



Body image across the lifespan: psychosocial implications

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Abstract

In Africa, the concept of the self is decentered into a communal mode of identity formation that reflects cultural and social prescriptions. Body image, in this context, is more than just a personal perception of one's physical appearance. It is a reflection of one's relationship with the community and the cultural values and beliefs that shape it. Body image is intimately tied to one's sense of identity, self-worth, and social status, projecting a dynamic and complex construct that reflects the individual's internal and external experiences and their place within the broader community. This chapter is an examination of the evolution of communal body image ideals and practices as the locus of control over the individual's socialization shifts from parents or communal caregivers to teachers, peers, the media, and eventually the individual. We explore how these changes have been expressed in different ways, including traditional practices such as special baths to mold babies' skulls, ward off evil illnesses and evil spirits, traditional markings, and puberty suppressing practices. Body image practices in infancy are culturally prescribed and are more focused on health promotion. From adolescence, locus of control centers back to the individual and body image practices are more reflective of modern prescriptions, like skin bleaching, tattooing, and cosmetic physical alterations. The psychosocial implications of these changes, particularly in terms of how they affect individuals' self-concept, self-esteem, and overall well-being, are briefly discussed. We propose that an understanding of the changing nature of body image ideals in Africa is essential for promoting positive body image and reducing negative psychosocial outcomes related to body image. The chapter contributes to the broader literature on lifetime body image by highlighting the cultural specificity of body image ideals and the importance of social context in shaping body image experiences.

Keywords: Body Image, Objectification, Gender Differences, Sexualization, Body Functionality.

The utility of the human body fluctuates from infancy until old age. From adolescence, the body starts to acquire attributes other than the physiological expression of the sum of its parts. Our limbs graduate from modes of conveyance to measures of attractiveness. Our faces, skin tone, hairstyle, and color become a means of communicating our moods and emotions and other cosmetic attempts at enhancing our physical desirability. The body is also modified to express some current social circumstances. For instance, marital rites in some parts of Africa involve fattening and adorning the brides-to-be in some ornaments that are assumed to symbolize purity and resilience (Brink, 1999).

Similarly, hairstyles communicate widowhood, virginity, marital status, membership of respected cult groups and nobility in parts of Africa (Miller, 2001). Our sense of what our body is and what it ought to be, evolves bodies throughout the lifespan, with implications for physical and mental health (Gardner, 2011).

Body image is how we see and think about our body concerning its aesthetic function as a primary measure of our social desirability. It is a mental representation of the body that consists of cognitive, emotional, behavioral and perceptual ramifications. Preoccupation with concerns relating to body image issues is associated with a plethora of maladaptive outcomes that threaten the physical and mental well-being and, at times, necessitates clinical intervention. These concerns precede the birth of a child and persist through life and continue to escalate the proliferation of non-essential medical and cosmetic inventions (Peat, Peyerl & Muehlenkamp, 2008).

While the physical ramifications of pregnancy might cause maladaptive responses from the mother, with implications for the development of the fetus, parents also express concerns over the looks of their unborn child. An infant child's positive

attachment with their caretaker correlates with the equivalence of their expected and actual physical appearance (Fisher, Fisher & Stark, 1990). This implies that our parents and caregivers already bonded with us even before we knew it based on our physical appearance.

In Africa, a child's physical resemblance with a living or dead relative or some loved ones can influence the choice of name and in some instances. It is not out of place for a child to be given the name and accorded respect due to a late relative. The growth and development of a child are physiological as well as social. As the child interacts with other social categories and situations, opinions on her body become diverse. From their heights to their gait and complexion, decisions about what is and isn't palatable continue to have vicariously positive and negative effects on children's well-being. With the acquisition of the agency of adolescence and young adulthood, individuals inherit the body-vigilantism of their guardians and start to implement their idea of what their body is or should be.

Prenatal Body Image

A pregnant person's body undergoes the most rapid natural body transformation within a 40-week window. Pregnancy stifles one's ability to influence the body's physical condition, and it is one of the few periods when concerns over body image can be justified. These concerns can linger long enough to become disturbances that impede maternal-fetal attachment and reduce the expectant mother's intention to breastfeed the baby. Typically, body image disturbances eventuate into unhealthy outcomes such as maternal depression, restrained eating and smoking behavior (Fuller-Tyszkiewicz, Skouteris, Watson, & Hill, 2013), reducing the wholesomeness of

the natal environment and impairing maternal preparedness for the arrival of the baby.

