NOBODY’S PERFECT: A QUALITATIVE EXAMINATION OF AFRICAN AMERICAN CAREGIVERS AND THEIR ADOLESCENT DAUGHTERS’ PERCEPTIONS OF ADOLESCENT GIRLS’ BODY IMAGE

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The increasingly high rates of body dissatisfaction among adolescent girls are alarming. Research suggests that cultural norms emphasizing thinness and unrealistic standards of beauty may be contributing to this growing problem. This is concerning given the link between negative body image and a host of unhealthy behaviors in girls. Although historically African American adolescent girls have exhibited higher levels of body satisfaction than their counterparts, there is growing evidence to suggest that this may be changing because of the body-related messages they receive from their parents, peers and the media. The present study examines these messages from both maternal caregivers’ and girls’ perspectives. Additionally, the importance African American girls place on non-weight related aspects of their body (i.e., hair and skin color) and how these factors influence their
body image perceptions are also examined. Limitations, strengths, prevention implications, and directions for future research are also discussed.
Nobody’s perfect: A qualitative examination of African American caregivers and their adolescent daughters’ perceptions of adolescent girls’ body image

The increasingly high rates of body image problems (e.g., body dissatisfaction) among adolescent girls are alarming. The desire to be thin or experiencing weight and shape dissatisfaction is so prevalent among girls today that it is now described as a “normative discontent” (Levine & Smolak, 2002). Initially research on body image problems was primarily focused on the experiences of young adult European American women, however, current studies have highlighted that body dissatisfaction is occurring among adolescent and minority girls. For instance, Truby and Paxton (2002) found that 42% of 7 to 12 year old girls (predominately of European American descent) reported that they were dissatisfied with their body. Similarly, in a tri-ethnic sample of adolescent girls between 17 to 19 years of age, Knauss, Paxton, and Alsaker (2007) reported that 43% of girls were either dissatisfied or extremely dissatisfied with their bodies. Other research conducted with Australian adolescent girls (between the ages of 12 and 17) suggests body dissatisfaction rates may be as high as 80% (Kostanski & Gullone, 1998). Although girls’ body image concerns appear to begin around the onset of puberty, some research suggests that this phenomenon is occurring in girls as young as 5 to 8 years of age (Levine & Smolak, 2002; Smolak, 2011).

The emergence of body image problems among young adolescents is concerning since these feelings may lead girls to misperceive their weight or desire a different body or weight. For instance, Boyce, King and Roche (2008) found that 25% to 40% of Canadian 6th through 10th grade students believed that they were overweight. Even among those adolescents with a normal body mass index (BMI), 19% believed that they were too fat. Girls in this study were particularly vulnerable to body misperceptions with 36% of 7th grade
girls, 34% of 8th grade girls, 37% of 9th grade girls and 40% of 10th grade girls perceiving themselves as overweight despite a normal or underweight BMI. Yet only, 10-13% believed that they were too thin. McCabe and Ricciardelli (2001) found similar results with 76.8% of adolescent girls (12-16 years of age) expressing a desire to be thinner, and 11.2% desiring a larger body. Only 12.0% felt they were currently at their desired body size.

Feelings of body dissatisfaction and body image misperception can lead some adolescent girls to want to change their body and in turn, actually engage in unhealthy eating and dieting behaviors. In fact, researchers have found that approximately 40-50% of youth are not only dissatisfied with their bodies, but would like to change their weight, shape, or size (Kostanski & Gullone, 1998; McCabe & Ricciardelli, 2003; Nichter, 2000). Thus, a significant number of girls begin to engage in unhealthy eating practices (e.g., smoking, extreme dieting and/or exercising patterns) as a result of poor body image (Neumark-Sztainer, Paxton, Hannan, Haines, & Story, 2006). According to the Centers for Disease Control and Prevention (CDC, 2009) 44.4% of 9th – 12th grade students nationwide were actively trying to lose weight with 39.5% having had eaten less food, fewer calories, or low-fat foods in order to lose weight, or to keep from gaining weight in the past 30 days. Other studies have echoed similar findings. In their longitudinal study, Neumark-Sztainer et al. (2002) assessed the weight status (i.e., BMI), weight-related concerns and eating/dieting behaviors in a large sample of adolescents. They found that slightly more than half (57%) of adolescent girls (mean age 14.9 years) reported using unhealthy weight control behaviors (e.g., fasting, smoking cigarettes or skipping meals) and 12% reported using extreme measures (e.g., vomiting, or consuming diet pills or laxatives) in order to lose weight during the past year. By changing their bodies these girls mistakenly believe that they will
experience happier, healthier lives, with increased chances of success (Wertheim & Paxton, 2011). Moreover, body image concerns developed during the adolescent years tend to have lasting impacts on body image into adulthood (Thompson, Heinberg, Altabe, & Tantleff-Dunn 1999; Wertheim, Paxton & Blaney, 2009). Thus, those experiencing body-related concerns during their adolescent years often times struggle with these same issues in adulthood. A 5-year longitudinal study examining body satisfaction rates among middle and high school students found that age was significantly associated with changes in body satisfaction levels, such that body dissatisfaction scores increased as youth transitioned from middle school to high school (Eisenberg, Neumark-Sztainer, & Paxton 2006). Age-related body concerns may even persist and become more problematic as girls get older and move further away from the ideal standards of beauty emphasizing thinness and a youthful looking appearance (Tiggeman, 2004). Girls may engage in increasingly unhealthy behaviors in an attempt to meet these ideals. As these behaviors become more pervasive girls may find it difficult to change their behaviors resulting in more serious negative health outcomes.

Given the increasing prevalence of body image problems among young adolescent girls, and the associated negative behaviors and possible long term effects, more research is needed on factors that may influence the development of adolescent girls’ body image perceptions. In the current study I used a qualitative approach to identify how media, family, and peers affect young African American girls’ body image perceptions. This study contributes to the growing literature in this area by examining these influences from the perspective of young, African American adolescents and their maternal caregivers.

Are Body Image Problems an Issue among African American Girls?
As noted previously, body image research has evolved from a primary focus on European American young adult women to more studies focused on other racial/ethnic groups and younger adolescents. Overall research findings indicate that unhealthy eating practices, dieting behaviors, and body image perceptions differ based on race/ethnicity with African American girls exhibiting lower prevalence rates of body dissatisfaction, dieting, extreme exercise/weight loss strategies, and eating disorders than girls of any other race or ethnicity (Duke, 2000; Parker et al., 1995; Roberts, Cash, Feingold, & Johnson, 2006).

It has been suggested that these lower rates of body image problems are due to the African American community’s preference for thicker, curvier body shape/size. In fact, several studies have found that both African American adolescent boys and girls describe fuller-figured, more voluptuous female bodies as healthier, more attractive, and socially acceptable than those with a smaller, thinner frame (Duke, 2000, Parker et al., 1995). While African American girls may not idealize the thin, slender body images portrayed in Western culture, they do report relying upon other African American females as frames of reference when evaluating their own physical appearance (Duke, 2000; Nichert, 2000). For instance, many African American girls pattern themselves (e.g., physical appearance and their behaviors) after African American females they see in the mass media including musicians, athletes and actors/actresses. Typically, these ideal images are also females with larger, curvier physiques, and those who demonstrate specific characteristics traits such as strength, power and self-confidence (Duke, 2000).

Given these cultural differences it is not surprising that African Americans girls have higher rates of body-esteem and overall body satisfaction than their European American, Latina or Asian counterparts. In their study, Nishina, Ammon, Bellmore, & Graham (2006)
examined body dissatisfaction and the role of physical development in an ethnically diverse sample of ninth graders. The findings of the study indicated that African American girls reported significantly lower levels of body dissatisfaction than girls from all other ethnic groups including European American, Latina, and Asian. The authors also reported that girls who were multi-ethnic reported more positive perceptions of their weight than did Asian girls.

Similarly, Kelly, Wall, Eisenberg, Story and Neumark-Sztainer (2005) surveyed a multi-ethnic group (i.e., African American, European American and Latino) of urban adolescent girls and found that only 27% of girls exhibited body satisfaction. The highest body satisfaction was found among African-American girls who were three times more likely to express high levels of body satisfaction than European American girls. Results also revealed that girls who were satisfied with their bodies were more likely to report caring about their health, less likely to weigh themselves, and least likely to report dieting or any other weight control behaviors compared to girls who were dissatisfied with their body. While studies suggest that African American girls are less likely than their peers to experience poor body image they are not immune to the adverse effects of messages promoting thin, slender beauty ideals.

In fact, recent studies have revealed that differences among racial/ethnic groups are relatively small and/or diminishing, with African American girls becoming increasingly vulnerable to body image problems (Grabe & Hide, 2006; Roberts et al., 2006; Sabik, Cole & Ward, 2010; Shaw, Ramirez, Trost, Randall, & Stice, 2004). For instance, Sherwood et al. (2003) found that while only 15% of African American 8 to 10 year old girls reported being concerned about their weight, nearly half of the girls (48%) expressed a desire for a smaller
body size. In addition, girls who perceived themselves as overweight were more likely to be unhappy with their weight and more likely to prefer a smaller body size.

Similarly, Banitt et al., (2008) found that 55% of African American girls (10 to 19 years old) desired to be thinner and only 23% desired to stay the same size. Furthermore, while the BMI of girls who wanted to remain the same was lower for European American adolescents than for African American adolescents, the desire to have a thinner body began at a normal BMI range for all girls. Finally, Shaw, Ramirez, Trost, Randall, and Stice (2004) looked at racial differences in body image and eating disturbance among a diverse sample of African Americans, European Americans, Latinos, and Asian adolescent girls ranging in age from 11 to 26 years (mean age = 14). They found no significant differences in body image, eating disorder symptoms (e.g., weight and shape concerns) or risk factors (e.g., body dissatisfaction, pressure to be thin) between the various racial/ethnic groups. The results suggest that girls exhibit similar rates of body dissatisfaction and are at equal risk for developing body image concerns including ethnic minority girls.

**African American Culture and Body Image Perceptions**

Taken together the studies reviewed above suggest that rates of body image problems among adolescent girls are so high and so far reaching that girls of all races/ethnicities, including minority girls, now have the potential to experience body image concerns. Yet the factors that may affect body image problems may differ across cultural groups. For example, prior research has noted that aspects of the African American culture and family (e.g., larger body ideals, emphasis on ethnic identity) has helped boost girls’ self-esteem, which in turn protects or buffers them from internalizing the thin ideal and developing body image dissatisfaction (Hesse-Biber, Howling, Leavy, & Lovejoy, 2004; Root, 1990; Rubin, Fitts, &
Becker, 2003; Sabik, Cole & Ward, 2010). Parker et al. (1995) suggest that African American girls tend to have a more multi-faceted view of beauty and demonstrate more flexibility in terms of their body image ideals and thus place more emphasis on "making what they have work" (Parker et al., 1995, p. 110), and less focus on body weight and size.

Other work has also highlighted that African American females tend to evaluate much of their self-worth on other factors which are not typically associated with beauty such as their attitude, personality, character, hygiene/grooming habits, uniqueness and personal style (e.g., fashion sense) (Duke, 2000; Hesse-Biber, Howling, Leavy, & Lovejoy, 2004; Parker et al., 1995; Rubin, Fitts, & Becker, 2003; Sabik, Cole & Ward, 2010). Additionally, aspects of appearance such as hair and skin color have also been recognized as important non-weight related features of African American girls’ body image perceptions. Prior research has demonstrated that within the African American community females with more European features such as lighter skin (often referred to as “red-bones”) and longer, straighter or smoother hair (e.g., good hair) are considered more attractive and desirable than girls with darker skin tones, and coarser, thicker or kinkier hair (Hill, 2002; Maddox & Chase, 2004; Russell et al, 1992). African American girls discover early on the value of physical attributes (e.g., long hair, light skin) which in turn may influence how they view and evaluate their own appearance. Although these characteristics have been deemed important by African American females, studies examining body satisfaction often fail to measure these aspects of body image. This is not surprising since much of the prior work has been conducted primarily with European American females. As a result of this homogenous sampling, few measures have been developed to assess non-weight related aspects of body image in African American girls (Jefferson & Stake, 2009; Roberts, Cash, Feingold, & Johnson, 2006).
The few studies that have looked at non-weight related body image attributes have mostly used African American college-aged or adult samples. For example, Jefferson and Stake (2009) assessed body image perceptions of European American and African American women between the ages of 18 and 30 years. They assessed participants’ satisfaction with their facial features, hair texture and thickness, and skin color using the Body Image Ideals Questionnaire (BIQ; Cash & Szymanski, 1995). The BIQ measured the discrepancy between participants’ current body image perceptions and their personal ideals, and the importance participants placed on these aspects of body image. Results indicated that 84% of African American women (versus 32% of European American women) reported satisfaction with their skin tone. Among the 16% who were dissatisfied, 92% indicated that they would like to have a lighter skin tone. Moreover, all African American women viewed their hair as more important than any other aspect of their body including their nose, lips and skin color.

Although these findings are significant because they include body image constructs that are more relevant to African American females, there were limitations to this study. First, because this study used a sample of adult women the results are not generalizable to African American adolescent girls or boys. Second, the study’s sole use of European American researchers may have prevented African American participants from sharing their true feelings or insecurities about their body image. These limitations are concerning given that African American women experiencing dissatisfaction (with their skin color and hair) often times are reluctant to share these feelings with others, especially those who are from different racial/ethnic groups (Russell, Wilson & Hall, 1992). Future research should be sensitive and acknowledge participants’ feelings and utilize a more diverse research staff to encourage more open and honest answers.
Researchers have also found that some African American females prefer more European standards of beauty (e.g., light skin, long/straight and/or less coarse hair) and consider those attributes as more attractive or appealing (Hesse-Biber 2004; Okazawa-Rey, Robinson, & Ward, 1987). This was demonstrated in a study conducted by Bond and Cash (1992) who examined skin color and body satisfaction rates in a sample of African American college students ranging in age from 18 to 37 years. They found that women who self-identified as light- to medium- skinned, reported a preference for and rated a lighter skin tone as ideal over a darker skin tone. Results also revealed that while a majority of the African American women were satisfied with their bodies and skin color, 53% reported that they would change their skin color if they could (35% of females indicating a desire to have a lighter skin tone and 17% desired a darker skin tone). Moreover, this study revealed that African American females may also be influenced by their perceptions or beliefs about the preferences of their mates or potential dating partners. In fact, most participants perceived that African American men preferred lighter skinned over darker skinned females. Other research exploring African American body image have confirmed these results, directly linking satisfaction with skin and hair with more positive body image attitudes and perceptions (Hesse-Biber, Howling, Leavy, & Lovejoy, 2004).

The current study expands on this research by including questions pertaining to hair and skin tone as aspects of body image and by focusing on African American adolescent girls. Specifically, I used qualitative interviews to examine the importance African American adolescent girls’ perceptions/concerns about their body, including non-weight related aspects such as hair and skin color. The use of qualitative methods allowed me to gain a better understanding of how some girls are able to reject the social and cultures messages
emphasizing ideal beauty standards. Moreover, the present study purposefully used women of color to interview the participants in an effort to obtain the most open and honest answers possible. Teasing apart these aspects of body image which seem to be important to African American girls allowed for a better understanding of their specific body image concerns.

**Do Parents, Media, and Peers Affect Adolescent Girls’ Perceptions of their Body?**

In addition to gaining a better understanding of how non-weight related features are associated with African American girls’ body image perceptions, this study also takes an in-depth look at the socio-cultural factors (e.g., parents, media, and peers) that may contribute to increasing body image problems among African American adolescent girls. Since a primary task for girls during the adolescent years is identity formation and development of self-concept, the messages girls receive from their social environment are particularly important to body image development. A review of the literature indicates that the support African American girls receive from their parents and peers are vital to promoting girls’ healthier attitudes and beliefs about their bodies. According to social learning theory, girls’ attitudes, beliefs, and behaviors are largely shaped by significant others and those who are closest to them (Bandura, 1986). It is through these models (e.g., parents, family members, peers) that girls learn culturally appropriate social skills and behaviors which in turn influence their attitudes and beliefs. Furthermore, this theory posits that girls learn through consequences (i.e., reinforcement, punishment) of their actions and by observing and imitating the models in their environment (Bandura, 1986; Festinger, 1954). By modeling their own behaviors parents may shape their daughters thoughts, attitudes and perceptions on a variety of topics including health, nutrition, beauty, fashion, sex, and dating relationships. Thus, a girls’ body image may be a direct reflection of the attitudes and beliefs held by these individuals.
Parents. As a result, this theory suggests that parents can influence their daughters’ body image directly and indirectly by modeling their own behaviors related to body image and communicating their attitudes about body image issues. For example, Neumark-Sztainer et al., (2010) conducted a study with a racially/ethnically diverse group of 9th-12th grade high school girls. Forty-six percent of the participants were overweight or obese and more than 75% were racial/ethnic minorities. The results showed that parent weight talk (i.e., comments about one’s own weight and encouraging their daughter to diet), parental dieting, and weight teasing were common in families of these adolescent girls. In fact, 45% of the girls reported that their mothers had encouraged them to diet and 58% reported that family members had teased them about their weight. Moreover, messages conveyed by parents and family members were strongly associated with higher body mass index, body dissatisfaction, unhealthy and extreme weight control behaviors, and binge eating. The study also found that maternal messages were particularly important to girls’ body image attitudes and behaviors. The results indicated that weight talk by mothers was associated with their daughters’ disordered eating and extreme weight control behaviors. In fact, girls whose mothers encouraged them to diet were five times more likely to engage in extreme weight control behaviors than girls whose mothers did not. Moreover, when caregivers speak negatively about, are overly concerned with their own body image, and/or tease and negatively comment on their daughters’ body weight or size, girls may begin to internalize these messages and subsequently display similar patterns. Prior studies specifically examining the influence of maternal caregivers’ body-related comments, eating and dieting practices on girls’ eating and dieting behaviors have found similar results (McCabe & Ricciardelli, 2003; Neumark-Sztainer, Bauer, Friend, Hannan, Story, & Berg et al., 2010).
Taken together these studies support the claim that parents, specifically maternal caregivers play an integral role in their daughters’ body image. By modeling their own eating and/or weight related concerns and through the messages they communicate maternal caregivers influence girls’ attitudes and behaviors toward their bodies. The influence of maternal caregivers on girls’ body image is not surprising given that they are the primary socializing agents for their daughters and because of the immense pressure placed on women to “live up” to society’s beauty/thin ideals.

