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“Hot Moms”: Sexual Objectification and Motherhood

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Abstract

The purpose of the current study was to explore the sexual objectification of mothers, with an emphasis on understanding women's perceptions of and feelings about the commonly used term "hot mom" and how sociocultural appearance-related ideals and pressures may affect mothers and mothers-to-be. We hypothesized that feeling greater pressure to be a "hot mom" yet failing to meet standards of what a "hot mom" is would be related to higher levels of self-objectification, body dissatisfaction, appearance anxiety, and eating disturbance, as well as lower self-esteem and a more negative view of the concept itself. A total of 92 female participants between 25 and 65 years old ($M=42.31$, $SD=7.62$) completed an online survey that included measures of self-objectification, body image, anxiety, self-esteem, and eating behavior. Participants also completed a "hot mom" specific questionnaire regarding their views of what a "hot mom" is and how they feel about it. Participants' definitions of "hot mom" focused primarily on physical appearance and mentality or psychological well-being. Feelings about the concept of "hot mom" were predominantly negative. Consistent with our hypotheses, wanting to be a "hot mom" was correlated with higher levels of eating disturbance and body surveillance, a central feature of self-objectification. In addition, feeling greater pressure from a spouse or romantic partner to be a "hot mom" was associated with lower self-esteem and increased appearance anxiety. The results are discussed in the context of the potential transformation from feminist liberation to detrimental sexual objectification in how we perceive mothers.

“Hot Moms”: Sexual Objectification and Motherhood

Previous cultural trends have represented the concepts of “motherhood” and “sex” as mutually exclusive entities. Not until recently has the sexual objectification of women extended to include mothers, bringing motherhood and sexuality together. Labels such as “yummy mummies,” “hot mammas,” and “MILFs” have begun to appear in mass media and have created pressures for mothers to feel like they must attain a socially desirable figure (Schrobsdorff, 2012). This has sparked interest in the sexual objectification of mothers and the sociocultural influences that may lead mothers to feel pressured to maintain an “attractive” body that meets today’s beauty ideals of being thin, toned, and youthful. According to the U.S. Census Bureau (2013) there are approximately 44.2 million women identified as mothers between the ages of 15 and 50 in the United States. This means that the sexual objectification of mothers potentially affects over 27% of the entire population and may also cause adverse consequences for those influenced by mothers, such as their children or spouses.

With increasingly stringent standards of beauty, there has been growing pressure on women, including mothers, to look young, fit, attractive, and "sexy." This has caused a shift from viewing mothers from a negative ‘matronly’ stereotype to a sexually desirable ‘hot mom’ label. What may have started as a movement of liberation for mothers to continue feeling youthful and attractive after childbirth, may have evolved into a cycle of sexual objectification and self-objectification with terms like "hot moms," “yummy mummies,” “hot mammas,” "sexy moms," and "knocked up knockouts,” prevalent in mass media (Schrobsdorff, 2012). In the increased media attention on celebrity mothers and their pregnancy post-pregnancy bodies, this “hot mom” stereotype has been presented as a desirable goal for women who may compare themselves to idealized images of famous moms, despite having dissimilar figures (Rallis, Skouteris,

Wertheim, & Paxton, 2007). Such sociocultural pressure can leave women feeling overweight and less attractive, which often leads to body dissatisfaction, depressive symptoms, anxiety, and other negative consequences (Skouteris, Carr, Wertheim, Paxton, & Duncombe, 2005). These effects can be harmful to mothers as well as their infants, with possible outcomes including postpartum depression and unhealthy dieting, which can result in impaired milk production, milk contamination, and energy deficiency (Rallis, Skouteris, Wertheim, & Paxton, 2007). Despite these potential dangers, to date there is little research on appearance-related pressures mothers experience or the effects of these pressures on them. The purpose of the present study was to explore and more fully understand women's perceptions of cultural pressures to maintain an attractive body during and after pregnancy.

Women's Body Image

Body image, or one's internal psychological experience of one's outer physical appearance, encompasses cognitive, perceptual, and affective components (Skouteris, Carr, Wertheim, Paxton, & Duncombe, 2005). The overarching term body image includes more specific constructs such as body esteem, which then includes body shame. Body shame is the feeling of shame in one's appearance when it fails to meet cultural standards of what is attractive (Clark, Skouteris, Wertheim, Paxton, & Milgrom, 2009b; Katz-wise, Budge, Lindberg, & Hyde, 2013; Mckinley, 1999). These standards vary for different cultures and different ages, but failure to meet them can cause body shame and other negative consequences that come with it, such as depressive symptoms, low self-esteem, or self-objectification. Self-objectification is the tendency for women to sexually objectify their own bodies, or treat them as objects for the sexual pleasures of others (Smolak & Murnen, 2011). This often leads women to observe their bodies to determine if they meet the culturally desired view of attractiveness, a process known as self-

surveillance (Murnen & Smolak, 2012). If through self-surveillance and self-comparison, the tendency to compare oneself to others, a woman determines that she does not meet the cultural standards for attractiveness, then body dissatisfaction is the result. Body dissatisfaction can then have negative consequences on both mental and physical health (Smolak & Murnen, 2011; Clark et al., 2009b).

Body image research places an emphasis on media as well as other societal pressures that create demanding ideals for women's sexuality (Murnen & Smolak, 2012). Celebrity mothers, such as Angelina Jolie and Kim Kardashian, are praised on their attractive figure on social media sites and tabloids and create standards for the 'ideal woman' to try and achieve. Usmiani and Daniluk (1997) found that the ideal woman is "unrealistically thin, passive, and overly sexualized, while both career and family oriented" (p.47). Cultural messages of the "ideal" encourage women to participate in practices to attain this level of attractiveness despite the possible risks that accompany them (Smolak & Murnen, 2011, p.53). The emphasis on thinness and other unattainable standards often lead women to feel the need to lose weight. This can lead to body dissatisfaction, eating disorders, depression, and sexual dysfunction (Clark et al., 2009b; Skouteris, Carr, Wertheim, Paxton, & Duncombe, 2005; Murnen & Smolak, 2012). In addition to idealization of thinness, there is media pressure related to breast size. Large breasts have become a norm for women to strive for and breast augmentation surgeries are more popular now than ever (Smolak & Murnen, 2011). Despite the negative consequences of striving to achieve unrealistic standards of beauty, clothing brands, beauty products, media, peers, and even family members reward and thus reinforce them (Murnen & Smolak, 2012; Smolak & Murnen, 2011). In fact, culturally defined beauty standards are so frequently communicated and reinforced that women internalize them, and self-perceived failure to meet these standards of attractiveness can

lead to negative consequences for women's psychological and physical well being as well as their self-concept (McKinley, 1999; Katz-wise et al., 2013).