Pre, post and perinatal body concerns range from generalized body consciousness to specific worries over the changes in different body parts. For instance, many cosmetic products promise to help expectant and new mothers get rid of stretch marks, especially in body parts that are more likely to be exposed in public. In addition to weight gain, stomach, breast, skin and hip changes are more pronounced and can cause feelings of sexual unattractiveness and concerns over recovery of the body's aesthetics after birth. The abundance of airbrushed and objectified images of celebrities whose bodies exhibit nature-defying rapidity of a return to perfection postpartum further puts the realities of postpartum physical outcomes under the body-image spotlight for new mothers. After pregnancy, saggy skin, varicose veins, episiotomy and cesarean scars, hormone-induced changes to the nature of hair, and other physical manifestations of the evidence of childbirth are normal (Fuller et al., 2013).

Body Functionality VS Body Appearance during Pregnancy

Body functionality is a strategy of considering the body as a process and encompasses everything the body can do. It aggregates all of the body's physical capacities, the internal cycle and health of the body, and the creativities, self-care and communication potentials. Beyond considering the body as a physical entity that constitutes a whole, it evaluates the body as a process. It does not follow the typical physical abilities and disabilities laws when considering the body (Alleva, Martin, Jansen & Nederkoorn, 2014). In essence, the body functionality of a physically impaired person (e.g. the visually impaired) might provide more fascination if another sensory pathway (say olfactory or gustatory) is enhanced to compensate for the lack of sight.

Because there are fewer socially determined ideas about the body's functionality, pregnancy provides an opportunity to focus on the positive potentials of the body. This does not mean that individuals should fixate on the expected pregnancy milestones to the extent that in creating a solution from body image concerns, we make another one with fixed pregnant-body functionalities. Instead, the focus should be on the body's internal rather than physical functionality as it nurtures a fetus and continues to nurse it after birth.

Body functionality is not an ableist construct. The body of every living person that can persist, even with medical aids, is functional. Regardless of age, state of health and structural makeup, a body is other than the sum of its parts. Body- functionality can be used to de-emphasize the imperativeness of body image. So, just as pregnancy provides a unique ability to consider the way the body changes to accommodate a fetus, an inability to conceive does not signify a shortcoming of the function of a woman's body. Regardless of the social notions of ideal and flawed body types, body functionality espouses appreciating the body's capacity beyond typical acknowledgments of the body's abilities. An example is rather than merely acknowledging the body's capacity to sustain a fetus to term and suckle it until weaning, to being grateful for these same functions without fixating on aesthetic implications of these abilities (Alleva et al., 2014).

Early childhood

From birth, there is an urgency to facilitate the repair of the mother's body to the ideal postnatal condition and induce the conformity of the newborn's body to the ideal neonatal state. In most societies in sub-Saharan Africa, the puerperal mother is prescribed special washes/baths, hot presses, and warming of the body over a bed of

hot coals for up to 40 days to "clean" her up, facilitate the vaginal healing process and reinvigorate the body (Shamaki & Buang, 2015 & Iliyasu et al., 2006). These practices, together with the administrative of abdominal hot compresses and sitz baths to aid lochia drainage and involution of the uterus, are aimed at facilitating the mother's physiological recovery as well as help return the body to its pre-pregnancy status (Okeke, Ugwu, Ezenyeaku, Ikeako, & Okezie, 2013).

For the neonate, the mothers of the household start to mold its body immediately after birth. The baby is administered a hot bath (in some cases with boiled medicinal herbs) consisting of massages, presses, the flexing of the limbs, molding of the head for up to three months after birth. There is socio-cultural unanimity about the importance of the early bath. This early bath is believed to effectively prevent the baby from developing body odor in later life (Adejuyigbe et al., 2015). It is also thought to cleanse the infant and smoothen infant skin, bring good luck, ward off curses, boost appetite and strengthen the immune system against diseases such as asthma, Pneumonia and Sinusitis (Wizzy, 2021). In addition, at the earliest stages of life, the baby is nursed in a hot room and always wrapped in warm clothing.

In the future, parents and other grown-ups will continue to express vicarious body image concerns about the growing child. The children can internalize these concerns, either culminating in later body image issues or providing inspiration for forms of body shaming and peer-bullying. The parental preference for chubbiness in children reflects the belief that plumpness represents the absence of illness, rounded nourishment, wealth and beauty for the child (CaCaradas, Lambert & Charlton, 2001). The motivation for chubby toddlers is not for purely aesthetic reasons. Malnutrition is one of the causes of infant mortality and illness in Nigeria, leading to physical growth

defects such as stunted growth, underweight and wasting body types (National Demographic and Health Survey, 2013).

