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## Mind to Mirror to Life: Sexual Health from a Body Positive Lens

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**Mind to Mirror to Life: Sexual Health from a Body Positive Lens**

Kacey Richardson

Honors Thesis

Western Michigan University

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## Preface

My interest sexual health began my second year as an undergrad student. I began working as a Sexual Health Peer Educator (or “Sexpert”) at WMU, which gave me the opportunity to explore a variety of sexual health topics that were new to me. I found great fulfillment in educating my peers. I believed the information presented by the Sexperts to be interesting and relevant to the lives of college students, and I developed a passion for sex education. Sex is often considered a taboo, but I feel a sense of responsibility to have an open dialog about sex in order for everyone to live their happiest and healthiest lives.

Around the time I began my work as a Sexpert, body image became a salient issue in my own life. A discussion with my mom about dieting and insecurities about our own bodies led to a revelation. Body image issues are so engrained in our culture. People are often socialized to negatively perceive the appearance of their bodies, and it can greatly influence how they interact with the world around them. After talking about body image further with several of my friends, I realized how many of them struggled with their bodies. I had a newfound appreciation and awareness for how body image plays an integral role in the lives of people from all backgrounds and identities, and I wanted to further explore this interest.

My budding understanding of body image and my growing passion for sexual health led me to question if there may be a connection between the two. I found that there is a notable correlation between one’s body perceptions and their sexual health, especially in college students. I then wondered, if body image and sexual health are so relevant to the lives of my peers, and there appears to be a connection between the two, why aren’t we talking about it? This inspired me as a peer educator to dive deeper into the realms of sexual health and body image

and find a way to effectively educate students about these topics. I believe that it is necessary to have a conversation about how body image can affect sexual health, and thus impact the well-being of college students. My goal is to bring light to this issue that is too often ignored or misunderstood.

The discussion of body image and sexual health that I present seeks to articulate the correlation between the two, as well as to present the benefits of education about body image and sexual health that has been lacking in the past. There are many angles for approaching this topic. I chose to start by reviewing research studies in the field of psychology. I think these studies offer valid explanations of how people think. They use a scientific approach that brings concrete evidence to the understandings of body image and sexual health. The evidentiary support they provide builds a solid foundation for promoting the need for body image and sexual health education.

Although psychological research informs my analysis, I recognize the limitations of such research, and I employ an intersectional outlook to interpret it. The studies of body image and sexual health are often unmistakably heteronormative, and narrowly limited to the standpoint of white, middle-class, cisgender, non-disabled women. Before attempting to comprehend the meanings of body image and sexual health, we must recognize the social implications of the assumptions that research has often taken. We must consider the people being left out of the narrative.

I bring an intersectional examination to my reading, analysis, and program creation relating to sexual health and body image. What I mean by this is that I strive to be inclusive of multifaceted identities, aware of how different aspects of identity interact as well as how society grants power and privilege to those in the dominant groups. As a white, cisgender, heterosexual,

non-disabled, middle-class woman, I recognize that my privilege may blind me to the experiences of others. I make my best effort to attempt to encompass the existence and validity of those who traditionally have been neglected and to question the taken-for-granted norms that center white, cis, straight, non-disabled, economically advantaged people. By asking critical questions, I hope that my analysis amplifies the voices and perspectives of people who are marginalized to produce more inclusive information.

## Introduction

Enjoying healthy sexuality requires a person to have agency, or a sense that they can make their own decisions about when, where, and how to engage sexually, with partners, with oneself, or not at all. As young women explore their sexuality, one of the barriers to sexual agency arises in the form of doubts about their own bodies. Struggles of developing a healthy body image arise in a culture that generally encourages women to scrutinize and find fault with our bodies, measured against unattainable images of “perfection.” This is compounded by the demands of consumer capitalism, which thrives on exploiting insecurities about not only gender and femininity but also size, skin color, socioeconomic class, and more. In a social science encyclopedia entry on body image research, the authors note that “as many as 80% of women experience body image dissatisfaction in regard to some aspects of their appearance” (Tatangelo, McCabe, & Ricciardelli, 2015, pg. 735). Research shows that college aged women are even more susceptible to body comparisons and thus more negative body perceptions. For example, in a survey of college students, it was revealed that 75% of college students are unhappy with their weight/physical appearance (Soet & Sevig, 2006).

Risky sexual behavior is also heightened among college students. Gillen, Lefkowitz, and Shearer (2006) state, “Emerging adulthood is likely to be a period during which exploration in sexuality and body image, as well as their links, are heightened. With this exploration comes the potential for risk” (pg. 244). Experts label as “unhealthy” sexual behaviors exhibited by college students such as having multiple sex partners, engaging in sex under the influence of alcohol and other drugs, not using proper protection, and not getting regularly tested for STIs (Habel et al., 2018). One study revealed that fewer than 25% of students who were sexually active were using

condoms consistently. Those who had sex with more than one partner reported using condoms even less regularly (Desiderato & Crawford, 1995). Thus, college students are disproportionately affected by STIs, with the percentage of students infected being higher than other demographics (Habel et al., 2018).

