

American Journal of Men's Health

<http://jmh.sagepub.com>

A Mixed-Method Exploration of Body Image and Sexual Health Among Adolescent Boys

Deborah Schooler, Emily A. Impett, Celeste Hirschman and Lathem Bonem
American Journal of Men's Health 2008; 2; 322 originally published online May 19, 2008;
DOI: 10.1177/1557988308318508

The online version of this article can be found at:
<http://jmh.sagepub.com/cgi/content/abstract/2/4/322>

Published by:



<http://www.sagepublications.com>

Additional services and information for *American Journal of Men's Health* can be found at:

Email Alerts: <http://jmh.sagepub.com/cgi/alerts>

Subscriptions: <http://jmh.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.com/journalsPermissions.nav>

Citations <http://jmh.sagepub.com/cgi/content/refs/2/4/322>

A Mixed-Method Exploration of Body Image and Sexual Health Among Adolescent Boys

Deborah Schooler, PhD, Emily A. Impett, PhD,
Celeste Hirschman, MA, and Lathem Bonem, MA

This study uses a mixed-method approach to examine the relationship between body image and sexual health among adolescent boys. In Study 1, eight 12th-grade boys participated in semistructured interviews focusing on dating and sexuality. Qualitative analyses revealed several differences between boys who were satisfied with their bodies and boys who were not. Specifically, boys who were satisfied with their bodies indicated that they were clear about what they wanted sexually and were comfortable communicating those wants with partners. In contrast, boys with low body satisfaction were often

unclear about their sexual choices and resisted talking about sexuality with partners. Study 2 examined these same themes using quantitative data from 149 boys from the 12th grade who completed surveys assessing body image, sexual experiences, and sexual attitudes. Body satisfaction was significantly associated with sexual agency and with clarity of personal sexual values. Implications for promoting adolescent sexual health are discussed.

Keywords: body satisfaction; sexual agency; gender; adolescence; mixed methods

Adolescents' sexual experiences and their body satisfaction both change rapidly across adolescence. In a longitudinal study of more than 2,500 adolescents, although girls reported less body satisfaction than boys at all ages, both boys and girls showed decreases in body satisfaction from early to middle adolescence, and boys' satisfaction with their bodies continued to fall in late adolescence and early adulthood (Paxton, Eisenberg, & Neumark-Sztainer, 2006). At the same time that adolescent girls' and boys' bodies are changing and developing, they also experience rapid sexual development. More than half

of boys will first engage in sexual intercourse during their teen years, and many others who choose not to have intercourse will still participate in other sexual activities such as kissing, touching, and oral sex (Abma, Martinez, Mosher, & Dawson, 2004). At a time when new sexual experiences are being explored for the first time and new preferences and behaviors are being tested out, negative feelings about the body might be especially detrimental. Accordingly, this study examines associations between body image and sexual health among a sample of adolescent boys.

Body image has seldom been considered an important factor in boys' sexual health because body dissatisfaction is often considered to be a "girls' issue" (Neumark-Sztainer et al., 2006). Early empirical work on boys' body image supported this conclusion, but many of these studies relied on measures that addressed girls' primary body concerns (i.e., thinness and weight loss) and ignored boys' concerns with muscularity and weight gain (Ricciardelli & McCabe, 2002). For example, a study by Nowak, Speare, and Crawford (1996) reported that more than half of adolescent girls but less than a third of adolescent boys wanted to lose weight. To achieve the muscular male

From the University of the Pacific, Stockton, California (DS); University of California, Berkeley, California (EAI); and Center for Research on Gender and Sexuality, San Francisco State University, California (CH), Center for AIDS Prevention Studies, University of California, San Francisco, CA (LB).

This research was supported by a grant from the Ford Foundation awarded to Deborah Tolman and by postdoctoral fellowships awarded to Deborah Schooler and Emily Impett from the Center for Research on Gender and Sexuality.

Address correspondence to: Deborah Schooler, Department of Psychology, University of the Pacific, 3601 Pacific Ave, Stockton, CA 95211; e-mail: dschooler@pacific.edu.

body ideal, however, adolescent boys are as likely or more likely to desire weight gain compared with weight loss (Furnham & Calnan, 1998; Middleman, Vazquez, & Durant, 1998). Studies that include issues pertaining to muscularity and weight gain find higher rates of body dissatisfaction among adolescent boys than earlier studies indicated, although in nearly all cases, boys' rates of body dissatisfaction are still lower than the rates found among adolescent girls (Carlson Jones, 2004; Granillo, Jones-Rodriguez, & Carvajal, 2005; Nathanson & Botta, 2003; Paxton et al., 2006; Ricciardelli & McCabe, 2002; Tiggemann, 2005). These results indicate that boys are not immune to body image concerns, and accordingly, they may be susceptible to some of the costs of body dissatisfaction, such as extreme weight management behaviors. Recent estimates suggest that many boys are using steroids, dietary supplements, and extreme exercise behaviors to assuage body image concerns (Ricciardelli & McCabe, 2002). Knowing that girls are not the only ones who worry about their bodies, researchers are now considering whether and how boys may be susceptible to some of the deleterious consequences of body dissatisfaction that have previously been found among adolescent girls, including disordered eating (Neumark-Sztainer et al., 2006; Ricciardelli & McCabe, 2002), depression (Lyons, Carlson, Thurm, Grant, & Gipson, 2006), and impaired academic performance (Hebl, King, & Lin, 2004). This study focuses on another aspect of well-being that previous research has linked to girls' and women's body satisfaction—sexual health.

Body Image and Sexual Health

Most of the empirical research on body image and sexual health has focused on girls and women. Much of this research has been guided by a theoretical perspective in psychology called objectification theory (see review by Fredrickson & Roberts, 1997). According to this theory, girls and women monitor and shape their appearance to increase their physical attractiveness and to maximize favorable treatment from others. A constant preoccupation with one's own physical appearance has a variety of negative psychological consequences. In particular, an objectified view of the self increases vulnerability to negative emotions such as shame and anxiety (Miner-Rubino, Twenge, & Fredrickson, 2002) and to decreased feelings of self-esteem (Tolman, Impett, Tracy, & Michael, 2006).

Research has begun to investigate the ways in which body objectification and dissatisfaction impair girls' and women's sexual health. Across several studies, women who feel dissatisfied with or ashamed of their bodies are less comfortable asserting themselves sexually, including negotiating condom use with a partner (Gillen, Lefkowitz, & Shearer, 2006; Schooler, Ward, Merriwether, & Caruthers, 2005). Adolescent girls who report objectifying, surveilling, or disliking their own bodies are more likely to report feeling uncomfortable asserting themselves in sexual situations (Impett, Schooler, & Tolman, 2006b; Salazar et al., 2004; Wingood, Diclemente, Harrington, & Davies, 2002) or simply talking about sexuality with a partner (Salazar et al., 2004). In addition, findings indicate that girls and women who are satisfied with their bodies and resist objectification report more consistent use of condoms than other girls and women (Gillen et al., 2006; Impett et al., 2006b; Littleton, Breitkopf, & Berenson, 2005; Schooler et al., 2005; Wild, Flisher, Bhana, & Lombard, 2004). For women with low feelings of body satisfaction, sexual situations in which the body is seen and potentially evaluated could evoke strong feelings of shame, anxiety, or fear, all of which might interfere with the ability to make healthy sexual decisions (Schooler et al., 2005).

Theoretically, it is reasonable to expect that body satisfaction might be related to sexual health among boys and men as well as girls and women. Although body dissatisfaction is less common among boys and men than it is among girls and women (Paxton et al., 2006), and many boys have different concerns about their bodies (i.e., how to gain muscle rather than lose weight), there are still large populations of adolescent boys who experience body dissatisfaction and who go to great lengths to modify or conceal their bodies (Ricciardelli & McCabe, 2002). These boys may be vulnerable to some of the same negative consequences of body dissatisfaction as are girls. The few existing studies that have examined men's body image and sexual health have produced mixed results. In a sample of undergraduate men, Schooler and Ward (2006) found that men who were satisfied with their bodies reported greater sexual assertiveness and greater condom use self-efficacy than men who were dissatisfied with their bodies; that is, they were more confident in their abilities to discuss condoms with a partner and use condoms in the future. No association was found between body satisfaction and men's previous condom use (Schooler & Ward, 2006). In contrast, Gillen and

colleagues found that undergraduate men who were more satisfied with their bodies reported less consistent condom use (Gillen et al., 2006). At the same time, they found no association between body satisfaction and condom-use self-efficacy. In yet another sample of undergraduate men, Eisenberg and colleagues found no associations between body satisfaction and risky sexual behaviors, including inconsistent condom use (Eisenberg, Neumark-Sztainer, & Lust, 2005). It is difficult to draw clear conclusions from these studies as to the presence or direction of associations between body image and sexual health. These apparent contradictions may reflect the complexity of men's attitudes about their bodies in relation to ideals of masculinity (Allen, 2002; Barker, 2005), and they may also reflect the limited scope of previous research on male body image and sexual health.