In addition to modeling and communication, girls’ interpretations of body-related messages from their maternal caregivers and their perceptions of caregivers’ pressure to meet beauty ideals and/or lose weight are equally important. For example, one study of 7th to 12th grade girls found that girls’ perceptions of their mothers’ body image attitudes were related to their own weight concerns and subsequent dieting behaviors (Keery, Eisenberg, Boutelle, Neumark-Sztainer, & Story, 2006). Ricciardelli and McCabe (2001) had similar findings in their study of maternal influence on adolescent boys and girls of which 70% were Anglo-Saxon and 30% European and Asian. For adolescent girls, higher perceived pressure from their mother and the media predicted girls’ increased body dissatisfaction and the use of more strategies to lose weight.

The specific influence of maternal caregivers on African American girls’ conceptualization of beauty has also been demonstrated in the literature. Often times, African American girls look to their maternal caregivers (e.g., mothers, grandmothers and aunts) and use them as a standard by which to measure their own beauty and beauty ideals (Duke 2000; Duke 2002; Milkie 1999) including skin color (Wilder and Cain, 2011). These beauty standards in turn can positively or negatively impact girls’ body image perceptions.
Thus, the relationship an African American girl has with these caregivers is vital to the development of her self-attributes (i.e., self-esteem, self-worth), body satisfaction, and her overall well-being. Despite the importance of maternal influence on adolescent girls’ body image attitudes and overall health, few studies have examined African American maternal caregivers’ perceptions of their daughter’s body satisfaction/dissatisfaction, or what they tell their adolescent girls about body image.

While these studies suggest that both parental influence and the mechanism of influence (e.g., weight talk, pressure, teasing) are important, few studies have qualitatively examined dyads’ reports of the conversations that take place between parent and adolescent. In one such qualitative study, McCabe, Ricciardelli, and Ridge (2006) surveyed 80 middle class Australian adolescent girls and boys (mean age = 15.78 and 15.98, respectively). They found that girls reported receiving more negative and direct body appearance-related comments than boys and that these messages consisted mainly of comments about appearance, attractiveness and/or looking good. In addition, girls also reported receiving more negative messages from their mothers about their skin, specific body parts, weight, diet, exercise, body change strategies, and clothing than boys.

In a second qualitative study, Gillen and Lefkowitz (2009) examined socio-cultural influences, including parents, peers and media, on college students’ body image. In this study, participants described the specific messages that they had received from parents, peers, school and the media about their appearance. The messages were then examined for both content and tone. The results revealed that there were both source and gender differences, but few ethnic differences in participants’ perceptions. Specifically, females were more likely than males to report receiving negative body-related messages emphasizing
thinness (from peers and media) and messages linking attractiveness to success (from all sources). Moreover, females were also more likely to report receiving more negative appearance-related messages than males. Moreover, while females were more likely to perceive family members as emphasizing inner versus outer beauty, they also reported receiving mixed messages about their appearance. For example, girls reported that familial messages simultaneously conveyed the importance of external traits (e.g., you should always look attractive and presentable in public, outward appearance is important for success) and internal traits (e.g., what is on the inside is more important than outer beauty.

In a third qualitative study, Wertheim, Paxton, Schutz, and Muir (1997) examined parent-child communication about body image in a sample of Australian adolescents (N = 30) between 14 to 16 years of age. These researchers assessed whether or not adolescents’ had engaged in dieting or weight loss behaviors, their reasons for attempting to lose weight, and parents’ response and messages related to these behaviors. Results revealed that almost half of the girls (47%) reported having had dieted in the past. The reason most girls gave for dieting or weight surveillance was that they “felt fat”. Moreover, these girls reported perceiving the strongest pressure to be thin from mass media sources such as: television, magazines and the fashion and clothing industry. Adolescent girls in this study also indicated that maternal messages were particularly influential, with most reporting both supportive (e.g., positive comments) and unsupportive messages (e.g., pressure to lose weight) from maternal caregivers.

Lastly, in one of the few studies examining non-weight related aspects of body image, Hesse-Biber, Howling, Leavy, and Lovejoy (2004) utilized both focus groups (n = 32) and semi-structured interviews (n = 9) to identify the factors that protect African American
females from developing body image dissatisfaction. In their sample of 78 African American females (aged 9-18 years) from low income or working class families, they assessed the impact of race, gender and other influences (e.g., parents, peers, media) on females body image attitudes. Results from the study indicated that a majority of the participants were generally satisfied with their body size and weight. However, a few participants expressed either a mixed level of body-confidence or a negative body image. With respect to hair and skin color, participants reported exhibiting a moderate degree of dissatisfaction with current body image and acceptance of more European American ideals. Results also indicated that girls’ positive or negative body image attitudes were directly related to whether or not internalization of societal messages had occurred. Moreover, girls who reported receiving higher (rather than lower) levels of positive maternal support were more likely to have a positive attitude towards their appearance. The sole use of European American researchers in collecting the data may be viewed as a methodological limitation because some African American participants may have been reluctant to reveal their true body image attitudes and feelings. While these qualitative studies have provided more detailed information on the impact of maternal messages on girls’ body image than what is typically found in quantitative work, they were limited. Specifically, the studies were conducted primarily with European American samples and mostly included only the adolescent/young adults’ report of parental messages.

Media. In addition to familial influences, young girls are also learning about cultural and societal norms and behavioral expectations via the mass media (e.g., magazines, television, movies, music, music videos). With seemingly unlimited access to traditional media (e.g., television, movies, and magazines), as well as newer forms of media (e.g.,
internet, social networking sites), adolescent girls have a number of ways in which to gain information. Like never before the media has become a powerful socio-cultural influence in the lives of adolescents (Brown and Bobkoski, 2011; Stice, 2002; Tiggeman, 2003).

Unfortunately, the risks associated with extensive media exposure and its association with the development of females’ negative body image is well documented in the literature (Botta, 2000; Grabe, Ward, & Hyde, 2008; Hargreaves & Tiggemann, 2003; 2005). These studies have found that high exposure to unrealistic beauty ideals in the media is linked to girls’ increased body image dissatisfaction. Moreover, perceptions of media messages associating physical attractiveness (e.g., tall, thin) with success, popularity or happiness, also negatively influence girls’ body image regardless of girls’ racial or ethnic background (Gillen & Lefkowitz, 2009). This suggests that the media may be contributing to body image dissatisfaction among women and girls by creating an environment in which some characteristics (regardless of how unrealistic) are valued more than others.

This notion of the media as a socialization agent for adolescent girls is consistent with two theories, social comparison theory and cultivation theory. Social comparison theory states that girls evaluate themselves by comparing and judging their bodies with that of similar others such as family members, peers, and images in the mass media. Comparison of one’s body image with others can contribute to body image perceptions. A girl who views herself as worse off, in terms of body image, than others makes upward comparisons. These types of comparisons tend to generate negative feelings toward one’s body. In contrast, when girls compare and perceive themselves as better off than others, they are making downward comparisons. Downward comparisons result in more positive feelings about one’s body image and may lead to body satisfaction. By comparing their bodies with others
particularly those that are unrealistic or unattainable, girls may begin to feel inadequate and less satisfied with their bodies (Knauss et al., 2007; Thompson & Stice, 2001). For instance, in one study examining the influence of media images on the body image of both African American and European American young adolescents (mean age = 15.28 years), Botta (2000) found that the more girls idealized the images they observed on television and compared themselves to those images, the higher their body dissatisfaction and the stronger their drive to be thin. In addition, when African American girls viewed and idealized other African American females on television, they were more likely to engage in unhealthy behaviors (e.g., eating disorders, drive for thinness) than European American girls. Likewise, in a study of differences in body image attitudes of African American and European American female undergraduates, Stake and Jefferson (2009) found that 63% of European American and 73% of African American women compared themselves with women of their own ethnic/racial group. Yet, the remaining women reported comparing themselves to women of all races/ethnicities. Finally, in a sample of 176 African American girls ranging in age from 13 to 17, Gordon (2008) found that the more girls identified with their favorite television characters and with more objectifying female artists, the more they internalized (i.e., adopt or adhere to societal body ideals) media messages and endorsed the importance of attractiveness and appearance. In contrast, girls’ identification with less objectifying female music artists was negatively associated with the importance of appearance.

Research examining girls’ body related responses to media images has also found that considering the race/ethnicity of the media image and the extent to which it mirrors that of the adolescent is equally important. For example, using focus groups Frisby (2004) examined body image among young African American college students. She found that
African American females experienced more body dissatisfaction when viewing other African American females than when viewing images of European American females. This study suggests that African American females felt more pressure to meet African American ideals than European cultural standards. Other researchers have warned that as the number of African American females in the media increases and girls view these females as similar to themselves, the more girls will model their behaviors (Peterson, Wingood, DiClemente, Harrington & Davies, 2007). This could potentially pose a problem for adolescent girls if African American images begin to emulate Western beauty ideals.

According to the second theory, cultivation theory, Gerbner, Gross, Morgan, and Signorielli (1994) contend that the amount of media girls are exposed to also plays an important role in their body image perceptions. These researchers suggest that the more exposure an individual has to the media, the more likely it is they will perceive these images as real and thus, the more likely it is they will internalize and adopt these standards as their own. Several studies have demonstrated this link between media exposure and negative body image (Botta, 2000; Grabe, Ward & Hyde, 2008; Clark &Tiggeman, 2006). In fact, media influence and internalization of a thin ideal consistently appear as significant factors in body image dissatisfaction among adolescents (Tiggemann & Mcgill, 2004; Tiggeman & Slater 2003). For instance, in a longitudinal study Clark and Tiggeman (2008) examined the relationships between BMI, sociocultural influences (e.g., appearance television and magazine exposure, appearance conversations), individual variables (e.g., internalization, autonomy), and body image in a sample of predominately European American girls (mean age of 10.3 years). In this study a positive relationship was found between exposure to appearance television, magazines and conversations and both internalization of appearance
ideals and appearance schemas at Time 1 and one year later at Time 2. Specifically, girls with higher BMI, higher appearance schemas, higher internalized appearance ideals, and lower autonomy desired to be thinner and had negative feelings about their bodies. Similarly, in a large population-based sample of boys and girls of diverse socio-demographic backgrounds (European American, Asian, Latino, African American, Native American, and Mixed-Race), Utter, Neumark-Sztainer, Wall, and Story (2003) found that regardless of BMI, SES, and race/ethnicity, frequent exposure to magazine articles about dieting and weight loss was a significant predictor of adolescent weight control behaviors. Additionally, as the frequency of reading weight/dieting-related magazines increased, adolescents scored lower on indicators of psychosocial well-being (i.e., self-esteem, body satisfaction). Specifically, adolescents who read magazines focusing on dieting and weight control behaviors were 6 times more likely to engage in unhealthy weight management behaviors than those who do not read these types of magazines. Other research has confirmed the link between increased magazine and television consumption and body dissatisfaction (Tiggemann, 2003). Together studies linking repeated media exposure and body dissatisfaction help demonstrate the influence that the media can have on young girls’ body image perceptions.

This is concerning given the recent Kaiser Foundation (2010) report suggesting that media use among adolescents is on the rise. This report revealed that across all age groups adolescents between the ages of 11 to 14 years are now the heaviest consumers of mass media averaging approximately 9 hours of media use each day. Additionally, the report indicated that across all racial and ethnic groups African Americans adolescents consume more media than any other group. In fact, compared to their European American
counterparts, African American youth consume nearly 4.5 hours more of media daily (Kaiser Foundation, 2010).

Given the high rates of media use among African American adolescents and the link between media exposure and girls’ poor body image it is vital that research identify and address African American girls’ body image concerns. This qualitative study may help by obtaining African American girls’ actual perceptions of their bodies and the body-related messages they are receiving from various media outlets. Examining these perceptions may assist researchers in developing strategies to help girls as well as their caregivers address girls’ concerns more accurately and promote and/or maintain African American adolescent girls’ body image perceptions despite their increasing exposure to European standards of beauty.

Peers. The studies reviewed above also show that in addition to family members and the mass media, peer groups also act as socializing agents shaping adolescent girls’ body image attitudes and behaviors. In fact, peers have the potential to negatively affect the body image perceptions of their friends through direct (e.g., teasing, criticism) and indirect (e.g., dieting) behaviors (Levine & Smolak, 2002). For example, in their longitudinal study of primarily European American girls in grades five through eight, Blodgett-Salafia and Gondoli (2010) measured girls’ reports of direct and indirect messages to lose weight or diet that they had received from their mothers, fathers and peers. The results demonstrated that maternal and peer messages predicted girls’ dieting behaviors and eating disorder symptoms. Likewise, in a study with tri-ethnic samples of college-aged females have found positive relationships between peer dieting and peer teasing, and girls’ body dissatisfaction (Gillen & Lefkowitz, 2009). Given the results of these studies and theories surrounding the social
comparisons girls’ make with respect to body image it is not surprising that girls in the same peer groups tend to exhibit similar levels of body and self-esteem, body dissatisfaction, eating, and dieting behaviors (Levine & Smolak, 2011; 2002). It is possible that girls’ desire for peer acceptance, peer pressure to be thin, and fear of isolation may drive girls not only to make these social comparisons, but also to conform to their peers’ body image ideals. This is troubling since these dimensions of body image directly impact girls’ healthy development.

Another way that peers can shape adolescent girls’ body image is by engaging in what is referred to as “fat talk”. Fat talk is a form of verbal bonding in which girls share their body image insecurities and offer one another reassurance (Levine & Smolak, 2004; 2002; Nichter 2000; Wertheim, Paxton, Schutz, and Muir 1997). Exchanges such as these have been found to be common among adolescent girls and can negatively impact girls’ body image perceptions (Levine & Smolak, 2011; 2002). Taken together these studies highlight the importance of peer relationships and peer messages on adolescent girls’ body image. While all of these studies are helpful in demonstrating the power of peer influence on girls’ body image attitudes and perceptions, there are no recent studies that have looked at the extent to which adolescent African American girls engage in these body-related conversations. Of the few older studies that examined this relationship, results revealed that African American girls were less likely to engage in “fat talk” and/or peer teasing and more likely to offer supportive comments about body image to their friends than European American girls (Nichter, 2000; Parker et al., 1995). Given the influence of peers on girls’ body image, and the rise in media exposure and body dissatisfaction among adolescent girls examining peer influences about these topics warrants further attention.

**Conclusion**
Research on body image indicates that adolescent girls are becoming increasingly dissatisfied with their bodies. These negative body image perceptions or appearance concerns are prompting some girls to take unhealthy steps to change their body. This is concerning given that the girls are employing potentially harmful strategies (e.g., extreme dieting/exercise) in order to obtain the ideal body. While historically, African American girls have experienced higher rates of body satisfaction compared their racial/ethnic counterparts, recent research suggests that this may be changing. Specifically, the gap between racial-ethnic groups may be narrowing as African American girls become increasingly dissatisfied with their bodies. Several factors have been implicated in this recent decline including: girls’ increasing exposure to the mass media (e.g. movies, music, television and music videos), parental messages (direct and indirect) about body-related topics, and peer group influence (i.e. teasing, fat talk). Thus, understanding the degree to which each of these factors influence girls’ body image is important.

In sum, we have learned quite a bit about body image perceptions among adolescent girls, and the socio-cultural influences that may affect perceptions. However, there remain significant gaps in the literature. First, more research on the experiences of African American girls is warranted. Specifically, it is important to explore how non-weight related factors are incorporated into body image perceptions and whether socio-cultural influences focus on non-weight related aspects of beauty/body image. Second, few studies have obtained both adolescent and parental reports of their daughters’ body image and the socio-cultural factors that may influence adolescent perceptions. This study hopes to gain a more accurate assessment of these influences and perceptions by obtaining maternal caregiver-adolescent reports rather than just girls’ reports. Understanding parental attitudes and the
messages they convey could have important prevention implications. Finally, since internalization of the thin ideal and negative body image seems to form during the pubertal years of adolescence, more studies should include younger samples of adolescent girls. The current study addresses some of these methodological limitations and contributes to the literature by exploring how these influences relate to urban African American adolescent girls’ body image perceptions. This study is unique in that reports are obtained from both adolescent girls and their mothers.

**Study Aims**

The overall goal of this study is to use a qualitative approach to identify how cultural, family, media, and peers affect young African American girls’ body image perceptions. The first aim of the study is to examine African American girls’ and their maternal caregivers’ (i.e., mother or grandmother) perceptions of the adolescents’ feelings about their bodies, including non-weight related aspects that are important in African American culture. Understanding the relationship between body image perceptions and non-weight related factors important to African American girls may contribute to the literature by helping researchers develop culturally sensitive instruments. A second aim of the study is to identify the types of messages that maternal caregivers communicate to their daughters about body image (e.g., pressure to diet, healthy behavior recommendations). This qualitative study is unique because it juxtaposes maternal reports of communication and body-related messages with those of their adolescent daughters’ reports. Studying the messages caregivers transmit to their adolescent daughters may help inform our understanding of how these messages are interpreted by, and affect girls’ attitudes and beliefs about their body. Finally, the third aim of the study is to examine maternal caregivers’ and their daughters’ views on the how media
and peers may influence adolescent girls’ body image perceptions. It is important for researchers to gain a better understanding of the types of messages and/or pressure about physical attractiveness girls receive from these sources, and how these messages subsequently affect girls’ feelings about their body. By obtaining caregiver-daughter dyads interpretations and responses in this way we may be able to gain a better understanding of how the media and peer groups separately and in combination contribute to girls’ body image attitudes.

**Method**

**Participants**

Twenty-five African American maternal caregiver-adolescent dyads participated in the study. The mean age of the adolescent girls’ was 13.42 (SD = 1.17) and participants were entering or currently in middle school (grades 6th-8th), or entering high school (9th grade). The majority of caregivers (88%) identified as the adolescents’ biological mother, and the remaining were grandmothers (12%). Caregivers ranged in age from 30 to 65 years (mean 42.91; SD = 8.16). Slightly more than half (54%) of caregivers reported their marital status as single, divorced, or legally separated. With respect to caregiver educational status, 24% reported receiving less than 12 years of education, 20% completed a high school level of education, 36% obtained some college education, 8% completed 4 years of college and 12% did not offer a response (see Table 1, for demographic characteristics and site locations).

Table 1.

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### Adolescent’s Age

M = 13.4 (SD = 1.22)

### Maternal Caregiver’s Age

M = 43 (SD = 8.17)

### Adolescent Grade Level

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### Caregiver’s Education Level

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Procedure

African American maternal caregivers and adolescent girls were recruited from a metropolitan area in the Southeast, United States through flyers posted at local community centers, churches, and health clinics (See Appendix A), and through word of mouth or snowballing techniques. Additionally, presentations describing the study were delivered at a registration event for an all girls’ summer camp.