Socially, a child's physical appearance is indicative of the parent's socio-economic competence. As such, caregivers are wont to seek unorthodox means of ensuring that the child is well-fed. Regardless of expert reassurances of their health status, an underweight child is deemed malnourished, and the parents are either assumed to be negligent or impoverished (Anigo, Ameh, Ibrahim & Danbauchi, 2009). Mothers and caregivers introduce complementary infant feeding as early as possible and engage in injurious practices such as force-feeding and traditional herbal concoctions to increase infant appetite (Anigo et al., 2009).

Body concerns at infancy are related to what the body ought to look like and what it ought to be able to do. At the earliest stages of child development, parents, especially mothers, are vigilant about the child's attainment of developmental milestones across real and imagined domains. In the absence of orthodox diagnoses of a cause of any actual or imagined lateness in achieving these milestones (such as sitting unaided, crawling, standing, etc.), alternative explanations are sought. Spiritual, cultural and ancient authorities in sub-Saharan Africa typically recommend force-feeding disinterested children, administering herbal baths, and consuming herbal concoctions as infant health promotion strategies. Other less invasive methods include rubbing essential oils and the tying of amulets, beads and charms to ward off evil spirits and prevent child illnesses (Kayombo, 2013).

Even though triggered by body shape, size or potential concerns, some of these concerns can go full circle and further scarify the child. In parts of Africa (e.g., among the Yoruba in Nigeria), when a string of stillbirths and miscarriages precedes the

arrival of a child, the tendency is to consider the newborn as a reincarnation fated for a similarly short life. Facial scarification is recommended as a sure way of hindering its return (demise). Other forms of tradi-medical fortification for preventing infant mortality and chronic illnesses are branding, cow-dung application on the umbilical cord, tattooing and uvulectomy (Sadik & Gobena, 2013).

Regarding ideal body potentials, a common concern of mothers and caregivers with a traditional mindset in Africa is the swiftness of the process of the falling of the umbilical stump and healing of the navel. Several non-conventional methods hasten this process involve applying warm presses on the navel within specific periods. A piece of clothing is warmed over hot charcoal or a pressing iron, tested on the back of the caregiver's palm to confirm its temperature, and then gently applied on the baby's navel. In some instances, this process eventuates in the maiming and eventual scarification of the infant, especially when the caregiver isn't quite adept at the preprocess (Peterside, Duru & Anene, 2015).

Gender differences in childhood body dissatisfaction

Body image disturbances in childhood are usually triggered by initial parental/caregiver concerns, modelled parent/caregiver behavior, or body shaming in the form of bullying or verbal abuse. During a mentorship program with pre-teenaged girls in Ibadan, southwestern Nigeria, a request to make a note of "what I don't like about boarding schools" was mistaken for "what I don't like about my body ." Most of these girls expressed concerns about the length of their hair and the pace of their pubertal transition. Upon further enquiries, most of them were worried about the length and fullness of their hair because their mothers and older female relatives had similar concerns. Worries over differences in the pace of biological maturity were due

to bullying and social comparison among their peers. The few who complained about the shapes of their noses, skin and eye color and sizes of their foreheads reported that either their parents, teachers or other adults around them had been verbally abusive concerning the oddness of these parts of their bodies (Bello, 2021).

Upon further enquiry, a study among equivalently aged male respondents from a similar population with the girls triggered identical responses. The boys were primarily concerned about their heights and body masses, giving them an advantage on the playground. Similar concerns over their noses, teeth, and skin color were related to bullying or verbal abuses from grown-ups and teachers. A few of them also reported that they did not like how people of certain complexions and heights are portrayed in the media, making them self-conscious about their physical realities (Bello, 2021).

Studies from the West have shown body image concerns in children aged 7, especially weight (Dohnt and Tiggemann, 2005). This phobia for adiposity reflects the extent to which the thin ideal has been cultivated by the idea and the reality of obesity concerns among modern developed nations (Duchin et al., 2015). Such problems also exist in the developing world, but to a lesser extent. Beyond female displeasure with adiposity and male desire for muscularity, male and female body concerns are primarily aesthetic and are mediated by the media, their parents and caregivers, and to a more undesirable extent, the nature of the bullying and body shaming stimuli that they have been exposed to.

