., Robinson-Wood, et. al., 2015; Robinson-Wood, 2014a; Martin et al., 2013). One study that may support the argument for resistance is Grandberg et al. (2009) who posited that African American girls, who were educated about their racial history and meaning of being black, showed more positive social self-image. The panel study examined body size and social self-image over four years (following the same girls from 10-14 years). Findings suggested that racial socialization might play a moderating role in the relationship between body size and social self-image. What is unclear is whether the findings revealed in the Grandberg et al. study suggests an optimal or maladaptive process with regard to disclosures of positive attitudes. Put another way, do respondents who would otherwise be neutral, populate positive appraisals and therefore result in a less nuanced understanding of findings? Future research applying resistance theory to skin color satisfaction and body dissatisfaction may expand on this question. Summarily, in evaluating previous studies in which African women report high levels of body satisfaction, there is a question of whether the significantly positive appraisals of body image are reflective of body satisfaction or instead are evidence of an underlying process that requires further investigation.
Relatedly, the findings on skin bleaching in this study fell far below the WHO statistics and other prevalence studies in Africa (e.g., Adebajo, 2001), which are consistent with study findings regarding appraisals of skin tone among the sample. This brings to question whether this highly educated, socioeconomically advantaged sample is less likely to use skin altering products or whether the practice is underreported. There is support for high education and awareness reducing likelihood for bleaching. Wone et al. (2000), in their study of skin bleaching prevalence in Senegal, concluded that skin bleaching was important for young (age 30-44), married, employed, and uneducated women (1999). The expectation would be that the sample in the present study would have high levels of engagement in the practice (given that the majority were young, married and professional women) unless higher levels of education and socioeconomic advantage serve as an effective deterrent from the practice. Glenn (2008), on the other hand, argued that the practice of skin bleaching in Africa has evolved over the last four decades. Specifically, younger, educated, cosmopolitan women are engaging in the practice, which can no longer be relegated to the demographic of poor, older women. Lewis et al. (2012) have argued that didactic education, policy change, and public health messages via print and electronic media will likely be effective modalities for communicating health risks of skin bleaching.

Natural hair satisfaction was high among African women with regard to texture, color and thickness of hair. Consistently, three-quarter of the sample reported satisfaction with their natural hair texture. Importantly, results suggested a strong desire, among the sample, to wear their hair in natural styles (unaltered by chemical processes or human, hair, or synthetic add-ons). This desire for natural hair was also echoed in the qualitative data as well. When we consider some of the available statistics suggesting that African women spend billions on synthetic hair products and liquid products that alter natural hair texture, it may be that the desire
for natural hair and natural hairstyles is an aspirational rather than a pragmatic choice. Understanding the paths through which natural hairstyles may be perceived as inaccessible to a significant number of African women is another avenue for further investigation. One consideration is the likely presence of familial, peer and/or media influences that drive or reinforce messages about hair styling choices; the applauding of natural hairstyles belies these underlying factors that drive actual hairstyling decisions. As with research on African-American women that shows that natural hair styles are often disparaged and viewed as messy, undone (e.g. Rosette & Dumas, 2007), and often incompatible with established guidelines of corporate and professional appearance, African women may not see natural hair glamorized or valued in social, education or professional contexts. Future research could help to identify whether more accepting messages (i.e. flexible professional environments, positive media messages) would encourage an increase in more natural styles by African women. As we consider the residue of colonialism in most African countries, existing political, economic and social structures were initially molded to match Western forms of government, as well as economic and social practice. Only about half a century from colonial rule in most African countries, it is very likely that powerful messages about what is suitable hairstyling best resembles the values of the colonial rule makers. Insidious, albeit successful, the remnants of colonialism is seen when indigenous populations introject the values of their colonizers.

The qualitative data revealed that women often felt faulted by others for not putting enough effort into styling hair. Specifically, respondents felt that hair had to be styled in such a way as to display careful attention to its appearance. This focus on a carefully coiffed outward appearance, suggests the presence of sociocultural influences that perpetuate the standard that constitutes appropriate hairstyle choice. Specifically, the power of interpersonal relationships in
policing the choices women make requires attention. Given the nature of between- and within-gender hierarchies that exist within societies (Africa being no exception), power dynamics driven by region, religion, tribe etc. may influence women’s acquiescence with rules of hair and dress. Examining the nuanced power dynamics with regard to influences from family members, peers, spouses etc. is worth exploring. Additionally, content analyses of print and electronic media have been one approach to exploring the sociocultural milieu from which women receive messages about appearance. Yan and Bissell (2014), for example, explore globalization as a conduit of Western beauty ideals, which proliferate non-Western contexts.