Body image provides important context contributing to one's sexual health (Gillen et al., 2006). Sexual exploration is inextricably linked to one's perception of their body, which is often tied to their self-worth. According to Planned Parenthood, to be sexually healthy means to have a positive relationship with sex and one's body ("Sex and Pleasure," n.d.). This includes using proper protection against sexually transmitted infections (STIs) and pregnancy, as well as communicating with sexual partners. Women in college with negative perceptions of their bodies are more likely to engage in risky sexual behavior, in which they ignore the proper precautions to protect their sexual health (Gillen et al., 2006).

It is crucial for college students to understand the importance of body image in sexual health in order to capture the full scope of sexual well-being. There is a necessity for comprehensive sexual health education that incorporates a focus on body image to promote the health and wellness of college students. In the workshop I have created, titled "Mind to Mirror to Life: Sexual Health from a Body Positive Lens," I strive to create a unique, accurate, and relatable educational tool to effectively teach college students about the importance of sexual health, as well as the integral role of a healthy body image in sexual well-being. In the following section, I outline my methodology for conducting my research and organizing my original workshop. Then I provide an in-depth exploration of published articles and additional readings that examines terminology and research findings using an intersectional outlook. Lastly, I outline the contents of my workshop, with an assessment of its effectiveness.



## Methodology

My research consists of several parts: resource evaluation and observation summary; development of an original workshop intended for a student audience, in which I draw from existing models and attempt to address the gaps in curricula currently available; presentation of the workshop; and collection of peer evaluations of the workshop as well as feedback from students and my own self-evaluation. In this section I will describe each part of the research process and what informed my research design.

Concentrating on the field of psychology, I explored research on body image and sexual health using library databases, favoring peer reviewed journal articles with keywords such as, “sexual health in college students,” “body image in college students,” and “correlations between sexual health and body image.” My discussion of this body of research relies most heavily on seven articles published in peer reviewed journals between 2006-2018. I also sought out memoirs and personal essays of authors from a variety of different backgrounds and identities to further understand the lived experiences of body image and sexual health. My resource evaluation section synthesizes and critiques the writing that gave the broadest or most intersectional outlook on my topics.

The creation of my original workshop that was inspired by what I learned in my reading and research, as well as my training as a peer educator. Peer education experience has given me the tools required for piecing together a presentation that is informative and interactive. I examined student evaluations from previous peer education presentations at WMU to formulate what students might respond best to. The Sexual Health Peer Education program was my main resource for my workshop. Much of the information came from my four semesters of

involvement in the program, and I referred to their sexual health education manual for accurate and updated information regarding sexual health (Degasperis, 2019). The development of my workshop also was heavily influenced by personal communications I had with directors of peer education programs at other universities. Talking with them allowed me to examine curricula on sexual health and body image that exists elsewhere, and find what was necessary to bring to my own presentation.

I used a lecture-based approach for my workshop, with space for audience participation and discussion. By evaluating the patterns or trends of sexual health and body image found in my research, and the gaps in information in existing educational presentations, I arrived at the learning outcomes for my workshop. These included understanding the correlations between sexual health and body image, being prepared to practice safe sex, and prompts for imagining a better body image. Stressing the importance of comprehensive sex education that incorporates STIs, contraception, and sexual pleasure was a priority, as my research revealed that many students have not had access to this type of information elsewhere. My research also illustrates that there is a general lack of curriculum that discusses body image, and the ones that do exist mainly focus on eating disorder awareness and body positivity independent of sexual health. My workshop was designed to incorporate an intersectional outlook on body image within sexual health education that is centered on functionality, pleasure, and self-worth.

Due to disruptions of campus activity from the coronavirus pandemic, I had to reconfigure my original plans for presenting my workshop. Originally, my workshop was to be presented to students from a holistic health class, as well as any other WMU students who wished to attend. However, with WMU's shift to distance learning, I instead presented my workshop to peer education students from Fighting Ignorance and Rape through Education

(FIRE), Sexual Health Peer Educators, and staff from WMU's Office of Health Promotion and Education via video conference. This meant I had to manage my expectations for my workshop a little differently. I didn't make any substantial changes to the material of my workshop, but the results of the workshop were altered a bit by the audiences I presented to. The peer educators and staff have all been trained in sexual health education, so they already had prior knowledge of most of the topics I discussed. However, many reported that they learned something new, and that my workshop provided a fresh outlook on familiar information.

To examine the outcomes of my workshop, I developed an evaluation form that required students to respond to what they learned. Because this was a program evaluation, my research was exempt from approval by WMU's Human Subjects Institutional Research Board. The evaluation asked students to list specific information from the workshop, such as where to find resources and suggestions to foster a better body image. These answers were assessed based on accuracy. Completely correct answers were assigned a score of three, responses that were not explicitly mentioned in the presentation but were still accurate or were incomplete were assigned a two, and answers that were completely incorrect or unanswered were assigned a score of one. The evaluation then asked students to rank their understanding of the topics before and after the presentation on a Likert scale. Five was the highest score, meaning "strongly agree," and one was the lowest score, meaning "strongly disagree."