Body image in adolescence

Adolescence, which means "growing into adulthood," is the stage when the body undergoes rapid developmental changes that can give credence to reinvigorated body consciousness (Lerner and Steinberg 2009). The period of adolescence is fluid and is better understood as the earliest pre-teen (from age 10) to the earliest post-teenage years (19-21) to allow for variations in physical and social maturity (Steinberg, 2011). Adolescence is the stage when the body develops the ability to conceive children. This ability has psychosocial implications such as emerging sexuality, delineation of gender roles and heightened awareness about body image. The turbulence of adolescence is well documented and is liable to exaggeration-for-profit by the media and fashion industry and exploitation for socio-political gain by ideologues (Conger & Galambos, 1997). However, the potentials of the energy and innocence of youth cannot be gainsaid, and their susceptibility to objectified body expectations is actual.

From the teeth to the feet

The body starts to acquire some of its more permanent attributes at this stage. Starting from dentition, the adolescent has probably lost all of their milk teeth and has a functional set of adult teeth that will remain with them for the rest of their lives. The possession of a healthy set of teeth is linked with wholesome body image, to the extent that persons who express cosmetic and medical dissatisfaction with their teeth are said to be significantly more likely also to report higher levels of body dissatisfaction (Dumitrescu, Dogaru, Duta, Zetu and Zetu, 2013). This overvaluation of appearance is expected from adolescents but can grow to epidemic levels when goaded by the media, the fashion industry and peer pressure. For this reason, the highest frequency of dental hospital visits in Nigeria is recorded among people under the age of 40 (80%), with

most dental patients falling between the ages of 21 to 30 (Taiwo, Soyele and Ndubuizu, 2014).

Other subtle physical changes are in the growth of underarm and pubic hair and increase in general body hair, and rapid growth spurts. Increased acne and the freedom to decide what to do with head and facial hair (eyelashes, mustache, sideburns and chin hair) present the earliest dilemma of physical modification. In males, there is also a marked increase in the growth of the penis and testes, facial hair and deepening of the voice (Steinberg, 2011). In females, there is breast development, the experience of the menarche (first menstrual experience) and widening of the hips.

Perhaps the gender differences in changes that happen in the stage indicate the nature of body image concerns that ensue, as girls tend to gain more fat tissue than boys. Whereas boys experience widening of their shoulders and waist, girls experience widening hips and increasing bosom sizes. Girls might translate these changes to getting fat, leading to the obsession with getting back in shape. On the contrary, boys begin to idealize muscle development to compensate for their widening chests and shoulders (McCabe, Ricciardelli & Finemore, 2002).

Body Image And Adolescent Gendering

Individual variations in pubertal timing and differences in the rapidity of growth and development account for some of the earliest signs of body concerns among young people. Whereas a child whose development is rapid might start to experience sexual objectification and attract extra-ordinary parental and peer attention at an early age, the one whose development is slow might experience feelings of inadequacy and experiment with non-conventional ways of either hastening or hindering some of the

more obvious manifestations of pubertal maturation (Steinberg, 2011). Studies have shown remarkable gender differences in the psychosocial consequences of early and late development. In boys, early maturation is associated with a mixture of desirable outcomes such as more significant popularity amongst their peers and adults, higher self-esteem and less desirable ones such as truancy, delinquency and drug use (Collins & Stenberg, 2006).

Boys are eager to "mature" and can engage in practices that they feel can facilitate their maturation. In secondary schools in Nigeria, boys apply methylated and a mixture of topically applied concoctions containing marijuana on their faces to stimulate the growth of facial hair (mybeardgang.com). A simple site search containing the keywords "methylated spirit and beards" on the popular Nigeria forum nairaland.com returned tens of threads on the efficacy and otherwise of using methylated spirit for hair growth.

For girls, on the other hand, early maturation is mainly associated with undesirable consequences such as early marriages, sexual harassment and confinement (Talle, 2008), as well as adverse psychological outcomes such as anxiety, depression and substance abuse (Kaltiala-Heino, Kosunen, & Rimpelä, 2003). These effects are culture-sensitive and are more pronounced in patriarchal and socially primitive settings where gender roles are rigid and in societies where culture-and-religion-mediated inter-generational heterosexual liaisons are allowed (Skoog, Stattin, Ruiselova, and Özdemir, 2013). In traditional African settings, pubertal development comes with many responsibilities and expectations for the girl-child. Fecundity and virginity are considered prized possessions and tend to attract unwelcome attention, especially in

societies where puberty implies automatic qualification for sexual intercourse, marriage and motherhood.