With regard to facial features, appraisals were significantly positive for faces and lips. For nose shape and size, appraisals were moderate to high across the sample, but relatively lower when compared to appraisals of faces and lips. African women appear to have moderate to high appraisals of facial features with noses being the one feature that may be an area of concern. If attempts to approximate white beauty ideals (aquiline noses, puckered lips) play a role in these results, then the expectation would be that African women would show much lower satisfaction with their noses and higher appraisals of lips, which is the case in the present study. Mapping regional differences onto appraisals of facial features (i.e. Somali, Ethiopian, or North African women whose looks may more closely align with White beauty ideals than say West African women) may shed some light on these findings. Specifically, the hypothesis would be that African women who closer approximate white beauty ideals (phenotypically) should show higher appraisals of their facial features. Looking at the results for skin color, hair, and facial features, there is some support for research arguing that non-weight-related appearance features may be salient in African women’s overall body image satisfaction (Altabe, 1996; Jefferson & Stake, 2009; Neal & Wilson, 1989).
Contrary to expectation, women with lighter skin tones, straighter hair textures, and more positive appraisal of facial features did not have significantly higher levels of body image satisfaction when compared to women with darker skin tones, kinkier hair textures, and negative appraisals of facial features. This finding could suggest that body image satisfaction remains high among African women regardless of skin tone, hair texture or facial feature appraisal. Moreover, African women who may more closely approximate white beauty ideals in their appearance (e.g. lighter skin tones and straighter hair textures) do not appear to enjoy higher levels of body image satisfaction than their counterparts. Another possible explanation to consider is that the tendency toward neutral appraisals of features rather than the negative discussed above, as well as a shift toward more positive appraisals when a neutral option was omitted, may have skewed the data in such a way as to blur differences between the groups. Implicit association testing (IAT; Smith and Nosek, 2010) may be one way of accessing less filtered appraisals of skin tone, hair texture and facial features by accessing automatic associations that individuals may be unwillingly to report (at least on a conscious level). The IAT pairs two concepts (e.g., young and good, or elderly and good). When two concepts are closely associated in memory, it is easier for participants to quickly respond to them as a single unit. Given that implicit testing is primarily computer-based, it can best serve as a complement to qualitative data.

An examination of the degree to which hair satisfaction, skin color satisfaction, and facial feature satisfaction were predictive of body image satisfaction revealed similar findings. First, facial features did not significantly predict body image satisfaction among the sample. Again, it is notable that for African women in this sample, racialized features such as nose and lips did not seem to have any significant predictive value for body image satisfaction. The implication of this
finding is that African women’s facial features may not be a salient contributing factor to overall body image. This is an unexpected result given that phenotypically, the majority of African women are situated far from western beauty ideals. The expectation would be that there would be significant dissatisfaction with overall facial satisfaction as well as dissatisfaction with facial features (such as noses and lips). Understanding the centrality of facial features in self-appraisals as well as in evaluations by observers, it is striking that African women indicated strong positive appraisals of their facial features. On other hand, deviation was noted with skin color satisfaction, which significantly predicted body image satisfaction. Specifically, higher levels of skin color satisfaction, irrespective of skin color tone, significantly predicted higher levels of body image satisfaction. This finding is supported by previous research among African-American college students whose skin color satisfaction was associated with higher levels of body image satisfaction (Falconer & Neville, 2000). Interestingly, higher levels of hair satisfaction predicted lower levels of body image satisfaction. Similar incongruent findings were revealed in studies by Mucherah and Frazier (2013) and Hesse-Biber et al. (2010) who suggested that women with lower appraisals of their bodies, may focus on aspects of appearance that are more amenable to change or perceived to be within their control. In the present study, women who had high levels of body dissatisfaction were potentially more attentive to their hair in ways that increased satisfaction with this facet of their appearance and offset focus on aspects of their bodies that were perhaps less desirable and less resistant to their control. Summarily, there appears to be strong evidence that hair and skin tone play a crucial role in the body image satisfaction of African women.
An important focus of the extant research on body image satisfaction (primarily in western countries) has been on body size. In this study, a key point is that African women desired smaller body sizes; showing a significant discrepancy between their actual body sizes and ideal body sizes. This finding is notable given research findings suggesting that African women tend to idealize larger body sizes (Rucker & Cash, 1992; Kernper et al., 1994). Kernper et al. (1994) for instance, noted that Black teenagers selected larger ideal sizes than their white counterparts. While such a finding may suggest that African women may tolerate larger body sizes to begin with, the idealization of smaller body sizes does invoke the possibility that the proverbial thin ideal plays a role (particularly as black women become more successful).