Examining Adolescent Sexual Health

Previous research has been limited by its exclusive focus on undergraduate men and by a reliance on restricted indicators of sexual health, including primarily risk-reduction behaviors such as condom use. By focusing on adolescent sexual health, we hope to expand this scope. Although initially studies of adolescent sexual behavior focused on sexual risk, more recent models of adolescent sexual health emphasize the potential for positive and healthy sexual experiences in adolescence (e.g., Impett & Tolman, 2006; Russell, 2005; Tolman, Striepe, & Harmon, 2003). Central to each of these models is the notion that positive adolescent sexuality is marked by the agency and empowerment of the adolescent. For example, Tolman and colleagues delineate complementary models of sexual health for adolescent boys and girls; in each model, the authors specify the individual's ability to know and act on his or her own sexual needs as a central component of sexual health (Tolman et al., 2003). The ability to act on one's own needs may include refusing unwanted sex or insisting on the use of protection (Tolman et al., 2003). Similarly, Russell (2005) articulates a model of adolescent sexual competence that is based on the ability to negotiate romantic relationships that are emotionally satisfying and physically healthy for both partners. We agree that sexual agency (i.e., feeling capable of making active, informed, and responsible sexual decisions) is a cornerstone of adolescent sexual health, and accordingly, it was a starting point for our definition

of adolescent sexual health. To further refine our definition, we turned to adolescent boys and listened to what they had to tell us about sexuality.

Using a Mixed-Method Approach

This study combines qualitative and quantitative analyses to examine the ways in which adolescent boys' body image might be related to their sexual health. Qualitative methods in which researchers allow themes and meaning to emerge from participants' own words represent an important step in expanding the scope of the literature on adolescent sexuality (Tolman, Hirschman, & Impett, 2005). For example, in a mixed-method study of adolescent girls, Hirschman, Impett, and Schooler (2006) found that girls who objectified their bodies described their sexual experiences as shameful or regrettable, but girls who resisted objectifying their bodies described positive sexual experiences, characterized by open communication with partners and competence in using protection.

This study integrates qualitative and quantitative analyses in two parts. First, we will explore potential associations between body satisfaction and sexual health using qualitative interviews with eight adolescent boys. We will listen to the responses of four boys with high body satisfaction scores and four boys with low body satisfaction scores and compare what these two groups of boys had to say about sexuality. Findings from the qualitative analyses will then be used to generate hypotheses that will be explored using quantitative survey measures from a larger sample of adolescents.

Study 1

Methods

Participants

The entire 12th grade in a northeastern urban school district was recruited as part of a longitudinal study of adolescent sexual health (collaboration with administrators and teachers produced 93% compliance for the district; see Tolman & Porche, 2000). A total of 71 boys, ages 16 to 20 years ($M = 17.6$), participated in this data collection. The sample was primarily White (71.9%) and Latino (14.1%), with small percentages of students who identified as Asian (3.1%), Portuguese or Brazilian (3.1%), African American

(1.6%), or multiracial/other (3.1%); 93% of students identified as heterosexual. A subset of boys ($N = 16$) were invited to participate in semistructured interviews. This subset of boys was specifically chosen such that the boys would represent a range of scores on a measure of masculinity ideology (Chu, Porche, & Tolman, 2005).

Procedure

Informed written consent was obtained from parents or guardians, and consent forms were translated into Spanish when appropriate. Participants provided assent prior to the survey administration and were reminded of confidentiality and of their freedom to discontinue participation at any time. Bilingual students were offered the option of completing the survey in Spanish (translated and back-translated) with a Spanish-speaking researcher present.

Participants completed in-class, paper and pencil questionnaires in which the Body Image subscale of the Self-Image Questionnaire for Young Adolescents (Petersen, 1984) was used to measure body satisfaction. Participants indicated how much they agreed with seven statements such as "Most of the time I am happy with the way I look" on 4-point scales (1 = *disagree a lot* to 4 = *agree a lot*). We created a mean score across the items, such that higher scores indicated greater body satisfaction ($\alpha = .78$).

Interviews were conducted by female project staff and typically lasted 1 to 2 hours. The interviews took place in a private room and were taped, transcribed, and verified. Participants supplied a pseudonym to be used throughout the interview. A protocol was used to guide the interviewer with questions addressing relationships with friends and family (e.g., "What do your parents think about boys your age dating?" and "Who are you closest to?"), dating (e.g., "What do you think most boys' reasons are for wanting a girlfriend?" and "Who typically makes the first move in getting together?"), and sexuality (e.g., "What do you think is okay for boys to do sexually?" and "Do you talk to your girlfriend about what you like and do not like sexually?"). Interviewers also asked on-the-spot follow-up questions based on participants' initial responses.

Qualitative Sample Selection

From the 16 transcripts obtained from boys who completed interviews, 8 were selected for analyses. Specifically, using their survey responses, the four

boys with the highest body satisfaction ($M = 3.7$) and the four boys with the lowest body satisfaction ($M = 2.0$) were included in the sample. These scores placed the high body satisfaction boys in the top quartile of all participants and the low body satisfaction boys in the bottom quartile of all participants. The four boys with high body satisfaction were Jackson (18 years, White, body satisfaction score = 3.71), Nathan (17 years, White, body satisfaction score = 4.00), Oscar (17 years, White, body satisfaction score = 3.57), and Phillip (17 years, White, body satisfaction score = 3.43). The four boys with low body satisfaction were Isaac (18 years, Vietnamese, body satisfaction score = 2.14), Reese (17 years, White, body satisfaction score = 1.57), Sebastian (18 years, White, body satisfaction score = 1.86), and Tony (17 years, White, body satisfaction score = 2.43). All eight of these boys identified themselves as heterosexual.

The interview transcripts from these eight boys were analyzed by combining thematic content analysis with the construction of conceptually constructed matrices (Miles & Huberman, 1994).

Thematic Content Analysis

Two of the authors who were blind to the participants' body satisfaction scores read the interview transcripts looking for emergent themes about sexuality. In this process of "open coding" (Strauss & Corbin, 1998), we read the transcripts line by line to identify potentially recurring themes in the data, combining deductive and inductive strategies. The coding was deductive in that we approached the data with a focus on body image and sexual health, and these sensitizing concepts (Blumer, 1969) guided the particular content that we considered relevant to the analyses. At the same time, the coding was also inductive, in that we read and reread the transcripts, immersed ourselves in the data, and listened for the recurring themes that came out of the participants' own voices. After reading the transcripts and identifying potential themes individually, three of the four authors met to discuss the themes and agreed on a final set of seven themes: Attitudes Toward Girls; Homosexuality and Homophobia; Rejection and Affirmation; Relationships With Peers and Parents; Sexual Communication With Partners; Sexual Risk and Protection; and Sexual Wants, Desires, and Choices. These seven themes were not meant to be exhaustive of the entirety of the interview nor mutually exclusive of one another but were meant to reflect the patterns in

participants' responses specifically pertaining to body image and sexuality.

Next, two of the authors coded each of the interview transcripts for the presence of these seven themes. Each coder read and coded the interview transcripts separately; then, both met to discuss and resolve disagreements. Across all eight transcripts, the two coders reached satisfactory agreement (i.e., >80%) for the application of all seven themes.

The Attitudes Toward Girls code was applied when participants reflected on or revealed their beliefs about how girls should and do act as well as when they endorsed (or rejected) traditional gender ideology. This code included instances of objectification or harassment of girls as well as instances of perspective-taking or close, respectful relationships with girls. Boys' use of specifically gendered language such as "slut" or "ho" was also captured under this code. The code Homosexuality and Homophobia was applied to all instances in which participants discussed homosexuality, including their own sexual attraction (or lack of attraction) to other boys, any same-sex sexual behavior, or attitudes toward homosexuality or homosexual peers. The code Rejection and Affirmation captured a participant's feelings about how girls are or are not romantically or sexually interested in him. This code included references to being dumped or treated badly in the past and choosing partners based on the feelings of affirmation they provide. Relationships With Peers and Parents refers to two distinct aspects of participants' relationships with friends and family: (a) discussion of general closeness or lack of closeness with peers and parents and (b) messages about sexuality communicated by peers or parents.