The consequence of all these is parental puberty apprehension for the girl-child. This apprehension has catalyzed the evolution of potentially dangerous practices to delay the sexual maturation of girls until there is some equivalence between their intellectual and physical maturity. Some anxious mothers and older female relatives' resort to painful and futile methods of delaying the physical manifestation of sexual maturity in the girl-child through **breast ironing, breast sweeping or breast flattening**. (Africa Health Organization, 2020). Breast-ironing is a practice that is common to some traditional African societies such as Cameroon (where it is rampant) and other regions of sub-Saharan Africa such as Benin, Chad and the Ivory Coast. It is a painful process of pressing and pounding the developing breasts of young girls with heated objects such as stones, hammers, large spatulas, brooms and leaves based on a belief that this practice can melt breast fat (Selby & Ngalle, 2018).

While breast ironing is claimed to deflect libidinous and marital attraction away from young girls, the equally harmful practice of female genital mutilation is believed to reduce the libido of young girls and reduce sexual promiscuity among them. Female genital mutilation is more rampant across the African and Asian continents and is performed anytime from infancy to early and late adolescence. The World Health Organization (2002) classifies four different forms of female genital mutilation (FGM):

1. Clitoridectomy: Involving the removal of the skin surrounding the clitoris, partial removal of the clitoris or total removal of the clitoris.

2. **Excision:** This is the partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.
3. **Infibulation:** This involves the coarctation of the vaginal opening by creating a covering seal. The seal is formed by cutting and repositioning the inner or outer labia, with or without removing the clitoris.
4. **Other:** all other harmful procedures, such as scraping, incising, pricking or cauterization of the female genitalia outside conventional medical practices.

FGM and breast ironing are traumatic conditions that have deleterious mental and physiological lifetime consequences for the health of women (UNICEF, 2005). Recent studies into the trans-generational heritability of trauma (Gapp et al., 2016) further emphasize the pervasiveness of the consequences of these unhelpful practices.

In addition to physically interfering with the normal functioning of the female body, some cultures also practice cosmetic suppression of female sexuality. Through the instrumentality of religious and socio-cultural authorities, efforts are made to shield women who have attained sexual maturity either by shrouding their entire bodies and at times faces behind veils and practicing strict gender segregation in public places. The Islamic concept of the hijab (full-body covering) and niqab (face) covering for mature women remains a polarizing issue. Some agree that it can be a matter of choice (e.g., Anderson, 2015), while others insist that it is rooted in primitive misogyny as it explicitly targets girls, unless there is a scriptural equivalent covering for males (e.g., Bouachrine, 2014). The use of veils by any female who has attained sexual maturity until old age is compulsory in many Arab Muslim countries in Asia and North Africa.

Late adolescence is a period that is characterized by more individual agency over physical appearance. At this point, the individual starts to implement vicariously internalized aspects of cultural messages and norms that define the appearance culture of their environment. The omnipresence of cultural norms regarding the body and how it should be is such that as the child becomes old enough to make decisions about their bodies, they become recipients of these idealized messages (Jones, 2011). The transmission of *body ideals* continues through the media's social influence, ideological authorities, peers and family members (Thompson, 1999). The reciprocal influence of these environmental and individual beliefs contributes to the viability of the *appearance culture*.

From late adolescence, individuals take charge of behaviors that conform to the appearance culture that predominates their environment. The difference between self and other (i.e., society/parent/guardian)-administered body modifications is in the permanence of these actions. For instance, male circumcision, FGM, initial piercing of the ears, and facial scarification are hardly reversible actions at a time when the parents make pretty much all of the decisions on behalf of the child. As young adults take charge of their bodies, they continue from where their parents/guardians stopped with actions that are as intense and serve the same purpose as those that were done by their parents/community. However, self-perpetrated body modification reflects more individual than communal choices. For instance, while the patterns of facial marks are tribal and general, tattooing allows for more individual choice.

Body Image and Sexualization

In Africa, children are an achievement for their parents, extended family and community. They are the most natural means of fulfilling emotional needs and

securing conjugal kinship and social security. They are also a validation for parental finances as they provide security for property rights and inheritance (of social and concrete assets). They guarantee the continuation of the family, community and tribe through reincarnation and marriage (Dyer, 2007). The community's preferences for certain body ideals influence the nature and intensity of modification practices done on behalf of the child until adolescence.