Both the flyers and presentations instructed interested participants to call or email the graduate research assistant to receive additional information and to schedule an appointment. In all cases the caregivers made the initial call. In order to build rapport, the graduate research assistant presented callers with a brief overview of the study, the opportunity to ask questions, and addressed any concerns. Caregivers were also told they could review the questions their adolescent would be asked prior to scheduling the interview and/or granting consent. However, none of the caregivers chose to review the questionnaires or semi-structured interview protocol in advance of the meeting.

During the initial call, potential participants were also screened to ensure that eligibility criteria were met. Criteria for participation included: (a) maternal caregivers were legal guardians who resided in the same household as their adolescent daughters, (b) caregivers had to provide permission for their adolescent to participate, (c) girls had to be between the ages of 11 and 14 years old, (d) the adolescents had to agree to participate in the study and (d) dyads had to self-identify as African American. No age criteria were imposed for maternal caregivers, but maternal caregivers’ age was collected for descriptive purposes. In cases where more than one daughter in the household met the inclusion criteria, the oldest
daughter was selected as the participant given the nature of the topics in the survey and semi-structured interviews. Four caregiver-daughter dyads who initially expressed an interest did not participate in the study. The primary reasons for non-participation included: (a) scheduling conflicts, (b) caregivers’ report of daughters’ discomfort or lack of desire to participate, and/or (c) adolescent did not meet study criteria (e.g., too old or too young).

If dyads were eligible and agreed to participate, an appointment was scheduled. Meetings were scheduled at a time and location that was convenient for the participants. Several interview locations were offered to minimize conflicts due to transportation and/or scheduling and to ensure participants’ comfort and privacy. Locations included the participant’s home (n = 3), psychology research offices (n = 10), local community center (n = 12). The meetings began with a biracial (African American and White) graduate research assistant reviewing the informed consent and assent documents (see Appendix B) with caregivers and adolescents. Participants were provided with a description of the study, the study’s goals and objectives. During the consent process, dyads were assured that the highest level of privacy and confidentiality would be maintained. Additionally, participants were advised that they could skip, or refuse to answer any questions they were not comfortable answering. Participants were also informed that responses from their interviews may be quoted anonymously in research publications to demonstrate themes in maternal caregiver-daughter communication. After reviewing the consent/assent forms, all caregivers and adolescents signed consent and assent forms, respectively. Participants were then provided copies of the consent/assent form for their records.

Once the consenting process was complete, the caregivers and daughters were taken to separate rooms to complete a short survey (See Appendix C for actual questions). The
principal investigator, a licensed clinical psychologist, and Latina, administered the parent survey, and the research assistant, a biracial (African American and White) female doctoral student administered the adolescent survey. Participants were given the option of completing the surveys on their own, or having the researcher read the questions aloud and record their responses. This option was particularly helpful for younger adolescents and participants who had difficulty reading. Interviewers again assured caregivers and adolescents about the confidentiality of their answers to ensure open and honest answers. The short survey included items on demographic variables (e.g., age, gender, race/ethnicity, and education), caregiver-daughter perceptions of their communication about general topics, communication about sexual topics, adolescent dating and sexual behaviors, as well as the overall quality of the relationship.

After completion of the surveys, interviewers returned the adolescents and caregivers to the same room so they could participate in three video-taped discussions: (a) tobacco use; (b) dating and sexuality, and (c) a discussion based on a media clip from an episode of the television show “Moesha”, which depicts an African American girl dealing with body image issues.

Finally, after the videotaped discussions were completed, dyads were again taken to separate rooms and administered individual face-to-face interviews using a semi-structured protocol. Before the interviews began, the investigators revisited confidentiality and informed consent, reminding caregivers and daughters that the information collected from individual interviews would not be shared with the other dyad member. Semi-structured interviews focused on participants’ conversations and knowledge related to (a) media and body image influences on sexual attitudes, behaviors, and sexual development; (b) maternal
caregiver-daughter communication about body image, media/peer influences, and other sexual topics, with a particular focus on the implicit and explicit messages that maternal caregivers communicate to their daughters, and perceptions of supportive and unsupportive communication; and (c) racial identity (see Appendix D for the actual questions). The use of open-ended questions and probes helped younger adolescents and/or those hesitant about sharing sensitive experiences, respond with detailed information. The interviews were digitally recorded to capture the exact words of the participants and extensive field notes were taken at the same time to ensure accuracy of the data and record interviewers’ general observations. The data from these semi-structured interviews were the focus of this study and the specific analytic procedures are discussed in the next section.

At the conclusion of the study, each participant received $25 to compensate them for their time and effort. For security and confidentiality purposes, all data including audio/video tapes, surveys, and interview questionnaires were labeled with an assigned family identification number and stored in a locked, confidential file cabinet in the research offices. All data was entered into a computer database. Only project staff had access to the computer, file cabinets, and other study material. The data was collected over an 11 month period from April 2010 to March of 2011. The entire interview process including surveys, semi-structured interviews and caregiver-adolescent conversations lasted approximately 1.5 to 2.5 hours. The length of data collection sessions varied based on the amount of information participants shared, as well as participants rates of speech. Throughout the data collection process, the principal investigator and research assistant reviewed the data to ensure consistency and adherence to the interview protocol.

Measures
Demographic Information. Parents provided information about their age, ethnicity/race, marital status, education level, and relationship to the target child. Adolescents provided demographic information about their age, grade level, grades and ethnicity/race.

Semi-Structured Interviews. The semi-structured interview protocol (see Appendix D) consisted of 15 questions to obtain participants’ perceptions about (a) sex, HIV, media (e.g. “Do you think you/your daughter has learned anything about sex from watching TV or movies?”); (b) body mage influences on sexual attitudes, behaviors, and sexuality (e.g. Who do you think is more likely to have sex a girl who likes her body, or a girl who does not like her body?”); (c) maternal caregiver-daughter communication about body image and media/peer influences (e.g., What do you/your daughter like best about your/her body or the way she looks?”); and lastly, (d) racial identity. However, in this study only the questions related to body image were examined. Both caregivers and adolescents were asked the following body-related questions: (a) “What do you/your daughter like best about your body or the way you look?”; (b) “How do you/your daughter feel about your hair/skin?”; (c) “Do you and your mother/you and your daughter talk about your body or the way you look?”; (d) “Do your friends say anything about your body or the way you look?”; (e) “Which African American female would you/your daughter want to look like? Why?”; and (f) “Do you think the way these African American females look influences the way you/your daughter feels about your body or the way you look? If yes, how?” The use of open-ended questions and probes during this portion of the interview helped researchers ensure that detailed information about caregiver/adolescent perceptions and experiences were provided.

Qualitative Data Analysis
For the purpose of this study only the semi-structured interviews examining body image, including the non-weight related aspects (e.g., hair and skin color) were coded. First, the audio recorded semi-structured interviews were de-identified, and transcribed verbatim by the graduate research assistant to ensure the exact words of the participants are captured. After the interviews were transcribed, an independent transcriber reviewed and compared them to the actual audio taped interviews to ensure accuracy of the transcription. The caregiver-daughter transcripts were then uploaded into the qualitative software NVIVO, to assist with data management and analysis. After uploading the documents, each transcript was carefully reviewed to verify that all of the data had transferred over successfully.

The process of data analysis involved theory construction and verification following the grounded theory method of constant comparison (Patton, 2002; Strauss & Corbin, 1998). According to Glaser and Strauss (1967), data analysis and theory generation occur in stages that includes: (a) data collection for the purpose of generating concepts (b) categorizing the data (c) developing these categories into constructs, and finally (d) forming theories based on these constructs and their inter-relationships. During this entire process, the constant comparative method was employed to continuously sort and compare various elements including “basic data instances, cases, emergent categories and theoretical propositions” (Pidgeon, 1996, p. 78). This method of query and data comparison (Strauss & Corbin, 1998) helped with identifying relationships between the caregivers’ and adolescents’ responses, and emerging themes for more defined categories and greater focus.

The initial step consisted of open coding. Open coding is defined as “The process of breaking down, examining, comparing, conceptualizing and categorizing data” (Strauss and Corbin, 1990, p. 61). In this study, the transcripts were reviewed by the graduate research
assistant for responses to each set of questions in the semi-structured interview. Responses, or quotes from participants relating to each topic area (e.g., “How do you feel about your body or the way you look?”) were captured and described using code names or labels. These descriptive codes were then used to construct and develop major categories and subcategories. Researcher notes were taken during this phase of analysis to explain the properties of each of these categories.

The next step in the data analysis plan included axial, or pattern coding. Axial coding was used to identify connections between categories, patterns of meaning, (Strauss & Corbin, 1990) and examine conditions, contexts or consequences for the relationship among categories. During this phase, the graduate research assistant and principal investigator examined the data and compared the meanings adolescents’ and caregivers’ gave.

The principal investigator and graduate researcher assistant then engaged in the process of selective coding. Selective coding involved reviewing, re-evaluating, and connecting of categories to develop a story line, or proposition (Creswell, 2007). This story line represents critical themes emerging from the data. The goal during this stage of analysis was to sort through the data, compare and then refine codes. Finally, visual aids were generated to illustrate the relationship among the various codes and the structure of the various themes and/or sub-themes related to maternal and adolescent perceptions of influences on adolescent body image.

**Trustworthiness**

Trustworthiness for this study was demonstrated by meeting several evaluation criterion, or validation strategies. During the initial design phase, strategies were employed to ensure the quality of the research process. For example, the principal and co-investigators,
experts in the study of family communication and minority adolescent health, consulted with others in the field, as well as research staff to clarify research questions and review the credibility of the methods and the procedures. Credibility was demonstrated during the data collection phase through the use of digital recorders to capture and/or document the actual words of the participants. Researcher notes included recording participants’ verbal responses and researcher observations.

This study also enhanced the data management process through the use of memos, code lists, and ongoing analysis meetings (Miles & Huberman, 1994). Memos consist of “written records of analysis related to the formulation of theory” (Strauss & Corbin, 1990, p. 197) and serve to document the process through which the researcher discovered links between categories and theorizes about those links. In addition, as suggested by Denzin and Lincoln (1998), multiple raters were used to review the lists of codes and/or themes developed. Gaining multiple perspectives helped minimize researcher bias as constructs emerge during the data analysis process. In addition, the strategy of scheduling ongoing research meetings helped to reveal discrepancies between the raters. If there was a disagreement between the principal investigator and the research assistant, the data was reviewed and discussed until an agreement was reached, all of which helped to increase the validity of the findings. The researcher also engaged in the process of bracketing, to help assure whereby the data from the participants’ perspectives and experiences and not the researchers own personal experiences and biases were revealed.

Results

In first level coding, a total of 24 codes emerged from statements made by both maternal caregivers and their adolescents during interviews. Prevalent codes were grouped
according to similarity, which resulted in a hierarchy structure of theme coding with five main themes: (1) Total Acceptance; (2) Almost Perfect; (3) Why I Like My Body; (4) What Others Say Matters; and (5) My Relationship with the Media. A description of each theme with exemplary quotes is presented below. Adolescent responses are presented first followed by caregiver responses. Whenever possible, I attempted to match caregiver and adolescent responses within these themes.

**Theme 1: Total Acceptance**

This first theme that emerged from the data included statements that reflect adolescent girl’s total acceptance of their body (including hair and skin color). Quotes from 7 adolescents and 6 maternal caregivers are included in this theme. For instance, when asked what she liked best and the least about her body, a 14 year-old girl commented, “I like my whole body. I don’t want to change nothing.” A 12 year-old girl said, “I’m happy with my body… I’m happy the way I look like.” Finally, a 14 year-old responded, “I just like my regular shape. I always told people I’m not getting butt implants.’ I’m gonna keep everything myself…I don’t want no big breast or no big butt. I’m comfortable with my body.” These responses illustrate girls’ feelings of total body acceptance and their positive attitudes toward their overall appearance. Girls who had quotes in this category did not wish to change any aspect of their body or appearance.

While only one maternal caregiver was unsure about her daughter’s body image perceptions, 6 caregivers with girls in this category made similar statements regarding their daughters’ high body esteem. For instance, the caregiver of a 14 year-old stated, “Well she likes her behind. She feels like when she look[s] at herself it goes along with the rest of her body. Everything is coordinated. It's not just about her butt like that's what she thrives off, it
just goes with everything.” Her daughter echoed a similar statement, “Well I like all of me…I love myself…. I like my behind. I don’t care what nobody says, I love myself!” Similarly, the caregiver of a 12 year-old adolescent stated, “She has good self-esteem about herself. I don’t think that she would want to look like anybody else but herself.” The adolescents’ responses confirmed her mothers’ perceptions choosing to focus on the functionality of her body and its parts over weight or size, “I'm happy with it, I'm happy with my body…my arms, my hands, my feet, my legs, my head, my eyes, my mouth, my ears, my nose…Because I’m fine the way I am. I’m happy the way I look like.”

In sum, 28% of girls in this sample expressed complete acceptance of their body and did not want to change any part of their body. Likewise, 24% of their caregivers’ confirmed their daughters’ complete body satisfaction.

**Theme 2: Almost Perfect**

Seventeen adolescent girls expressed statements that were coded into the theme of “almost perfect.” Even though these girls’ expressed an overall positive feeling toward their body, they also reported that there were parts of their body or appearance (including their hair and skin) that they would like to change. This theme is divided into two sub-themes that highlight the love-hate relationship adolescent girls can have with their body: *Perceived Flaws* and *What I Like about Me.*

**Perceived flaws.** Within this sub-theme, girls’ expressed dissatisfaction with both weight-related (e.g., weight, shape, size) and non-weight-related traits (e.g., hair, skin color). A majority of the girls (12 of 17) emphasized wanting to change their weight, shape, or size and in which direction they would like for this change to occur (e.g., bigger, smaller or flatter). For example, an 11 year-old girl stated, “I don’t think I’m an ugly girl. Some people
may think so, but I am one beautiful girl out here. I like my body, but I can stand to lose weight, like in my stomach …I know I’m over-weighted.” Similarly, a 13 year-old girl identified what she considered imperfections or “problem areas” while simultaneously describing her current and ideal body image:

You’re not supposed to think of yourself as ugly. You’re supposed to think of yourself as beautiful and I think I’m beautiful…but I just want myself to look more, I can make myself look more beautiful if I…lose weight… But, yeah, I don’t like my stomach or my thighs.

Likewise, a 14 year-old adolescent shared her fears of gaining weight, “Cause that’s what I used to eat, but now I’m afraid to eat that much cause I don’t want to get…if you see my [old] pictures I don’t want to get that big no more.” Finally, a 14 year-old girl explained her reason for wanting to lose weight and increase her muscle tone, “I need to get in shape, but like not to look good or nothing…but just gain muscle in some areas and it’ll be easier when I play sports…maybe I want to lose some weight in my thighs or something.” Girls’ responses indicated that they overall felt positive about their current body or appearance, but had a desire to change or improve upon one or more areas aspects.

In addition to characteristics of their body weight, shape or size girls also reported a desire to modify or change non-weight related aspects of their body such as their hair (n = 11), skin (n = 1), and other body non-weight related parts (e.g., feet, teeth) (n = 5). When asked how they felt about their hair, 14 girls made statements that indicated their overall body esteem but 11 of these girls also described something about their hair that they wanted to change or wished was different. A little over half of these adolescents (n = 6) mentioned a desire for longer hair. For instance, a 14 year-old adolescent girl stated, “I hate my hair. I
cut my ponytail and my hair shattered off and I wish I never did that…And I wish my hair was longer like Rapunzel or something.” Seven girls shared concerns over the texture or coarseness of their hair and a desire for thinner hair. In her response a 12 year-old girl said, “I hate thick hair. I mean I hate my thick hair. I like for it to be thin. I like thin hair.” The desire for thinner hair typically stemmed from the difficulty girls had experienced with managing, maintaining, or styling their hair. An 11 year-old adolescent described a frustrating experience she had with styling her hair:

Like say if I don’t have nobody to do it. …and like I do my hair myself, but I don’t have the patience to do my own hair because I will get frustrated. Like, I kicked a hole in my bathroom wall because I didn’t get my ponytail like I wanted it, and it didn’t make it no sense because it was so thick like.

For this sample of girls, the effort, time, or expertise involved in the maintenance of hair were significant concerns.

In addition to hair girls also shared their thoughts and feelings about their skin. Only one 12 year-old adolescent revealed her desire for a clearer complexion stating, “I smile all the time when I’m in the house. So, she [caregiver] say she like me to smile but I got acne…So, when [I] go to the doctor she [caregiver] ask him for medicine.” Additionally, 3 girls were unsure or did not clearly articulate whether or not they liked their skin color. For example, when asked about how she felt about her skin color a 12 year-old stated twice, “I don’t know”. The remaining girls expressed contentment with their skin or skin color.

Finally, girls’ also identified discontentment with other characteristics of their body such as teeth, feet or their height. For example, a 13 year-old age adolescent girl remarked, “I like everything about me except for my stomach. I hate my stomach, my thighs, and my
feet. And my gap…My feet are ugly. Yeah, I don’t like my stomach, or my thighs, or my teeth, or my feet.” Similarly, a 12 and a 14 year-old stated, “I want to be taller.”

**What I like about me.** In addition to those features of their body or appearance they disliked, girls also shared their perceptions of the positive aspects of their body. In fact, some of the same girls that disliked their body also identified features of their body or appearance that they were content with. Nine of the 17 girls’ were happy with one or more weight-related aspects of their body such as their breasts, stomach, buttocks, arms and/or legs. For instance, a 13 year-old girl stated, “I guess my, my boobs and my butt…and I like my, I like how my legs are. They’re long.” Likewise, a 12 year-old girl articulated, “I like my legs, because they’re like, they’re like an athlete.” Finally, another 12 year-old girl shared, “I like my stomach…because it’s flat.”

Overall, girls were very content with their skin. When specifically asked how they felt about their skin color or tone, 22 girls overwhelmingly expressed contentment with their color and illustrated these feelings by using words such as “love”, “like” and “happy” when describing their feelings. For example a 14 year-old teen stated, “I love it! I love my skin color to death!” A 12 year-old adolescent said, “I like my skin color…when we be in school I’m like the lightest one in my class they be like…Janelle [name changed to protect confidentiality] is mixed, she White. I like it because sometimes it can be different from everybody…I like to be red-boned.” Likewise a 14 year-old shared, “I like this kind of color, and kind of peanut butter color, and it’s just a pretty brown.” Finally, a 13 year-old articulated, “I love my skin color…I don’t care what you say ‘cause I’m a still feel good on the inside. You’re not changing me.” No differences were noted in the girls’ feelings about
their skin color based on their own skin tone (i.e., light, medium or dark skinned) as observed by the interviewer.