Body Image and Pregnancy

Research on body image for pregnant women covers three periods: pre-pregnancy, pregnancy, and post-pregnancy. In terms of pre-pregnancy, a study by Skouteris, Carr, Wertheim, Paxton, and Duncombe (2005) determined that only 19.5% of women between ages 23 to 42 years of age were happy with their pre-pregnancy bodies whereas 76.6% stated that they would like to be thinner or smaller. Those that were originally dissatisfied with their bodies pre-pregnancy maintained that attitude during the pregnancy as well, with pre-pregnancy body mass index (BMI) as the only characteristic correlating with perceptions of pregnancy weight gain (Skouteris et al., 2005; DiPietro, Millet, Costigan, Gurewitsch, & Caulfield, 2003). Women who were leaner tended to have a more positive attitude towards gestational weight gain and women with negative attitudes reported that they had been weight-conscious prior to pregnancy and had received negative comments about their bodies from different sources (DiPietro et al., 2003; Clark, Skouteris, Wertheim, Paxton, & Milgrom, 2009a).

Sociocultural expectations about weight and attractiveness may be related to women's socioeconomic status. Women in higher economic groups and celebrities tend to be more worried about their weight and may consider the pressures to look attractive as considerably stronger than other groups of women (DiPietro et al., 2003). Unattainable or extreme expectations for women's bodies have been shown to cause negative consequences prior to pregnancy but also have similar effects during pregnancy (Clark et al., 2009a).

Both societal and psychological factors contribute to how one's body image fluctuates throughout pregnancy. Comparing their bodies to others during early pregnancy and feeling fat

during late pregnancy contribute to the importance women place on changes in weight and shape (Skouteris et al., 2005). Heightened concern about weight and shape during pregnancy lead to body dissatisfaction, often experienced during the early to mid-portion of the second trimester. Depressive symptoms, also common around 16 to 23 weeks gestation, are associated with women's feelings of decreased attractiveness, decreased strength and fitness, and increased negative body image (Skouteris et al., 2005). Furthermore, negative feelings about weight gain can cause women to engage in restrictive eating behaviors during pregnancy (DiPietro et al., 2003). In a study of pregnant women, 20% of females reported food restriction, and those who dieted during pregnancy had more symptoms of depression, anxiety, and stress (DiPietro et al., 2003). Even women who gained weight within the recommended range had negative attitudes about their weight gain: 37% were concerned about their weight gain and 14% said they felt their weight gain made them unattractive.

Increased awareness of women's attempts to prevent weight gain during pregnancy has led to the use of terms such as "pregorexia" – a non-medical term coined by the media that refers to the eating disorders that women may experience while pregnant (Wallace, 2013). "Mommyrexics" is yet another recent label that refers to women who feel so pressured to lose their pregnancy weight gain quickly that they turn to extreme weight loss methods such as extremely low calorie diets and rigorous exercise only a couple of days after giving birth (Lewak, 2011).

Eating disturbances not only directly affect pregnant women, but they also have detrimental consequences for their babies. Of the women who don't obtain/maintain weight gain within the recommended range, 30% of them do not gain enough and are likely to cause health problems for themselves and their children (Wallace, 2013). Examples of adverse effects include

both prenatal and postpartum depression for mothers, and preterm birth, fetal growth restriction, preeclampsia, fetal death, decreased breastfeeding initiation, and milk contamination (Silveira, Ertel, Dole, & Chasan-taber, 2015a; Rallis, Skouteris, Wertheim, & Paxton, 2007).

At the other end of the spectrum, Rauff and Down (2011) found that women who had taken part in forms of exercise during pregnancy had higher levels of body image satisfaction. Women who remained active during pregnancy reported fewer symptoms of depression during their second trimester and had higher scores of body satisfaction (Downs, Dinallo, & Kirner, 2008). Overall feelings about pregnancy were more positive for those women with more positive body image scores, which can lead to a healthier pregnancy consisting of better feelings about pregnancy in general, including less feelings of anger, and fewer depressive symptoms (DiPietro et al., 2003). Awareness and appreciation of the functionality of the appearance-related changes of pregnancy and the gratification that comes with the maternal role may prevent women from succumbing to body comparisons, sexual objectification, and depressive symptoms (Rubin & Steinberg, 2011). In some cases, however, increased self-awareness in pregnant women is linked to higher body surveillance scores and depression (Rubin & Steinberg, 2011).

Many body image issues start postpartum. Stemming from apprehensions about pregnancy weight gain, women desire to lose weight and return to their pre-pregnancy weight and shape quickly (Rallis et al., 2007). Their unrealistic expectations can cause women to be more concerned about their figures after childbirth than during pregnancy because they no longer associate themselves with the distinct “stage of pregnancy” and “birth” and being large or heavy no longer feels acceptable (Clark et al., 2009b, p.32; Rallis et al., 2007, p.97). Feeling less attractive and overweight postpartum has been associated with media influences, as women tend to compare themselves to models and celebrities featured in mass media for their rapid weight

loss after pregnancy (Skouteris et al., 2005, p.358; Rallis et al., 2007). In addition, comparison to dissimilar figures, such as women who have not been pregnant or fashion models, occurs at higher frequencies at six weeks after birth and can cause depressive symptoms and lead to dieting behaviors that may become unhealthy (Rallis et al., 2007).

Some women consider plastic surgery as a means to return to their pre-pregnancy weight or as a way to feel more attractive. A popular trend is the “mommy makeover” which is a combination of cosmetic procedures and surgeries targeted at specific changes designed counteract the effects of bearing children and help mothers feel better about their bodies. These makeovers often include tummy tucks, breast augmentations, and other procedures aimed at the midsection, breasts, hips, and thighs (“Mommy Makeovers,” 2015). These surgeries are so popular because body dissatisfaction is pervasive among new mothers. *Mother and Baby* magazine surveyed 2,000 mothers and found that 82% of mothers stated that they were unhappy with their body after pregnancy and 60% said they would be happier if they could improve their bodies, even through surgery. Mothers’ most common complaints correlated with the surgeries that compose a “mommy makeover,” with 83% of women complaining about “flabby stomachs” and 51% complaining about “droopy breasts” (“New mums feel pressure to be slim| BBC News| Health,” 2005). For most women surveyed, there was an overtone of negativity in viewing one’s postpartum body image. A serious concern is that, in addition to the negative consequences of being unhappy with their appearance, postpartum women’s negative body image might affect their children as well.