The code Sexual Communication With Partners was applied to instances in which participants talked about sexual negotiation or sexual communication with a romantic or sexual partner, including verbal and nonverbal communication as well as comments regarding the absence of communication. Sexual Risk and Protection was coded when participants discussed condom and contraceptive use, sexually transmitted infections and pregnancy, and "safety" or protection more generally. Sexual Wants, Desires, and Choices was applied to instances in which the participant expressed interest in or desire for any type of sexual activity. This code included statements of desire, denials of interest or desire, and general comments about readiness for sexual activity.

Conceptually Clustered Matrices

After coding the interviews for the presence of the seven themes, coders were unblinded regarding the participants' body satisfaction scores, so as to create the conceptually clustered matrix (Miles & Huberman, 1994). The seven themes were placed along one axis of the matrix and scores for body satisfaction (high vs. low) were placed on the other axis, creating a table with 14 cells. Participants' coded responses were placed into the appropriate cells and were read again, looking now for differences within and between the two body satisfaction groups. The four authors first examined the content of the matrix individually and then met to discuss the patterns they observed. Below, we describe six patterns that emerged from the conceptually clustered matrix. Each of these patterns emerged out of coded responses from a given theme. For example, when we examined the responses that were coded under the theme Relationships With Peers and Parents, we noticed that the boys with high body satisfaction described having close friendships, whereas the boys with low body satisfaction did not. Accordingly, the pattern Having Close Friendships is described in more detail below. The findings described here do not represent the entirety of boys' coded responses but only those patterns that emerged clearly and remained compelling after the authors reread the interviews for quotes that might offer evidence contrary to the patterns. Notably, although many responses were coded under the theme Homosexuality and Homophobia, responses were largely idiosyncratic and no clear pattern emerged.

Results

"We Have Always Been There for Each Other": Having Close Friendships

The four boys with high body satisfaction described warm and supportive friendships. When asked to whom he felt closest, Jackson replied,

I know I feel closest to my best friend. He has always been there for me. Um, we have been through a lot together, and in the end it was just me and him. We have always been there for each other.

He goes on:

He will do anything for me. Like he is always there, he will go out of his way for me when I am in trouble. If

I am stuck somewhere he will always come and get me no matter what. I have no problem calling him.

He also describes another friend who “helps me out there, and I try to do the same for her. Because she knows me best and I know her best.” Nathan describes his ex-girlfriend as the person he is closest to: “Like socially, the last four years of my life has been this girl. Y’know what I mean? I’ve made friends and stuff like that but nothing has been even y’know as remotely as important.”

Oscar talked about several friends, the closest of whom were there for him when he was having troubles: “For the whole summer those two guys were like constantly talking, trying to help me out. They were like hanging out with me trying to make me feel better. And when school came around I felt great.” He also described others in his “bigger circle” who have hurt him in the past and are “just jerks” but that his two closest friends have always been there and they “really know each other very well.” Phillip said his best friend has “been there for me basically my whole life. And he is just the one person I can tell anything to.” Despite some challenging relationships, all four of these boys identified people they could count on in times of need and described relationships that had been stable for years.

In contrast, the boys with low body satisfaction described few close friendships or described friendships that had been difficult or troubling. Isaac doesn’t talk very much about his peers, describing his mother and his sister as his closest friends. When the interviewer asked Tony who he felt closest to, he replied, “I don’t really know. I’m—I’m not really close to anyone,” before finally identifying, “probably my best friend.” When asked the same question, Sebastian identified his grandfather and his mother, then added, “You know, I don’t really confide. If I confide in anyone it’s pretty much just the girl I have been talking to. . . . That’s it pretty much.” Reese talked about many friendships but characterized them as problematic. He described multiple betrayals from the people who used to be or were still his closest friends:

Like, over the summer, I wouldn’t hardly leave my house ‘cause I got in some trouble. And uh, like basically when I came back from that—When I was allowed to have friends over again [his group of friends] came over. And I was allowed to have people for four or five hours and it was like the second hour and they left. They were like “oh, we got something to do tonight” and they left. That was kind of

scarring. It was like “thanks guys. Y’know I can only see you once all summer and you have something more important to do.”

After that summer, he decided to start spending time with another group of friends who “tell me I’m great all the time.” He described having close relationships with his current friends: “I know that they care enough to try to help.” At the same time, he expressed feeling somewhat betrayed by some of them as well. He described a time when his girlfriend was planning to leave him and his closest friends knew about it:

Come to think of it, they both knew about it beforehand, but neither one of them had the heart to tell me. They weren’t doing it because they wanted me to get hurt, but they didn’t want to be the ones to do it, y’know? So it—it makes sense, but, still, it was just—at the time it was like, “How dare you not tell me.”

Whereas the boys with high body satisfaction repeatedly told stories of security, trust, and friends who come through for them, the boys with low body satisfaction told stories of betrayal and isolation from friends.

“Be Careful With Your Emotions”: Experiences of Rejection

In addition to the stories they told about their friends, the boys with low body satisfaction all told stories of being dumped, cheated on, and in other ways rejected by girls in their lives. Reese spoke at length about an ex-girlfriend who left him for his best friend:

My girlfriend was going away for a trip and I called her to tell her like uh, y’know have fun, whatever. And she had told me that, uh, her and my best friend at the time were going to go out when she got back.

He also spoke about a time when his current girlfriend broke up with him briefly: “Um, there was a time in early March where uh—where we had—we had some difficulties for a week or so and she broke up with me temporarily.” Sebastian and his ex-girlfriend broke up after he found out that she had cheated on him: “She cheated on me there . . . and then I had heard about it from someone. . . . So I had to ask Amy about it. And Amy admitted to me it happened. So things ended there.” Isaac told a story of a time when his ex-girlfriend ignored him when they ran into each other:

I think she ignored me or something. . . . I saw her walking with her friend walking around the street. She saw me, we made eye contact, and she just walked away: 'Cause usually people say like "Hi!" or whatever.

Tony told multiple stories of rejection. In a recent relationship, which Tony calls a disaster, his girlfriend "was always seeing other guys the whole time and like I'd call her up and I'd be like 'oh, you wanna do something' and she'd be like 'yeah, call me tomorrow.'" Eventually, she broke up with him because "she got bored." Tony also discusses another ex-girlfriend who was "cheating on [him] the whole time." He relays multiple stories of times when she broke up with him, took him back, and then broke up with him again.

In relating these stories of rejection, the low body satisfaction boys often described feeling emotionally burned, many of them still feeling pain about events that had happened years before. Only Isaac was able to describe a rejection story without any distress, saying "at least I tried." Reese explains that he was very angry after his girlfriend left him for his best friend: "I realized later that I was a pretty angry guy for a while. Like lots of people in the—over the summer would ask me like 'why are you so mean to everyone all the time?' 'Cause I was." At the time of the interview, Reese said that he would never forgive his best friend and that when he saw something that reminded him of that betrayal, he still felt angry:

I think it's just like I can feel my blood start to boil. Like—like my hand kind of clenches. I—it's just kind of like my—my eyes—my eyes become a little more closed. And it's just like—it's just like the first thing that comes to mind is "that bastard."

Sebastian describes being "pretty upset" when his girlfriend cheated on him, "because we had been going out for like a year. And we were like really in the heat of things and . . . it was pretty serious then. I don't know. I just couldn't believe it happened." One time when Tony's girlfriend broke up with him he "hung up, cried for a while, whatever." Ultimately, he explained, her repeated rejection of him "threw [him] into a suicidal spin for about like two years."

In response to these painful rejections, the boys with low body satisfaction explained that they have since shut themselves off from girls to avoid getting hurt again. Sebastian chose not to get back together with his ex-girlfriend because the sting from the

breakup was too much: "Like it really like, it really hurt so. I don't know, I kind of wanted to do my own thing for a little while." Reese and Tony were both in relationships again, but they chose not to let their girlfriends get too close so as not to get hurt again. Reese articulates a strong interest in protecting himself from getting hurt again:

I think ever since I was burned in the ninth grade by my friend, I've been—I kind of—kind of have a barrier now where like with past girlfriends where like we've been going out for a while. If—if they break up with me, I can be over it in my—I can be over it in like a day 'cause—'cause I don't really let myself like get . . . Well—I—it's not that—it's not that I don't want to be involved or anything like that, it's just that—it's just that I think that um, that I have these like barriers where I kind of protect myself from getting hurt again.

Tony conveys a similar sense of reservation toward emotional attachment in his current relationships. He explains,

I mean like—like right now, I don't really care what happens to me as far as a relationship goes. It's pretty much on the bottom of my list. I mean if she called me up tomorrow and she didn't want to see me anymore I'd be sad but, it wouldn't affect me the way it would normally.

When asked what advice he would give an eighth grader, he again conveyed the need to protect his emotions from girls: "I'd say 'be careful with your emotions 'cause girls are gonna fuck with 'em even if they don't know they're doing it.'"