However, as the child outgrows the latency of adolescence and starts to develop psychosexual autonomy (Sauerteig, 2012), the sphere of influence about an ideal and desirable "body image" expands beyond the local influence of the community and peer groups. Whereas the family and community's body-image ideal pertains to the aesthetics, functionality and wholesomeness of physical attributes, the media is sexual-appearance oriented. With new interests in how the sexual parts of the body look and how they ought to look, body image concerns move from physical attractiveness to concerns over sexual appeal and sexual functionality of the body. At this point, individuals begin to appraise their own bodies based on their ability to provide sexual spectating and functional satisfaction to other persons; this is the basis for sexual objectification (Fredrickson & Roberts, 1997).

As the media continues to show a preference for images (especially of women), where individuals are appraised as objects whose value is based on how much pleasure they can give, the individual also starts to self-objectify. Sexualization is a broad cultural phenomenon that is fully embedded in the modern way of life and proliferated through the media. The APA Task Force on the Sexualization of Girls (2007) describes sexualization as occurring in four ways.

1. By constructing individual value as deriving from their sexual appeal and sexual behavior and downplaying other characteristics
2. By promoting a standard that creates an equivalence between physical appearance and sexiness
3. By treating people as sexual objects and imposing sexuality upon them and
4. By inappropriately imposing sexuality upon a person (e.g., sexualizing images of children and, or people of certain races).

Sexual objectification is a direct consequence of sexualization (Ward, 2016).

Body Image and Sexual Objectification

There is theoretical consensus that sexual objectification begins in earnest from adolescence (Fredrickson & Roberts, 1997). Sexual objectification is an integral component of adult body image; it describes the tendency for people to view themselves as objects deserving to be evaluated based on appearance and leads to individuals prioritizing their body's conformity to objectified ideals over its competence. The objectification theory is a fallout of a critique of the western culture of sexualization. It describes how media tyranny of imposing standards for attractiveness and desirability, especially for the female body, has catalyzed into a culture where individuals' (especially women's) bodies are projected as objects existing for the viewing, pleasure and entertainment of other people (Anslinger, 2019).

The proliferation of objectified female body ideals is so profound that young children (especially girls) are socialized to internalize these ideals, spectatorize their bodies, and start to view themselves the same way the media has primed them, as objects that

are being evaluated by other people (Fredrickson & Roberts, 1997). This internalization of sexual objectification leads to self-objectification. The behavioral components of self-objectification are body surveillance, body shame and degrees of belief in one's ability to influence how their bodies appear to other people. The pervasion of the makeup industry, the existence of mobile phone apps and social media features that instantly transform camera images and the degree of patronage that the medical industry continues to enjoy for non-essential cosmetic surgery is testimony to the soundness of this theory (Sharp, Tiggemann & Mattiske, 2014).

The implications of self-objectification for the body are manifold. On a cognitive level, the individual starts to value the body's appearance as it pertains to sex appeal over the competence of the body. This line of thought translates into injurious behavior such as persistent body surveillance and monitoring. For this reason, individuals will mutilate and starve their bodies at great risk to their overall health and well-being to look or not look a certain way (Calogero, 2011). When one casts an objectifying gaze on their own body and engages in constant surveillance, the possibility of having feelings of shame and anxiety over perceived shortcomings of the body becomes real. There is a strong association between self-objectification and a handful of maladaptive factors that can further compromise the body's competence, such as depressive symptoms (Tiggemann & Slater, 2015), eating disorders (Schaefer & Thompson, 2018) and sexual dysfunction (Calogero & Thompson, 2009).

Body Image and Sexual and Reproductive Health

A consequence of sexual objectification that has far-reaching implications for how we consider our bodies for the rest of our lives pertains to the amount of "sexual pressure" we are subjected to as we self-objectify. Specifically, when individuals self-

appraise their sexual and private body parts based on the amount of sexual pleasure they can provide for a real or imagined audience, they tend to interrogate their sexual competence using unrealistic standards. This sexual pressure impairs their abilities to negotiate safe sex (some people believe that condom usage reduces sexual pleasure), decide sexual partners and time, and make choices that reflect their own sexual needs (Jones & Gulick, 2009). Sexual pressure describes the loss of agency that comes with being obliged to compensate for real and imagined sexual inadequacies and manifests as a desire to conform to objectified sexual expectations so as not to lose benefits or suffer abandonment by intimate sexual partners. It also increases susceptibility to coercion and intimate partner violence (Shakelford & Goetz, 2004).