Couching this finding in the theoretical framework brings to attention how thin ideal internalization is often driven by consumption of media, with self-objectification being the psychological mechanism by which body dissatisfaction is initiated and perpetuated. Eddy et al. (2007) provided support for western media content in Tanzania driving body dissatisfaction and increasing levels of eating pathology. Given that media content varies across the continent, one avenue of future research is to closely dissect media content propagating thinner bodies and the ways in which this impacts body satisfaction among consumers. One link that can be made to the wider field of body image research is in the exploration of the thin ideal and how it manifests among African populations. While there is strong evidence for the ways in which the thin ideal is internalized by and impacts white women (primarily through mainstream media), African-American women’s internalization of the thin ideal appears to be moderated by racial identity (Capodilupo, 2016). Specifically, there is some evidence that populations of women ascribe to different thin ideals. Importantly, in studies of African American populations, women who were
“White identified” were more likely to internalize ideals of thinness with associated eating pathology (Capodilupo, 2016).

As expected, higher levels of white beauty internalization were associated with significantly higher objectified body consciousness among the sample. It is important to note that sample mean score suggested that the internalization of white beauty ideals fell in the moderate range (with responses aligning with stereotypically white aspects of body size, facial features, and hair texture). Overall, there was some evidence supporting that African women, held some preferences for stereotypically white beauty ideals (e.g. slim/slender build, flat stomachs, long legs, long hair, visible collar bones, light complexions, slim noses). That high endorsement of internalized white beauty idealization resulted in high levels of objectified body consciousness is important in that it highlights the often detrimental consequences of the oppressive ideals to which non-white women feel pressure to aspire. To examine the presence of white beauty idealization among black African women is to acknowledge the phenotypic distance that African women would have to travel in order to approximate white beauty ideals. Brook and Pahl (2005) for example, argued that African American women struggled with body image dissatisfaction to a similar degree to whites in North America. However, a strong adherence to racial identity and culture served as a buffer for African American women. Following this argument, African women who are arguably surrounded by evidence of their cultural heritage and identities should be benefiting from daily validation of their relevance in the social sphere. This is not to say that studies espousing the moderating role of cultural heritage are flawed, instead what is highlighted is the remarkable power of white beauty idealization and the nature of an oppressive paradigm that is far-flung in its reach and corrosive to women.
Also, the presence of internalized white beauty idealization was significantly associated with body surveillance, body shame and pathological eating behaviors suggesting that there are significant psychological and health implications of body dissatisfaction. Findings by Mwaba and Roman (2009) outlined the prevalence of eating pathology among 2-8% of their sample. The researchers also noted that 56% of the South African students in their study reported concern about gaining weight. Wassenaar et al. (2000) also noted that black South African women reported the highest drives for thinness and perfectionism as well as evidence of eating pathology. Also, the qualitative findings in this study are of import when we consider the impact of self-objectification and body shame in relation to eating pathology. It was evident that when African women endorsed dissatisfaction with their bodies, the responses focused on specific “problem areas” such as, stomach, breasts, hips etc. Positive appraisals of the body were general, more gestalt in capturing an overall sense of satisfaction with their bodies. Within the qualitative responses were general themes that African women who are dissatisfied with their bodies, are likely to view themselves as a collection of body parts which either meet or fall short of a perceived standard. Importantly, there was significant resistance from African women in this study who rejected an appraisal of their bodies as an exhaustive definition of their worth. How much this resistance is a buffer to body dissatisfaction and eating pathology calls for further exploration.

The limitations of this study lay in the lack of regional, religious, educational and socioeconomic diversity within the sample. In-person recruitment efforts in Kenya and Nigeria were highly effective and would improve sampling if conducted on a larger scale. Efforts to recruit a more heterogeneous sample may require more targeted recruitment campaigns involving community leaders and geared toward underrepresented groups and communities.
These recruitment efforts will likely be improved by consultation with researchers who have experience gathering representative samples in Africa.

The research design (use of online survey in English), favored urban, highly educated and Anglophone African women. While a promising start in an area ripe for exploration, the generalizability of the sample is narrowed. A more representative sample of African women would include women from French-speaking countries as well as women living outside of the major urban cities on the content. Qualitative data collection techniques (i.e. in-person interviews) will likely increase access to women who are not formally educated. Needless to say, the linguistic diversity on the continent would require some accessibility to indigenous language resources i.e. translators.

Furthermore, there is a need for scales that are developed and normed on African women. Results were likely improved by the adaptation of the scales in this study; however, there is a case to be made for increasing the quality and diversity of scales developed specifically for the demographic in mind. It is likely that the scales used in this study may have had acceptable validity, however there is a reasonable probability that these scales failed to measure aspects of experience that may be distinct to African women. In this study, there was also a potentially problematic assumption that meaning-making is the same for English speakers around the world. Put another way, cultural nuances may exist in the way African women across the continent understand an item on a scale and therefore, this minimizes any confidence that participants are responding to the same prompt.