The Present Study

Women often strive to achieve cultural standards of beauty imposed by the media. These often unattainable goals emphasize thinness, among other concepts, and can lead to self-

surveillance, body dissatisfaction, body shame, depressive symptoms, and, in the worst cases, eating disorders. Although there is a great deal of research on women's body image and several studies on women's body image during pregnancy, there is little empirical exploration of the relatively recent rise in pressures for pregnant and postpartum women to achieve and maintain an idealized thin and toned figure. The purpose of the current study was to explore these pressures as captured in terms such as "hot mom" that reflect the sexualization of mothers. The aim of this research was to understand what women think and feel regarding this concept by creating a working definition of "hot mom" as well as examining the impact perceived appearance-related pressures have on mothers. We hypothesized that feeling greater pressure to be a "hot mom" yet failing to meet standards of what a "hot mom" is would be related to higher levels of self-objectification, body dissatisfaction, appearance anxiety, and eating disturbance, as well as lower self-esteem and a more negative view of the concept itself.

Method

Participants

Data from a total of 92 female participants were collected. One participant inappropriately answered questions with one-letter answers and was removed. Not all participants answered every question and therefore the sample size varies across analyses. Participants' ages ranged from 25 to 65 years with a mean of 42.30 years ($SD=7.62$). The mean BMI was 24.50 ($SD=4.15$), which is in the healthy weight range, and the mean number of children was 2.06 ($SD=1.00$) with a range of one to seven. Most participants classified themselves as Caucasian ($n=69$; 87.3%), heterosexual ($n=76$; 96.2%), and married ($n=70$; 88.6%). The majority worked full time ($n=41$; 51.9%) or part time ($n=16$; 20.3%), over stay-at-home-moms ($n=18$; 22.8%) and other ($n=4$; 5.1%), had a household income before taxes of

\$100,000 or more ($n=54$; 68.4%), and had achieved the highest level of education of college graduate ($n=67$; 84.8%). In terms of cosmetic surgery, the majority of participants had never had any ($n=56$; 70.9%) and of those who did ($n=22$; 27.8%), the most common surgery was breast augmentation ($n=9$; 40.9%). Additional demographic information can be found in Table 1.

Procedures

After the Institutional Review Board approved the study, participants were recruited through list-serves from Facebook and from “mom groups” on websites such as meet.com. Posts on Facebook to recruit participants were also advertised. Participants completed the anonymous online survey after providing consent. Participants who completed the survey were offered the opportunity to enter a raffle for a \$50 Target gift card.

Measures

“Hot Mom” Questionnaire. Participants were asked to complete a questionnaire with a series of open-ended questions to elicit a wide array of viewpoints regarding the concept of what “hot moms” are, associated qualities and characteristics, and how participants feel about the concept of “hot moms.” The survey also included quantitative questions answered on a five point Likert-type scale with answers ranging from strongly agree to strongly disagree. Questions pertained to feelings about the concept of “hot moms”, feelings about one’s own physical appearance, perceptions of spousal views of one’s body, and mother daughter related questions. Examples of these include “I desire to be a hot mom” and “I fell pressured to be a hot mom.” Answers for each individual question were then averaged and correlated with other questions or measures. The questionnaire can be found in Appendix B.

Pregnancy Questionnaire. Participants were asked to complete this section only if they were currently pregnant or planning to become pregnant in the near future. This questionnaire

contained questions measured on a five point Likert-type scale, pertaining to women's attitudes about their appearance during pregnancy, their habits (e.g., eating and exercise), and pressures they might feel during pregnancy to achieve or maintain a particular body shape or size. The items specifically related to pressures and stress due to added weight gain during pregnancy, exercise frequency during pregnancy, and anxiety about how others will view them during pregnancy. Individual question were then averaged. The questionnaire can be found in Appendix C.

Rosenberg Self-Esteem Scale. The Rosenberg Self-Esteem Scale is a 10-item scale that assesses positive and negative feelings about oneself to measures global self-worth. Each question is scored on a four point Likert-type scale from strongly agree to strongly disagree and then scored and summed; a lower number implies lower self-esteem. It demonstrates internal reliability of .77 (Rosenberg, 1965) (.78 in the current study). The scale can be found in Appendix D.

Eating Attitudes Test- EAT 26. The Eating Attitudes Test (EAT 26) is a revision of the original EAT-40 questionnaire that identifies anorexic behavior in participants. The revised EAT 26 is a 26-item scale measuring concerns with eating and weight that could be classified as atypical and possibly lead to eating disorders. Questions pertain to dieting and concerns with food and are measured on a six point Likert-type scale from always, usually, often, sometimes, rarely, to never. The answers are then coded and summed with a higher number representing higher eating disturbances. The reliability for this scale was found to be .90 in a sample of patients with anorexia nervosa and between .83 and .90 for a group of female undergraduate students (Garner, Olmsted, Bohr, & Garfinkel, 1982). Reliability in the current study was .80. The EAT 26 scale can be found in Appendix E.

Objectified Body Consciousness: Body Surveillance and Body Shame Subscales. Based on the concept that women are seen as objects so frequently that they adopt an objectified view of themselves, McKinley and Hyde (1996) developed the Objectified Body Consciousness (OBC) Scale. The OBC scale consists of three components: body surveillance, body shame, and control beliefs (McKinley & Hyde, 1996). In this study participants were asked to complete the Body Surveillance and Body Shame subscales.

The Body Surveillance subscale is an eight-question survey that measures how women see themselves from an observer's perspective and how they monitor their body based on cultural standards of attractiveness. Each question is scored on a seven point Likert-type scale from strongly disagree to strongly agree. Responses are then summed and a higher score represents higher levels of body surveillance. The body surveillance scale has an internal consistency of .89 (McKinley & Hyde, 1996). In the current study internal consistency was .77.

The Body Shame subscale measures the extent to which women have internalized cultural standards of beauty and the shame they feel if they fail to meet them. It is an eight-question scale scored on a seven-point Likert-type scale from strongly disagree to strongly agree, with higher scores implying higher body shame, and has an internal consistency of .75 (McKinley & Hyde, 1996). In the current study internal consistency was .82. Both the Body Surveillance and Body Shame subscales can be found in Appendix F.