Girls were also asked to share their feelings about their hair, and almost half (14 out of 25) were satisfied with their hair and had no desire to change their hair. In her response a 14 year-old commented on how much she liked the length of her hair, “I love it! I mean…my hair is long.” A 12 year-old adolescent echoed similar feelings with respect to the length of her hair, but also mentioned the texture, “Oh I love my hair because sometimes it can be curly, sometimes it can be rough. I just like it because I just got hair…and well I like it because it’s long and pretty.” The ability to change their hair and wear various styles was also important to girls. In fact, 7 girls mentioned versatility as an important feature of their hair. A 14 year-old adolescent shared, “Well I like my hair because I like to do some things with my hair. Like one day I can put it in a ponytail, sometimes I can get it braided or sometimes I can have a perm and buy one of those ponytail pieces. I like to fix my hair.” Another 14 year-old teen stated, “I like everything about my hair because it’s something easy that you can change if you don’t like it but I like it.”

Fourteen girls also reported satisfaction with one or more aspects of their body that are not typically associated with body image such as their facial features, smile, dimples, lips, eyebrows, and nails. A 14 year-old stated, “Well, I think I have a nice smile. I like that a lot about my body.” Similarly, a 12 year-old said, “I like my lips…‘Cause they’re big! I like them… I like the way they are.”

Additionally, 4 girls emphasized the importance of their behaviors (e.g., “The way I act”), uniqueness (e.g., “I have my own way of being beautiful”), and having a sense of personal style (e.g., “I have my own unique style”) in their definitions of beauty. For these
four girls, body image encompassed more than just their overall appearance, but also personality, uniqueness and their interpersonal skills.

Based on comparison of their responses, caregivers were aware of girls’ positive/negative feelings toward their body weight, shape or size. For example, the caregiver of a 14 year-old stated, “She loves her body, she says that she’s slim…so she’s not fat so she’s good with that.” Caregivers also knew about their daughters’ desire to change aspects of their bodies. In fact, four caregivers’ responses were identical to that of their adolescents’. For instance, the response from the 11 year-old girl who shared that she wanted to lose weight corresponded with that of her caregivers quote, “She’s not unhappy, but I think she could, she would want to lose a couple of pounds.” A caregiver and her 14 year-old adolescents’ responses also matched. The adolescent shared, “…I’m skinny. Like super-skinny. And it kind of feels weird because like, I’m like the oldest of my whole class…like, I’m, I am gonna get bigger than this, just don’t rush it, you know.” Her caregiver echoed a similar response, “…And now you’re sayin’ you’re smaller than everybody else…because they [her peers] all started their cycles…and developing. They’re much bigger…But I told her, it’ll happen when it’s meant to be.”

In contrast, there were also dyads whose responses did not match. For example, while her 12 year-old girl discussed her positive body image perceptions, “My face and my smile…’cause I love a camera, I love a picture, I love a mirror, and my mama tell me to get out of the mirror (laughter) cause if you go on my mamma phone all you’ll see is pictures on me, of me!”. Her caregiver had a very different perspective citing her daughters’ dissatisfaction with her breasts, stating, “She don't like her breasts ’cause she said they are too big for her age. She do not like her breasts at all, she wanted to know if she could get a
breast reduction.” Although this was a major concern, this caregiver was aware that these feelings might change as her daughter got older.

Maternal caregivers also acknowledged that their daughters’ held negative attitudes toward non-weight related aspects of their body. A caregiver with a 12 year-old daughter shared, “Yeah, she would probably like to have a little longer hair or, ugh, a better grade of hair.” This statement was parallel to the response provided by her daughter, “Yes, basically I love everything about my body and stuff except for like a few things, like having short hair …yeah I do not like it I wish it was, like, a little bit longer.”

While three caregivers were unaware or uncertain of their adolescents’ skin-related perceptions, and 1 mentioned skin complexion, all others thought that their daughters were happy with their skin color. The caregiver stated, “I think she [daughter] has skin color issues…she said “I don’t want to be black like my daddy…he’s too dark.” Her 12 year-old daughter agreed stating, “I mean like perfect for me…I like it [skin color] is perfect for me because it fits me…I’m not too dark.” Four dyads also made incongruent statements related to adolescents’ body image perceptions about weight and non-weight related features. For example, the caregiver of a 14 year-old responded, “She loves her body. She says that she’s slim…So she’s not fat, so she’s good with that”. In contrast, her daughter stated, “I don’t like is in this area [points to lower body] cause I’m small and all of this is big [points to upper body/ breasts]. Yeah, that’s what I don’t like...when I look in the mirror…I feel that I’m small…now I’m trying to gain weight”.

Among the remaining dyads, caregivers’ reports differed from adolescents’ mainly on the types of characteristics which the focus of girls’ concern. Moreover, caregivers’ reports of adolescent body image flaws were not mentioned by their daughters. For instance, the
daughter of the caregiver who claimed her daughter did not like her breasts did not mention this aspect of her body image responses. Similarly, while an 11 year-old girl did not discuss feeling concerned over non-weight related traits, her caregiver shared, “She don’t like her lips too much”. This caregiver also explained why her daughter may not be forthcoming when discussing this body image concern, “She doesn’t open about it. Sometimes she gets teased about her bottom lip. She’s got her daddy lips. She gets upset. Her brother will tease her.”

**Theme 3: Why I Like My Body**

Regardless of which body domain they endorsed (i.e., Total Acceptance or Almost Perfect), girls provided detailed explanations for their body image perceptions. The ability to maintain their positive body image perceptions despite their desires for change were captured in the third theme which includes two sub-themes: (a) *Born This Way*; and (b) *Just Right.*

**Born this way.** Girls’ reflected on their overall positive feelings or contentment with their bodies, despite their perceived imperfections. Girls believed that their body was a gift from God and thus a fixed or permanent part of who they were. Eleven girls believed that their appearance was pre-determined either by God (n = 7) or the result of heredity (n = 4). Of these 11 girls, 3 were the same girls who endorsed *Total Body Acceptance.* For example, a 14 year-old girl stated: “Well I like all of me ‘cause, because God brought me here and my personals, he brought them here for me to love myself…I like it just fine because that’s the way God made me.” Similarly, another 14 year-old said, “You can’t change it only if you have a disease like MJ [Michael Jackson]…You can’t change the color. It’s there God made you who you are. If you get a tan you can change it a little bit.” Likewise, girls also
expressed their beliefs concerning the role of heredity in relation to their physical appearance. This 14 year-old shared:

‘Cause my eyes are hazel and they change colors and I like that too. And my, my um. I was talking about it to myself that I have blonde hairs on me…It’s so weird. Like people would think, people will always ask me um, like, are you mixed? And I’ll be like no, and they’ll think no. I just have it in my family and like my aunt actually has blonde hair, and I think, I believe her grandmother is Caucasian. Um but I, I think, I don’t know. I just know I got it from my aunt.

Girls’ recognition that there were aspects of their body they could not change enabled them to be more accepting of their bodies. For instance, a 14 year-old explained, “Because I’ve been this color for so long I just kind of just adapted to it.”

In comparing data between dyads, 5 caregivers echoed similar statements under this sub-theme. For instance, the caregiver of a 14 year-old commented, “I tell her, I could have chosen a better body, but it’s not the body I was given so I have to make the best of my body. And be thankful that I have a body to get around in.” In line with the adolescent girls, 8 of the caregivers agreed with and further mentioned body image in terms of heredity or religiosity. For instance, a caregiver of a 14 year-old shared:

She pretty well, umm, she’s comfortable with the way she look…she always asked me, mom, mommy is my butt big? And I always tell her, you know, this is stuff I don’t care how large on small the person is, it runs in our family. We are hippy. (laughter). She umm, has, ugh… I think she would like to have a better grade of hair (laughter). You know? Umm, she happened to have taken that after my side of the family and it’s not a good grade of hair, you know, you really have to work with it.
Finally, a caregiver described a conversation she had with her 12 year-old daughter, “Um I have to go into the history, of who she is…and you know, if God made you that way then you’re supposed to love that, you know? He didn’t make a mistake.” In addition heredity and religion, girls also provided other explanations for their body image acceptance.

**Just right.** Girls also explained that they were satisfied with their bodies because of their moderate body-related features. Specifically, girls were satisfied that their features were in the middle of the weight, shape, height, and/or skin color spectrum (e.g., not too dark, not too light). Twelve adolescents highlighted the importance of having these moderate characteristics. Of these, 3 of girls were categorized as girls who were in the Total Acceptance category. For example, this 14 year-old adolescent revealed her feelings toward her skin tone, “I like it [skin color] ’cuz I can either get darker or I can get lighter. Similarly, an 11 year-old articulated:

Cause I’m not light but I’m not dark. I’m in the middle, in-between. You don’t want to be too light like red. You don’t want to be too dark. I wanna be just right. I like it ‘cause it’s not too light it’s not too dark not too bright, it’s me I guess. It’s black!

Likewise, a 13 year-old girl commented on how satisfied she was with her height, “I’m not tall or short. I’m just medium.” Finally, with respect to body weight, shape or size a 12 year-old girl remarked, “I like that everything on me the same size because I don’t want no big breast or no big butt. And I just like my body the same size everything is just right.”

Three caregivers also shared their daughters’ thoughts concerning their moderate physical features. This caregiver shared:

“I don’t think she wants to be any darker than her skin color because she always say, I’m just the right color and so [I said], ‘ww-what do you mean you just the right
color?” And her sister, her baby sister is very bright. She said I don’t want to be [her sisters] color. She’s too light.

Similarly, with respect to skin color, another caregiver with a 12 year-old daughter responded, “She like it. Because she say she not too dark and she’s not too light.” Thus, for this sample of girls’ conceptualizations of the beauty ideal included moderate features in terms of weight, shape, height, hair length, and skin color.

Theme 4: What Others Say Matters

The fourth theme that emerged from the data was the importance of others (i.e., parents, peers, community members) in shaping girls’ body image attitudes and perceptions. A central idea with respect to this domain is that individuals within girls’ immediate environment provide both implicit and explicit body-related messages that may positively or negatively impact girls’ body image attitudes and behaviors. There were three subthemes: (a) Compliments (b) Pressure to Lose Weight/Diet and Teasing; and (c) Advice.

Compliments. While only 4 girls revealed that they had not received any body-related messages from their family members, the remaining girls reported receiving positive or negative feedback and/or both. In terms of positive comments, 17 of the 21 girls recalled receiving compliments from their family members, particularly maternal caregivers. According to girls, caregivers and family members provided supportive comments and encouraged them to have positive feelings toward their bodies and their appearance. Girls indicated that family members had referred to them as “beautiful”, “perfect”, “cute” and “nice” when describing their bodies or their appearance. For instance a 12 year-old said, “She [caregiver] said I look beautiful and pretty and stuff like that.” Similarly, a 14-year old shared, “Well she says I’m pretty, she always giving me compliments (laughter).”
Sixteen caregivers reported that they used a more positive approach in their body-related discussions, and confirmed that they routinely provided their daughters with compliments. For instance, the caregiver of a 14 year-old said that she tells her daughter, “I want you to always know that you are beautiful and you know I always tell her that to me she is very gorgeous.” Similarly, a caregiver with a 13 year-old said, “I try to give her positive feedback…And I always tell her I like her shape, ‘Girl if I had your shape Lord!’”

Family members were not the only source of appearance or body-related feedback for girls. Friends and others (e.g., community members) also offered up positive comments about their body and/or appearance including their hair and clothing style. For example this a 14 year-old commented, “Some people tell me that I have pretty skin. They be like ‘girl don’t you know you got pretty skin’”. Similarly, when asked specifically about the types of messages that they had received from their peers regarding their body or appearance another 14 year-old adolescent made the following statement: “Everybody always compliments me and they say I look pretty and like ‘cause my eyes are hazel and they change colors and I like that too.” Another 14 year-old girl said, “If I get my hair done they’ll say oh your hair look cute.” Likewise a 12 year-old responded: “Sometimes they say they like my hair…because maybe they never really saw it done that way before or they never had theirs done like that before.”

**Pressure to Lose Weight/Diet and Teasing.** On the other hand, 8 adolescent girls recalled having received negative comments about their bodies from family members, including maternal caregivers and peers, in the form of teasing or pressure to lose weight. For instance, an 11 year-old adolescent girl shared the following:

*Interviewer:* “Does your mom say anything about your body or the way you look?”
Participant: “That I’m fat.”

Interviewer: “She says you’re fat? Does she say anything in particular?”

Participant: “My stomach.”

Similarly, a 14 year-old teen said: “She tells me, like if I’m gettin’ too fat.” Other girls in this sample reported receiving “mixed” messages from family members. For instance a 13 year-old teen revealed, “She likes my butt. The only thing that she doesn’t like is my gut and my hair”. Likewise an 11 year-old shared, “Sometimes I say like ‘[grandma] I’m too big ain’t I?’, or whatever like that. Then she was like ‘yeah but it’s alright it’s a whole bunch of teenagers out here bigger than you’.” This same adolescent also shared how her grandmothers’ comments made her feel, “But I just I don’t like when she compare [me] to other people, like I’m just talkin’ about myself. Like I ain’t big and sloppy!”

Maternal caregivers confirmed adolescents’ recollections of body-related discussions, yet only 4 caregivers admitted to having teased or pressured their daughters during their conversations. This caregiver of a 12 year-old girl described the discussions that took place in their household:

Well people in my family, immediate family, as a child we called her big bird. She was our big bird. She was tall for her age. Of course because of her skin tone she was brighter when she was born. But people always say because she’s tall and she eats a lot, one of these days that weight is going to catch up with you and you’re going to be fat.

Finally, a third caregiver with an 11 year-old shared, “She calls me fat, I call her fat. I do.” Similarly, a caregiver with a 14 year-old stated, “I tell her she have a nice body or she[s] getting fat. She don’t want to hear that. She was skinny before as soon as she was 10, 11
Finally the caregiver of a 12 year-old reported offering compliments and advice while simultaneously teasing her daughter, “I tell her all the time that she got a nice shape and I tell her don’t let her stomach get too big like mine did. ‘Cause I was her size before for years and I pick at her sometimes. We just joke around sometimes and say her little boobies not bigger than mine. And I tell her she got a big butt.”

Seven of the girls were aware that peers may perceive them very differently from how they perceive themselves. In fact, these girls revealed that they had been teased or received negative feedback about their weight, shape or appearance from their peers (i.e., negative comments or teasing). An 11 year-old adolescent stated:

*Interviewer:* “What do your friends say about your body or the way you look?”

*Participant:* “That I’m fat.”

*Interviewer:* “They say you’re fat?”

*Participant:* “Yeah.”

*Interviewer:* “Do they say that they like anything about you?”

*Participant:* “No.”

In their responses girls’ also shared how these body-related comments (including non-weight related) affected their self-perceptions and/or whether or not these comments were important to them. A 14 year-old participant shares her experience with being teased about her skin color:

“Cause the kids, some kids at school. They weren’t really bothering me, they just asked me a dumb question. I thought it was dumb...they actually asked me why was I so dark. I thought it was a dumb question.”
This same adolescent goes on to share how these comments made her feel, “It kind of bothered a little bit, but not really…I never really heard any like anything about that until I moved here to Virginia so, I kind of was bothered ‘cause some people started laughing, but I don’t really care.”

Advice. A third sub-theme under the domain What Others Say Matters encompasses all of the suggestions caregivers had offered to their daughters related to their body image. Advice included such topics as maintaining a healthy lifestyle choices, fashion, maintaining high self-esteem and handling criticisms/teasing from others. Five girls reported having conversations surrounding the importance of a healthy lifestyle (i.e., diet, eating habits, and exercise) and strategies to cope with teasing/bullying. For example, a 14 year-old participant articulated:

She trying to help me to lose some weight so that I won’t be obese or something like that. ‘Cause she don’t want me to end up dying, getting high blood pressure, getting diabetes, or anything like that…and that I need to stop eating junk food and, umm, like, candy and all this other stuff ‘cause it’s not good for me or other stuff.

A 12 year-old recalled a similar health-related conversation with her maternal caregiver:

And how like, she says moderate, like, don’t eat a lot of food. Moderate, moderate, moderation….and she said it’ll like, it’ll make like you get bigger so she says I should eat in moderation…and to exercise so you don’t like get bigger so that you’re not like, you’ll stay healthy.

Finally, a 14 year-old participant who expressed concern over her small size/weight shared her maternal caregiver’s advice, “Only thing she’ll tell me is I’m skinny and I need to go eat more. And that’s what I’m working on, trying to get some more weight in me.” This
caregiver had concerns over her daughter’s weight loss and encouraged healthy eating to maintain her weight stating, “She was like no, she likes, but she feels her thighs a little, I’m like no, whatever you feeling is negative. You’re not too big. You need to get a little bigger. Put a little more meat on those thighs.”

Dyads’ recollections of body-related conversations surrounding healthy eating and exercise were also similar. In fact, 6 caregivers reported providing exercise advice, 8 caregivers reported emphasizing good eating habits, and 7 caregivers highlighted the importance of hygiene and femininity in their discussions. Caregivers typically shared with girls the consequences of living an unhealthy lifestyle and shared their own experiences and concerns. For example, the caregiver of a 14 year-old girl said:

I ain’t going to say I don’t like it [her daughter’s body]. I’m just concerned about her health, for health reasons...because, you know, African Americans, Black girls, you know, we got it, and it runs a lot of umm, things and health problems and stuff. I already got and I don’t want her to have stuff and that’s why I want her to try and cut back. ‘Cause she’s not always with me and stuff. And I want her to do more activities and stuff ‘cause she be with her daddy too and, you know, she has to watch what she eats and stuff. But you know you gotta, I’m trying to instill in her head because, but she gotta get it in her mind that she want to do it for herself.

Caregivers also highlighted the challenges associated with getting their adolescents to adhere to healthy lifestyle choices. This caregiver of a 14 year-old shared the struggles she faces in monitoring her daughters eating habits/diet and the important role that others share:

So I worked with her as far as her weight. Now I can’t control the candy blood potato chip snacks people give her money that she go and get. She act like she don’t’ want
to eat she just want some noodles or something like that. I say you not gonna lose weight like that you gotta eat vegetable some fruit. You got to. I try to tell her the right way.

Similarly, this caregiver with a 12 year-old daughter stressed the importance of self-efficacy and her desires for her daughter to adopt more healthy eating habits, “She got to want to do it…for herself…change your eating habits…I do buy healthy stuff, or they, it just sit in the icebox…I mean, I can’t make her, don’t force [it], you know, I can’t make her eat it.”