Finally, completion of the survey required access to a device (laptop, desktop computer, smart phone) and an Internet connection. This format, again, likely favored English-literate,
urban women of middle- to high-income status. Additionally, the variability in Internet download speeds may have resulted in dropouts. The availability of a paper and pencil version may have allowed entry to more African women. Moreover, an option to dictate questions to women (especially in their native languages) would likely have improved diversity among the sample as well.

**Clinical Implications**

There is a central role to be played by counseling psychologists in driving public health efforts that inform the ways body image satisfaction impacts the lives of African women across multiple spheres. Primarily, by providing avenues for African women to voice their pride in their bodies as well share concerns they may hold about unrealistic ideals to which they feel pressure to aspire. It is likely that discussion about the common pressures of body image ideals may be normalizing for African women and diminish feelings of isolation that come with an individual focus on issues of concern. Counseling psychologists on the African continent may choose to work with brands who may desire a socially conscious mission to fall behind. An example of one such campaign in the west is the Dove Campaign for Real Beauty (2016), which focuses on providing a wider definition of beauty as well as increase confidence and self-esteem among women.

African women will likely express strong sentiments regarding self-love, self-esteem and body image satisfaction. For many African women this is a healthy protective factor that is steadying in a context where there may be frequent invalidating messages about her appearance. For other women, these positive expressions may likely belie other unspoken concerns that may not be readily apparent. With this in mind, counseling psychologists may lead in the creation of
spaces where African women can celebrate these strong positive attitudes and also challenge any messages or images that may not be reflective or validating. Essentially, counseling psychologist can proceed from a strength-based stance where positive attitudes are used as a starting point for growth and change.

Prevention is an important strategy in contexts where counseling psychology resources are minimal and often non-existent. The availability of cell phones, Internet, print and electronic media present viable options for sharing messages that may resonate with African women. According to Pew Global (2015), a survey across 7 African countries indicated that about two-third or more of the population owned a cell phone (educated and English-speaking respondents were more likely to own a mobile phone). Interestingly, texting was the most common activity for which mobile phones were used. Importantly, mobile technology is already in use to support public health and clinical practice in low resourced settings (Kahn, Yang & Kahn, 2010). Project Masiluleke in South African, for instance, sends a million texts a day encouraging HIV/AIDS testing and treatment. Needless to say, information-dissemination efforts must be facile in order to reach women who have various levels of advantage within their societies because of literacy, age, marital status, tribe religion etc.

The work of counseling psychology with regard to body image satisfaction among African women requires a strong understanding of the national, religious, ethnic, political, economic and social roots of African women. A detailed knowledge of the continent will serve as an entry point to explore the many aspects of social life that African women negotiate, and the ways in which body image satisfaction may play a role. Exploring an African woman’s favourite magazines, TV shows and music may provide very important information about her ideals and the degree to which these are idealized.
Conclusion

The foundational research embarked upon here aimed to broadly address the topic of body image among African women. Specifically, to investigate the body image ideals, objectified body consciousness and appearance satisfaction. Overall, qualitative and quantitative findings suggest that there is compelling support for African women’s positive appraisals of skin color, facial features, hair texture and body size. Body dissatisfaction was also apparent among the sample specific to body size and racialized features which were associated with objectified body consciousness and eating pathology among the sample. Findings were discussed by situating results within the extant literature. Where indicated, inferences were made about the role of systemic factors (colonialism, globalization, and sociocultural factors). The strength of this research lies in the unique questions raised for future study and the many promising paths body image research in African can take.
References


American Psychiatric Association. (2013). The Diagnostic and Statistical Manual of Mental Disorders: DSM 5. bookpointUS.


Brink, P. J. (1989). The fattening room among the Annang of Nigeria. Medical Anthropology,


Lee, S. W., Stewart, S. M., Striegel-Moore, R. H., Lee, S., Ho, S. Y., Lee, P. W., & Lam, T. H. 2007). Validation of the eating disorder diagnostic scale for use with Hong Kong
adolescents. *International Journal of Eating Disorders, 40*(6), 569-574.


Television's role in the body image development of young white and black women. 
*Psychology of women quarterly, 28*(1), 38-47.


Clinical Psychology, 23(1), 23-44.