Appearance Anxiety Scale. The Appearance Anxiety Scale is a 14-item questionnaire measuring concerns or anxiety about being negatively evaluated by others in regard to appearance (Dion, Dion, & Keelan, 1990). Each question is measured on a 5-point Likert-type rating scale from never, sometimes, often, very often, to almost always. A higher score represents higher levels of appearance anxiety. The scale has been found to have an internal

reliability of .89 (Dion, Dion, & Keelan, 1990). In the current study internal reliability was .93. The Appearance Anxiety Scale can be found in Appendix G.

Results

Qualitative Analyses

The first aim of this study was to create a working definition of “hot mom” by examining women’s’ perceptions of “hot moms” and the qualifications they believe are required to be one. There were 66 responses to the question, “What do you consider a hot mom?” After carefully reading through each response, we identified six main themes that best captured the variety of answers. The highest-ranking theme, present in 45.5% of all answers, was “Physical Appearance.” The most common answers within that theme were “being skinny” or “being thin” followed by “having a nice body.” Women emphasized the idea that being a hot mom involves having an attractive body that does not show signs of ever having had children. A good example of this type of response is, “I guess a mom who looks like she never had a baby. Thin, with a flat tummy, toned.”

The second highest-ranking theme was “Mentality or Psychological Well-Being,” present in 43.9% of answers. These responses included words or phrases associated with one’s state of mind, personality, or behaviors related to their personality. The word that most commonly appeared in this theme was “confident” with other popular answers including “put together” and “comfortable.” General answers in this category placed an emphasis on feelings and emotions related to positive body image and high self-esteem. A good example of this type of response is, “Someone who is confident in herself and feels comfortable in her skin.”

The third most frequent theme was “Fit and Healthy,” present in 40.9% of answers. Responses in this category included words or phrases associated with fitness or exercise level,

fitness-related looks, or health such as “fit” and “healthy.” A good example of this type of response is, “in shape, active and energetic.”

The theme “Dress and Clothing” followed in fourth ranking of frequency, present in 34.8% of responses, with the most common response being “fashionable.” The fifth ranking theme, was “Child-Related,” and was present in only 7.6% of responses. This category included words or phrases associated with children or how women take care of their children, with emphasis on effective childrearing as a necessary quality. A good example of this category is, “present as a mom,” and “able to take great care of the kids.” The sixth and final theme was “Other” and was coded in 31.8% of responses. This category included words or phrases that appeared only once in the complete set of responses and could not be coded into an existing category. This included answers such as “MILF,” “I don’t know,” and “modern.”

In addition to asking what women consider a “hot mom,” we asked, “What are some qualifications to be a “hot mom?”” The responses to this question fell into the same themes as those identified for responses to the previous question regarding definitions of what it means to be a “hot mom,” but there were more idiosyncratic responses making the “other” category most prevalent, present in 46.3% of 67 valid answers. Responses ranged over a wide variety of subjects including, “organizes parties,” “has in home support,” “prayerful,” and “is a great multi-tasker.” Other examples included “outgoing,” “wealthy,” and “has time to care of herself.” Aside from the “other” category, the remaining frequency rankings were similar to that from the previous question. The most prevalent response category was “Looks and Physical Appearance” coded in 44.8% of answers, followed by “Mentality and Psychological Well Being” in 38.8% of responses. “Fit and Healthy” was coded in 37.3% of responses and “Dress and Clothing” at 32.8%. The theme for “Child-Related” responses was again the least frequent, capturing 7.5% of

responses. Overall, women emphasized a combination of characteristics rather one single trait, many focusing on physical appearance. For example, “I guess I would imagine a “hot mom” to be the same as a trophy wife? Very in shape, plastic surgery, made up...” Attitudes and behaviors associated with “hot moms” ranged from “flirtatious” to “strong,” “courageous,” “hardworking,” and “breastfeeding in public because they don’t care!” Some of the most notable of these responses emphasized the multifaceted nature of being a “hot mom”:

I guess stereotypically, it’s having a fit figure, with nicely styled clothes, hair and makeup. In my life, it’s about being strong enough to pick up babies, run around on the playground, have the patience and balance to listen to and engage with my kids!

The second aim of the research was to gain an understanding of how women feel about the concept of “hot moms.” Responses from this question fell into four categories: positive, negative, neutral, and ambivalent. The most frequent category was “negative,” accounting for 49.23% of responses in which words or phrases displayed negative feelings or aversion towards the concept of “hot moms.” Words common in this category included “demeaning” and “pressured” and the responses expressed dissatisfaction with the fact that the term is mostly focused on appearance:

I hate it because it feels that if you are not like that or don’t look “hot” you don’t have any value at all. If you are a “regular” looking woman, no matter if you are intelligent and educated, the society doesn’t give you the same value as a “hot mom.”

The second most prevalent category was “neutral,” present in 26.15% of answers. In this category, responses conveyed that women were clear on the concept but used words or phrases that were neither positive nor negative in perspective. This included phrases such as, “fine” or “do not care.”

Capturing 15.38% of responses was the “positive” category, in which women articulated positive feelings or were in favor of the concept of “hot moms.” Women in this category emphasized that the title of “hot mom” was something to strive for and is a compliment once achieved, yet they also stressed the point that it was not solely focused on physical appearance:

I like it. I want to own it. I think the term “hot” goes way beyond “sexually appealing” and implies that you are a mom that has it together and is doing a good job, because that is what true attraction is built on.

When responses included both positive and negative emotions about the concept of “hot moms” they were coded in the “ambivalent” category. This was the least frequent category that captured 9.23% of responses. An illustrative example of this category is the response; “I like the idea of it but not the perceived perception of it in the media.”

Quantitative Analyses

In addition to qualitative data on perceptions of and feelings about “hot moms,” quantitative data was collected. Table 2 summarizes the descriptive statistics and correlations for BMI, the Rosenberg Self-Esteem Scale, the EAT-26 Scale, the OBC Body Surveillance Scale, the OBC Body Shame scale, and the Appearance Anxiety Scale.