At the end of the evaluation, students were prompted to answer two open-ended questions inquiring about how the workshop helped them learn and what could be done to improve the workshop. I examined the responses by analyzing the overall trends to understand the outcomes of the students' learning. The shift to a virtual workshop resulted in a smaller audience, so I

received only ten evaluations of my workshop from students. Two of these students did not complete the section of the evaluation with the Likert scale ratings.

## **Resource Evaluation**

I begin this section, which focuses on academic, educational, and popular resources related to sexual health and body image, with a discussion of terminology, focusing first on body image and then sexual health. This is to lay the groundwork for understanding the complexities of each of these topics, as well as to create context for how I refer to sexual health and body image within my workshop. Next, I discuss the findings in the psychological literature on the correlations between sexual health and body image, specifically how a negative body image can have adversely impact sexual behavior. I pair this with personal narratives on the implications of body image and sexual health I collected from additional readings. I conclude with some of the overall insights before beginning a new section focused on the implications of this research for my new curricula.

### **Terminology**

#### **Body Image**

Body image, as the term is used most frequently, refers to the self-perception of how one's body looks in comparison to others. This can include one's weight, bone structure or body shape, height, and clothing size. A social science encyclopedia entry on human behavior research states that body image is an evaluation of a person's own body that is highly subjective, meaning one's body perception could potentially be distorted from how they look in reality (Burke, Schaefer, & Thompson, 2012). It is important to note that this outlook on body image is a psychological perspective centered mostly on white, cisgender, heterosexual college women. This viewpoint of body image is not only potentially objectifying, but it may neglect the

intersectionality of other vital identities, such as race, class, sexual orientation, etc. Psychologists studying body image tend to use a limited definition of body image in order to measure and quantify research subjects' perceptions of themselves. However, body image is a personal and intimate self-image that cannot be contained to a single definition or to a series of statistics. It is also vital to recognize that those with privilege and power are often the creators of such definitions. Given the potential bias in social science research, which can include a narrow frame of mind that results from the standpoint of privilege, it is important not to generalize the findings beyond the populations involved in these studies.

It is necessary, too, to ask questions about how findings might vary across different identities, especially race, in the context of racism and white supremacy. Author Ophira Edut questions the results of a study conducted at the University of Arizona in 1995, which found that 70% of African-American female participants liked their bodies, in contrast to the 90% of their white counterparts who did not. The authors of the Arizona study concluded that black girls have a more positive body image than white girls. However, as Edut notes, this study failed to account for specific aspects of the research design that could greatly influence the subjects' responses. Edut, "wondered what would have happened if the study had polled subjects on whether they liked their hair texture, their skin and eye color, their facial features." Furthermore, Edut notes,

The focus on weight failed to connect body image to racism and sexism—to power. Class differences were not mentioned, nor was the history that may have shaped the subjects' varying ideals. But women's struggle with body image *is* about power. (Edut, 2003, p. xxii)

Physical ability can also have a great impact on how one perceives their body. Disabled bodies often do not fit within the beauty ideals set by the dominant culture of society. As stated

by a blogger who shares their experience with disability, “We live in a very visual society, surrounded by images of what are considered perfect bodies. And generally this excludes disability. We, as people with a disability, are imperfect. We do not fit the mold” (“Disability and Body Image,” 2016). This can cause those with disabilities to feel undesirable, resulting in low self-esteem and negative feelings towards their bodies. Folks with disabilities may even feel betrayed by their bodies due to their physical limitations. Invasions of personal space by doctors or caretakers that may be necessary for their care, but may strip them of their bodily autonomy. This increased need for assistance, and the social connotations of disability as a “handicap,” correlates with a negative body image (“Disabilities and Body Image,” 2016).

Non-normative gender identities, and in particular transgender identities, can also play a role in one’s perception of their body. Trans folks’ unique struggles with body image are often left out of the narrative. They may experience gender dysphoria, where their perceived appearance does not match their physical appearance. This can stem from feeling out of place in their bodies as their gender identity may be different than their biological sex. Many transgender individuals have reported a sense that there was something wrong with their bodies from a young age, and research shows that many trans folks have negative feelings towards their bodies (“Transsexuality and Body Image,” n.d.). As explained on a “Body Project” website developed by Bradley University’s Women’s Studies Program and other collaborators,

The strong social pressure to be either a masculine biological-male or a feminine biological-female, not only makes many people feel like social outcasts, but makes them feel like their bodies are enemies—foreign entities that need to be controlled and overcome. (“Transsexuality and Body Image,” n.d.)