<table>
<thead>
<tr>
<th>Age (in years)</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-25</td>
<td>27</td>
<td>34.52</td>
<td>8.09</td>
<td>11.7</td>
</tr>
<tr>
<td>26-40</td>
<td>160</td>
<td></td>
<td></td>
<td>69.6</td>
</tr>
<tr>
<td>41-65</td>
<td>38</td>
<td></td>
<td></td>
<td>16.5</td>
</tr>
<tr>
<td>66+</td>
<td>5</td>
<td></td>
<td></td>
<td>2.2</td>
</tr>
</tbody>
</table>
Table 2

*Countries of Citizenship and Residence*

<table>
<thead>
<tr>
<th>Country of Citizenship</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>109</td>
<td>47.4</td>
</tr>
<tr>
<td>Kenya</td>
<td>100</td>
<td>43.5</td>
</tr>
<tr>
<td>Uganda</td>
<td>7</td>
<td>3.0</td>
</tr>
<tr>
<td>Tanzania</td>
<td>6</td>
<td>2.6</td>
</tr>
<tr>
<td>South Africa</td>
<td>4</td>
<td>1.7</td>
</tr>
<tr>
<td>Senegal</td>
<td>1</td>
<td>.4</td>
</tr>
<tr>
<td>Ghana</td>
<td>1</td>
<td>.4</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>1</td>
<td>.4</td>
</tr>
<tr>
<td>Swaziland</td>
<td>1</td>
<td>.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country of Residence</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>104</td>
<td>45.2</td>
</tr>
<tr>
<td>Kenya</td>
<td>102</td>
<td>44.3</td>
</tr>
<tr>
<td>South Africa</td>
<td>10</td>
<td>4.3</td>
</tr>
<tr>
<td>Uganda</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Tanzania</td>
<td>3</td>
<td>1.3</td>
</tr>
<tr>
<td>Senegal</td>
<td>1</td>
<td>.4</td>
</tr>
<tr>
<td>Ghana</td>
<td>1</td>
<td>.4</td>
</tr>
<tr>
<td>Zambia</td>
<td>1</td>
<td>.4</td>
</tr>
<tr>
<td>Swaziland</td>
<td>1</td>
<td>.4</td>
</tr>
</tbody>
</table>
Table 3

<table>
<thead>
<tr>
<th>Years Lived in Africa</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 10 years</td>
<td>7</td>
<td>3.0</td>
</tr>
<tr>
<td>11-20 years</td>
<td>26</td>
<td>11.3</td>
</tr>
<tr>
<td>21-30 years</td>
<td>81</td>
<td>35.2</td>
</tr>
<tr>
<td>31-40 years</td>
<td>86</td>
<td>37.4</td>
</tr>
<tr>
<td>41-50 years</td>
<td>27</td>
<td>11.7</td>
</tr>
<tr>
<td>&gt; 50 years</td>
<td>3</td>
<td>1.3</td>
</tr>
</tbody>
</table>
Table 4

Marital Status and Number of Children

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>98</td>
<td>42.8</td>
</tr>
<tr>
<td>Married</td>
<td>106</td>
<td>46.3</td>
</tr>
<tr>
<td>Divorced</td>
<td>21</td>
<td>9.2</td>
</tr>
<tr>
<td>Widowed</td>
<td>4</td>
<td>1.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Children</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>123</td>
<td>53.7</td>
</tr>
<tr>
<td>No</td>
<td>106</td>
<td>46.3</td>
</tr>
</tbody>
</table>

*Note. Mean number of children = 2.13 (SD = 1.08)*
Table 5

*Education Level, Employment Status and Wealth Index of Participants*

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary</td>
<td>15</td>
<td>6.6</td>
</tr>
<tr>
<td>Bachelor’s</td>
<td>113</td>
<td>49.3</td>
</tr>
<tr>
<td>Master’s</td>
<td>91</td>
<td>39.7</td>
</tr>
<tr>
<td>Doctorate</td>
<td>10</td>
<td>4.4</td>
</tr>
<tr>
<td><strong>Employment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>174</td>
<td>76</td>
</tr>
<tr>
<td>No</td>
<td>55</td>
<td>24</td>
</tr>
<tr>
<td><strong>Wealth Index</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quintile 1(low)</td>
<td>5</td>
<td>2.2</td>
</tr>
<tr>
<td>Quintile 2</td>
<td>4</td>
<td>1.7</td>
</tr>
<tr>
<td>Quintile 3</td>
<td>16</td>
<td>7.0</td>
</tr>
<tr>
<td>Quintile 4</td>
<td>70</td>
<td>30.4</td>
</tr>
<tr>
<td>Quintile 5(high)</td>
<td>135</td>
<td>58.7</td>
</tr>
</tbody>
</table>