Finally, another caregiver discusses how she incorporated the importance of a healthy diet and in her conversations with her 13 year-old daughter:

I tell her I always know when you not eating right because it stays in her stomach and she’ll get bloated. And she’ll be in the bathroom and I told her that. And she’ll make little comments that I kind of like my stomach when she’s really eating good. I’m like that’s how it’s supposed to be. So I try and give her positive feedback and I try to talk to her about the choices she makes and what type of affect it can have on her body. I try and try to attack it on a health point of view but then I also kind of how to put it in terms that she understands and could identify with. Mmm why is my stomach sticking out. Could be because you had pizza, cheese, macaroni, bread, chilli. Maybe you should have vegetable fruit.

This same caregiver also mentions the importance and impact of exercise in discussions with her teen, yet also shares her skepticism about whether or not her daughter will heed her advice:

Yeah cause I try…and she’s keeping very active with cheer and dance a lot. And she’s like it’s lost weight from cheering and you look good….I like her shape. Girl if
I had your shape Lord. And there’s certain things she don’t like about her body. She’ll complain about her legs. And I’ll be like well we could do some squats and we could do this but she doesn’t listen.

Seven girls also indicated that their caregivers had offered explicit fashion, style or clothing advice during their body-related conversations. This advice covered topics including: selecting clothing that accentuates or flatters your body type, types of clothing to avoid with a particular emphasis on age appropriate clothing, and the importance of styling or accessorizing an outfit. Girls reportedly were accepting of maternal fashion advice as is evident in this statement made by a 14 year-old participant, “I’d be like if my shirt it doesn’t look right she’ll tell me put an undershirt…If she sees like a little thing that she doesn’t like she’ll tell me to fix it. It makes the outfit better.” A 12 year-old girl echoed a similar response indicating that her caregiver acts as her fashion advisor, “…she said like those ‘um jeans I had on the other day, she said I look nice in those. She said [they] make my hips look big, because there are certain clothes she said make my hips look wider.”

Finally, 9 caregivers confirmed girls’ recollections of these fashion-related discussions. Caregivers admitted that they routinely provided their daughters with fashion advice including the importance of style, uniqueness, household rules and expectations about dressing appropriately. For instance, a caregiver’s instructions to her 12 year-old daughter said: “Um, in regards to clothing, um, in terms of a dress style or. Well we have a rule in our house. We cannot dress like everybody else. It’s just, it’s just not the way it is.” Similarly, a caregiver articulated, “…I always tell her, we don’t want to look to magazines. To me I was always a trendsetter and I really instill that in her to be a leader…but not to be a follower.” Finally, a caregiver of a 12 year-old shared, “She’ll try on something and I’m like
we gotta get new clothes because what you wore last year is not good for this year…things are tight, they’re squeezing you. So, she’s kinda understanding like okay, well it doesn’t look appropriate.”

Two adolescents revealed that their caregiver had discussed her own body image concerns. For example a 14 year- old reported, “So she’ll talk about her own weight”….And mama’s always talking about how she thinks she’s um um she’s not skinny. I’m like mama you’re fine. And mama does the same thing.” Ten caregivers also acknowledged reflecting upon their own personal experiences and feelings about their bodies when addressing body-related topics with their daughters. For example, the caregiver of a 13 year-old commented, “…Because at her age I didn’t want breast. And I just watch her grow and I think that’s me all over again. And I hated having big breast. And she loves having big breast. She thinks her breast aren’t big and I think wow her breast are huge which is good because I don’t want her to feel ashamed.”

A second caregiver shared her experience growing up as an overweight child and how those experiences prompted her to discuss health, weight and eating habits with her 14 year-old daughter:

Well recently she just started like she don’t want to eat. She want to lose weight all of a sudden. And I’m like (daughter’s name) are you being teased and everything. ‘Cause you know I was a heavy weight child I was overweight as a child. I didn’t start losing weight…actually in the 6th grade I weighed almost 300 lbs. So she is that way, and I didn’t know she was gonna get chubby ‘til around about 6 years old, and she just started getting chubby. So, I said okay I got to slow it down. So I worked with her as far as her weight.
This same caregiver also explained how these early childhood experiences helped shape her current body image perceptions and heightened her sensitivity toward her own daughter’s body image concerns:

…‘Cause I know how I was growing up. Even if I’m mad I don’t talk to her in a derogatory way about her weight calling her big or fat or nothing like that. And if she piss me off real bad I might call her something else but I don’t ever call her fat.

‘Cause I grew up you know heavy. It didn’t feel good at all.

Finally, the caregiver of a 14 year-old shared:

I’m like...you didn’t want people to know that you actually had on a bra and now you sayin’ you’re smaller than everybody else. I’m like, to me that’s a blessing. ‘Cause then she asked was I ever small. I’m like, I still am, and I’m glad I am.

While none of the adolescents in this sample mentioned caregiver advice about attracting negative attention, seven caregivers reported having advised their daughters about eliciting the “wrong” kind of attention from males and/or peers. Caregivers perceived that girls’ overdevelopment or early maturation could pose a problem for their daughters. In fact, 6 of the caregivers discussed in detail how early physical development could encourage or attract this type of attention. For instance the caregiver of a 12 year-old shared, “I have no problem with her body. I wish it wasn’t so shapely. ‘Cause she’s 12 and it wouldn’t draw so much attention...yeah it’s hard for me. She doesn’t have no problem with it, she don’t see that.” Similarly, another caregiver with a 14 year-old daughter expressed her concerns with the following statement:
I want her to be able to handle that attention. You know like I said we were in the mall and her and her girlfriend was walking in front of me and the guys were hollering at them and they were grown men with full beards...

Interestingly, another caregiver reported advising her 14 year-old daughter about the potential for negative female attention (in the form of bullying) stating, “I said, don’t get too up in the air...some little girl’s gonna beat your behind. ‘Cause, you have a lot of mean girls that like that video fighting so I said don’t let that body get you in trouble.” Likewise, the caregiver of a 14 year-old girl shared the importance of modesty and inner beauty stated, “I say you still can cover up and still be sexy, beautiful, or whatever. And it doesn’t matter, like I said, it’s like I keep tellin’ you, love yourself. And there’s a lot of ways to be beautiful...Because you might look good on the outside, but you’re ugly on the inside.”

**Theme 5: My Relationship with the Media**

The fourth and final theme emerged as participants responded to questions about the influence of mass media on their body image attitudes and beliefs. The three sub-themes under this main domain included: (a) *Media Literate*; (b) *Motivated by Media*; and (c) *My Media Role Models.*

**Media literate.** Just as girls had downplayed and/or resisted the negative messages they received from peers, their responses also indicated this same attitude toward media messages. When girls were asked whether or not the mass media had influenced how they felt about their bodies or appearance 10 girls reported rejecting or challenging the images presented to them by the media. For example a 12 year-old participant stated, “Cause I know they’re like photo shopped and made smaller and they have to like diet and then they’ll have to like starve themselves. I feel good about my body. I don’t really want their body I guess.”
Similarly, another 14 year-old girl expressed her skepticism of media messages images and her awareness of techniques used by women to achieve their look (i.e., cosmetic surgery, dieting or makeup):

They could have had like surgery or extreme dieting stuff. Stuff that I don’t really think is worth it. So, they might look that way on TV’s or magazines or whatever but it you don’t really know what goes on behind the scenes so you don’t know what they did to get like that.

This 14 year-old girl also expressed skepticism of media images stating:

I ain’t tryin’ to be them people on TV like the models and the uh celebrities. They all come out here with their fake breasts and their fake behinds. See this is all me, I’m all real, this is all me. And that’s surgical, this ain’t surgical here.

The statement “I don’t want to look like anyone/anybody” or “I want to look like me/myself” was a response endorsed by girls to express their satisfaction with their bodies and resistance of media images. A 14 year-old girls summed up her feelings in the following statement: “I want to look like myself. I want to be pretty me, not pretty them”. An additional 6 of the 25 girls simply responded with either “No” or Not really” when asked about media influence on their body image and did not offer any further explanations.

Eleven caregivers agreed with their daughters and downplayed the media’s influence on their daughters’ body image perceptions. These caregivers insisted that their daughters were capable of challenging unrealistic images. Some caregivers believed that their daughters were media savvy and aware of the difference between realistic and unrealistic media images. One maternal caregiver with a 12 year-old daughter confidently stated, “I don’t think it influences mine. I can see it influence an insecure person or somebody really
into their body.” Yet another caregiver with a 12-year-old was less confident in her daughters’ abilities and admitted to monitoring her television viewing:

It could. Um, um, hmm. I don’t really think it does because of the fact that I’m always talking to her, always showing different examples. But it could because um of course, she could have her own little private thoughts…And feelin’ like hmm I would like to look like that, you know. I really don’t know. Um of course now I’m going to sit down and ask her those questions (laughter). Um, I don’t think so ‘cause I don’t allow her to watch videos (laughter).

**Motivated by media.** In contrast, there were also girls who admitted to comparing their bodies and appearance to images in the media. Nine girls indicated that the media was a major purveyor of information and advice on a range of topics including health, beauty, hair and/or fashion/style tips. For example, a 12-year-old indicated that the media served as a source of motivation for her in losing weight stating, “…Because I see them and they how slim they was. So I wanted to be like a model and taller like they was and I wanted to wear makeup like they was doing.” Similarly, a 13-year-old girl indicated that media images motivated her to lose weight:

Sometimes, if I like, especially, in like, the summer…and you wanted to show, like, your bathing, like, going swimming in stuff, and it’s like, uhh, girl on, like, a show and she has, like, a pretty shape and she’s like in a bathing suit, I’m like, Oh, I wanna look like that. So I’ll be motivated…Exercise and dance more and, so you can get, like, more muscular and lose weight, burn calories, like, if I’m, like, doing sit-ups and I don’t feel like doing any more so I just sit right there and it’s like no. I need to keep doing this so I can look like that person.
Caregivers were in agreement with adolescents’ statements concerning media influence. Twelve maternal caregivers confirmed that the media had influenced their daughter’s body image attitudes and behavior. This caregiver shares how media images have shaped her 14 year-old daughter’s body image ideals and made her want to change her weight or shape.

‘Cause they can’t watch it [videos] when I’m there because they always got these little images of these little girls with nothing on and stuff. You don’t never see no plus size or, or…heavy you know, or even the slightest heavy, everybody skinny and petite on those videos. And they bouncing and shaking. You don’t never see that so that probably give her an image like, you know, you know what I mean? Everybody’s skinny. I mean, she never tells me but, you know I have seen it, seen it before. ‘Cause it’s always skinny people in there. I mean she told me before she had a conversat[ions]-, I don’t know if it was from the video, she had come to me and told me that she wants to change how she look. She wants to lose weight and stuff. Another caregiver of a 14 year-old shared her perceptions of the effect of media specifically on African American girls’:

I think it has a heavy influence on a lot of our girls…all throughout the day, and everywhere you look there’s such a promotion of these types of images…It can get into your mind to have your thinking about yourself. Um if I’m good enough, if I was going to look like her, if I’m ever going to look like her. And then you have this conversation, if I don’t look like her I’m of no value. And um a lot of African Americans unfortunately we have so many young mothers…and mothers without husbands that they’re not educated enough to help their children to make sense of all
the things that they see...Um but yea, that’s very popular in the African American community...Yes, the sex appeal all the time. And ‘um for the sex appeal for the girls and this hood-looking apparel for the boys...And so they’re constantly being defined. Caregivers concerns over girls’ seemingly unlimited access to negative or unrealistic media images and the affect this could have on their daughters’ body attitudes and behaviors. While some caregivers took steps to lessen the impact of media images (by monitoring or discussing media images) others had not.

**My Media Role Models.** In their responses, girls (including those who were media savvy) indicated that they admired or considered some media personalities or celebrities as role models. Girls highlighted a number of African America celebrities, however, comedian and actress Mo’Nique was chosen by more girls (n = 5) than another other celebrity, followed closely by singer Alicia Keys (n =4). The remaining girls chose a variety of other media celebrities including: Queen Latifah, Leila Ali, Beyonce, and Jennifer Hudson. When girls were asked to explain their choice of role models girls identified a number of different body weight and non-weight related characteristics. For example, 6 participants spoke of celebrities’ weight, shape and/or size as admirable. For example, a 12 year-old stated:

I like Mo’Nique because she don’t care if you fat or skinny because she went off for the big girls because it’s okay to be big because everybody the same. Nobody’s perfect on this Earth it’s how everybody looks.

Likewise, a 14year-old girl admired this same media personality because of her weight loss success:

Yes, Mo’Nique. I love her because she not fat she not skinny she in between. She used to be fat and she lost a little bit weight. In her movies she used to kind of
depressed because she was fat but she lost it a little bit. But she look[s] pretty. I would like to be a role model like her someday.

Five girls also mentioned non-weight related attributes such as beauty, hair and skin color. For example, an adolescent girl explained her high regard for the twins from the movie A-T-L: “‘Cause they’re dark skinned (laughter). Basically, and they have a nice shape. And, umm, they don’t take no stuff and they don’t care what people say about them.” Girls also appreciated a media personality’s hair and/or hairstyle. A 14 year-old explains why she admires Alicia Keys:

…‘Cause she don’t look ugly. She’s a beautiful woman…Yeah, like her hairstyles that she be getting are like so cute. When I was like four I used to wanted to be like her. I would go upstairs and try on my momma wigs on and try to be like Alicia Keys and make the little bump…Yeah. ‘Cause her hair is long.

This same adolescent also indicated that Alicia Keys was a positive role model because of her choice of lifestyle:

‘Cause she looks like…she’s like…she look like she’s on top of her game. She look like she don’t do any type of that bad stuff. Well I have more African American females but I’m no gonna name them. I picked Alicia Keys ‘cause she looks like she’s on top of her game and she’s into her music, she love her fans and everything. She look like she don’t do…like she don’t drink and everything.

Despite her admiration, this adolescent also had realistic expectations in terms of her own body image, “And like I know I can’t be like her, I gotta be my own self. So I would wanna be like her but I can’t.” Others respected non-weight related factors including the celebrities’ self-confidence, conservativeness, natural beauty, style and/or talent.
Maternal caregivers were well aware that African American females in the media served as role models to their daughters. However, when caregivers were asked to identify the media figures that their daughters most admired and would want to look like their responses differed from their adolescents. For instance, 7 caregivers chose the music rapper Nicki Minaj, 5 selected singer/actress Beyonce, 1 was undecided or unsure, while the remaining selected Alicia Keys, females in the music video, Lisa Leslie, India Arie, and various other African American actresses, singers and musicians. When asked to explain why their daughters would want resemble these particular African American females caregivers mentioned a number of weight- and non-weight-related characteristics including the celebrity’s fashion style (n = 8), talent (n = 7), hair or hairstyle (n =4), weight or shape (n = 4) personality (n = 3) and/or behaviors (e.g., modesty or conservativeness) (n = 3).

Summary

In summary, girls’ responses to questions concerning their body image perceptions and interpretations of body-related messages revealed five major themes: (1) Total Acceptance; (2) Almost Perfect; (3) Why I Like My Body (4) What Others Say Matters; and (5) My Relationship with the Media. Responses to open ended questions resulted in some similarities across themes for both adolescent and caregivers. The results suggest that overall girls in this sample were quite happy with their bodies. While some were completely satisfied with all aspects of their body, others were content but expressed a desire to change aspect of their body (weight and non-weight attributes). Areas of concerns for girls were not limited to weight, shape or size. Often times, girls were discontent with non-weight related aspects that few would associate with body image (e.g., hair, feet). Girls were able to provide detailed explanations for their body image perceptions and acknowledged that
proximal influences (e.g., caregivers, family members and peers) and the media influenced their body image perceptions. Responses from caregivers revealed that they were aware of their daughters’ body-related feelings and strived to maintain girls’ positive perceptions. Overall, caregivers indicated that they were supportive of and encouraged their daughters’ positive body esteem. Caregivers provided advice on a range of topics when having conversations about body image with their daughters. Advice centered around the importance of: healthy lifestyles (proper nutrition, diet/exercise), uniqueness, style and utilizing fashion and accessories to flatter and/or accentuate the body, maintaining positive body image by ignoring negative comments from others and avoiding making social comparisons. Caregivers also reported that the media has both a positive and negative influence on their daughters’ body image perceptions. While caregivers did not explicitly indicate whether or not they had discussed unrealistic media images with their daughters, they reported feeling that their daughters were influenced by, looked up to and emulated media figures. Caregivers also shared their perceptions of girls’ ability, or inability, to critically view and filter media messages.

**Discussion**

How adolescents feel about their body may have a significant impact on their health behaviors. To date, much of what we know about body dissatisfaction among adolescents has focused primarily on European American samples, and has used measures that were developed for those adolescents. The purpose of this study was to obtain young African American girls’ feelings about their bodies, and their perceptions about maternal, peer and media messages regarding body image. This study was unique because I also explored how African American adolescent girls felt about culturally-relevant aspects of body image like
their hair and skin tone. In addition to obtaining adolescent girls’ perceptions, I obtained maternal caregivers’ perceptions of their daughters’ body image and influences on body image feelings. Although research has shown that maternal messages about body image affect adolescent girls’ body-image behaviors and feelings, few studies have examined what maternal caregivers say to their daughters.

**How do African American adolescent girls’ feel about their bodies?**

As it relates to the first aim of the study, results of the qualitative analyses revealed several patterns in girls’ perceptions and attitudes toward their body. The themes which emerged for this sample included: (1) Total Acceptance; (2) Almost Perfect; and (3) Why I Like My Body. Although some of the themes which emerged are consistent with prior research on African American female body image, other themes revealed new insight into African American adolescent girls’ body image perceptions. Specifically, this study sheds light on not only girls’ positive/negative thoughts about specific aspects (weight and non-weight related) of their body, but also how girls acquire and maintain their positive body image outlook. This study contributes to the literature by capturing the unique perspectives and experiences of urban African American adolescent girls and factors that contribute to their positive body image attitudes, behaviors, and overall health. Moreover, maternal caregivers’ perspectives concerning girls’ body image attitudes were also obtained.