Of the high body satisfaction boys, only Oscar mentioned being rejected, and he, like the boys with low body satisfaction, took some rejections hard; when a girl he asked out "turned [him] down flat," he described it as the "most embarrassing situation possible, which really made [him] feel bad," until his friends cheered him up. On the other hand, when his girlfriend broke up with him to get back together with another boy he described being "fine" with it: "I am like, you know, that's cool." None of the high body satisfaction boys, in fact, described rejection from long-term partners, and none described long-term emotional consequences of rejection experiences, such as the emotional barriers expressed by the boys with low body satisfaction.

*"We Call These Girls Sluts":
Attitudes About Girls*

In our society, the dominant ideals about appropriate sexual behavior reflect a sexual double standard: Adolescent boys are expected to want and pursue sex, whereas girls are expected to maintain sexual boundaries with boys. Adolescents who deviate from this norm may suffer from a tarnished reputation; girls who engage in sexual activity are often labeled as "sluts," and boys who delay or avoid sex risk being called gay, effeminate, or weak. In our sample, several of the boys explicitly criticized the double standard's characterization of girls and women. Nathan, a boy with high body satisfaction, argues that "there's nothing wrong with a woman, y'know, going after a guy. It doesn't usually happen like that though 'cause there's like a system built up and everything obviously." Sebastian, a boy with low body satisfaction, ascribes a similar role to society saying,

I am sure that there are more guys that are more into sex than there aren't. But I do believe that's because that's the way that our society's been throughout the years. You know what I mean? And I think it's changing.

These references to "a system" and "the way that our society's been" indicate a somewhat critical stance in relation to the sexual double standard.

Despite these moments of criticism or resistance to the sexual double standard, nearly all the boys, regardless of their body satisfaction scores, espoused some aspect of the double standard themselves. Most of the boys explained that sexual desire was generally rare among girls, but a small group of girls were interested in sex. Jackson explained, "There is a lot more guys out there that are like going out to hook up. But there are some girls too." Nathan relayed a similar sentiment:

Men always want sex. Women do sometimes, men always do. That's just the way it is. . . . 'Cause I mean, I know girls like that, who go to parties and it's just like, y'know what I mean, they just look for guys. "Let's go, let's go, let's go." Y'know what I mean. They're just looking for somebody. Y'know what I mean. Doesn't have to be anybody special, doesn't have to be for the rest of their life, they're just looking for a guy, for the night. Y'know what I mean. And that's cool, but I don't know a lot of women like that.

Nearly all the boys acknowledged the existence of "those kind of girls" and were somewhat judgmental

of their behavior. "It's not like every single time," Reese explained,

but I mean generally when there's a girl who's aggressive like that, generally she tends to be aggressive like that with many men. . . . Like that's kind of why we don't let our friends associate with the dirty girl, 'cause she's dirty.

Phillip also describes sexually interested girls with judgment: "Like there are some girls in school you can just tell that like they want to have sex with the way they dress. They dress all snobby and whatnot."

In describing these girls, the boys with high body satisfaction stop short of labeling them as "dirty," "slut," or "ho," even if they acknowledge that their peers use these words. Jackson, one of the boys with high body satisfaction, explains, "Like some girls could be always sleeping with guys and they could have that labeled as, um I don't want to say it but like a 'slut.' You know? They can have a bad reputation." In contrast, three of the four boys with low body satisfaction spontaneously used derisive language to describe sexually active girls. "We call these girls sluts," Reese says plainly, and Sebastian indicates that he "won't get with the slutty girls" because he does not know "who they've been with." Tony even describes his ex-girlfriend as "a real ho."

In addition to this disparaging language, all four boys with low body satisfaction condoned the sexual harassment of girls or described incidents where they themselves harassed girls. Isaac describes catcalling as a frequent pastime among his friends: "If a girl passes and we'll just say something stupid," like "Hey pretty lady! Or something like that. 'Hey little girl, want some candy?'" Sebastian says, "I'll slap some girl's butt," but he argues that "you can't really call it like sexual harassment." Tony admits,

I think once I might've been harassing a girl . . . She'd went and told 'em I was bothering her and they pulled me out of class and they were like "OK, we're gonna suspend you and you're gonna stop bothering her." And I was like "ok, fine."

Reese is the only boy with low body satisfaction who doesn't describe any personal experiences of harassing girls. He does, however, offer a scathing criticism of sexual harassment policies and girls who make use of them, which suggests that he condones some forms of sexual harassment:

Sexual harassment is bullshit. That's what sexual harassment means to me. Crack the whip. Oh I hate

it. I hate it, I hate it, I hate it. . . . If like—if I make a catcall and I get suspended for it, bitch needs to be slapped. 'Cause like—it—it makes her feel uncomfortable.

In contrast, the boys with high body satisfaction described their own behavior as respectful of girls and were critical of boys who they saw as harassing. Phillip described himself as respectful of girls: "In my experiences I have been respectful of them. But like I know some people that aren't as respectful and just will do whatever to have sex." Oscar describes two occasions where he stood up to other boys when he found out they were harassing girls: "I confronted both the guys and I told them to stop. I was like seriously stop or you are going to have some problems, because you know it isn't right for someone to harass someone else." Nathan states firmly that sexual harassment "sucks. I don't know. It's terrible . . . Sexual harassment's bad." Speaking of himself, he adds, "that's not something I do, yes. Yes. I don't go out like—I'm not that guy." He admits that once he got into trouble because a girl claimed he was stalking her, but he firmly stated that he had not "even talked to her for like a month. I [hadn't] even seen her for a month."

In summary, although both sets of boys criticized the sexual double standard and were hesitant to label themselves harassers, the boys with low body satisfaction revealed attitudes about girls that were more hostile or conflictual; they described harassing girls and labeled girls who engage in sexual activity as sluts or hos. In contrast, the boys with high body satisfaction resisted such derisive language and were critical of boys who harassed girls.

"This Urge Comes Out of Nowhere": Sexual Desire and Sexual Decisions

All the boys described experiencing desire and making sexual choices. Boys with low body satisfaction described sexual desire with some ambivalence—sometimes characterizing desire as "glorious" and other times describing it as a bother or an urge to "control." Isaac explained that he purposefully suppresses his sexual thoughts:

Ah, I just—I just think about it. Like "Oh yeah! I want to have sex." And then like, then like the next day I will be out of it. I will be like "OK. Time to get back to school stuff and focus on what to be and stuff." . . . I just get out real quickly for some reason.

Reese expresses a similar ambivalence about having sexual thoughts. At the time Reese was in a relationship with a girl who did not want to do anything beyond kissing. Reese expressed a desire to do more sexually because "it's fun. Super fun." However, he said that this desire passes: "It kind of bothers me a little but then, y'know, the next day I wake up and it's all good." Reese worries about getting erections around his girlfriend because he fears that he would "get in trouble" for his sexual interest. Tony's description of sexual desire also conveys a slightly negative tone. He says, "like I almost get this urge to just like jump on her . . . like it's almost like you wanna kill yourself. Like that you can't have it, all you can do is look." Sebastian, who describes himself as "a very sexual person," indicates that he "loves sex" but that sometimes his brain gets "in the way" and stops him from pursuing his sexual desire. These descriptions of sexual desire, though generally positive, are colored by frustration and disappointment.

These same boys also conveyed uncertainty about their sexual decisions. They described occasions when they were not sure what they wanted or when they went along with sexual activity they did not want. At the time of the interview, Isaac had not yet had sex and intended to remain abstinent, but he was not certain that he would be able to. When asked how he would know when he was ready to have sex Isaac said,

I have no clue. I'm like, I don't know. If the girls pushes the right buttons, or if I feel like "Oh, I really like her," maybe it will happen. But right now I am trying to fight my grounds.

He related this lack of knowing back to his uncontrollable urges:

I think like "oh what happens" like you really want her or something. Like this urge comes out of like nowhere. I'm like, you do it. And just—I don't know what to do then. 'Cause anything can pop up. [Interviewer: Yeah. Any ideas on what you might do?] Like, I don't know. Like, if she say something right or push my right buttons. I don't know, I probably will do it. But then, if I have like some control it'll be like "No!" "No!" or something.

Sebastian also describes being unsure about sexual decisions, "Sometimes you really don't know, like you can't really figure it out. It's like, you know, should

I or should I not?" Tony said that he had had sex "several times" with his ex-girlfriend when he did not want to. He said the last time they slept together "I knew what she wanted and I really didn't want to do it but, I just wanted to get it over with."