*Note.* Mean Wealth Index = 4.41 (SD = .86)
Table 6

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Skin Darkness</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 (light)</td>
<td>1</td>
<td>.4</td>
</tr>
<tr>
<td>2</td>
<td>12</td>
<td>5.2</td>
</tr>
<tr>
<td>3</td>
<td>33</td>
<td>14.4</td>
</tr>
<tr>
<td>4</td>
<td>66</td>
<td>28.8</td>
</tr>
<tr>
<td>5</td>
<td>58</td>
<td>25.3</td>
</tr>
<tr>
<td>6</td>
<td>40</td>
<td>17.5</td>
</tr>
<tr>
<td>7</td>
<td>13</td>
<td>5.7</td>
</tr>
<tr>
<td>8</td>
<td>3</td>
<td>1.3</td>
</tr>
<tr>
<td>9</td>
<td>2</td>
<td>.9</td>
</tr>
<tr>
<td>10 (dark)</td>
<td>1</td>
<td>.4</td>
</tr>
<tr>
<td><strong>Hair Texture</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kinky-Coily</td>
<td>169</td>
<td>73.5</td>
</tr>
<tr>
<td>Curly</td>
<td>12</td>
<td>5.2</td>
</tr>
<tr>
<td>Straight</td>
<td>25</td>
<td>10.9</td>
</tr>
<tr>
<td>Wavy</td>
<td>24</td>
<td>10.4</td>
</tr>
</tbody>
</table>

*Note. Mean Skin Darkness = 4.63 (SD = 1.43)*
Table 7

Mean Body Dissatisfaction Scores by Age, Wealth Index and Country

<table>
<thead>
<tr>
<th>Age</th>
<th>N</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-25</td>
<td>21</td>
<td>1.64</td>
<td>.59</td>
</tr>
<tr>
<td>26-40</td>
<td>137</td>
<td>1.86</td>
<td>.52</td>
</tr>
<tr>
<td>41-65</td>
<td>32</td>
<td>1.81</td>
<td>.50</td>
</tr>
<tr>
<td>66+</td>
<td>5</td>
<td>1.76</td>
<td>.45</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Weight Index</th>
<th>N</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (low)</td>
<td>2</td>
<td>1.47</td>
<td>.58</td>
</tr>
<tr>
<td>2</td>
<td>4</td>
<td>1.71</td>
<td>.90</td>
</tr>
<tr>
<td>3</td>
<td>12</td>
<td>1.77</td>
<td>.46</td>
</tr>
<tr>
<td>4</td>
<td>63</td>
<td>1.82</td>
<td>.53</td>
</tr>
<tr>
<td>5 (high)</td>
<td>114</td>
<td>1.85</td>
<td>.51</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country</th>
<th>N</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>92</td>
<td>1.93</td>
<td>.52</td>
</tr>
<tr>
<td>Kenya</td>
<td>86</td>
<td>1.77</td>
<td>.52</td>
</tr>
<tr>
<td>Uganda</td>
<td>5</td>
<td>1.50</td>
<td>.57</td>
</tr>
<tr>
<td>Tanzania</td>
<td>5</td>
<td>1.79</td>
<td>.27</td>
</tr>
<tr>
<td>S. Africa</td>
<td>4</td>
<td>1.47</td>
<td>.47</td>
</tr>
</tbody>
</table>

Sample M = 1.83, SD = .52
Table 8

*Hair, Skin, and Facial Feature Satisfaction as Predictors of Appearance Satisfaction*

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>β</th>
<th>95% CL for p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hair Satisfaction</td>
<td>-.079</td>
<td>.496*</td>
<td>-.117, .041</td>
</tr>
<tr>
<td>Skin Satisfaction</td>
<td>.261</td>
<td>-.257*</td>
<td>.186, .336</td>
</tr>
<tr>
<td>Facial Feature Satisfaction</td>
<td>.010</td>
<td>-.015</td>
<td>-.085, .104</td>
</tr>
</tbody>
</table>

*Significant, p < .0001*
Figure 1. *Pulvers Body Image Scale* (PBSI; Pulvers, et al., 2012)
Figure 2. *African Women’s Selected Body Sizes*
Figure 3. *African Women’s Selected Ideal Body Sizes*
Figure 4. *Path Analysis of White Beauty Idealization, Self-Objectification, Body Shame and Eating Pathology* (The model of key objectification tenets by Fredrickson and Roberts (1977))
Figure 5. Path Analysis of White Beauty Idealization, Self Objectification, Body Shame and Eating Pathology with Additional Path (The model of key objectification tenets by Fredrickson and Roberts (1977))
Appendix A

Online Survey Battery

Eligibility Questionnaire:

1. Are you female
   a. Yes
   b. No
2. Are you 18 years or older
   a. Yes
   b. No
3. Are you, by birth or nationality, a citizen of an African nation?
   a. Yes
   b. No
4. Do you currently live in Africa
   a. Yes
   b. No
5. Can you read and write in English?
   a. Yes
   b. No

Demographic Questions:

1. What is your age (in years)?
2. What is your marital status?
   a. Single
   b. Married
   c. Divorced or Separated
   d. Widowed
3. Do you have children?
   a. Yes
   b. No
4. If yes, how many children do you have?
5. What is your African country of citizenship
6. In which African country do you currently live?
7. How long have you lived in Africa?
   a. Up to 10 years
   b. 11-20 years
   c. 21-30 years
   d. 31-40 years
   e. 41-50 years
   f. More than 50 years
8. Do you have a tribe/tribal affiliation?
   a. Yes
   b. No
   c. I don’t know/Unsure

9. What is your tribal affiliation (please list all that apply to you)

10. What is your highest level of education?
   a. No formal schooling
   b. Primary school
   c. Secondary school
   d. Bachelor’s degree
   e. Master’s degree
   f. Doctorate

11. Are you currently employed?
   a. Yes
   b. No

12. What is your occupation?
   a. Management
   b. Business and Financial Operations
   c. Business and Mathematical
   d. Architecture and Engineering
   e. Life, Physical and Social Science
   f. Information Technology, Computer Science
   g. Legal, Law
   h. Education, Training and Library
   i. Art, Design, Entertainment, Sports and Media
   j. Healthcare Practitioners and Technical
   k. Healthcare Support
   l. Protective Service (e.g., police, correctional officers, security guards)
   m. Food preparation and service-related occupations
   n. Building and grounds cleaning and maintenance
   o. Personal care and service (e.g., barbers, hairdressers, personal trainers, tour guides)
   p. Sales
   q. Office and Administrative Support
   r. Farming, fishing and forestry
   s. Construction and extraction
   t. Installation, maintenance and repair
   u. Production
   v. Transportation and material moving
   w. Student
   x. Other (specify)

13. Which of the following amenities and appliances do you currently have in home (select all that apply):
   a. Flush toilet
b. Built-in kitchen sink
c. Vacuum cleaner
d. Washing machine
e. Fridge/freezer
f. Personal computer

14. What is your religious preference
   a. No religion
   b. Christian (including Catholic, Protestant, Pentacostal and all other Christian denominations)
   c. Islam
d. Native religion(s)
e. Hinduism
f. Buddhism
g. Judaism
h. Other (specify)

**Skin Color:**

*New Immigrant Survey Scale of Skin Color Darkness (Massey & Martin, 2008)*

![](scale_of_skin_color_darkness.png)

**Hair Texture:**

*Howard (2008)*
Perceived Body Size and Ideal Body Size

*Pulver’s Body Image Scale*
1. Which one of these 9 figures do you think most closely resembles your body at the present time?
2. If you could choose, which one of these 9 figures would you most like to look like?

**Skin Color Satisfaction**

*Skin Color Satisfaction Scale (Falconer & Neville, 2000)*

1. How satisfied are you with the shade (darkness or lightness) of your own skin?
2. Compared to most African-Americans*, I believe my skin color is…
3. If I could change my skin color, I would make it…
4. Compared to the complexion (skin color) of members of my family, I am satisfied with my skin color
5. I wish the shade of my skin was darker
6. I wish my skin was lighter
7. Compared to the complexion (skin color) of other African-Americans, I am satisfied with my skin color

*Author has permitted all references to African-Americans to be changed to Africans

**Body Image Satisfaction**

*Racial Body Image Questionnaire (Hargrove, 1999)*

Please use the scale to indicate how satisfied you are with each of the following areas of your body:

1. Face
2. Lip size
3. Nose size
4. Shape of Nose
5. Hair
6. Hair color
7. Hair texture
8. Thickness of Hair
9. Lower Torso (belly/waist)*
10. Hips
11. Thighs
12. Calves
13. Skin Color
14. Breasts
15. Whole Body

Please use the scale to answer questions describing how you feel about your body

1. I try to get as much sun as I can because I am pale
2. I feel my lips are too big
3. I wish I had “good” hair
4. I hate when my hair is nappy (in its natural state- not relaxed, braided, weaved etc.)
5. I wish my skin was a shade lighter
6. I wish my skin was a shade darker
7. I stay out of the sun because I do not want to get any darker
8. I have been teased because of my skin color
9. People tell me my nose is too broad
10. I wish I could wear my hair in “natural styles” (e.g. afro, twists, dreadlocks)
11. I use products to change my skin complexion
12. I try to make my lips look larger with make-up and/or lipliner