Overall girls in this sample were quite satisfied with their bodies and they articulated their positive feelings in their responses. For example, 28% of girls embraced all aspects of their body including weight and non-weight related attributes. Girls also shared their feelings complete satisfaction toward their bodies, and their unwillingness to change their appearance despite the negative comments or criticisms they receive from others. Both older and
younger adolescent girls in this sample were characterized as possessing total body acceptance. Results from this study are consistent with other body image research having found high levels of body satisfaction and/or acceptance of body weight, shape, and size among African American females (Botta, 2000; Kelly, Wall, Eisenberg, Story, & Neumark-Sztainer, 2005; Parker et al., 1995). African American girls’ in this sample focused on characteristics other than just weight, shape and size such as the importance of one’s personality, unique style, fashion sense, moderate features, and non-weight related aspects of the body (e.g., hair, skin and other body parts). The flexibility with which African American girls conceptualize beauty may help explain why girls in this sample exhibited increased levels of body satisfaction (Wood-Barclow, Tylka & Augustus-Horvath, 2010). When juxtaposed with adolescents’ reports, caregivers’ perceptions were consistent with girls’ assertions of total body satisfaction. The fact that caregivers were aware of and concerned with their adolescents’ body image attitudes suggests that girls had previously discussed, or shared their feelings about their body with caregivers. This is consistent with prior research which has demonstrated that mothers are important in shaping girls’ body image attitudes and behaviors and their overall development (Belgrave, 2009; Levine & Smolak, 2011; Neumark-Sztainer et al., 2006; Stice & Bearman, 2001).

Although most studies approach body image by examining girls’ negative perceptions or dissatisfaction with their bodies, newer researcher suggests that it is equally important to explore the thought processes and experiences of girls who feel positive about their bodies (Frisen & Holmqvist, 2012; Wood-Barclow, Tylka & Augustus-Horvath, 2010). Given that almost one-third of girls in this sample endorsed total body satisfaction, future studies should
continue to expound upon this research to assess the underlying mechanisms which may play a role in the development or maintenance of girls’ positive body feelings.

While some girls were completely satisfied with all aspect of their appearance, most other girls in this sample, identified features or aspects that they would like to modify or change. Despite their perceived “flaws” girls expressed satisfaction with their bodies. This desire to change within the context of body esteem was represented in the theme, Almost Perfect. The sub-themes: What I like About Me and Perceived Flaws encompass all of these attributes including weight and non-weight related characteristics. Caregivers’ perceptions of girls’ body image concerning weight/shape or contentment/discontent often matched their adolescents’ responses. Being attentive to their daughters’ body-related concerns (regardless of how inconsequential they may have appeared) and providing encouragement may play a role in promoting and/or maintaining girls’ attitudes toward their bodies. It is possible that girls in this sample perceived caregivers’ awareness and attentiveness to their body-related feelings as a form of concern and support. It is also plausible that girls’ discontent with parts of their body which seem minor now, may have the potential to become a more serious problem as they age and their body image attitudes solidify (Smolak, 2011; Neumark-Sztainer et al., 2006). Future studies may want to assess body image perceptions of among a sample of older African American girls.

In addition to weight-related concerns girls also expressed their positive/negative feelings about non-weight related features such as hair, skin color, and other non-weight related parts of their body. When discussing hair, girls in this sample were divided in terms of their satisfaction or dissatisfaction with hair length, texture, color, manageability or versatility. Whether or not girls were pleased with their hair was based largely on its length
and texture. For girls who were satisfied with hair, their long hair was a very important component of their body image perceptions. Likewise, girls who indicated a desire for change often indicated a desire to change their hair length, and mentioned their desire for longer, flowing hair as well as their willingness to wear hair extensions (e.g., weaves or ponytails) in order to achieve this desired look. Prior studies have demonstrated that African American girls and those within the African American community have a preference for long, straight hair over natural, curly or shorter (Hesse-Biber 2004; Okazawa-Rey et al. 1987; Stephens and Few 2007).

In addition to length, the texture or coarseness of hair of was equally important to girls. The texture or coarseness of hair was directly related to girls’ perceptions of the manageability and versatility of their hair. Girls most often preferred “thinner” hair over “poofy” or “thick” hair because of the ease with which they could style or manage it. Girls desired hair that they could control, yet at the same time manipulate into various styles such as braids, twists, or ponytails. In order to avoid frizzing of the hair, several girls mentioned that they tried to avoid perspiring or getting their hair wet in order to maintain their hair style.

Caregivers confirmed girls’ attitudes toward their hair and discussed how well-maintained or professional styled hair seemed to “boost” their daughters’ self-esteem. Research suggests that African American females are taught from an early age to believe that thicker or naturally curly hair is unattractive and unmanageable (Radtke, 2007). Given the favorable attitudes girls hold toward long, manageable and versatile hair it is possible that girls in this sample may have received some of these same messages from others (e.g., caregivers, peers and/or media.
It is also plausible that girls in this study had unpleasant experiences with their hair care (time and discomfort associated with styling) which influenced their perceptions. It is unfortunate that African-American girls’ hair-care experiences may lead them to sacrifice certain activities (e.g., swimming and exercise) in order to avoid contact with water and sweat. Findings from this study are similar to a studies which have found that outward appearance and hair (e.g., messing up hair, getting hair sweaty) were so important to girls that it acted as barrier to engagement in physical activity (Shen, Rinehart-Lee, McCaughtry, & Li, 2012; Taylor et al., 1999). Despite these findings, few studies have examined the importance of hair (i.e., length, texture, versatility, maintenance) for adolescent African American girls. Given the relevance of hair and the potential to impact girls’ body image and overall health, future studies may want to examine hair concerns in a larger sample of African American girls. It is equally important that we examine girls of other racial/ethnic backgrounds who may struggle who may share these same body image concerns.

In addition to hair, skin color was also an extremely important non-weight related aspect of girls’ body image. As discussed, girls in this study were satisfied with their skin color, and had no desire to lighten or darken their skin. According to researchers, girls’ feelings toward their skin color can be linked to caregivers’ communication and promotion of ethnic/racial identity and positive self-worth (Bean, Bush, McHenry, & Wilson, 2003; Belgrave, 2009; Jackson, Bee-Gates, & Henriksen, 1994; Prevatt, 2003).

Contrary to previous studies the results from this study suggest that African Americans prefer lighter skin, and that darker skin is less appealing and less attractive than lighter skin (Bond & Cash, 1992; Hall, 1995; Hill, 2002; Stephens & Few, 2007; Wilder & Cain, 2011). It is plausible that my given my role as a mother of two adolescents, and as a
Girl Scout leader within the community, and my appearance (i.e., my skin color), girls’ may have felt more comfortable answering questions openly and honestly. On the other hand, it is also conceivable that serving in these roles, and my appearance, may have led girls to provide socially desirable responses by over-reporting their skin color satisfaction. It is also possible that given the age of this sample (11-14 years old), girls may not have been exposed (yet) to messages promoting skin bias, or girls may not interpret messages the same way as would an older adolescent. Girls could potentially change their skin color perceptions and preferences as they get older and begin to seek out dating partners. Girls could potentially change their preferences in terms of skin color and appearance as they become more influenced by boys’ preferences. For this reason, it may be necessary to monitor girls’ body image perceptions at various ages. This is in line with a prior longitudinal study which found that age and race/ethnicity was significantly associated with changes in body satisfaction levels, such that body dissatisfaction scores increased among African American girls transitioning from middle school to high school (Eisenberg, Neumark-Sztainer, & Paxton 2006). Future research may want to replicate this study using either a longitudinal design, or by expanding the participants’ age range, in order to assess girls’ skin color perceptions at various developmental stages particularly during periods of transition (e.g., leaving middle school and entering high school). Future studies may help illuminate the types of messages girls receive about their bodies, the impact of these messages on girls’ attitudes as they get older.

It is also plausible that because girls in this study lived in an urban Southeastern city (with a large population of African American community members and role models), that this may have influenced their skin color perceptions, preferences or exposure to skin tone.
biases. Girls living in areas with predominantly European Americans or diverse communities may have very different experiences and perceptions than those residing in homogenous communities. In comparison to those living in areas where African American girls are the minority, girls in urban communities are exposed to other African American females which may serve as role models for them including professional females (e.g., physicians and attorneys) and local community members (e.g., local business owners, teachers). Exposure to positive role models such as these may help encourage girls to consider their own potential and their future career aspirations and the possibilities available to them in the future (Belgrave, 2009). Thus, these results may not generalize to adolescents living in areas where there are fewer African Americans of varying skin tones which may serve as role models to adolescent girls. Given the importance of skin color in girls’ body image perceptions, future studies should examine skin color preference in other geographic locations and/or girls of other racial and ethnic groups to examine factors (including contextual factors) which may contribute to their skin color preference.

It is possible that African American girls’ appreciation for both the positive and negative (i.e., flaws) aspects of their body and the features which make them unique may help in maintaining girls’ positive body image perceptions. While it may seem unusual that girls simultaneously hold positive and negative feelings toward aspects of their body, these findings are consistent with a growing body of research suggesting that the key to promoting positive body image is not necessarily ridding one of their negative thoughts, but getting them to embrace the positive and the negative (Frisen & Holmqvist, 2010; Woods-Barcalow et al., 2010). A very recent qualitative study with Swedish adolescents (boys and girls) found that broad, flexible beauty ideals and an emphasis on inner beauty were associated with more
positive body image perceptions. Additionally, adolescents exhibiting positive body image were also more critical of and recognized unrealistic images in the media (Holmqvist & Frisen, 2012). Given the link between positive body image and mental and physical well-being further research in this area is warranted. Positive body image researchers suggest that body image is truly a multi-dimensional construct and negative body image is not simply the opposite of positive body image. Future studies may be able to learn quite a bit from African American girls about characteristics of those with a positive body image and the factors which influence it. Examining this phenomenon among African American adolescent girls and developing quantitative measures are necessary in order to capture the complex nature of positive body image (and the fact that it is not merely the opposite of positive body image). To date there are no measures which assess all of the characteristics which encompass and assess positive body image (Tylka, 2011).

In the third domain, girls provided explanations for their body image perceptions. Within the umbrella of this main theme two sub-themes were identified: (a) Born This Way; and (b) Just Right. In the first sub-theme girls revealed that despite their flaws, they still embraced their body image because they believed there was little they could do change their physical appearance. Interestingly, it was girls’ belief in God or religion, as well as their perceptions of pre-determined hereditary factors, which fostered girls’ positive and accepting attitudes toward their bodies. Girls recognized that certain characteristics (e.g., skin color, body build, and shape) were either made by God, and/or inherited traits which were practically impossible to change. This notion of God-given features, inherent characteristics, and inability to change seemed to help shape and maintain girls’ positive body perceptions. Interestingly, caregivers shared similar feelings concerning God-given features or heredity.
For example, a caregiver described her strategy for preparing her daughter for adulthood. Caregivers instructed their daughters to “Accept the things God gives you” and to “Take the good with the bad”. Similarly, several caregivers informed their daughters of inherent features, and some dyads took pride in the fact that their bodies resembled one another.

Prior research has demonstrated that religiosity (i.e., belief in God, church attendance) helps buffer African American females from the negative effects of racism and sexism (Shorter-Gooden, 2004) and a host of other negative health behaviors (e.g., sexual risk, smoking, alcohol use). Furthermore, greater religiosity among African American girls has been linked to higher self-esteem and positive psycho-social functioning (Ball, Armistead, and Austin, 2003). It is plausible that religiosity may have helped girls in this sample cope with the criticism or negative body-related feedback may have protected girls from feeling dissatisfied with their bodies. Despite the potential for religiosity to impact African American girls’ health, few studies have examined the role of religion in the lives of African American girls and its specific link to girls’ body image perceptions. Body image researchers may want to consider examining this association in future studies.

In terms of inherited traits, African American caregivers in this sample conveyed messages teaching girls to accept or embrace their body image, ignore criticism, and to be realistic in their body evaluations which contributed to girls’ positive body perceptions. Consistent with prior research girls look to their caregivers as role models and caregivers’ physical appearance (i.e., weight, shape) may in turn influence girls’ body image attitudes (Levine & Smolak, 2011; Neumark-Sztainer et al., 2006). On the other hand, perceptions of God-given, inherited features, and caregivers’ messages could also potentially work against girls’ health and well-being. Girls who endorse beliefs that their body weight, shape or size
is pre-determined may not view eating and exercise habits as important to health or worthwhile. This is consistent with previous research which found that African American girls offered their acceptance of a larger body shape/size and higher self-esteem (related to having a larger body shape/size) as justification for their decision to decrease/or stop participation in physical educational classes/activities (Mabry et al., 2003). Prior studies have also found that urban African American girls hold unfavorable attitudes toward, and did not see long-term value in physical education classes (i.e., did not believe physical education classes would help them stay fit or impact health later in life) (Shen et al., 2012). Given the high prevalence rates of obesity and other weight-related diseases in the African American community (CDC, 2009), future studies may want to examine girls’ attitudes (and maternal messages) surrounding religion/heritage and their association with physical activity.

In addition to heredity and religious beliefs, girls also reported satisfaction with their moderate features. Girls believed that optimal features were those which lie in the middle of either the weight/shape, and/or skin color spectrum (i.e., not too extreme). In fact, almost half of the adolescents in this sample expressed the importance of moderate features or characteristics. This theme was most salient for girls when discussing the topic of skin color. Girls reported that they didn’t want to be “too light” or “too dark” but somewhere “in the middle”. Several of the caregivers confirmed girls’ perceptions regarding the significance of moderate features in girls’ body image perceptions. This study’s findings related to girls’ satisfaction with their moderate skin color was surprising and unpredicted given prior research indicating African American girls’ preference for lighter skin tones (Hall, 1995; Hill, 2002). It is possible that girls in this study may not have received these cultural messages related to skin color preferences.
It is possible that girls in this study may believe that it is socially undesirable to want to change one’s skin color, or that in either case (being too dark or too light) may elicit negative criticism or teasing from peers or family members. Thus, girls may have provided a more socially desirable response of total satisfaction with respect to their skin color. The differences in responses between participants in this study and prior studies may also be developmental in nature given the young age range of this sample. Thus, findings from this study may not generalize to older adolescent girls. Future longitudinal studies should be conducted to examine girls’ skin color perceptions and/or preferences at various developmental ages to identify if age, or other factors, influence skin color attitudes.

Similarly, girls in this study lived in an urban Southeastern city with a large population of African American community members. It is possible that girls living in other more diverse areas may have different experiences and perceptions.

**What types of body-related messages are girls receiving from maternal caregivers, family members, peers and media?**

As it relates to the second theme, girls acknowledged the important role that parents, family members, and peers played in shaping their attitudes and beliefs about their body. These responses were captured in the domain, What Others Say Matters. Within this overarching theme there were several prevalent sub-themes including: (a) Compliments; (b) Pressure/Teasing; and (c) Advice. Girls’ responses indicated that more often than not, girls had received positive comments from significant others (i.e., parents, peers, family members). While caregivers, family, and community members often commented on weight and non-weight related aspects of girls’ body (e.g., weight, shape, hair and skin color), peers most often complimented girls on their hair, hairstyles, and clothing/fashion style. Girls were
receptive to compliments regardless of the source and acknowledged that these comments encouraged positive feelings toward appearance. Maternal caregivers were particularly complimentary to girls, and girls admittedly sought out their caregivers’ feedback on their body, appearance, and clothing choices.

In addition to compliments, girls also recalled receiving negative feedback from these same sources, in the form of negative comments, teasing or pressure to lose weight or diet. Approximately one-third of all girls reported having received negative messages pressuring them to lose weight, teasing or criticizing them about aspects of their bodies. While girls acknowledged that their maternal caregiver had engaged in teasing behaviors and used pressure tactics to get them to lose weight, girls often viewed these behaviors as the caregivers’ playfulness, or concern for their well-being. In contrast, the negative messages conveyed by familial members’ (e.g., siblings) or peers’ were viewed by girls as purposeful and hurtful. Regardless of the approach or the intent, girls reported that despite the negative critiques they were still able to maintain their positive body perceptions.

Agreement was found between dyads responses and confirmed girls’ recollections of appearance-related teasing and negative comments which occurred both inside and outside of the home. A few of the caregivers admitted to engaging in some form of teasing when discussing body image or eating/exercise habits with their daughters. Although others may view these as negative comments and damaging to girls’ body image, caregivers (and their daughters) spoke about these remarks in a light and humorous way.

It is possible that girls in this sample may have recently received (or frequently receive) body-related feedback from caregivers, family members, or peers which may have influenced their perceptions. Findings from this study are consistent with prior studies
which found that girls recalled receiving positive communication about shape and weight from their family members and peers significantly more frequently than negative communication (Kichler & Crowther, 2009). This is particularly the case among African American girls whose maternal caregivers tend to be more complimentary and positive toward their daughters’ appearance than European American girls (Nichter, 2000).

In contrast, the results from this study are inconsistent with studies suggesting that negative parental communication related to weight occurs frequently (Neumark-Sztainer, Bauer, Friend, Hannan, Story, and Berg et al., 2010); negative comments are significantly associated with girls’ body image dissatisfaction (Kichler & Crowther, 2009); and negative peer communication is more influential than negative familial communication (Kichler & Crowther, 2009). In this sample, maternal caregivers’ use of humor (e.g., joking or teasing) when discussing body-related topics with girls may have also contributed to girls’ positive perceptions. The use of humor during conversations can help place dyads at ease and help facilitate conversations. This is consistent with a qualitative study which found that parents and grandparents reported using humor, or easy to understand language in their conversations surrounding healthy eating with their children (Kaplan, Kiernan, & James, 2006).

It is possible that the quality of the relationship girls have with their families (e.g., parents and caregivers) may have influenced how they interpreted the messages they received. This study is in accord with a prior research which suggest that adolescent perceptions of family connectedness including parental availability, acceptance, concern, and enjoyment together, as well as positive peer influences was a protective factor against poor body image and unhealthy eating/dieting behaviors (Wertheim et al., 1997). Future
researchers may want to collect this additional information to identify triggers for health-body related conversations and how often these conversations take place.

Girls in this sample also reported receiving positive comments about their fashion/style and hair from their friends. This is consistent with prior research which has found that African American girls were more supportive of one another (with respect to body image) and less likely to engage in “fat talk” and/or appearance-related teasing than European American girls (Nichter, 2000; Parker et al., 1995). Although we did not specifically ask girls about the race of their peers, it is possible that the race/ethnicity or gender of the person transmitting the positive/negative comments may have played a factor in girls’ interpretations (i.e., may be more or less bothered by comments). It is plausible that girls view messages from other girls, or same-race girls differently than girls of other races/ethnicities or male peers. It is also possible that the race of the girls in this study may have also played a role in girls’ perceptions and interpretations. This is in line with research showing that African American girls are less bothered by peer weight teasing and family weight teasing compared to European American girls (van den Berg, Neumark-Sztainer, Eisenberg, & Haines, 2008). Finally the age of the girls may also be a factor in their interpretations. As girls get older peers may become more influential. As girls get older and the desire for popularity with same and opposite sex peers becomes more important, thus girls may interpret body or appearance-related comments differently. This is in accord with previous studies having found girls’ body dissatisfaction scores increased as they transitioned from middle school to high school (Eisenberg, Neumark-Sztainer, & Paxton 2006). Thus, future studies may want to examine older adolescent girls and the race/ethnicity and gender of peers’ impact on girls’ body image perceptions.
Advice-giving surrounding positive body image was a salient sub-theme for a majority of the caregivers and their daughters. Girls indicated that caregivers had provided guidance on a number of appearance-related topics including: the importance of maintaining a positive body image (e.g., avoiding social comparisons), adopting a healthy lifestyle (i.e., healthy eating and exercise habits), maintaining good hygiene, being fashionable, and exhibiting inner beauty and pride. According to girls, caregivers also advised them against internalizing negative comments and making social comparisons. Caregivers instructed girls to ignore criticism/teasing and embrace their unique body image (i.e., natural hair and skin color). Caregivers confirmed girls’ recollections of these discussions, and also identified the types of messages and advice they had conveyed to their adolescents to promote behavioral changes and encouragement of positive body image. Prior studies have found that African American mothers serve as role models for their daughters and offer a variety of strategies for succeeding in the world (e.g., promotion of strength and independence) (Nitcher, 2000).