Body image can also be impacted by experiences of trauma, such as sexual assault. Sexual trauma can manipulate a survivor's body image and give them a negative perception of their body. One study revealed that women who had experienced sexual abuse reported more body dissatisfaction and self-consciousness. They felt more uncomfortable in their appearance and were hesitant to reveal their bodies, even when undressing in front of sexual partners (Kearney-Cooke & Ackard, 2000). Survivors of sexual assault are also at a greater risk of developing an eating disorder. Trauma or PTSD is highly correlated with eating disorders, and these can be triggered by sexual violence. Many survivors feel a disconnect from their bodies after experiencing sexual trauma. Restrictive and controlling behaviors around food and exercise may be used to suppress difficult emotions and give the survivor a sense of control (Palumbo, 2018).

The diversity in identities, bodies, and bodily experiences show that our thinking about body image requires an intersectional examination that accounts for this diversity. One's social location may influence how their bodies are treated within society. Power imbalances and the policing of marginalized people's features may negatively influence their body image. Most of the research available on body image focuses almost exclusively on white, cisgender, middle-class women. This restricts the understanding of body image and its correlation with sexual health.

### **Body Positivity**

It is crucial to note that the definitions of "negative" and "positive" in regards to body image are subjective. In this context, however, a negative body image refers to a self-perception that can cause emotional or psychological distress that may lead to damaging behaviors, whether they be eating disorders or risky sexual activity. Each person has a unique relationship to their



body that may be influenced by their identities or their position in society. Ultimately, it is virtually impossible to universally define a positive body image, or even determine what a “better” body image may be for each individual. Yet body positivity advocates work to reduce the shame and harm that stem from exclusionary and often superficial ideas about bodily perfection.

Body positivity is a movement that has garnered much attention in recent years. It promotes the unconditional love and acceptance of one’s body for however it may look, with the mantra “all bodies are beautiful,” as author and educator Kendra Cherry puts it (2019). Although the body positivity movement has only recently become widely recognized, it actually stems from the fat liberation movement of the 1960s (Cherry, 2019). Activists, many of whom were black women and/or lesbians, advocated for acceptance and equality for fat bodies in defiance of white, heterosexual, and patriarchal beauty standards. However, the movement has recently been co-opted and commercialized by thin, white, heterosexual women. This neglects the contributions of fat liberation activists, while also isolating people of diverse bodies and backgrounds. Many people feel that modern body positivity excludes people of color, LGBTQ+ folks, and those with disabilities. The modern body positivity movement may also be critiqued as another form of body policing by making it seem that people must feel a certain way about themselves in order to be validated. In response, body neutrality has emerged. Clinical psychologist Haica Rosenfeld, as cited by journalist Chelsea Greenwood (2018) states,

Healing body dissatisfaction, hate and loathing is not necessarily about liking or loving the image of our own body. It is not solely about changing the perception of our body. It really is a about body-acceptance work. Body neutrality is the bridging of the gap [between self-love and self-hate]. We are working towards a middle place on the body

image spectrum and moving into a mindset of honoring and respecting the body we have now.

A healthy body image, then, does not necessarily mean complete body positivity in the sense that one must unquestioningly love their body. Simply put, a healthy or “positive” body image refers to a perception of one’s body that encourages and supports their well-being. For some, this may mean feeling simply indifferent towards their bodies. Overall, encouraging a confident self-image that promotes people’s welfare is critical to their overall health, especially in respect to their sexuality.

## **Sex**

When examining sexual health, one might ask, “What is sex?” In general, sex can be defined as any behavior that causes arousal and increases the chance of orgasm (Degasperis, 2019). Sex is a different experience for everyone that may be shaped by their unique and individual identities. When discussing sexual health, it is crucial not to overlook the long history of sexuality research that often erases non-heterosexual identities or sexual experiences. As clinical psychologist Chad Mosher (2017) argues, sexual health must be defined within the intersections of identities in order to comprehend the racism, sexism, heterosexism, and cisgenderism that dominates the discourse on sexuality. Overall, there is a wide variety of sexual experiences. From this vantage point, any type of sexual behavior is valid, as long as it is consensual.

Penis to vagina penetration is typically what is considered the norm when addressing sex and sexual health. For example, the concept of “losing one’s virginity,” an outdated social construct that many still believe to be a rite of passage, centers on penetration. However, this

leaves out the varied and valid sexual experiences of non-straight or non-cisgender people. Moreover, it erases the existence of members of the LGBTQ+ community and enforces the power imbalances in society. What counts as sex or a sexual experience is subject to interpretation, and the field of sexuality studies reveals there is no single definition of what constitutes sex or virginity. Anabel Costa, an opinion staff writer for the University of California, Santa Barbara's student-run newspaper, shares her ideas on virginity and sexuality. She states,

I would say I lost my virginity the first time my girlfriend saw me naked and I felt my most vulnerable — but also my most beautiful. I could also say it was the first time I gave my girlfriend an orgasm, even if it was only with my hands. I could even argue that with each new partner I am losing my virginity over and over again, because I am learning to be vulnerable with someone new — just like how every kiss with a new person feels like my first. (“The Definition of Virginity is Unqueer,” 2018).