In addition to the aforementioned objectified male ideals of muscularity, height and weight, they are objectified based on their penis sizes, duration of penile tumescence during sexual intercourse, and phallic competence in heterosexual relationships. Likewise, female objectification is less subtle and proceeds from third-party (non-intimate partner) concerns over virginity to firmness and size of breasts, stomach size, hip and buttock size, and fecundity for both men and women. Sexual objectification directly impacts sexual function in men and women, creating an avenue for early-onset sexual dysfunction. In traditional societies, the inevitable impacts of neurological, vascular and hormonal factors on sexual function are exacerbated by the media, culture and ideology-propelled sexual objectification and increasing sexual anxiety (Ramezani, Fahramand, Simbar & Malek, 2014).

The resultant effect of this anxiety about sexual competence and vaginal/phallic dysphoria is an obsession with the use of aphrodisiacs and sex enhancement substances for the dual reasons of improving the appearance of the genitals, breasts

and hips and improving sexual performance and, by implication, enjoyment (Rätsch and Müller-Ebeling, 2013). Male and dissatisfaction with the physical size and nature of the sexual reproductive organs have fuelled the growth of the sex enhancement industry in Africa. Male anxiety about penis size is endemic (Lever, Frederick, & Peplau, 2006 & Tiggemann, Martins, & Churchett, 2008). As the penis symbolizes not just virility but also masculinity and the ability to father children, penis size and fertility anxiety in men is problematic in patriarchal societies where the penis is commonly referred to as the "manhood" (Wylie & Eardley, 2007).

The ubiquity of vendors of herbal aphrodisiacs and sexual enhancement products in all parts of Nigeria, from the conservative Muslim North to the more liberal South, advertising the potency of their wares through loudspeakers attest to the reality of this problem (Deutsche Welle, 2019). These largely untested aphrodisiacs are advertised for both men and women. Men's products are advertised as causing prolonged erections, increasing sperm quality and penis size. They are touted as means for satisfying the spouse and being a man (Deutsche Welle, 2019). These male aphrodisiacs come in the form of food, spices, drinks (mainly alcoholic), herbs, pills and capsules containing significant amounts of sildenafil citrate (Friedman, 2003).

The women's products, popularly called "Kayan Mata," are more dynamic and serve various purposes. There are different products for firming the breast, increasing breast and butt size, tightening the vagina and making the woman "anew" after each use (Deutsche Welle, 2019). These products come in the form of powders, lotions, concoctions, chewable sticks and spices that can be used as food by both men and women. As it is customary for a woman to be one of several wives of a mostly older

man in parts of Nigeria, female aphrodisiacs are used to gain a competitive advantage over fertility and sexual rivals in a compound (Garba, Yakasai and Magashi, 2013).

Most of these aphrodisiacal substances' production, usage, storage, and shelf-life are unregulated. Experts have warned that some of the substances that constitute ingredients of these herbal concoctions might even have long-term adverse effects on body functions such as fertility and damage to some vital organs (Deutsche Welle, 2019). Beyond the pharmacological hazards that some of these substances pose, there is also the psychosocial risks inherent in an overreliance on the efficacy of untested substances as it can lead to aphrodisiac-dependency and further diminish confidence in the body's ability to fulfill a basic physiological need (Whyte, Van der Geest & Hardon, 2002).

Body Image in Late Adulthood

The relentlessness of the media in cultivating body ideals continues to affect body image in later life. Body image concerns in late adulthood pertain to the desire to remain young forever or regain some of the physical attributes of youthfulness. Unlike sexual objectification, which is primarily promoted by the media, anti-ageism is a consequence of the ableist nature of contemporary notions of "good health" and masculinity. For instance, the physical attributes of aging are described with the same adjectives used to describe physical and cognitive degeneration in adverts for essential medicines and supplements targeted at older people. The proliferation of anti-ageing products, sometimes being peddled by trusted pharmaceutical companies, seems to give credence to the notion that aging is a disease that one can fight.

Furthermore, numerous studies (e.g., Mangweth-Matzek, Rupp, Hausman, Assmayr, Mariacher, Kemmler, Goerg, Whitworth & Biebl, 2006) have shown that body image disturbance is stable throughout life regardless of how old one gets. Also, body dissatisfaction increases one's susceptibility to psychological disturbances such as depressive symptoms in old age (Jackson, Janssen, Appelhans, Kazlauskaitė, Karavolos, Dugan, Avery, Shipp-Johnson & Powell LH, Kravitz, 2014). So, in addition to the dangers inherent in seeking orthodox and orthodox means of fighting the effects of age, poor body image can also be a risk factor for depressive symptoms in old age.