Several caregivers’ expressed their concern for adolescents’ long-term health outcomes and discussed the implications of poor nutrition and diet with their daughters. Caregivers advised girls to eat more fruits, vegetables and avoid “junk food” encouraged girls to increase their physical activity. Despite caregivers’ efforts to establish rules and healthy behavioral changes, caregivers admitted that they often purchased snack foods for the home and that teens had access to unhealthy foods outside of the home as well (e.g., school, friends and other family members). The availability of unhealthy foods may contribute to girls’ unhealthy eating habits. Prior research has shown that African American caregivers can influence adolescents eating habits through direct communication (“these are the foods you should eat”), monitoring girls’ food intake food intake (by providing healthy foods),
modeling health eating habits (Ritchie et. al, 2011; Wilson, Musham & McClellan, 2004). These findings are also consistent with prior qualitative research conducted by Hesketh and colleagues (2005) which found that parents sometimes transmit inconsistent implicit and explicit health messages to their children surrounding food and activity choices.

It is possible that caregivers may inadvertently send mixed health-related messages to their adolescents. Future studies may need to identify health-related messages (verbal and non-verbal) that parents transmit to their children to may help improve their adolescents’ health outcomes. Studies should assess caregivers’ perceptions of efficacy in delivering health/body messages and incorporating healthy foods into their family’s diet.

In addition to health and dieting tips, girls also reported that caregivers provided girls with fashion advice. Caregivers stressed to girls the importance of style, uniqueness, as well as the importance of selecting flattering age and weight appropriate clothing. Caregivers admittedly were happy to serve as fashion advisors for their daughters and used this as an opportunity to monitor their daughters’ clothing choices. When girls were asked to share some of the messages they had receive it was evident that maternal caregivers were instrumental in promoting their positive body image attitudes. Results from this study are similar to findings which revealed that for African American girls, uniqueness, personal style and character are important components of body image (Duke, 2000; Hesse-Biber, Howling, Leavy, & Lovejoy, 2004; Parker et al., 1995; Rubin, Fitts, & Becker, 2003). It is possible that given their average age ($M = 13.4$) girls may look to guidance from caregivers, however, this may change as girls get older and peers and/or dating partners become more influential. Future studies may want to investigate whether caregivers continue to have influence on girls as they get older.
What are dyads’ perceptions of media influence on girls’ body image perceptions?

The final aim of the study was to assess media influence on girls’ body image attitudes. The final domain captures dyads’ interpretations of media messages. The sub-themes within this overarching theme included (a) Media Literate; and (b) Media as Motivator. Girls in this sample were divided in their thoughts concerning media portrayals of women’s bodies. Almost half of the girls believed that the media and media images presented atypical, inaccurate or artificial representations of the average woman’s body shape, weight or size. Additionally, girls responses indicated that they were extremely knowledgeable about the strategies utilized by the media to digitally enhance or augment aspects of the female body, or hide “flaws” (e.g., computer retouching, Photoshop, airbrushing), and the lengths to which celebrities would go to change their physical appearance (e.g. cosmetic surgery, implants, tanning, injections).

It is possible that girls may have received prior media literacy training or had conversations about unrealistic images in the media with caregivers prior to participating in this study. Prior studies have demonstrated that media literacy programs may be an effective way of developing girls’ critical thinking skills and their ability to recognize unrealistic media portrayals (Neumark-Sztainer, Sherwood, Coller, & Hannan, 2000; Richardson, Paxton, & Thomson, 2009). This study did not examine girls’ perceptions of newer forms of media (YouTube, Facebook) thus future research may want to assess these forms of media on girls’ body image attitudes.

In contrast to girls who challenged media messages, there were also girls who felt that the media served as a motivator in terms of their own physical appearance and body image. Girls reported looking to the media as a source of information on a variety of topics including
health, beauty, fashion, style, and hairstyle trends. Based on their responses it was evident that girls attempted to imitate or achieve similar hairstyles, make-up, style/clothing, body shapes and physical appearances as celebrities. It is plausible that girls’ rates of media consumption may have influenced their perceptions of media messages. Girls who viewed media as a motivator may have had higher rates of media exposure. Additionally, the viewing habits of the girls in terms of the type of media (e.g., Black or White media) may have influenced girls’ perceptions. This is in line with prior studies which found that when African American girls were exposed to idealized images of other African American models, they experienced a stronger drive to be thin, lower self-esteem and lower body satisfaction than girls who were not exposed to these images (Botta, 2003; Frisby, 2004; Peterson, Wingood, DiClemente, Harrington & Davies, 2007). Given the high rates of African American adolescents’ exposure to mass media (Kaiser, 2010) future studies may want to examine the association between media use and body image. It is possible that they types of media girls in this sample viewed and their consumption patterns may have influenced girls’ perceptions/interpretations.

Unique to this study, girls in this sample were given the opportunity to identify specific media personalities which served as body role models, represented in the subtheme, My Media Role Models. Half of the girls in this sample indicated that even if given the choice to look like anyone in the media they would still choose to look like, or be themselves. Of those who did choose a media role model, all except for one adolescent chose an African American female. Girls chose females of all body types, sizes and various skin tones (e.g., Mo’Nique, Beyonce, Jada Pinckett-Smith, Laila Ali, Alicia Keys), yet surprisingly girls chose Mo’Nique followed by Alicia Keys as their top choice of role
models. When asked to explain their choice of role models girls identified a variety of physical and non-physical attributes they found appealing including the models’ beauty, body weight/shape, muscularity, hair, and skin color. Additionally, girls indicated that they admired these females for because of their strength, personality, and talents. Caregivers voiced similar views on their adolescents’ perceptions of media images. Caregivers acknowledged that their daughters were heavily influenced by the images presented in the mass media. When asked who they thought their daughters would most want to resemble, caregivers also chose thicker, curvaceous females, however caregivers indicated that their daughters’ top choice of celebrities would be rapper, Nicki Minaj followed by singer/musician Alicia Keyes. The remaining caregivers’ responses were divided but included other popular African American females such as Beyonce, Tyra Banks, and music video models.

Girls choice of role models are in accord with prior studies which suggest that African American females are more flexible in their definitions of beauty and their preference for larger body shapes and sizes (Botta, 2000; Parker, 1995). Results also confirm prior study findings which suggest that African American females tend to admire women for exhibit strength, independence and self-confidence (Duke, 2000; Schooler, 2004). Girls in this sample may have been influenced by the number of hours spent consuming media or by the types of media consumed.

**Prevention Implications**

Future work can expand this field of body image research in many ways which can then translate into effective programming. First, given the influence of parents (particularly maternal caregivers), peers, and media messages on girls’ body image attitudes it may
behoove programmers to develop curriculum which incorporates these socio-cultural influences and relationships. Specifically, efforts should work to improve and increase the frequency of mother-daughter communication surrounding body image. Caregivers should be informed about the impact of their messages (e.g., positive messages, pressure to diet or lose weight, weight-teasing, and/or negative criticism) and behaviors (e.g., eating, dieting or exercise behaviors, purchasing and providing access to healthy foods) on girls’ body image perceptions. Educating caregivers about important developmental stages (e.g., transitions form middle to high school) which may impact body satisfaction may also be helpful in preventing body image problems and/or maintaining positive body image.

Secondly, programmers should use the results of this study to design and implement more culturally relevant interventions, and target girls at heightened risk for poor body image. Programs should specifically address the non-weight related attributes (including hair and skin color, personality, fashion/style) important to African American girls. Results of this study also suggest that religiosity and heredity were equally important to the girls’ positive body image perceptions. Thus, religious values and beliefs should be considered to help encourage girls to embrace both the positive and negative (e.g., flaws) aspects of their bodies.

Next, given the high rates of obesity among African Americans, and African American girls’ negative attitudes toward physical activity (CDC, 2009; Shen et al., 2012) programmers may want to educate parents and adolescents about the value and long-term impacts of adopting and maintaining healthy lifestyle behaviors. Encouraging African American caregivers to increase girls’ access to healthy foods, nutrition/health education, and
opportunities for physical activities may also be helpful in promoting girls’ positive health outcomes.

Finally, research shows that media literacy programs may be an effective way of developing critical thinking skills and promoting positive body image among adolescent girls (Neumark-Sztainer, Sherwood, Coller, & Hannan, 2000; Richardson, Paxton, & Thomson, 2009). Thus, one method to potentially lessen the negative impact of the media on adolescents’ body image is to teach girls to be critical viewers of media images and messages. Programmers should incorporate media literacy skills in their designs to help teach caregivers and girls to identify unrealistic or stereotypical images and challenge the messages presented in the mass media. Moreover, caregivers could utilize the media to help initiate or facilitate body-related discussions and identify positive and negative body image role models. Similarly, since the media seemed to serve as a motivator for girls in this sample, it could be potentially used to promote body satisfaction and healthy eating and exercise behaviors. Caregivers could help girls identify positive, non-stereotypical African American media role models, as well positive television shows promoting healthy lifestyles and behaviors. Finally, given the link between media exposure and negative adolescent health outcomes (Grabe, Ward, & Hyde, 2008; Hargreaves & Tiggemann, 2003; 2005), programs should encourage caregivers to monitor and/or limit their girls’ media use.

**Limitations and Strengths**

While this study makes a contribution to the body image literature a number of limitations should be considered.

One limitation was the volunteer nature of this study. We used a convenience sample of caregivers and their adolescent daughters who volunteered to participate in our study.
Dyads knew in advance that they would take part in a qualitative study about African American girls’ body image. It is possible that there is a difference between those dyads that chose to participate and complete the qualitative study and those that chose not to participate (e.g., personality characteristics). It is also possible that there is a difference in the characteristics of the parent that allowed their adolescent to participate in this study and those that did not (e.g., parenting style). In order to reduce the possibility of volunteer bias and increase dyads’ motivation to participate a monetary incentive was offered to participants.

Another limitation of this study is that we did not gather specific information on the frequency of parent-child communication surrounding body image. The frequency of caregiver-adolescent conversations may have influenced dyads’ perceptions or recollections of body-related communication with caregivers. Similarly, girls’ body mass index or BMI was not obtained. Girls’ BMI may have influenced their body image perceptions such that girls with higher BMI may be less satisfied with their body image or appearance. Finally, did not obtain girls’ media consumptions patterns such as the type of media viewed (i.e., Black or White media), total number viewing hours, or newer media (e.g. internet/social media use). Increased exposure to the mass media, Black versus White media, or newer forms of media, may have impacted girls’ perceptions of media messages.

Although the present study has some limitations, it also has a number of strengths. One of the strengths of the current study is its focus on the social and cultural influences on African American girls’ body image. There is a paucity of available research on the types of messages African American adolescent girls receive from these sources, or how girls interpret these messages. As such, this study addresses this understudied area by attempting to understand which messages are harmful or helpful to African American girls’ body image.
This information is necessary in order to design and implement culturally relevant and appropriate intervention and prevention programming.

An additional strength of the current study is that we collected reports of communication about body image from both maternal caregivers and their adolescent daughters. Collecting data from caregivers and adolescents allows for more accurate assessment of communication and influence given that caregivers may have very different perceptions, recollections, and interpretations of communication than their daughters (Cooley, Toray, Wang & Valdez, 2008). Furthermore, this study’s use of qualitative methods to collect data from dyads made it possible to examine the types of messages caregivers conveyed and girls’ interpretations of these messages which quantitative methods may not have captured. Similarly, this study is unique in that we also assessed girls’ feelings toward non-weight related factors of body image which are important to African American girls, yet often overlooked in research studies. Finally, the purposeful use of women of color as researchers conducting the interviews with dyads is also strength of the current study. The use of women of color helped ensure that adolescents and caregivers felt comfortable answering sensitive questions openly and honestly.

Conclusion

African American girls have multi-faceted view of body image. For these girls body image encompasses a number of different factors including weight-related features (e.g. weight and shape), non-weight related features (e.g., hair, skin color and facial features), as well as attributes that are not typically associated with body image (e.g., fashion style, personality and uniqueness) (Botta, 2000; Parker et al., 1995). It may be these beliefs that contribute to African American girls’ increased body satisfaction and more flexible views in
their conceptualizations of beauty (Hesse-Biber, Howling, Leavy, & Lovejoy, 2004; Parker et al., 1995). Although these beliefs may promote positive body image, African American girls are not impervious to body image concerns.

Social and cultural factors also play a role in shaping girls’ body image perceptions (Clark & Tiggemann, 2008; McCabe & Ricciardelli, 2003). The messages girls receive from their maternal caregivers are particularly important to girls’ body esteem and instrumental in helping girls adopt and maintain a healthy positive body image Smolak, 2011; Neumark-Sztainer et al., 2006. The influence of peers, family members and the media are also important. Caregivers can help offset the negative messages girls receive by monitoring their child’s media use, teaching girls to be critical of media messages, and continuously delivering positive body-related comments to their daughters. It is imperative socio-cultural influences are considered when examining body image research and implementing prevention and intervention programs.
List of References
List of References


and strategies to both increase and decrease body size among adolescent boys and girls. *Adolescence, 36*, 225-240.


Taylor, W.C., Yancey, A.K., Leslie, J., Murray, N.G., Cummings, S.S., Sharkey, S.A,...


Appendix A

VCU Research Study

Sex & the Media
Mother & Daughter Conversations

The VCU Department of Psychology is seeking African American mothers and daughters aged 11-14 to participate in a study that looks at African American mother and daughter communication about sex and media.

- This study involves separate interviews with mothers, interviews with daughters, and conversations between mothers and daughters surrounding a media clip.
- In return for 2 hours of participation, both mothers and daughters will receive a $25 gift card.

Additional questions should be directed to Dr. Rosalie Corona at (804) 828-8059 OR racorona@vcu.edu.

Participation is limited to the first 25 mother and daughter pairs who respond!
Appendix B

YOUTH ASSENT FORM

TITLE: Using media literacy to prevent HIV among urban African American adolescent girls

VCU IRB NO.: HM12603

This form may have some words that you do not know. Please ask someone to explain any words that you do not know. You may take home a copy of this form to think about and talk to your parents about before you decide to be in this study. Your mother told us it would be okay to ask you to be in the study, but it is your decision whether you are in the study.

What is this study about?

We would like you to take part in an interview about your relationship with your mother, feelings about your body, and your thoughts about things you see on television, movies, and magazines. We also want to hear your thoughts about why some adolescents get pregnant or sexually transmitted diseases, and what your parents and friends say to you about pregnancy and sexually transmitted diseases. What we learn from this study may help other people who want to know more about how we can help them make healthy sexual decisions.

What will happen to me if I choose to be in this study?

If you agree to be in our study, we will ask you to take part in an interview. The interview will be led by researchers who have a lot of experience working with teenagers. Your parents will not be present during the interview. You will also be asked to talk about three topics with your mother: (a) tobacco use, (b) dating and sexuality, and (c) you will be shown a media clip with an African American female and be asked to discuss the image portrayed. Being in this study will take about 2 hours. The interview will cover topics such as:

- Your thoughts and feelings about your body
- How what you see in television, the movies, or magazines affects your decisions about dating and sexual behaviors. Your thoughts and feelings about adolescents having sex
- What your parents and friends say to you about sex, HIV, pregnancy and how to avoid getting HIV or pregnant.

You will also be asked to complete a short survey about things like your age, grade, whether you talk to your mother about sexual topics, and there will be questions about your own dating and sexual experiences and substance use. You don’t have to answer any question you don’t want to answer.

Because we want to remember what everyone says, we will audio record the interviews and video tape the conversations between you and your mother. Your name will not be on the audio recordings or the videotape, or on the short survey. Your parent will not listen to the recordings of your interview or see your answers on the survey.

APPROVED
If you decide to be in this study, you will be asked to sign this form. Do not sign the form until you have all your questions answered, and understand what will happen to you.

**What might happen if I am in this study?**

Sometimes talking about these types of topics makes people upset. You do not have to talk about anything you do not want to talk about. You stop the interview at any time. If you do become upset, the people running the study will give you the names of some people who can help you.

**What do I get if I am in this study?**

You get a $25.00 for participating in the study.

**Will you tell anyone what I say?**

We will not tell anyone what you say in the interviews or the answers you give us on the short survey. We will not share your responses with your teachers or parents or friends. If you tell us that someone is hurting you, or that you might hurt yourself or someone else, the law requires us to let people in authority know so they can help you.

If we talk about this study in speeches or in writing, we will never use your name.

**Do I have to be in this study?**

You do not have to be in this study. If you choose to be in the study you may stop at any time.

**Questions**

If you have questions about being in this study, you or your parent/another adult can contact:

Dr. Rosalie Corona  
Virginia Commonwealth University  
Department of Psychology  
810 W. Franklin St.  
PO Box 842018  
Richmond, VA 23284  
Phone: (804) 828-8059  
Fax: (804) 828-2237  
Email address: racorona@vcu.edu

If you have questions regarding your rights as a research subject, you may contact

Office for Research Subjects Protection  
804-828-0868  
Virginia Commonwealth University  
800 East Leigh Street, Suite 111
P.O. Box 980568
Richmond, VA 23298

Do not sign this form if you have any questions. Be sure someone answers your questions.

Assent:
I have read this form. I understand the information about this study. I am willing to be in this study.

Youth name (printed)

Signature of Youth Date

Printed Name of Person Conducting Informed Assent Discussion/Witness

Signature of Person Conducting Informed Assent Discussion/Witness Date

Investigator signature (if different from above) Date

APPROVED
01/25/10
Version 1
RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM

TITLE: Using media literacy to prevent HIV among urban African American adolescent girls

VCU IRB NO.: HM12603

INVESTIGATOR: Rosalie Corona, Ph.D.