Similarly, sexual health discussions tend to invalidate the diversity of sexual experiences when they center a definition of “safe sex” on external condom use, disregarding other types of sex that don't require condoms or the use of barrier methods such as dental dams or internal condoms. By expanding the understanding of sex to go beyond penis to vagina penetration, comprehension of sexuality becomes more inclusive, and sexual health practices become more accessible.

Society's typical definition of sex also tends to neglect individuals with disabilities. There is a common narrative that folks with disabilities are asexual, meaning that they do not experience sexual attraction. This perception can cause them to feel undesirable (“Disability and Body Image,” 2016). The desexualization of people with disabilities may stem from bias as well as a lack of understanding of sexual diversity. One blogger on disability responds explains that for them, the ways of having sex are “probably infinite.” She continues,

Because, like with abled bodied people, everyone likes different things and is capable of different things. Indeed the sex that a disabled person has will probably vary depending on the partner... You just need to explore more, see what works for you and your partners. Kiss, cuddle, use sex toys, make use of the bed raiser, have strategically placed cushions. (“Disability and Sexuality, Part 1,” 2016)

### **Sexual Health**

Sexual health can be defined as taking action to reduce the risk of sexually transmitted infections (STIs) and unintended pregnancy, if applicable. When I use labels such as “healthy” or “risky” I do not mean to stigmatize or marginalize sexualities outside of the “norm.” The terms are merely used to distinguish between sexual behaviors that may cause damage to one’s body and those that reduce that chance. In this context, unhealthy or risky sexual behavior is considered any sexual activity that does not take those precautions. This may include engaging in sex under the influence of alcohol and other drugs, not using proper protection (such as using contraceptives), and not getting regularly tested for STIs (Habel et al., 2018).

Sexual health is not limited to the precautionary measures meant to protect against STIs or pregnancy, but it may also include holistic aftercare. For example, BDSM requires unique sexual health practices. BDSM stands for bondage, discipline, sadism, and masochism. It encompasses a variety of sexual experiences that may include dominance, submission, or physicality such as hitting or whipping (Zane, 2019). This makes aftercare crucial to the sexual well-being of those involved. According to Zachary Zane (2019), a writer and activist focused on sexuality, the body must be given the care to heal from any injuries that may result from these types of sexual experiences, such as bruises, sprains, or damage to the skin. Aftercare for one’s

mental health is also crucial. This may include cuddling or communicating about their experiences in order to “return to equilibrium.”

It is important to recognize that sexual health is a social construct. We, as a society, have defined what it means to engage in “healthy” sexual behavior, or what is considered “normal” sexual functioning. However, the human body is greatly variable, and each person experiences sex in different ways. For example, a woman featured in the documentary “Orgasm Inc.” recounts her inability to have an orgasm through penetrative vaginal intercourse. She felt that her body was abnormal or diseased because of the common belief that a woman should be able to experience orgasm from vaginal penetration. However, as she discovered throughout the course of her numerous medical treatments to try to “cure” her “dysfunction,” many women are unable to orgasm through penetration alone. Society’s definition of what is considered healthy sexual functioning led this woman, and numerous others, to believe that their bodies and their sexuality were inadequate. By merely changing the perception of what is normal to include orgasms induced in other ways, such as through clitoral stimulation, the entire idea of sexual health is modified. (“Orgasm, Inc.,” 2009).

### **Sex Positivity**

When examining sexual health, if the intention is to be inclusive of diverse consensual sexualities, using a sex positive paradigm is vital. Sex positivity acknowledges sex as an integral part of human development and its role in people’s lives. It includes pleasure, spiritual and emotional intimacy, as well as reproduction and physical wellness (Mosher, 2017). A sex positive discourse “also challenges hegemonic constructions of sexuality within traditionally heterosexual norms such as monogamy and prescribed gender roles” (Mosher, 2017, pg. 491).

While most of the available research is centered on cisgender, heterosexual women, it is still important to recognize the ways that sexuality is fluid and to accept all sexual practices.

## **Findings**

### **The Influence of Body Image on Sexual Health**

Risky sexual behaviors have been found to be correlated to negative body image. Studies have revealed that women who perceive their bodies negatively tend to engage in sexual activity that could lead to pregnancy without using contraceptives; they have more casual sexual encounters; and they have lower rates of sexual esteem or assertiveness (Grossman, Campagna, Brochu, Odermatt, & Annunziato, 2018). Lack of assertiveness in sexual situations could make it more difficult for women to refuse sexual encounters that could put them at risk. Women with body dissatisfaction are less comfortable negotiating in a sexual situation, such as insisting on condom use, and they often lack a sense of control during sexual encounters (Gillen et al., 2006). A negative body perception could also make a woman more likely to engage in unhealthy sexual behaviors to acquire an intimate relationship (Grossman et al., 2018).