We hypothesized that feeling pressured to be a “hot mom” yet failing to meet one’s standards of what a “hot mom” is would be associated with higher levels of body shame, body surveillance, body dissatisfaction, appearance anxiety, and eating disturbance, and lower levels of self-esteem. To test this, we computed Pearson correlations, summarized in Table 3. There were several significant correlations supporting the hypothesized relationship between pressures to be a “hot mom” and measures of disturbance. There was a significant positive correlation between wanting to be a “hot mom” and body surveillance ($r=.593, p<.01$). Further, wanting to

be a “hot mom” was significantly and positively correlated with eating disturbance ($r=.341$, $p<.01$). Similarly, self-esteem was negatively correlated with feeling pressured by one’s spouse/romantic partner to be a “hot mom” ($r=-.320$, $p<.05$), and positively correlated with considering oneself a “hot mom” ($r=.311$, $p<.05$). There was a significant positive correlation between feeling pressured by one’s spouse/romantic partner to be a “hot mom” and appearance anxiety ($r=.284$, $p<.05$). In contrast to our hypothesis, there were no significant correlations between feeling pressured to be a “hot mom” and body shame or body dissatisfaction.

In examining demographic variables, age had a significant negative correlation with feeling pressured to be a “hot mom” ($r=-.340$, $p<.01$), and BMI had a significant negative correlation with perceiving oneself as a “hot mom” ($r=-.321$, $p<.01$). To explore differences between stay-at-home mothers with those employed outside the home, independent t-tests between full-time, part-time, and stay-at-home mothers were conducted across all items on the “hot mom” specific questionnaire and all yielded non-significant results.

Discussion

Historically, motherhood and attractiveness have not been viewed as conjunctive entities. However, with the increased attention garnered by celebrities for their quick post-pregnancy weight loss, mothers are now subjected to increased physical appearance-related pressures. The images of very fit and attractive new mothers has facilitated the creation of a new stereotype commonly labeled as the “hot mom” whose good looks and sexy lifestyle have rivaled former maternal images of matronly women. Television, magazines, social media, and sometimes even romantic partners create pressure on mothers to regain and maintain the cultural ideal of a thin, toned body with no physical signs of ever having had a child. Although the sexualization of mothers can potentially cause women negative consequences, there is a positive aspect of it that

must be considered. Viewing women's bodies as attractive even during and after pregnancy can be seen as a form of feminist liberation for women who previously believed they cease to be attractive after childbirth (Schrobsdorff, 2012). This allows women the potential to continue feeling sexy and attractive even after childbirth, a time previously associated solely with a higher focus on the function of women's bodies in relation to childbirth and their maternal role (Rubin & Steinberg, 2011). However, the potential transformation from feminist liberation to detrimental sexual objectification and self-objectification is cause for concern (Schrobsdorff, 2012).

The focus of the present study was to explore pressures related to the "hot mom" label that reflect the sexualization of mothers and to understand women's thoughts and feelings regarding this concept. Qualitative data allowed us to create a working definition of what women believe to be a "hot mom" and the qualities that are associated with it. When asked what women considered a "hot mom," most answers focused on qualities regarding physical appearance and looks, with "thin women with nice bodies" seen as the most prominent descriptor. A woman whose body "looks like she had never had a baby" was seen as an ideal appearance for which mothers should strive. Mothers who are confident and healthy are also seen as "hot." There were very few responses indicating that a "hot mom" focuses on her children. Of the few women who did offer childrearing-related responses, some focused on the notion that the "hot mom" is someone who focuses on her role as a mother *in addition to* "looking good."

General feelings about the concept of "hot mom" were mostly negative. Some women found the term degrading, did not think a mother should be viewed in that way, and did not concern themselves with being seen in the sexualized manner implied by the term. Almost half

of the participants had negative views of the concept of “hot mom.” Of the small minority of women who felt positively about the concept, many said they were already a “hot mom” or wanted to be one. Finally, for about one third of our sample, the concept elicits ambivalence -- seeing both positive and negative aspects. Thus, despite the increasing popularity of “hot moms” in the media, women largely reject the concept or have mixed feelings about it, which may suggest that the construct itself may be more oppressive than liberating.

Consistent with our hypotheses, feeling greater pressure from a spouse or romantic partner to be a “hot mom” was associated with lower self-esteem and increased appearance anxiety. This is consistent with previous research demonstrating that failure to meet culturally defined standards of beauty (which conceivably could include those required to be a “hot mom”) can cause stress and anxiety and potentially lead to negative body image, body shame, or even feelings of depression (Smolak & Murnen, 2011). Unfortunately, trying to reach the thin ideal can lead mothers to engage in unhealthy dieting and food restriction in attempts to lose their baby weight quickly. In fact, wanting to be a hot mom was significantly correlated with eating disturbance, and 10% of participants reported that they would resort to restraining their diet during pregnancy to prevent any unnecessary added weight in an attempt to return quickly to their pre-pregnancy bodies. These women may not realize the detrimental effects dieting has on their bodies and on their children. Diet restriction during pregnancy can harm the fetus and lead to difficulties during childbirth. If diet restrictions occur once the child is born, problems with breastfeeding may occur, and later on childhood obesity is a risk, as children who live with restricted diets show higher rates of obesity (Rallis, Skouteris, Wertheim, & Paxton, 2007; Silveira, Ertel, Dole, & Chasan-taber, 2015a; Rodgers et al., 2013).

Physical detriments may not be the only consequence resulting from pressures on women to be “hot moms.” Women who aim to achieve this status may participate in unhealthy forms of self-objectification, as demonstrated by the positive correlation between wanting to be a “hot mom” and body surveillance. Increased self-objectification for mothers more invested in being “hot moms” may both reflect and contribute to negative body image that in turn can lead to depression, which research shows is prevalent in postpartum women (Rallis et al., 2007).

Despite the potential adverse consequences, it is possible that considering oneself a “hot mom” can have positive effects. Considering oneself a “hot mom” was correlated with higher self-esteem and lower appearance anxiety. In other words, the more women believed they fit into the “hot mom” stereotype the better they felt about themselves and their bodies. We can infer that because these women believed they fit into the cultural ideal of “hot mom,” they no longer felt as anxious about how others viewed their physical appearance. So although wanting to be a “hot mom” and feeling pressured to be one may have generally negative effects on women, considering oneself a “hot mom” can lead to a more positive sense of self.