In contrast, the boys with high body satisfaction typically talked about sex and sexual desire as positive and conveyed confidence in their sexual decisions. Nathan described sexual desire as "the greatest feeling ever . . . You feel like you're about to burst." By the time of the interview, Oscar indicated that he had resolved any of his previous ambivalence about sexual desire. He said that when he was younger he used to feel that his body had a mind of its own but that he had since learned to distinguish hormonal reactions from sexual desire. He explained:

Your body naturally has hormones and everything else, and now you are a teenager, it is producing hormones . . . 'cause you know, it doesn't mean you really, like you want to have sex. It's all because there has to be something mental there. Not just like physical.

Whereas the boys with low body satisfaction frequently mentioned "not knowing" what the right sexual decision was, the boys with high body satisfaction described confidence and clarity about their readiness for sex. When Nathan's mom found out that he and his girlfriend had engaged in sex, he explained why it had been the right decision for him: "I just kind of explained to her like, y'know, the way our relationship works and why it's amazing and why it's special, and why I decided to do what I did." When the interviewer asked Oscar to describe what being "ready" for sex means to him, he described it as knowing without uncertainty or nervousness:

When the situation comes up in your head, like they don't feel like all uneasy about it. Like they feel kind of calm about it. Like they actually feel it is something they could do, like they don't have like all this, like crap, in their minds. Like "oh I am too young?" or something like that. Just like they feel calm and they feel they are, like they want to.

Unlike the low body satisfaction boys, the high body satisfaction boys indicated that they did not engage in sexual activity unless they wanted to. Nathan pointed out that there are choices he made in the past that he now regrets but that he never went along with something he did not want to do.

Jackson also indicated that he never went along with something he did not want to be doing, saying, "No. I do what I want. If I don't like to do it, I don't do it." He added, "I am pretty independent. I stand for myself. If I don't like doing it, I am not going to do it." Overall, the boys with high body satisfaction were comfortable with their experiences of sexual desire and with the decisions they made in sexual situations. In contrast, the boys with low body satisfaction conveyed uncertainty about sexual decisions—an uncertainty which is compounded by sexual urges that might get the boys into "trouble."

"There Is Just So Much to Talk About": Communicating With Sexual Partners

Nearly all the boys described using nonverbal cues from their partners to decide what was acceptable and wanted sexual behavior. For example, Oscar, a boy with high body satisfaction, described his girlfriend's physical cues: "Oh she like, yeah, she actually she put her hand on my hand, but she was kissing me at the time. So it wasn't like pushing it away or anything." Oscar translated this as "a quick message that she doesn't want to go that far." He says that this "is how you learn [how far girls want to go] on the way. Like through experience. Like what they push away from and what they don't." Tony, a boy with low body satisfaction, describes a similar method of nonverbal communication. He said, "Like if you were trying—if you were trying to touch her and she, like moved your hand away, you try again and she moved your hand away again. That would be a bad thing." Several boys used this method of detecting "signs" from girls about sexual limits.

Indeed, whether through verbal or nonverbal means, girls were generally described as setting sexual limits. Jackson said, "Usually they say 'stop' and you stop." As noted above, Oscar learned how far he could go sexually with a girl if she stopped him when he tried to go further. Reese said that "some people are pretty good at giving red lights without—without insulting," then complained, "My current girlfriend is not. She's very uh—she's very, very 'No!'"

Among boys with low body satisfaction, this limit setting put forth by girls was the predominant and sometimes the only form of sexual communication mentioned. Indeed, the boys with low body satisfaction scores indicated that they specifically avoided talking with their partners about sex, often so as to avoid being rejected. When the interviewer asked

whether Reese talked with his girlfriend about how she was always giving the “red light” to sex, Reese replied, “No. No way. NO WAY,” and added, “I am not getting in trouble.” He added that talking about what kinds of sexual activities he would like to engage in

takes all the fun out of it . . . If you talk to her about it, then you just get shot down right there. Even some girls that would let you, if you talk to them about it, usually they say “no.” It takes the fun out of it. I wouldn't do it that way.

When the interviewer asked Tony if he and his girlfriend ever talk about whether or not they want to do something sexual together, Tony says, “We usually don't talk about it, we usually just start.” When asked how he knew that she wanted sex, Tony said, “I mean, one day we just went all the way. . . . It just happened.” Even afterward, Tony was unable to share how much he enjoyed the experience because he thought that “she would be uncomfortable. Or she might take it the wrong way.” He expressed fear that his girlfriend “might think that I'm just in it for the sex.”

Like the low scoring boys, the high scoring boys experienced some hesitation about sexual communication. For example, when asked if he has talked with his girlfriend about how far they would go, Phillip said, “It's just, you kind of figure it out as it happens.” When asked if it is easy for him to make known what he wants, he said, “Like, just, I don't know [laughs],” then added, “It's hard to put the actions into words.” Still, none of the boys with high body satisfaction discussed avoiding sexual communication for fear of being “shot down” or judged by their partners, and some described open communication with their partners about desires, protection, and readiness as well as sexual limits. Jackson said, “There is just so much to talk about,” including “whether you guys are ready or not, protection . . . just everything.” He said his communication with his partner has changed as they have matured: “Before it was just there. Now you actually like talk about it. It happens, if it happens, but you talk about it.” Nathan indicated that he is “very frank” when it comes to discussing sex with his partner and that he and his girlfriend talked about “the repercussions, like, y'know what I mean? Pregnancy, sexually transmitted diseases.” Oscar, one of the boys with high body satisfaction, discusses some reluctance about expressing his desires to his partner:

I wasn't really going to tell her “yeah, I am totally ready for it” you know because, you know that . . . 'cause you know that would probably make her feel uneasy because she doesn't probably doesn't really feel ready for it. But you know if she finds out I am she might actually go along with it anyway. So I wouldn't really tell her that I am like completely ready for it.

Like the low body satisfaction boys Reese and Tony, Oscar guesses that his partner is not as interested in sex as he is and worries about expressing his interest. Oscar's fears, however, stem from concern that his girlfriend would simply go along with his desires, whereas Reese and Tony are afraid of getting in “trouble” for expressing desire.

Overall, although both sets of boys described some hesitation in talking with their partners about sex, the boys with high body satisfaction were generally able to overcome this hurdle and describe conversations that were open and comfortable. In contrast, the boys with low body satisfaction described continually avoiding conversations about sex, often out of fear of rejection.

“You Gotta Use It”: Using Protection

The boys with high body satisfaction described consistent use of condoms and contraception. Jackson calls protection “a must thing.” He elaborates, “it's just—protection, you gotta use it.” When asked if a sexual encounter was safe, Nathan replies, “Uh yeah, it always is. I don't have any other kind.” Oscar expresses a similar insistence on using protection:

Well, seriously and I will say if me and a girl are actually, go a step further, there would be protection in that mix because you know, I am not planning on having a kid anytime soon . . . clearly protected.

In contrast, the boys with low body satisfaction conveyed ambivalence or inconsistency in their use of protection. Isaac, who has not yet had sex, says that he plans to use protection when he has sex but admits that he's not certain what he would do in the moment. Sebastian and Tony, the two low body satisfaction boys who were sexually active, both describe inconsistent use of protection. Sebastian has had unprotected sex with his girlfriend, and like Isaac, he expresses uncertainty as to whether he will actually use protection as consistently as he'd like to in the future:

Well we are pretty much going to use condoms every time from now on. But you know we've always said it before too, but, you know as soon you get in the moment and do it, you know, you are not really thinking. That's the problem, you are not really thinking.

Tony "never" used condoms with a particular ex-girlfriend "cause she was on birth control," but he admits that she was "always forgetting or messing up on it." These inconsistencies resulted in frequent pregnancy scares.

As described above, boys with high body satisfaction often described communicating with their sexual partners frequently and openly, and this openness extended to conversations about protection. All four boys with high body satisfaction indicated that they had talked with their partners about condoms and contraception. Jackson said that he always talks with sexual partners about "protection, how many people you've been with, things like that" and that these conversations take place *before* beginning the sexual encounter. In describing the first time he and his girlfriend had sex, Nathan said, "We waited a long time and we planned and we talked and we—we went over all, like, the repercussions, all the possibilities, we used protection, etcetera, etcetera." Oscar also indicates that he talks about protection before sex: "Yeah, talk about it a little bit before hand. Not have an in depth conversation about it. Like what types of STD's I hope not to get or anything like that, just like, you know, a conversation."