Adverse body images displayed in college women are strongly correlated with destructive cognitive patterns such as self-guilt and self-distraction (Pinksavage, Arigo, & Schumacher, 2015). Body image also influences how one behaves and socializes. A negative body image has been linked to poor emotional well-being and social skills. This could affect the way college women interact with sexual partners, and it could increase their chance of engaging in unhealthy sexual practices. One study showed that women who engage in risky sexual activity may do so due to their internalized emotional distress that results from their history of victimization and sexual activity. Lack of condom use (when relevant) and other risky choices

may be in part due to “feeling less concerned about one’s health due to depressive symptoms and/or as a strategy for enhancing self-esteem through unprotected sexual activity” (Lopez et al., 2011, pg. 946). Depressed feelings could stem from and exacerbate a negative body image.

Body image not only plays a role in the safety of sexual behaviors, but can also alter attitudes about sex positivity and sexual satisfaction. Mosher (2017) states, “Sexuality cannot be separated from body size or body image” (pg. 494). The correlation between women’s body image and sexual satisfaction was examined in a study conducted at The University of Texas at Austin. The participants’ body image was measured using weight concern, physical condition, and sexual attractiveness scales. It was revealed that all three scales of body image were closely related to sexual satisfaction, with women possessing greater body esteem reporting higher levels of satisfaction. The study also found a relationship between appearance-based thoughts during sexual activity and sexual satisfaction. Those with more appearance-based thoughts reported less satisfaction during sexual encounters (Pujols, Meston, & Seal, 2010).

Not only does one’s perception of their body influence the gratification of sexual activity, but it can also impact one’s overall attitudes or beliefs about sex. In her essay, “The Chosen People,” Tali Edut recounts her struggle to reconcile two sides of her identity: her sexuality, and the persona she enacted for the rest of the world. She states, describing a relationship that revolved around a male partner’s desire for her,

I was both attracted to [the sexual me] and ashamed of her. His sexual attraction to me gave me a strong rush of power...I rebuilt my self-esteem, placing him at the epicenter. I would leave his house feeling lighter than air, powerful and desirable after eight hours of making out. Back at home, the high would swiftly wear off...I would crash, feeling ugly,

undesirable, frustrated and depressed. Why did I feel as if my mind and body existed on separate planes? (pg. 93)

This illustrates one way that low self-esteem that may stem from a negative body image can lead people to engage in sexual activity they may not consider safe or comfortable. Sexual encounters may provide a temporary sense of fulfillment for some, but they do not reach the root of their distress. Due to the relationship between body image, sexual health, and sexual satisfaction, it is vital to include body image in sex education. Without considering the effects of body image on sexuality, we fail to fully comprehend sexual decision making.

### **State of Sexual Health Education**

The state of Michigan does not legally require public schools to provide sex education to students. However, schools are required to discuss communicable diseases such as HIV/AIDS. If schools choose to teach sex education, there are regulations provided by the state about what can be taught and how. The central focus of these regulations is to stress that “abstinence from sex is a responsible and effective method for restriction and prevention of these diseases and is a positive lifestyle for unmarried young people” (“MDE Health and Safety Curriculum,” n.d.). Schools are also prohibited from distributing contraceptives, such as condoms or hormonal birth controls, or discussing abortion as a part of reproductive health (Balaskovitz, 2019).

In West Michigan, there are a variety of programs dedicated to the sex education of students, ranging from abstinence-only education to comprehensive, sex-positive curriculum. Many school districts rely on Willing to Wait, a sex education curriculum that focuses heavily on the negative consequences of sexual activity. Willing to Wait lists on their website several of the central learning targets, such as,



[Discussion of] the benefits of abstaining from sex until marriage and the benefits of ceasing sex if a pupil is sexually active, possible emotional, economic and legal consequences of sex, [and that] unplanned pregnancy and sexually transmitted diseases are serious consequences that are not fully preventable, except by abstinence. (“Sex Education Advisory Boards,” n.d.)

A review of abstinence-only education programs in the *Journal of Adolescent Health* reveals that there is no evidence that this curriculum delays sexual activity in adolescents. Instead, students who received abstinence education and decide to engage in sex consequentially fail to use appropriate contraception methods. This leaves them prone to unintended pregnancy or STIs (Santelli et al., 2006). Abstinence-only education often is deemed morally necessary by many parents, educators, and school administrators. However, as professor John Santelli (2017) states in an op-ed for the Washington Post, they violate medical ethics by limiting students’ access to pertinent information about how to engage in healthy sexual behavior. This leaves young people vulnerable to risky sexual practices, because they do not understand how to practice sex safely.

Comprehensive sex education includes discussion about contraceptives intended to lower the risks of STIs and pregnancy, as well as how to foster healthy relationships using communication and consent. It proves to be more effective in protecting young people from risks associated with sex. Research shows that curriculum that included contraception delayed the occurrence of sexual activity in adolescents and reduced the frequency of unprotected sex, which thus reduces the rates of pregnancy and STIs among young people (Santelli et al., 2006).

There are several comprehensive sex education programs in the state of Michigan. Planned Parenthood offers programs that deliver information regarding contraception and STIs, as well as sexuality/sexual orientation, anatomy, communication, and relationships (“Peer

Education,” n.d.). One of these is the Safer Choices program that is has been implemented in Kent and Muskegon counties. It features curriculum based on studies showing the efficacy of comprehensive education in delaying sexual activity in teens and encouraging protective sexual behaviors (Balaskovitz, 2019).