When examining demographics, age had a significant negative correlation with feeling pressured to be a “hot mom,” indicating that older women felt less pressured to fit into the “hot mom” standards. It is the younger generation of women who may be at greater risk for the consequences of these pressures and increasing age may be a protective factor for mothers. Younger mothers may be surrounded by women who have not yet become mothers and therefore believe that in order to be accepted among their peers they must achieve “hot mom” status to compete with women whose bodies have not yet gone through childbirth. Although the concept of “hot moms” has become more popular, there has been an increase in maternal age in recent years, with more and more women delaying childbirth until their late 30s (Huang, Suave, Birkett,

Fergusson, & Van Walraven, 2008). Thus, it is possible that more women will be less vulnerable to sociocultural appearance-related pressures as moms. Alternatively, results from the current study may be due to cohort effects, with older women having grown up at a time with fewer pressures and more realistic appearance ideals that serve to buffer the effects of the more recent emphasis on thinness, even for mothers. Additional research is needed to determine the relationship between maternal age, objectification, and its consequences..

In addition to age, BMI was another important variable as it had a significant negative correlation with the extent to which women considered themselves to be a “hot mom.” Not surprisingly, as weight increased women were less likely to perceive themselves as part of the stereotype, which is consistent with the qualitative data suggesting that “hot moms” were typically defined as thin. Unfortunately, heavier women may be at risk for unhealthy eating behaviors to decrease BMI to meet the standards of thinness. This concern is underscored by our findings that wanting to be a “hot mom” was related to increased eating disturbance.

Although the results of this study shed light on how women define, view, and may be adversely affected by pressures to be “hot moms,” there were several limitations that limit the generalizability of the findings. First, over 72% of the sample participants classified themselves as working full time or part time and only 22% classified as stay-at-home-moms, with the remaining 6% classified as other. This exceeds the national average for working women in the United States, as only 70% of women with children younger than 18 participate in the labor force (“Data & statistics: Women in the labor force,” n.d.). Thus, the results may reflect the views of working women who may not have the time to concern themselves with the upkeep of such stringent and difficult to achieve standards of beauty because of their preoccupation with work and greater investment in business success than fitting the stereotype of a “hot mom.” In

addition, the results may not adequately represent the views and feelings of women from those of different socioeconomic status or race. The analyses, however, failed to reveal any significant differences between stay-at-home mothers and mothers who work full- or part-time outside the home. Therefore, working status may not be a differentiating variable regarding how women perceive the notion of being “hot moms” or how much they wish to pursue that status.

Over 68% of the sample fell into the “\$100,000 or more” category for household income and over 87% identified as white. The pressures to be a “hot mom” may vary across a wider range of demographic variables. The overrepresentation of working women with relatively high incomes may be due to the manner in which participants were recruited and the form of the survey they were asked to complete. The use of “mom” list serves through Facebook and websites such as meet.com as well as posts on Facebook generated a primarily white, upper class sample of women with access to a computer and the Internet. Therefore, the results of this study should not be generalized to other populations until further investigation with a more diverse sample of women from various ethnic and socioeconomic groups. Face-to-face interviews should be considered for future studies to reach the portion of the population that may lack resources for online survey research. A printed questionnaire is another possibility for reaching participants without access to a computer or Internet. A wider variety of data collection strategies is likely to increase diversity of the sample and thus generalizability of the findings.

To further our understanding of the construct of “hot moms” and how people feel about it and are affected by it, it also would be helpful to collect data from additional populations. For example, college students might view the concept differently than mothers since they may be more removed from the immediate pressures but have awareness of the trend toward more sexualized views of mothers and increasingly stringent standards and expectations of

attractiveness for mothers. In addition, males, including fathers, may also have interesting conceptualizations of “hot moms” and the pressures mothers face to be considered attractive, as well as the pressure men might feel to have partners who are “hot moms.” A broader sampling of perspectives and experiences would further our understanding of sexual objectification of women with children.

Despite these limitations, the study allowed for an initial understanding of the concept of “hot moms.” Although some aspects of our hypothesis were not supported, possibly due to the small and rather homogeneous sample, the results demonstrated that women who felt a greater desire to be a “hot mom” or felt pressure to be a “hot mom” engaged in more body surveillance and disturbed eating and had lower self-esteem. With the ever-increasing media attention to women who maintain an attractive figure during and after pregnancy, the results of this study provide validation for concern about how appearance-related pressures on mothers may lead to detrimental consequences. As the media continues to publicize information in terms of celebrity moms and “hot moms” they are enforcing this stereotype into American culture. Articles about how celebrities regained their pregnancy bodies’ trend in all kinds of social media, and as platforms such as Facebook, Instagram, and Twitter continue to rise in popularity they reach a wider audience. As women who fit the “hot mom” stereotype share their lifestyle and receive praise and attention for pictures of their bodies, sexualized notions of mothers as “MILFs” and “yummy mummies” will be reinforced, as will their negative impact on body image, eating behavior, and self-esteem.

Research in the field of women’s body image is extensive, however the sexual objectification of mothers is a relatively new trend and therefore is widely unexplored. This study represents a first attempt to explore perceptions and consequences of this initially

liberating but potentially damaging cultural trend that was generally viewed negatively by our sample. Additional research is needed to further assess the biopsychosocial implications of the sexual objectification of mothers.

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APPENDIX A: TABLES AND FIGURES

Table 1. Demographic Information

<u>Variable</u>	<u>M (SD)</u>	<u>n (%)</u>
Age	42.30 (7.62)	
BMI	24.5(4.15)	
Number of Children	2.06(1.00)	
Working		
Full time		41(51.9%)
Part time		16(20.3%)
Stay at home mom		18(22.8%)
Other		4(5.1%)
Approx. household income before taxes		
Under \$10,000		0
\$10,000 to less than \$20,000		0
\$20,000 to less than \$35,000		2(2.5%)
\$35,000 to less than \$50,000		2(2.5%)
\$50,000 to less than \$75,000		9(11.4%)
\$75,000 to less than \$100,000		12(15.2%)
\$100,000 or more		54(68.4%)
Highest level of education completed		
Elementary (0 to 8 years)		0
Some high school (1 to 3 years)		0
High school graduate (4 years)		2(2.5%)
Some college(1 to 3 years)		10(12.7%)
College graduate (4 or more years)		67(84.8%)
Sexual orientation		
Heterosexual or straight		76(96.2%)
Homosexual, gay or lesbian		1(1.3%)
Bisexual		2(2.5%)
Other		0
Marital status		
Married		70(88.6%)
Separated		1(1.3%)
Widowed		0
Divorced		8(10.1%)
Never married		0
Ethnicity (Race)		
White		69(87.3%)
Hispanic or Latino		5(6.3%)
Black or African American		1(1.3%)
Native American or American Indian		0
Asian/ Pacific Islander		3(3.8%)
Other		1(1.3%)
Cosmetic surgery		
Never had any		56(70.9%)
Have had at least one procedure		22(27.8%)
Plan to have a procedure in the future		1(1.3%)