Sebastian and Tony, the two low body satisfaction boys who were sexually active, did not describe consistently talking with partners about protection ahead of time. When asked if he and his girlfriend talk about birth control, Tony replied that "her sister told her mom, so her mom knows we're sleeping together and I guess her mom wants to put her on birth control [pause] but I mean—I don't really have a problem with it." This passage suggests that although he and his girlfriend have discussed contraception, they may have done so only because his girlfriend's mother intervened. Sebastian, the other sexually active boy with low body satisfaction, expressed difficulty talking with girls about protection:

You know, I mean it's awkward to ask sometimes too because—I know, you know I had sex with this one person and I didn't know if they were on the pill or not, so we are having sex and you can, you know, I am having sex with her without a condom on. And

I don't know yet. I mean I am kind of guessing that she does, you know, because she's, I don't know because she was older and I just figured that she was. So, but, you know in the middle then I asked her and she said yes.

In this instance, Sebastian delayed talking with his partner about the pill until they were already having sex because he found such conversations "awkward."

Because only two of the boys with low body satisfaction were sexually active, it is difficult to draw conclusions about their condom use. Still, none of the boys with high body satisfaction expressed avoiding conversations about protection, and all expressed confidence about their consistent use of protection.

Brief Discussion

In the qualitative analyses, we found that boys with higher body satisfaction were clear about what they wanted sexually and were comfortable communicating those wants to their girlfriends. When sexually active, these boys described being consistent in using protection. Moreover, the boys with higher body satisfaction resisted harassing girls or labeling them as sluts. Overall, these boys conveyed confidence in their friends, their girlfriends, and themselves. In contrast, boys with low body satisfaction were often unclear about what they wanted sexually and resisted talking about sexuality with partners. If sexually active, they were often inconsistent with protection. They described avoiding closeness with girlfriends as a way of handling the emotional scars of past rejections. Additionally, the boys with low body satisfaction frequently harassed girls and used derogatory language when referring to girls whom they saw as sexual.

Qualitative exploration of boys' sexual narratives allowed us to craft a definition of sexual health that extended beyond risk reduction and further helped us generate hypotheses regarding potential associations between body satisfaction and sexual health. The qualitative analyses, however, do not allow us to generalize beyond our eight participants. Accordingly, in Study 2, we examine whether these same patterns emerge in quantitative survey data from a larger sample of adolescent boys.

Study 2

Based on findings from Study 1, we chose to include four distinct measures of sexual health in Study 2.

First, in their interviews, boys who were satisfied with their bodies described open communication with sexual partners, confidence in going after what they want sexually, and confidence in their ability to use condoms—all components of strong sexual agency. In contrast, boys with low body satisfaction avoided talking with their partners about sex, ended up engaging in sexual activity that they did not want, and were uncertain about their ability to use protection consistently. Accordingly, in Study 2, we use a survey measure of sexual agency and expect that boys with higher body satisfaction scores will also report greater sexual agency. Second, in Study 1, boys with high body satisfaction expressed clarity and confidence about their sexual choices, whereas boys with low body satisfaction expressed reservation and uncertainty. Therefore, in Study 2, we include a measure of clarity of personal sexual values and hypothesize that higher scores will be associated with greater body satisfaction. Third, in their interviews, boys with high body satisfaction described talking openly with their partners, whereas boys with low body satisfaction described resisting closeness and emotion in relationship, and accordingly we include items measuring the participants' willingness to feel and express emotional closeness with girlfriends. We hypothesize that boys who are more satisfied with their bodies will report a greater willingness to experience emotional closeness in relationships. Fourth, boys with high body satisfaction resisted and criticized harassment of girls, whereas boys with low body satisfaction participated in and endorsed harassment. Accordingly, we include a measure of endorsement of coercion and harassment and expect higher scores among boys who are not satisfied with their bodies relative to more satisfied boys. Additionally, because the boys with high body satisfaction conveyed confidence and security in multiple domains (e.g., their relationships with friends, use of protection), we also evaluate global self-esteem. We expect, however, that associations will remain significant, even after controlling for self-esteem.

Methods

Participants

One year following the data collection for Study 1, twelfth graders were again recruited from the same school district and one additional school district. A total of 151 boys, ages 16 to 20 years ($M = 17.5$), participated in this study. Again, the sample was

primarily White (69.3%) and Latino (13.3%), with small percentages of students identifying as Asian (5.3%), Portuguese or Brazilian (1.3%), African American (3.3%), or multiracial/other (7.3%); 95% of the boys identified as heterosexual.

Procedure

Participants completed in-class, paper-and-pencil surveys that included questions about body image, sexual experiences, attitudes, and demographic characteristics. Informed written consent was again obtained from parents or guardians, and participants provided assent. When appropriate, consent forms and survey instruments were translated into Spanish. Participants were reminded of confidentiality and of their freedom to discontinue participation at any time.

Survey Measures

Body satisfaction. The Body Image subscale of the Self-Image Questionnaire for Young Adolescents (Petersen, 1984) was again used to measure body satisfaction, with higher scores indicating greater body satisfaction ($\alpha = .81$).

Sexual agency. To assess participants' sexual agency, we included a modified version of Levinson's (1986) Contraceptive Self-Efficacy Scale. This measure assesses how strongly participants feel that they could act on their sexual needs and desires in a relationship. Participants responded to 16 statements such as "I could stop things before intercourse if I couldn't bring up the subject of protection" and "When I am with a partner, I feel that I can always be responsible for what happens sexually" on 5-point scales (1 = *not at all true of me* to 5 = *completely true of me*). A mean score was computed with higher scores reflecting stronger convictions that participants could make active and positive sexual decisions ($\alpha = .77$).

Clarity of personal sexual values. To capture participants' certainty regarding their sexual decisions and priorities, participants completed the Clarity of Personal Sexual Values subscales of the Mattech Sexuality Questionnaires for Adolescents (Kirby, 1998). Clarity of Personal Sexual Values is a five-item subscale that addresses how clear an individual is about his or her own values and sexual decisions. Participants indicated how much they agreed with

statements such as "I'm confused about what I should and shouldn't do sexually" and "I have my own set of rules to guide my sexual behavior" on 5-point scales (1 = *strongly disagree* to 5 = *strongly agree*). We calculated a mean score across the items, such that higher scores indicated greater clarity about one's own sexual values ($\alpha = .76$).

Emotional closeness with girlfriends. There were four items about participants' willingness to feel emotional closeness with girlfriends. Participants indicated how much they agreed with statements such as "It's not a good idea for a guy to get too attached to his girlfriend." We calculated a mean score across the items, such that higher scores indicated greater willingness to feel and express closeness with girlfriends ($\alpha = .52$).

Coercion and harassment. To capture participants' endorsement of coercion and sexual harassment, a 13-item measure of adolescent boys' proclivity toward coercion was adapted from a measure of sexual harassment originally developed by Bartling and Eisenman (1993). Items were adapted to be more applicable to adolescent boys. Items focus on the extent to which boys approve of verbal pressure and physical force in dating and sexual situations. For example, boys respond to questions such as "A guy can't be held responsible for things he says or does when he is really angry" and "Girls who wear sexy clothes are looking for sex" on 4-point scales (1 = *disagree a lot* to 4 = *agree a lot*). All the items were averaged to compute a single score, such that higher scores indicated more endorsement of coercion and harassment of girls ($\alpha = .79$).

Self-esteem. Participants completed the 10-item Rosenberg Self-Esteem Scale (Rosenberg, 1965). Participants indicated how much they agreed with statements such as "Overall, I feel good about myself" on 4-point scales (1 = *disagree a lot* to 4 = *agree a lot*). We calculated a mean score across items, with higher scores reflecting higher self-esteem ($\alpha = .86$).

Additional controls. Because previous research has established that socioeconomic status (SES) and religiosity are both related to sexual decisions and attitudes, we asked participants about the highest level of education attained by their mothers (as a proxy for SES) and the importance of religion in their lives. Participants reported the highest level of formal education achieved by their mother (1 = *did not finish*

high school; 2 = *finished high school/obtained GED*; 3 = *completed some college*; 4 = *finished college*; and 5 = *attended school beyond college*). Maternal education has been shown to be an adequate general index of SES (Entwisle & Astone, 1994). Religiosity was measured with a single item: "How important is religion in your life?" (1 = *not at all* to 4 = *very*). Participants also responded to a single item asking whether they had ever had sexual intercourse (0 = *no*; 1 = *yes*).

Quantitative Results

Descriptive statistics are shown in Table 1. The means for body satisfaction and sexual agency were both above the midline for their respective scales, indicating that on average, boys in this sample felt positively about their bodies and felt confident that they could act on their own sexual needs. Overall, 49% of boys had engaged in sexual intercourse; body satisfaction scores did not differ between the boys who had engaged in intercourse ($M = 2.88$) and those who had not ($M = 2.86$): $t(144) = -.14, p = .89$.