*Explanation in parenthesis added as an adaptation to aid participants better identify area of the body

Objectified Body Consciousness

Objectified Body Consciousness Scale (McKinley & Hyde, 1996)

1. I rarely think about how I look
2. I think that its more important that my clothes are comfortable than whether they look good on me
3. I think more about how my body feels than how my body looks
4. I rarely compare how I look with how other people look
5. During the day, I think about how I look many times
6. I often worry about whether the clothes I am wearing make me look good
7. I rarely worry about how I look to other people
8. I am concerned with what my body can do than how it looks
9. When I cant control my weight, I feel like something must be wrong with me
10. I feel ashamed of myself when I haven’t made the effort to look my best
11. I fee like I must be a bad person when I don’t look as good as I could
12. I would be ashamed for people to know what I really weigh
13. I never worry that something is wrong with me when I am not exercising as much as I should
14. When I’m not exercising enough, I question whether I am a good enough person
15. Even when I can’t control my weight, I think I think I’m an okay person
16. When I’m not the size I think I should be, I feel ashamed

**Internalized White Beauty Ideals**

*Internalized Body Stereotype Scale-Revised (Stice, Fisher & Martinez, 2004)*

1. Slender women are more attractive
2. Slim women are more attractive
3. Tall women are more attractive
4. Women with long legs are more attractive
5. Women with big breasts are more attractive*
6. Women with shapely butts (backsides) are more attractive*
7. Women with flat stomachs are more attractive*
8. Women with visible collarbones are more attractive*
9. Women with long hair are more attractive*
10. Women with straight hair are more attractive*
11. Women with light complexions or light skin tones are more attractive*
12. Women with slim noses are more attractive*
13. Women with thin lips are more attractive*

* With author permission, items added as an adaptation to the scale

**Eating Pathology**

*Eating Disorder Diagnostic Scale-Revised (Stice, Telch&Rivzi, 2000)*

1. Have you felt fat?
2. Have you had a definite fear that you might gain weight or become fat?
3. Has your weight or shape influenced how you judge yourself as a person?
4. During the past 3 months, have there been times when you felt you have eaten what other people would regard as an unusually large amount of food given the circumstances?
   a. Yes
   b. No
5. During the times when you ate an unusually large amount of food, did you experience a loss of control (feel you couldn’t stop eating or control what or how much you were eating)?
   a. Yes
   b. No
6. How many times per month on average over the past 3 months have you eaten an unusually large amount of food and experienced a loss of control? [select 0-16+]
7. During periods of overeating with a loss of control, did you eat much more rapidly than normal?
8. During periods of overeating with a loss of control, did you eat until you felt uncomfortably full?
9. During periods of overeating with a loss of control, did you eat large amounts of food when you didn’t feel physically hungry?
10. During periods of overeating with a loss of control, did you eat alone because you were embarrassed by how much you were eating?
11. During periods of overeating with a loss of control, did you feel disgusted with yourself, depressed or guilty after overeating?
12. If you have periods of uncontrollable overeating, does it make you very upset?
13. In order to prevent weight gain or counteract the effects of eating, how many times per month on average over the past 3 months have you made yourself vomit? [select 0-16+]
14. In order to prevent weight gain or counteract the effects of eating, how many times per month on average over the past 3 months have you used laxatives or diuretics? [select 0-16+]
15. In order to prevent weight gain or counteract the effects of eating (not for religious reasons*), how many times per month on average over the past 3 months have you fasted (skipped at least 2 meals in a row)? [select 0-16+]
16. In order to prevent weight gain or counteract the effects of eating, how many times per month on average over the past 3 months have you engaged in more intense exercise specifically to counteract the effects of overeating? [select 0-16+]
17. How many times per month on average over the past 3 months have you eaten after awakening from sleep or eaten an unusually large amount of food after your evening meal and felt distressed by the night eating? [select 0-16+]
18. How much do eating or body image problems impact your relationship with family, work performance, and/or school performance?
19. How much do you weigh? If uncertain, please give you best estimate in kilograms (kg)
20. How tall are you? Please give your height in centimeters
21. What is your highest weight at your current height (in kilograms)

*With author permission, words in parenthesis added as an adaptation to the scale

**Qualitative Questions**

1. What do you consider beautiful/attractive for an African woman?
2. What words would you use to describe your body?
3. What words would you use to describe your hair
4. What words would you use to describe your facial features
5. What comments have you heard from others about your appearance?
Final Check-in

1. Did you find any portion of this survey upsetting?
   a. Yes
   b. No
Appendix B

Model of Key Objectification Theory Tenets (Fredrickson & Roberts, 1997)