SPONSOR: This study is funded via an NIMH R25 training program: the HIV Intervention Science Training Program for Racial/Ethnic Minority New Researchers (HISTP).

This consent form may contain words that you do not understand. Please ask the study staff to explain any words that you do not clearly understand. You may take home an unsigned copy of this consent form to think about or discuss with family or friends before making your decision.

PURPOSE OF THE STUDY

The purpose of this research study is to understand how media influences African American adolescent girls' decisions about sexual behavior. We are also interested in learning what mothers say to their daughters about HIV prevention and how the media portrays African American women and girls. This information can help us create a program to help African American mothers and daughters talk about dating, pregnancy, and HIV prevention, and other important topics.

DESCRIPTION OF THE STUDY AND YOUR INVOLVEMENT

If you decide you and your daughter will be in this research study, you will be asked to sign this consent form after you have had all your questions answered and understand what will happen to you and your daughter.

If you agree to be in our study, we will ask you to participate in an interview. We will also ask your daughter to participate in a separate interview. The interviews will be led by researchers with experience in conducting these types of interviews. You and your daughter will also be asked to talk about three topics with one another: (a) tobacco use, (b) dating and sexuality, and (c) you will be shown a media clip with an African American female and be asked to discuss the image portrayed. Being in this study will take about 2 hours.

The interview will cover topics such as:

- What you say to your daughter about sex, HIV, and pregnancy
- What you tell your daughter about how to avoid getting HIV or pregnant
- How what adolescents see on television, the movies, or magazines affect their decisions about their bodies and sexual behaviors.
- Your thoughts about how teenager's feelings about their bodies affects their behaviors

APPROVED

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01.25.10
confidential.

IF AN INJURY HAPPENS

Virginia Commonwealth University and the VCU Health System (formerly known as Medical College of Virginia Hospitals) have no plan for providing long-term care or compensation in the unlikely event that you suffer injury because of your participation in this research study.

VOLUNTARY PARTICIPATION AND WITHDRAWAL

You and your daughter do not have to participate in this study. If you choose to participate, you and your daughter may withdraw at any time without any penalty. You both may also choose not to answer particular questions that are asked in the study.

QUESTIONS

If you have questions in the future concerning your participation in this research, please call:

Dr. Rosalie Corona
Virginia Commonwealth University
Department of Psychology
810 W. Franklin St.
PO Box 842018
Richmond, VA 23284
Phone: (804) 828-8059
Fax: (804) 828-2237
Email address: racorona@vcu.edu

If you have any questions about your rights as a participant in this study, you may contact:

Office for Research Subjects Protection
Virginia Commonwealth University
800 East Leigh Street, Suite 111
P.O. Box 980568
Richmond, VA 23298
Telephone: 804-828-0868

Please note that this study is funded through Columbia University, and Elwin Wu, Ph.D., Assistant Professor, Columbia University School of Social Work, will provide consultation on compliance with requirements of the funding agency. If you have questions about the study or your rights as a research participant, the section entitled “Questions” contains contact information of those who can assist you. If their response is not satisfactory to you, Dr. Wu can be reached at (212) 851-2397 and Columbia University’s Institutional Review Board can be reached by email at askirb@columbia.edu, by phone at (212) 851-7040, or by fax at (212) 851-7044.

WHY IS THE INVESTIGATOR DOING THIS STUDY?
Conducting research studies is an expected part of the Investigator's role as a VCU faculty member. Her salary may be supported, in part, by a grant or contract to VCU for the conduct of this study.

CONSENT

I have been given the chance to read this consent form. I understand the information about this study. Questions that I wanted to ask about the study have been answered. My signature says that I am willing to participate in this study and that my daughter listed below can also participate.

Name of Child

Participant name printed

Participant signature Date

Printed Name of Person Conducting Informed Consent Discussion/Witness

Signature of Person Conducting Informed Consent Discussion/Witness Date

Investigator signature (if different from above) Date

APPROVED

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Appendix C

Adolescent Survey

1. What is your birthdate (month-day-year)?
   _______ / _______ / _______
   Month   Day   Year

2. What grade are you in? (If you just finished a grade and haven’t started a new one yet, please mark the grade you just finished.)
   ○ 5\textsuperscript{th} grade
   ○ 6\textsuperscript{th} grade
   ○ 7\textsuperscript{th} grade
   ○ 8\textsuperscript{th} grade
   ○ I am not in school

3. Which of the following best describes your grades? (Please choose only one answer.)
   ○ Mostly A’s (1)
   ○ Mostly C’s (5)
   ○ About half A’s and half B’s (2)
   ○ About half C’s and half D’s (6)
   ○ Mostly B’s (3)
   ○ Mostly D’s (7)
   ○ About half B’s and half C’s (4)
   ○ Mostly below D (8)

4. How would you rate your overall relationship with your mother?
   ○ Excellent (1)
   ○ Very good (2)
   ○ Good (3)
   ○ Fair (4)
   ○ Poor (5)
   ○ Very poor (6)
   ○ Terrible (7)

5. How would you rate your ability to communicate with your mother in general?
   ○ Excellent (1)
   ○ Very good (2)
   ○ Good (3)
   ○ Fair (4)
   ○ Poor (5)
6. How would you rate your ability to communicate with your mother **about sexual topics**?

- Excellent (1)
- Very good (2)
- Good (3)
- Fair (4)
- Poor (5)
- Very poor (6)
- Terrible (7)

**Instructions**: Below is a list of topics kids and parents sometimes talk about with each other. For each topic, please indicate whether or not you have **ever** talked about this topic with your mother.

<table>
<thead>
<tr>
<th>Have you ever talked about this topic with your mother?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. How girls’ bodies change physically as they grow up</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. How boys’ bodies change physically as they grow up</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Menstruation (having menstrual periods)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. How women get pregnant and have babies</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. What qualities are important in choosing close friends</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. How to ask someone out on a date</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13. How to make decisions about whether or not to have sex</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>14. What it feels like to have sex</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>15. Homosexuality/People being gay</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>16. Consequences of getting pregnant</td>
<td>☐</td>
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<tr>
<td>17. How well birth control pills can prevent pregnancy</td>
<td>☐</td>
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<tr>
<td>18. How well condoms can prevent sexually transmitted diseases (STDs)</td>
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<tr>
<td>19. How to choose a method of birth control</td>
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<td>☐</td>
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</tr>
<tr>
<td>21. How people can prevent getting sexually transmitted diseases (STDs)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>22. Symptoms of sexually transmitted diseases (STDs)</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
23. What to do if a partner doesn’t want to use a condom

24. The importance of not pressuring other people to have sex

25. Reasons why teenagers decide to have sex

26. Reasons why teenagers decide not to have sex

27. How you will know if you are in love

28. How to say no if someone wants to have sex with you and you don’t want to

**Instructions:** This section contains questions about things you may have done with a boy or girl such as holding hands, kissing, and sexual activities. Please indicate whether or not you have *ever* done these things during your **whole life**.

When we say “boy” or “girl”, we mean males or females of any age such as teenagers or adults. Please do **NOT** include people to whom you are related such as your mother, mother, sisters, brothers, etc.

Remember, your name is not on this survey and your parents will never see your answers. If you prefer not to answer the following questions, you may skip them.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>29. During your <strong>whole life</strong>, have you <em>ever</em> gone out alone with a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>boy that you liked as more than a friend?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. During your <strong>whole life</strong>, have you <em>ever</em> had a boyfriend?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. During your <strong>whole life</strong>, have you <em>ever</em> told a boy that you love</td>
<td></td>
<td></td>
</tr>
<tr>
<td>him? *(When we say “love,” we mean romantically, not the kind of love</td>
<td></td>
<td></td>
</tr>
<tr>
<td>of love that family members say they have for each other.*)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. During your <strong>whole life</strong>, has a boy <em>ever</em> told you that he loves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. During your <strong>whole life</strong>, have you <em>ever</em> held hands with a boy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>that you liked as more than a friend?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. During your <strong>whole life</strong>, have you <em>ever</em> kissed a boy on the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mouth?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. During your <strong>whole life</strong>, have you <em>ever</em> held hands with a girl</td>
<td></td>
<td></td>
</tr>
<tr>
<td>that you liked as more than a friend?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
36. During your **whole life**, have you **ever** kissed a girl on the mouth?  

**Instructions**: These next two questions are about condoms. Please indicate whether you have or have not done the following activities.

<table>
<thead>
<tr>
<th>Have you ever done the following?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>37. I have taken a condom out of the packet to see what it was like.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>38. My mother has reviewed the steps of how to use a condom with me.</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Instructions**: Please let us know what you think about the statements below.

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>39. People who are in good shape are better looking than people who are not in good shape.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>40. Watching TV or reading magazines makes me want to diet or lose weight.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>41. Clothes look better on people who are thin.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>42. Watching movies makes me want to diet.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>43. Clothes look better on people who are in good shape.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>44. I try to look like the models in magazines.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>45. I learn how to look attractive by looking at models in magazines.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>46. I compare my body to movie stars.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>47. I would like my body to look like the models in magazines.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>48. I would like my body to look like people who are on TV.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
49. I try to look like the actors or actresses in movies.

Parent Survey

3. What is your birthdate (month-day-year)?

Instructions: Please answer the following questions about your daughter who is participating in the study.

4. What is your daughter's birthdate (month-day-year)?

5. How would you rate your overall relationship with your daughter?

   Terrible   Very poor   Poor   Fair   Good   Very good   Excellent

6. How would you rate your ability to communicate with your daughter in general?

7. How would you rate your ability to communicate with your daughter about sexual topics?

Instructions: Below is a list of topics kids and parents sometimes talk about with each other. For each topic, please indicate whether or not you have ever talked about this topic with your daughter who is participating in the study.

<table>
<thead>
<tr>
<th>Have you ever talked about this topic with your daughter?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. How girls' bodies change physically as they grow up</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. How boys' bodies change physically as they grow up</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. Menstruation (having menstrual periods)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. How women get pregnant and have babies</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. What qualities are important in choosing close friends</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13. How to ask someone out on a date</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>14. How she will make decisions about whether or not to have sex</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
15. What it feels like to have sex

16. Homosexuality/People being gay

<table>
<thead>
<tr>
<th>Have you ever talked about this topic with your daughter?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Consequences of getting pregnant</td>
<td></td>
<td></td>
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<tr>
<td>18. How well birth control pills can prevent pregnancy</td>
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<td>23. Symptoms of sexually transmitted diseases (STDs)</td>
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<tr>
<td>24. What to do if a partner doesn't want to use a condom</td>
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<tr>
<td>25. The importance of not pressuring other people to have sex</td>
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<tr>
<td>26. Reasons why teenagers decide to have sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Reasons why teenagers decide not to have sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. How she will know if she is in love</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. How to say no if someone wants to have sex with her and she doesn't want to</td>
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</table>

30. Circle the last grade you completed?

<table>
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<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
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<tbody>
<tr>
<td>Elementary School</td>
<td>Middle School</td>
<td></td>
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<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>High School</td>
<td>College</td>
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<tr>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20+</td>
<td>Post-Graduate School</td>
<td></td>
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</tr>
</tbody>
</table>

31. What is your marital status?

- Single, never been married
- Married
- Living as married/Living with a domestic partner
- Legally separated
- Divorced
- Widowed
Appendix D

Adolescent Interview Questions

Sexual Behavior, HIV and Teen Pregnancy

1. We are interested in learning about where girls, like you, get information about sex. If you had a question about sex, who could you ask or where could you go to find out the answer?

   a. PROBE FOR MULTIPLE RESPONSES: Where else could you go to find out the answer?

   b. PROBE for MEDIA: Do you think you have learned anything about sex from watching TV or movies? If YES, what have you learned?

2. Some girls think it’s hard to talk about sex with their parents and some think it’s easy. Why do you think it is hard for some teenagers to talk with their mothers about sex?

3. Have you and your mother talked about sex?

   a. If YES:

      o What has your mother told you about sex?

      o What was it like for you to talk to your mother about sex?

   b. If NO: Why haven’t you and your mother talked about sex?
4. Now, we’re going to talk about HIV. How can people get HIV?

5. We are also interested in learning about where girls, like you, get information about HIV. If you had a question about HIV, who could you ask or where could you go to find out the answer?

   a. PROBE FOR MULTIPLE RESPONSES: Where else could you go to find out the answer?

   b. PROBE for MEDIA: Do you think you have learned anything about HIV from watching TV or movies? If YES, what have you learned?

6. Have you and your mother talked about HIV?

   a. If YES: What has your mother told you about HIV?

   b. If NO: Why haven’t you and your mother talked about HIV?

7. **ASK THIS QUESTION IF HIV PREVENTION IS NOT MENTIONED IN RESPONSE TO QUESTION #6**

   Have you and your mother talked about how to avoid getting HIV?

   a. If YES: What has your mother told you about how to avoid getting HIV?

   b. If NO: Why haven’t you and your mother talked about how to avoid getting HIV?

**Body Image and Media**

8. Now we’re going to talk about how you feel and what you think about your body and the way you look. Girls all feel differently about their body – there are some things they like and some things they may want to change.
a. What do you like best about your body or the way you look? Why?

b. How do you feel about your skin color?

   o If participant says something **positive** about her skin color say, “Why do you like it?”

   o If participant says something **negative** about her skin color say, “How do you wish it were different?”

c. How do you feel about your hair?

   o If participant says something **positive** about her hair say, “Why do you like it?”

   o If participant says something **negative** about her hair say, “How do you wish it were different?”

d. Do you and your mother talk about your body or the way you look?

   o If YES: What does your mother say about your body or the way you look?

   o Are there things your mother likes or things she doesn’t like about your body or the way you look? If so, what?

e. Do your friends say anything about your body or the way you look? If yes, what?

9. Who is more likely to have sex a girl who likes the way her body looks or a girl who doesn’t like the way her body looks? Why?

10. Who is more likely to use condoms when she has sex a girl who likes the way her body looks or a girl who does not like the way her body looks? Why?
11. Think about African American women and girls that you see on TV, in magazines, movies, and in music videos. Which African American female would you want to look like? Why?

   a. Do you think the way these African American females look influences the way you feel about your body or the way you look? If yes, how?

   b. Have these images of African American females ever made you want to change your body or the way you look? If yes, how?

   c. Do you and your mother talk about how the African American females in TV, magazines, movies, or music videos look? If YES, What does your mother tell you?

   d. What do your friends say about the how African American females in TV, magazines, movies, or music videos look?

**Assessment of African American Racial Identity**

10. People use different words to describe themselves, which of the following best describes you and people who look like you?

   a. African American

   b. Black

   c. Mixed; parents are from different groups. If so, which:

   d. Other

So when you think of yourself, you would most likely use the term ____________ (say the term the participant chose from the list above) to describe your racial or ethnic group.

11. Describe what it means to you (if anything) to be ____________ (say the term the participant chose from the list above)?
12. What are the things you do that make you feel like a(n) _____________ (say the term the participant chose from the list above) person?

13. Do you think it makes a difference to others that you are _____________ (say the term the participant chose from the list above)?

   a. If yes, so, can you tell me in what ways it makes a difference to others?

14. How important is it to you to be _____________ (say the term the participant chose from the list above)?

   Mother Interview Questions

**Sexual Behavior and HIV**

12. We are interested in learning about where girls, like your daughter, get information about sex. If your daughter had a question about sex, who could she ask or where could she go to find out the answer?

   a. PROBE FOR MULTIPLE RESPONSES: Where else could she go to find out the answer?

   b. PROBE for MEDIA: Do you think your daughter has learned anything about sex from watching TV or movies? If YES, what do you think she has learned?

13. Some girls think it’s hard to talk about sex with their parents and some think it’s easy. Why do you think it is hard for some teenagers to talk with their mothers about sex?

14. Have you and your daughter talked about sex?

   a. If YES:

      o What have you told your daughter about sex?
What was it like for you to talk to your daughter about sex?

b. If NO: Why haven’t you and your daughter talked about sex?

15. Now, we’re going to talk about HIV. How can people get HIV?

16. We are also interested in learning about where girls, like your daughter, get information about HIV. If your daughter had a question about HIV, who could she ask or where could she go to find out the answer?

a. PROBE FOR MULTIPLE RESPONSES: Where else could she go to find out the answer?

b. PROBE for MEDIA: Do you think your daughter has learned anything about HIV from watching TV or movies? If YES, what do you think she has learned?

17. Have you and your daughter talked about HIV?

a. If YES: What have you told your daughter about HIV?

b. If NO: Why haven’t you and your daughter talked about HIV?

18. ASK THIS QUESTION IF HIV PREVENTION IS NOT MENTIONED IN RESPONSE TO QUESTION #6.

Have you and your daughter talked about how to avoid getting HIV?

a. If YES: What have you told your daughter about how to avoid getting HIV?

b. If NO: Why haven’t you and your daughter talked about how to avoid getting HIV?
19. Now we’re going to talk about how girls feel and what they think about their bodies and the way they look. Girls all feel differently about their body – there are some things they like and some things they may want to change.

f. What does your daughter like best about her body or the way she looks? Why?

g. How does your daughter feel about her skin color?

  o If participant says something **positive** say, “Why does she like it?”

  o If participant says something **negative** say, “How does she wish it were different?”

h. How does your daughter feel about her hair?

  o If participant says something **positive** say, “Why does she like it?”

  o If participant says something **negative** say, “How does she wish it were different?”

i. Do you and your daughter talk about her body or the way she looks?

  o If YES: What do you say to your daughter about her body or the way she looks?

  o Are there things you like or things you don’t like about her body or the way she looks? If so, what?

20. Who is more likely to have sex a girl who likes the way her body looks or a girl who doesn’t like the way her body looks? Why?
21. Who is more likely to use condoms when she has sex a girl who likes the way her body looks or a girl who does not like the way her body looks? Why?

22. Think about African American women and girls that you see on TV, in magazines, and in music videos. Which African American female do you think your daughter would want to look like? Why?

   e. Do you think the way these African American females look influences the way your daughter feels about her body or the way she looks? If yes, how?

   f. Have these images of African American females ever made your daughter want to change her body or the way she looks? If yes, how?

   g. Do you and your daughter talk about how the African American females in TV, magazines, movies, or music videos look?
Vita

Michell Ann Pope was born on April 14, 1970 in Springfield, Massachusetts, and is an American citizen. She graduated from Commerce High School, Springfield, Massachusetts, in 1988. She received her Bachelor of Science in Psychology from the Virginia Commonwealth University, Richmond, Virginia 2009. She has worked as a research assistant for Virginia Commonwealth University since 2009.