Based on our qualitative findings, we predicted that body satisfaction would relate to sexual agency, clarity of personal sexual values, emotional closeness with girlfriends, and endorsement of coercion and harassment. To examine these predictions, we ran partial correlations. Although experience with sexual intercourse is not necessary to stand up for oneself sexually or to have clear sexual values and attitudes, intercourse experiences may significantly alter the *meaning* of sexual agency and sexual values for adolescents. Accordingly, we controlled for sexual experience in all analyses. We also controlled for religiosity, maternal education, and general self-esteem. Results are shown in Table 2. As expected, body satisfaction scores were associated with both sexual agency and clarity of sexual values; boys who were more satisfied with their bodies reported significantly greater sexual agency and clarity of sexual values, even after controlling for general self-esteem. Body satisfaction was not significantly related, however, to endorsement of coercion and harassment or to emotional closeness with girlfriends. Notably, there were several associations among the four indices of sexual health. Boys who reported more sexual agency also reported significantly more clarity of personal sexual values, significantly less closeness with girlfriends, and significantly less endorsement of coercion and harassment.

Table 1. Means and Standard Deviations (SDs) for Central Variables

	N	Minimum	Maximum	Mean	SD
1. Body satisfaction	149	1.29	4.00	2.86	0.61
2. Self-esteem	149	1.60	4.00	3.27	0.54
3. Clarity of sexual values	151	2.00	5.00	4.03	0.74
4. Emotional closeness	151	1.00	3.00	1.83	0.38
5. Harassment	150	1.00	3.54	1.92	0.47
6. Sexual agency	149	2.13	4.94	3.87	0.54

Table 2. Partial Correlations Controlling for Self-Esteem, Sexual Experience, Religiosity, and Maternal Education

	1	2	3	4
1. Body satisfaction	—	—	—	—
2. Clarity of sexual values	.20*	—	—	—
3. Emotional closeness	.02	-.13	—	—
4. Harassment	-.06	-.18*	-.43***	—
5. Sexual agency	.23**	.42***	.25**	-.41***

Note: N = 130.

* $p < .05$; ** $p < .01$; *** $p < .001$.

Discussion

Previous research has indicated that body dissatisfaction may present a risk for the sexual health of adolescent girls (Impett et al., 2006b). Results from this study suggest that these concerns may extend to boys as well. In their interviews, boys who were satisfied with their bodies described open communication with sexual partners, confidence in going after what they want sexually, and consistent use of protection. In contrast, boys with low body satisfaction avoided talking with their partners about sex, ended up engaging in unwanted sexual activity, and were uncertain about their ability to use protection consistently. These qualitative findings highlight, in boys' own voices, a possible connection between body image and sexual agency among adolescent boys. This conclusion was further supported by our survey data. Boys who were more satisfied with their bodies reported significantly greater sexual agency; they were more comfortable expressing their sexual needs and negotiating condom use with a partner. Combined, these two methodological approaches provide compelling, converging evidence that body image and sexual health are associated not only among girls and women, but among adolescent boys as well.

Furthermore, our qualitative analyses brought to light additional aspects of sexual health that relate to boys' body image. Boys who were satisfied with their bodies talked about knowing when they were ready for sex and being certain about their choices, but boys who were dissatisfied with their bodies conveyed uncertainty about sexual decisions. Moreover, boys who were dissatisfied with their bodies described avoiding emotional closeness with their girlfriends so as not to get hurt by rejection. These boys also condoned the harassment of girls and used hostile and sexist language when talking about girls who were sexual. These findings suggested that in addition to sexual agency, body satisfaction might be related to other aspects of boys' sexual identities and behavior.

Using these qualitative findings as a guide, we looked for parallel findings in the quantitative data and found that boys who reported greater body satisfaction reported significantly greater clarity regarding their personal sexual values. Although the qualitative analyses highlighted emotional closeness with girlfriends and endorsement of coercion and harassment, we did not find these variables to be significant correlates of body satisfaction in the quantitative analyses. Both variables, however, were associated with sexual agency. Boys who reported greater sexual agency expressed a greater willingness to be emotionally close to their girlfriends and were critical of harassment and coercion. Additionally, these two variables were related to each other. Boys who endorsed harassment and coercion of girls were less likely to express emotional closeness with their own girlfriends. Taken together, these findings present a more comprehensive picture of sexual health among adolescent boys, characterized by satisfaction with one's body, readiness and confidence, emotional closeness, and mutual respect.

Combining qualitative and quantitative methods allowed us to maximize the advantages of both strategies. Our qualitative analyses allowed us to explore an uncharted territory, looking for themes that emerged

from boys' own voices. Our quantitative analyses allowed us to evaluate the statistical significance of patterns in a larger sample and to demonstrate that associations between body image and sexual health remain even after controlling for general self-esteem. Together, the consensus reached between findings derived from two different types of data lends credence to our conclusions. Still, our study has several limitations. First, our sample was drawn from a single region in the country and may not generalize to boys from other regions or from other racial/ethnic backgrounds. The majority of our survey respondents and all but one of our interview participants identified as White. Previous research has indicated that Latino and Asian boys report body dissatisfaction at rates comparable with White boys; African American boys, like African American girls, may be more satisfied with their bodies (Siegel, 2003). Given the similar rates of dissatisfaction, how might body image relate to the sexual health of Latino boys, who typically initiate sexual intercourse at younger ages than White boys (Velez-Pastrana, Gonzalez-Rodriguez, & Borges-Hernandez, 2005) or to the sexual health of Asian boys, who typically initiate sexual intercourse at older ages (Upchurch, Levy-Storms, Sucoff, & Aneshensel, 1998)? Future work is needed to address these important questions. Second, our analyses speak primarily to heterosexual relationships: 95% of our survey respondents and all our interview respondents identified as heterosexual, and consequently, our analyses focus on boys' encounters with and attitudes about girls. Future work should explore these same issues among a sample of sexual minority youth.

Third, although we found no association between body satisfaction and our measure of emotional closeness, a more sophisticated measure that incorporated feelings of rejection might have been related to body satisfaction. Indeed, a recent study conducted by Davison and McCabe (2006) found that adolescent boys who were more satisfied with their bodies described more confidence in their popularity among girls. Future research can evaluate the conclusions from our qualitative analyses more systematically by developing measures that more closely and accurately represent the constructs voiced by our participants. Fourth, because our data are not longitudinal, we cannot determine the direction of causation. Body satisfaction may lead to greater sexual health, but it may also be the case that sexual health leads to greater body satisfaction. Future

longitudinal work is needed to determine whether and how the associations found here are causal in nature.

Longitudinal work can also be used to examine the long-term consequences of early sexual experiences. We looked at body image and sexual agency at one time point—a snapshot into the lives of these adolescents. The negative patterns described by our interviewees with low body satisfaction (e.g., avoiding emotional closeness and communication with partners), if established in adolescence, might be damaging to sexual relationships throughout adulthood. Conversely, positive sexual experiences in adolescence, characterized by agency, readiness, and satisfaction with one's body, may lay the foundation for healthy sexual relationships in the future.

Accordingly, endeavors to promote sexual health among adolescents ought to consider the importance of body satisfaction for both adolescent girls and boys. Many known correlates of adolescent sexual health, such as SES and pubertal timing, are difficult if not impossible to change (Kirby, 2001). Body image, however, is malleable and can be shaped by practices at home and at school, including media literacy classes, physical education practices, and parental support (Impett, Daubenmier, & Hirschman, 2006a; Schooler, Kim, & Sorsoli, 2006). Because body image can be changed and because the current study suggests it is linked to sexual health, health practitioners and educators may want to consider body image as one component of comprehensive sex education. Future intervention-based research may find that teaching our boys to appreciate their bodies, a valuable end in its own right, might also help boys establish healthy sexual relationships characterized by confidence and open communication.

Acknowledgments

We would like to thank Deborah Tolman for her assistance with this manuscript and Monique Ward for comments on an earlier draft.

References

- Abma, J. C., Martinez, G. M., Mosher, W. D., & Dawson, B. S. (2004). Teenagers in the United States: Sexual activity, contraceptive use, and childbearing, 2002. *Vital and Health Statistics*, 23, 1-15.