The psychosocial implications of body image

The preceding has cataloged some of the biological, psychological, and social Individual characteristics that have been linked to attitudes and worries about body image in preadolescents, adolescents, and adults. Generally, body image relates to perceptions of the self, aesthetics, self-esteem, self-efficacy, locus of control, interpersonal relationships, sexual function, and many other dynamic social factors (Longo, Azanon, & Haggard, 2010). In contemporary society, regardless of gender identity or age, beauty is a social goal, ambition, and expectation. Perceptions of any form of imperfection arising from medical conditions or genetic reality are significantly associated with the deterioration of structures related to the aforementioned dynamic factors related to personal and interpersonal agency (Rhoten, 2016).

As a result, body image issues have the potential to significantly interfere with general quality of life in clinical and non-clinical populations. For instance, body image concerns have been noted to distort eating patterns, treatment adherence, sexuality and sexual satisfaction, medication use, and propensity to self-harm among both clinical and non-clinical populations (Small et al., 2016; Anderson & Johnson, 1994; O'Brien et

al., 2012). Just as negative feelings about the body can lead to maladaptive outcomes, body positivity is potentially fragile in the face of physiological disturbances that might be accompanied by symptoms that can alter the body's constitution.

On a more social level, body image has also been found to interfere with interpersonal decision making. For instance, a study by Eastwick et al, (2016) found that both men and women have similar inclinations to connect the image of an ideal romantic partner with an "ideal" physical appearance. The implications of prioritizing physical attractiveness over other considerations in romantic decision-making have short- and long-term implications for individual and group health. Further data have established that there is a dissonance between self-reported preferences for matching psychosocial compatibility in personality, intelligence, self-esteem, etc. in mate selection, and actual choices in interpersonal sexual relationships. Eastwick & Finkel (2008), for instance, found that both men and women prioritized physical attraction in reality, more than they admitted in theory. In fact, there is consensus on the assumption that the initial attractiveness between most couples is physical.

While perceptions of "ideal" body images differ across different constructs, the problems associated with them are uniformly problematic. Apart from the issues that arise as a result of self- and third-party perpetrated instances of body enhancement, the impact of personal and third-party perceptions of the body on the environment is largely ignored. Body image-related feedback from caregivers and family members can influence childhood experiences in the prenatal and early childhood environment (Fuller-Tyszkiewicz et al., 2013). Body image concerns during pregnancy have been linked to negative health outcomes such as maternal depression and low self-esteem, restricted eating, impaired maternal-fetal attachment, obesity, decreased intention to

breastfeed, and smoking behavior, all of which have a significant impact on fetal development (Fuller-Tyszkiewicz et al., 2013).

Some of the postpartum body image issues are potential contaminants in the environment of the neonates. Similarly, perceptions of body image issues in a toddler can in turn influence their experience with their environment. From bonding, to feeding, clothing, medication use, and adherence, every aspect of a child's life can be affected, directly and vicariously, by maladaptive perceptions of their body image, and this can present fertile ground for the cultivation of problematic coping styles, defense mechanisms and mental health challenges that will occur at different stages of human development.

Conclusion

Interest in body image is mainly focused on the media delivered sexualized body ideals from adolescence until middle age and the pathological implications of these ideals. However, at every point of the human life cycle, there is always some prescribed assumption of what the body ought to look like versus what it does look like. This body image ubiquity has bio-psychosocial implications for individual and general well-being. A holistic and cross-sectional appraisal of body image realities, challenges and ambitions will inform strategies for promoting adaptive body awareness and health promotion regarding attaining and maintaining body ideals. The body undergoes aesthetic, functional and limiting changes throughout the stages of human development, and all of these changes are tied to some psychosexual expectations. These changes will continue to influence how the body is perceived in a mental ping pong of what is obtainable versus what is desirable.

Recommendation

Body conscious health promotion or body conscious self-care is recommended as a holistic strategy for promoting wellbeing across the life-cycle. Not all body image concerns are pathological, in the same way that not all forms of body positivity is healthy. For instance, some physiological conditions cause significant changes to the body, changes that should ordinarily necessitate combining psychological therapies with cosmetic and beauty treatments. Similarly, some pharmacological or dietary interventions are known to cause significant changes to the constitution of the body. In these instances, body image concerns are genuine concerns necessitating complex decisions to be taken with the individuals affected resulting in community and expert commitments.

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