Table 2. Descriptive Statistics and Correlations for BMI and Measures of Disturbance

No.	Variable	Mean	SD	1	2	3	4	5	6
1	BMI	24.43	4.15						
2	Rosenberg Self Esteem Scale	17.57	5.23	-.041					
3	EAT-26 Scale	8.45	7.20	.035	-.231				
4	OBC Body Surveillance Scale	35.73	7.26	-.066	-.291*	.512**			
5	OBC Body Shame Scale	26.34	8.58	.294*	-.464**	.401**	.525**		
6	Appearance Anxiety Scale	36.73	11.10	.305*	-.686**	.486**	.444**	.691**	
*p<.05 (Two-Tailed)									
**p<.01 (Two-Tailed)									

Table 3. Correlations Between “Hot Mom” Specific Questions, Demographic Variables, and Measures of Disturbance

Variable	I consider myself a "hot mom"	I want to be a "hot mom"	I feel pressured to be a "hot mom"	My spouse/romantic partner pressures me to be a "hot mom"
Age	-.036	-.008	-.340**	.050
BMI	-.321**	-.201	.055	.254
EAT-26	.074	.341**	.088	-.055
Rosenberg Self-Esteem	.311*	.146	.092	-.320*
Appearance Anxiety	-.554**	.047	.215	.284*
OBC Body Surveillance	.118	.593**	.203	.125
OBC Body Shame	-.225	.205	.141	.242
*p<.05 (2-Tailed)				
**p<.01 (2-Tailed)				

APPENDIX B: "HOT MOM" SPECIFIC QUESTIONNAIRE

“Hot Mom” Specific Questionnaire

1. What do you consider a “hot mom?” _
2. How do you feel about the concept of a “hot mom?” _
3. What are some restrictions or qualifications to be a “hot mom?” _
4. I consider myself a “hot mom”:
Strongly agree
Agree
Neutral
Disagree
Strongly Disagree
5. What qualities make you a “hot mom”? _
6. I desire to be a “hot mom”:
Strongly agree
Agree
Neutral
Disagree
Strongly disagree
7. I feel pressured to be a “hot mom”:
Strongly agree
Agree
Neutral
Disagree
Strongly disagree
8. I consider myself physically attractive:
Strongly agree
Agree
Neutral
Disagree
Strongly Disagree
9. I am happy with my physical appearance:
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree
10. I would change something about my appearance:
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree
11. I dress conservatively:
Strongly Agree
Agree
Neutral
Disagree

- Strongly Disagree
12. I am satisfied with my current weight:
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree
13. If I could, I would like to be thinner:
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree
14. If I could, I would like to be more toned/muscular:
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree
15. If I could, I would like to have bigger/fuller breasts:
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree
16. If I could, I would like to have fuller/rounder buttocks:
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree
17. If I could, I would like to have cosmetic surgery to achieve the physical appearance I want:
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree
18. How often do you exercise?
0 times a week
1-2 times a week
3-4 times a week
5 or more times a week
19. My appearance has an effect on how my spouse feels about me:
Strongly agree
Agree

- Neutral
Disagree
Strongly disagree
20. My spouse would like me to change my appearance:
Strongly agree
Agree
Neutral
Disagree
Strongly disagree
21. My spouse finds me attractive:
Strongly agree
Agree
Neutral
Disagree
Strongly disagree
22. My spouse pressures me to be a "hot mom":
Strongly agree
Agree
Neutral
Disagree
Strongly disagree
23. I encourage my daughter to dress conservatively:
Strongly agree
Agree
Neutral
Disagree
Strongly disagree
24. I allow my daughter to express her sexuality in her physical appearance (e.g., clothing, makeup):
Strongly agree
Agree
Neutral
Disagree
Strongly disagree
25. My appearance has an effect on how my children feel about me:
Strongly agree
Agree
Neutral
Disagree
Strongly disagree
26. I compete with my daughter in terms of physical appearance:
Strongly agree
Agree
Neutral
Disagree
Strongly disagree

27. My daughter and I share a similar taste/style when it comes to clothing:
- Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly disagree

APPENDIX C: PREGNANCY SPECIFIC QUESTIONNAIRE

Pregnancy Specific Questionnaire

1. Are you currently pregnant or plan to become pregnant in the near future?
Currently pregnant
Plan to become pregnant
Neither
2. I am worried about how my body looks (or will look) during pregnancy:
Strongly agree
Agree
Neutral
Disagree
Strongly disagree
3. I am worried about the weight I have gained (or will gain) during pregnancy:
Strongly agree
Agree
Neutral
Disagree
Strongly disagree
4. I am worried about how others view me (or will view me) during pregnancy:
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree
5. I restrict (or will restrict) my diet during pregnancy to avoid gaining added weight:
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree
6. How often do you (or will you) exercise during your pregnancy?
0 times a week
1-2 times a week
3-4 times a week
5 or more times a week
7. I feel pressured by the media and celebrity moms to look thin/fit during my pregnancy:
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

APPENDIX D: ROSENBERG SELF-ESTEEM SCALE

Rosenberg Self-Esteem Scale

Instructions

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

1. On the whole, I am satisfied with myself.
Strongly agree
Agree
Disagree
Strongly disagree
2. At times I think I am no good at all.
Strongly agree
Agree
Disagree
Strongly disagree
3. I feel that I have a number of good qualities.
Strongly agree
Agree
Disagree
Strongly disagree
4. I am able to do things as well as most other people.
Strongly agree
Agree
Disagree
Strongly disagree
5. I feel I do not have much to be proud of.
Strongly agree
Agree
Disagree
Strongly disagree
6. I certainly feel useless at times.
Strongly agree
Agree
Disagree
Strongly disagree
7. I feel that I'm a person of worth, at least on an equal plane with others.
Strongly agree
Agree
Disagree
Strongly disagree
8. I wish I could have more respect for myself.
Strongly agree
Agree
Disagree