While some comprehensive sex education programs do exist for adolescents, this education is often not provided until the college level, if it is provided at all. One of the comprehensive sexual health education programs in Michigan include the Sexual Health Peer Educators, or “Sexperts,” at Western Michigan University developed by the Office of Health Promotion and Education. In this program, students are trained to present on topics pertinent to sexual health. Targeted primarily at college freshman, the Sexperts promote safe use of contraceptives, communication and consent between partners, and more taboo topics regarding sex including sex toys. They are very open and inclusive of all sexual experiences, and use language that does not discriminate against any gender identity or sexual expression. Using accurate and relatable information and opportunities for interaction, the Sexperts are a valuable resource to WMU students.

### **State of Body Image Education**

Although sexual health education is often limited, there appears to be an even greater lack of education dedicated to teaching young people about how to build healthy and positive relationships with their bodies. Despite body image being integral in the lives and relationships of young people, there are very few programs that offer education about its importance or how to improve it. However, the programs that do exist show promise in their abilities to promote affirmative body perceptions in their target audiences.

One source of body image education comes from University of Michigan Flint. Their broad peer education program covers a wide range of relatable and salient topics, including body image. Their workshop, “Body Positive: Reimagine Yourself,” discusses the meaning of body image, as well as how to improve one’s self perceptions (“Peer Education Program,” n.d.). They highlight the role that the media plays in the ways that college students view their bodies, with a special focus on inclusivity of people of all genders, races, abilities, etc. This workshop emphasizes realistic goals towards a healthy body image, with a happy balance between body positivity and body neutrality. With a mixture of lecture-based information and interactive activities, the peer educators teach students about the importance of positive self-image and strive to improve the self-esteem of their peers. This workshop is still new on U of M Flint’s campus, so it has not reached a wide audience. However, the reviews from those who have participated are exceedingly positive. Students report that they enjoyed the presentation, and that it made them feel less alone. It allowed them a space to feel accepted and supported in their body image (S. Devitt, personal communication, January 23, 2020).

Towson University in Maryland offers an entire peer education program geared specifically toward body image. They feature a variety of presentations that mainly focus on body positivity/neutrality and eating disorder awareness (“Body Image Peer Education,” n.d.). The majority of their work is through outreach activities, such as games that debunk dieting myths and body positive affirmation events. They also give lectures on specialized body image topics, like the effect of media on body perceptions and eating disorders. These presentations are given at the request of professors, coaches, and student organizations. The work of the body image peer educators appears to have a meaningful impact on students across Towson’s campus,

with their events drawing large audiences who report that they appreciate and enjoy them (M. Lynch, personal communication, January 31, 2020).

In the past, the Towson peer educators offered a presentation titled “Body Image and Relationships,” which addressed the impact that body image can have on romantic relationships. It discussed how body image can affect how one may interact with a partner. Unfortunately, this presentation was not widely used in Towson’s peer education program, and it has not been used since 2010. This is due to a lack of requests for the presentation by professors or student organizations. The workshop included information about how discomfort with one’s body can lead to sexual hinderance or perceived sexual inadequacy. They emphasized that stress caused by a negative body image can create tension within relationships that may be difficult to navigate (M. Lynch, personal communication, January 31, 2020). Although they did not include information specifically pertaining to sexual health, especially safe sexual practices, it was a step in the direction toward a curriculum that incorporates both body image and sexual health. It is unfortunate that this presentation was not given the opportunity to flourish on their campus. I speculate that this may be due to the misunderstandings of how body image in correlates with sexual health.

While there are programs in existence that teach young people about healthy sexual practices or how to foster a healthy relationship with their body, there seems to be a lack of education that merges the two. As evidenced by the high correlation of negative body image and risky sexual behavior, it is imperative to incorporate information regarding body image into comprehensive sexual health curriculum. Combining body image with informative and accurate sex education will better equip students with the proper tools to understand and engage in

healthy sex that they can enjoy. It may also have a positive influence on how they perceive themselves and interact with others.

## **Workshop Development**

My workshop, “Mind to Mirror to Life: Sexual Health from a Body Positive Lens,” was designed to examine the impact of paired body image and sexual health education on the understanding and attitudes of these topics on students. Below, I describe the content of my workshop. This includes an overview of formatting, material, and discussion included in my presentation. I then highlight the innovations I brought to the work based on my training, research, and creativity. Finally, I discuss what I incorporated from the research, as well as what was distinctive about my program from what already exists at WMU and elsewhere.

### **Workshop Overview**

I began my workshop with a discussion on sexual health. I focused on topics such as STIs, including signs/symptoms, testing, and treatment, and barrier and hormonal methods of contraception. This was followed by an explanation of consent and communication during sexual activity. I outlined the integral role consent plays in any kind of sexual encounter, and that communicating with a partner about boundaries, contraception, STI history, and pleasure is critical to enjoying safe sex. Throughout the content on sexual health, I stressed a sex-positive outlook that is inclusive of people of all identities. I did so by using gender neutral language, destigmatizing STIs, and by making it clear that there is no proper way to define what constitutes risky or healthy sexual behavior. I emphasized to students that there is no right or wrong way to have sex as long as it is consensual.