- Allen, L. (2002). "As far as sex goes I don't really think about my body": Young men's corporeal experiences of (hetero)sexual pleasure. In H. Worth, A. Paris, & L. Allen (Eds.), *The life of Brian: Masculinities, sexualities and health in New Zealand* (pp. 129-138). Dunedin, NZ: Otago University Press.
- Barker, G. T. (2005). *Dying to be men: Youth, masculinity, and social exclusion*. New York: Routledge.
- Bartling, C. A., & Eisenman, R. (1993). Sexual harassment proclivities in men and women. *Bulletin of the Psychonomic Society*, 31, 189-192.
- Blumer, H. (1969). *Symbolic interactionism: Perspective and method*. Englewood Cliffs, NJ: Prentice Hall.
- Carlson Jones, D. (2004). Body image among adolescent girls and boys: A longitudinal study. *Developmental Psychology*, 40, 823-835.
- Chu, J. Y., Porche, M. V., & Tolman, D. L. (2005). The Adolescent Masculinity Ideology in Relationships Scale: Development and validation of a new measure for boys. *Men and Masculinities*, 8, 93-115.
- Davison, T. E., & McCabe, M. P. (2006). Adolescent body image and psychosocial functioning. *Journal of Social Psychology*, 146, 15-30.
- Eisenberg, M. E., Neumark-Sztainer, D., & Lust, K. D. (2005). Weight-related issues and high-risk sexual behaviors among college students. *Journal of American College Health*, 54, 95-101.
- Entwisle, D. R., & Astone, N. M. (1994). Some practical guidelines for measuring youth's race/ethnicity and socioeconomic status. *Child Development*, 65, 1521-1540.
- Fredrickson, B. L., & Roberts, T. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly*, 21, 173-206.
- Furnham, A., & Calnan, A. (1998). Eating disturbance, self-esteem, reasons for exercising and body weight dissatisfaction in adolescent males. *European Eating Disorders Review*, 6, 58-72.
- Gillen, M. M., Lefkowitz, E. S., & Shearer, C. L. (2006). Does body image play a role in risky sexual behavior and attitudes? *Journal of Youth and Adolescence*, 35, 243-255.
- Granillo, T., Jones-Rodriguez, G., & Carvajal, S. C. (2005). Prevalence of eating disorders in Latina adolescents: Associations with substance use and other correlates. *Journal of Adolescent Health*, 36, 214-220.
- Hebl, M. R., King, E. B., & Lin, J. (2004). The swimsuit becomes us all: Ethnicity, gender, and vulnerability to self-objectification. *Personality and Social Psychology Bulletin*, 30, 1322.
- Hirschman, C., Impett, E. A., & Schooler, D. (2006). Disembodied voices: What late-adolescent girls can teach us about objectification and sexuality. *Sexuality Research and Social Policy: Journal of the NSRC*, 3(4), 8-20.
- Impett, E. A., Daubenmier, J. J., & Hirschman, A. L. (2006a). Minding the body: Yoga, embodiment, and well-being. *Sexuality Research and Social Policy: Journal of the NSRC*, 3(4), 39-48.
- Impett, E. A., Schooler, D., & Tolman, D. L. (2006b). To be seen and not heard: Femininity ideology and adolescent girls' sexual health. *Archives of Sexual Behavior*, 35, 129-142.
- Impett, E. A., & Tolman, D. L. (2006). Late adolescent girls' sexual experiences and sexual satisfaction. *Journal of Adolescent Research*, 21, 628-646.
- Kirby, D. (1998). Mathtech questionnaires: Sexuality questionnaires for adolescents. In C. M. Davis (Ed.), *Handbook of sexuality-related measures* (pp. 35-47). Thousand Oaks, CA: Sage.
- Kirby, D. (2001). *Emerging answers: Research findings on programs to reduce teen pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
- Levinson, R. (1986). Contraceptive self-efficacy: A perspective on teenage girls' contraceptive behavior. *Journal of Sex Research*, 22, 347-369.
- Littleton, H., Breitkopf, C. R., & Berenson, A. (2005). Body image and risky sexual behaviors: An investigation in a tri-ethnic sample. *Body Image*, 2, 193-198.
- Lyons, A. L., Carlson, G. A., Thurm, A. E., Grant, K. E., & Gipson, P. Y. (2006). Gender differences in early risk factors for adolescent depression among low-income urban children. *Cultural Diversity & Ethnic Minority Psychology*, 12, 644-657.
- Middleman, A. B., Vazquez, I., & Durant, R. H. (1998). Eating patterns, physical activity, and attempts to change weight among adolescents. *Journal of Adolescent Health*, 22, 37-42.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis* (2nd ed.). Thousand Oaks, CA: Sage.
- Miner-Rubino, K., Twenge, J. M., & Fredrickson, B. L. (2002). Trait self-objectification in women: Affective and personality correlates. *Journal of Research in Personality*, 36, 147-172.
- Nathanson, A. I., & Botta, R. A. (2003). Shaping the effects of television on adolescents' body image disturbance—The role of parental mediation. *Communication Research*, 30, 304-331.
- Neumark-Sztainer, D., Levine, M. P., Paxton, S. J., Smolak, L., Piran, N., & Wertheim, E. H. (2006). Prevention of body dissatisfaction and disordered eating: What next? *Eating Disorders: The Journal of Treatment & Prevention*, 14, 265-285.
- Nowak, M., Speare, R., & Crawford, D. (1996). Gender differences in adolescent weight and shape related beliefs and behaviours. *Journal of Paediatrics and Child Health*, 32, 148-152.
- Paxton, S. J., Eisenberg, M. E., & Neumark-Sztainer, D. (2006). Prospective predictors of body dissatisfaction in adolescent girls and boys: A five-year longitudinal study. *Developmental Psychology*, 42, 888-899.
- Petersen, A. C. (1984). A self-image questionnaire for young adolescents (SIQYA): Reliability and validity studies. *Journal of Youth and Adolescence*, 13, 93-111.

- Ricciardelli, L. A., & McCabe, M. P. (2002). Psychometric evaluation of the Body Change Inventory: An assessment instrument for adolescent boys and girls. *Eating Behaviors*, 3, 45-59.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Russell, S. T. (2005). Conceptualizing positive adolescent sexuality development. *Sexuality Research and Social Policy: Journal of the NSRC*, 2(3), 4-12.
- Salazar, L. F., DiClemente, R. J., Wingood, G. M., Crosby, R. A., Harrington, K., Davies, S., et al. (2004). Self-concept and adolescents' refusal of unprotected sex: A test of mediating mechanisms among African American girls. *Prevention Science*, 5, 137-149.
- Schooler, D., Kim, J., & Sorsoli, C. L. (2006). Setting rules or sitting down: Parental mediation of television consumption and adolescent well-being. *Sexuality Research and Social Policy: Journal of the NSRC*, 3(4), 49-62.
- Schooler, D., & Ward, L. M. (2006). Average Joes: Men's relationships with media, real bodies, and sexuality. *Psychology of Men & Masculinity*, 7, 27-41.
- Schooler, D., Ward, L. M., Merriwether, A., & Caruthers, A. S. (2005). Cycles of shame: Menstrual shame, body shame, and sexual decision-making. *Journal of Sex Research*, 42, 324-334.
- Siegel, D. H. (2003). Open adoption of infants: Adoptive parents' feelings seven years later. *Social Work*, 48, 409-419.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage.
- Tiggemann, M. (2005). Television and adolescent body image: The role of program content and viewing motivation. *Journal of Social and Clinical Psychology*, 24, 361-381.
- Tolman, D. L., Hirschman, C., & Impett, E. A. (2005). There is more to the story: The place of qualitative research on female adolescent sexuality in policy making. *Sexuality Research and Social Policy: Journal of the NSRC*, 2(4), 4-17.
- Tolman, D. L., Impett, E. A., Tracy, A. J., & Michael, A. (2006). Looking good, sounding good: Femininity ideology and adolescent girls' mental health. *Psychology of Women Quarterly*, 30, 85-95.
- Tolman, D. L., & Porche, M. V. (2000). The Adolescent Femininity Ideology Scale: Development and validation of a new measure for girls. *Psychology of Women Quarterly*, 24, 365-376.
- Tolman, D. L., Striepe, M. I., & Harmon, T. (2003). Gender matters: Constructing a model of adolescent sexual health. *Journal of Sex Research*, 40, 4-12.
- Upchurch, D. M., Levy-Storms, L., Sucoff, C., & Aneshensel, C. S. (1998). Gender and ethnic difference in the timing of first sexual intercourse. *Family Planning Perspectives*, 30, 121-127.
- Velez-Pastrana, M. C., Gonzalez-Rodriguez, R. A., & Borges-Hernandez, A. (2005). Family functioning and early onset of sexual intercourse in Latino adolescents. *Adolescence*, 40, 777-791.
- Wild, L. G., Flisher, A. J., Bhana, A., & Lombard, C. (2004). Associations among adolescent risk behaviours and self-esteem in six domains. *Journal of Child Psychology and Psychiatry*, 45, 1454-1467.
- Wingood, G. M., DiClemente, R. J., Harrington, K., & Davies, S. L. (2002). Body image and African American females' sexual health. *Journal of Women's Health and Gender-Based Medicine*, 11, 433-439.