- Strongly disagree
9. All in all, I am inclined to feel that I am a failure.
- Strongly agree
- Agree
- Disagree
- Strongly disagree
10. I take a positive attitude towards myself.
- Strongly agree
- Agree
- Disagree
- Strongly disagree

APPENDIX E: EATING ATTITUDES TEST (EAT 26)

Eating Attitudes Test (EAT-26)

Instructions

Please indicate the answer that applies best to each of the numbered statements. All of the results will be strictly confidential. Most of the questions directly relate to food or eating, although other types of questions have been included. Please answer each question carefully. Thank you

1. I am terrified about being overweight.
Always
Usually
Often
Sometimes
Rarely
Never
2. I avoid eating when I am hungry.
Always
Usually
Often
Sometimes
Rarely
Never
3. I find myself preoccupied with food.
Always
Usually
Often
Sometimes
Rarely
Never
4. I have gone on eating binges where I feel that I may not be able to stop.
Always
Usually
Often
Sometimes
Rarely
Never
5. I cut my food into small pieces.
Always
Usually
Often
Sometimes
Rarely
Never
6. I am aware of the calorie content of the foods I eat.
Always
Usually

Often
Sometimes
Rarely
Never

7. I particularly avoid food with a high carbohydrate content (i.e., bread, rice, potatoes, etc.).

Always
Usually
Often
Sometimes
Rarely
Never

8. I feel that others would prefer if I ate more.

Always
Usually
Often
Sometimes
Rarely
Never

9. I vomit after I have eaten.

Always
Usually
Often
Sometimes
Rarely
Never

10. I feel extremely guilty after eating.

Always
Usually
Often
Sometimes
Rarely
Never

11. I am preoccupied with a desire to be thinner.

Always
Usually
Often
Sometimes
Rarely
Never

12. I think about burning calories when I exercise.

Always
Usually
Often
Sometimes
Rarely

- Never
13. Other people think I am too thin.
Always
Usually
Often
Sometimes
Rarely
Never
14. I am preoccupied with the thought of having fat on my body.
Always
Usually
Often
Sometimes
Rarely
Never
15. I take longer than others to eat my meals.
Always
Usually
Often
Sometimes
Rarely
Never
16. I avoid foods with sugar in them.
Always
Usually
Often
Sometimes
Rarely
Never
17. I eat diet foods.
Always
Usually
Often
Sometimes
Rarely
Never
18. I feel that food controls my life.
Always
Usually
Often
Sometimes
Rarely
Never
19. I display self-control around food.
Always
Usually

Often
Sometimes
Rarely
Never

20. I feel that others pressure me to eat.

Always
Usually
Often
Sometimes
Rarely
Never

21. I give too much time and thought to food.

Always
Usually
Often
Sometimes
Rarely
Never

22. I feel uncomfortable after eating sweets.

Always
Usually
Often
Sometimes
Rarely
Never

23. I engage in dieting behavior.

Always
Usually
Often
Sometimes
Rarely
Never

24. I like my stomach to be empty.

Always
Usually
Often
Sometimes
Rarely
Never

25. I have the impulse to vomit after meals.

Always
Usually
Often
Sometimes
Rarely
Never

26. I enjoy trying rich new foods.

Always

Usually

Often

Sometimes

Rarely

Never

**APPENDIX F: OBJECTIVE BODY CONSCIOUSNESS BODY SURVEILLANCE AND
BODY SHAME SUBSCALE**

Objectified Body Consciousness (OBC) Body Surveillance Subscale

Strongly Disagree				Neither Agree Nor Disagree				Strongly Agree
1	2	3	4	5	6	7		

Please respond to the following statements:

1. I rarely think about how I look. 1 2 3 4 5 6 7
2. I rarely compare how I look with how other people look. 1 2 3 4 5 6 7
3. I think it is more important that my clothes are comfortable than whether they look good on me. 1 2 3 4 5 6 7
4. I think more about how my body feels than how my body looks. 1 2 3 4 5 6 7
5. During the day, I think about how I look many times. 1 2 3 4 5 6 7
6. I often worry about whether the clothes I am wearing make me look good. 1 2 3 4 5 6 7
7. I rarely worry about how I look to other people. 1 2 3 4 5 6 7
8. I am more concerned with what my body can do than how it looks. 1 2 3 4 5 6 7

Objectified Body Consciousness (OBC) Body Shame Subscale

Strongly Disagree				Neither Agree Nor Disagree				Strongly Agree
1	2	3	4	5	6	7		

Please respond to the following statements:

1. When I can't control my weight, I feel like something must be wrong with me. 1 2 3 4 5 6 7
2. I feel like I must be a bad person when I don't look as good as I could. 1 2 3 4 5 6 7
3. I would be ashamed for people to know what I really weigh. 1 2 3 4 5 6 7
4. I feel ashamed of myself when I haven't made the effort to look my best. 1 2 3 4 5 6 7
5. Even when I can't control my weight, I think I'm an okay person. 1 2 3 4 5 6 7
6. I never worry that something is wrong with me when I am not exercising as much as I should. 1 2 3 4 5 6 7
7. When I'm not exercising enough, I question whether I am a good enough person. 1 2 3 4 5 6 7
8. When I'm not the size I think I should be, I feel ashamed. 1 2 3 4 5 6 7

APPENDIX G: APPEARANCE ANXIETY SCALE

Appearance Anxiety Scale

Instructions

Please rate the extent to which each of the statements below is characteristic of you:

Never	Sometimes	Often	Very Often	Almost Always
1	2	3	4	5
1. I feel nervous about aspects of my physical appearance.				1 2 3 4 5
2. I worry about how others are evaluating how I look.				1 2 3 4 5
3. I am comfortable with my appearance.				1 2 3 4 5
4. I like how I look.				1 2 3 4 5
5. I would like to change the way I look.				1 2 3 4 5
6. I am satisfied with my body's build or shape.				1 2 3 4 5
7. I feel uncomfortable with certain aspects of my physical appearance.				1 2 3 4 5
8. I feel that most of my friends are more physically attractive than myself.				1 2 3 4 5
9. I wish I were better looking.				1 2 3 4 5
10. I am concerned about my ability to attract romantic partners.				1 2 3 4 5
11. I feel comfortable with my facial attractiveness.				1 2 3 4 5
12. I am satisfied with my body weight.				1 2 3 4 5
13. I get nervous when others comment on my appearance.				1 2 3 4 5
14. I am confident that others see me as physically appealing.				1 2 3 4 5