Next, I dove into discussing body image. I opened by defining body image and its impacts, while still making inclusivity a priority. This included giving examples of how body image could vary based on identity, such as how black or trans folks might experience body

image. I also was sure to explain that body image cannot be limited to “positive” or “negative,” because it is influenced by one’s identities and social location. This was followed by an interactive discussion where the participants talked about ways in which body image could influence sexual health.

Students were very receptive to the conversation. They brought up the fact that folks with a negative body image may feel self-conscious during sex, as well as that they may have less satisfying sexual encounters due to difficulties discussing sexual wants and needs with partners. They also mentioned that low sexual assertiveness could stem from a negative body image, and could result in a lack of protection during sex. We also discussed the value of intersectionality when examining body image. We analyzed how different aspects of identity play into how one perceives their body. This included physical appearance, such as hair texture, and went as far as where one lives and socioeconomic status. The discussion was followed by tips on how to improve body image, which included an explanation of body neutrality, positive affirmations, and positive media content. Lastly, I left students suggestions of how they can apply a positive body image to their sexual health. I emphasized the importance of advocating for oneself and one’s body during sexual activity, pleasure during sex, and self-worth.

### **Content Innovations**

My research revealed that many students have not received education about basic sexual health practices, so I was sure to include information on contraceptives, as well as testing and treatment for STIs. I also included statistics on STIs and practical information on how to obtain contraception to destigmatize practicing sexual health. This content was pulled directly from the WMU Sexperts’ sexual health manual. I also incorporated information that centered on the personal implications of one’s body perception. This included data on self-esteem and mental

health issues that I found in peer reviewed journal articles, as well as encyclopedias and publications from journalists.

While I drew heavily from existing sexual health education programs at WMU and other universities, my workshop was distinctive in its discussion on body image as it relates to sexual health. It brought a new element to the discussion of sex, highlighting body image as an often-misunderstood facet of sexuality. Rather than focusing on disordered eating or on media influences on body image, as seen in existing body image education, my workshop instead examined the intersectionality of body image, its social implications, and how a positive body perception is essential to a healthy sex life. I feel as though my workshop was more personal than others in this way. My workshop was unlike any curricula on sexual health or body image I have encountered because of its combination of both topics. The presentation was also unique due to the contributions of students and the focus on intersectionality. The frank discussion held by students revealed their personal experiences with these topics, and it highlighted the multifaceted, identity-driven nature of sexual health and body image. I feel that my workshop brought more depth and enlightenment to the topics of sexual health and body image than many existing programs.

## **Evaluation**

### **Peer Feedback**

In the first section of my student evaluation, completely correct answers were assigned a score of three, responses that were not explicitly mentioned in the presentation but were still accurate or were incomplete were assigned a two, and answers that were completely incorrect or unanswered were assigned a score of one. Ten out of ten students scored a three on my first



learning objective of naming at least one resource at WMU for sexual health or body image. When asked to list three ways to improve body image, five out of ten students scored a three, while the rest scored a two. Six out of ten students scored a three on a question that asked them to list two ways to apply body image in sexual health, while the rest scored a two. This shows that students showed a high-level comprehension of the material presented in my workshop.

The next set of questions rated the impact the material had on students using a Likert scale. Five was the highest score, meaning “strongly agree,” and one was the lowest score, meaning “strongly disagree.” When asked about their understanding of the connection of body image and sexual risk taking, five out of ten students responded with a four or five. The rest responded with a three or lower. It is important to point out that the results of this question are likely not representative of the trends that I would have expected to see if I had presented this workshop to students who were not peer educators. The high ratings of prior understanding of the topics can likely be attributed to the peer educators’ background knowledge.

Even though this was an exceptionally well-educated group of participants, most students indicated that they improved their understanding of sexual health and body image after the workshop, with most of them rating their abilities to foster sexual health, healthy body image, and overall well-being higher than before the workshop. Six out of the eight students that answered this set of questions reported an increased ability to make healthy sexual decisions and engage in healthy sexual practices after the workshop. Seven out of eight students reported a better ability to foster a healthy body image following the presentation. The same number of students reported being more equipped to manage their well-being concluding the workshop. Although the results of my learning outcomes may have been skewed due to the peer educators’ prior knowledge, I believe their ability to gain new information from my presentation proves the

efficacy of the workshop. If students who have already had extensive training on many of the topics that I covered were able to learn something new, then any average student at WMU can learn from this presentation as well.

The last section of the evaluation gave students the opportunity to provide their feedback on the workshop. All of the students had positive responses to the presentation, reporting that it was informational and effective. One student stated that “[the workshop] deepened [their] understanding of how social stigmas can trigger toxic body image habits.” A couple of students also shared that they enjoyed the discussion and hearing new perspectives. “I’ve never thought about body image in relation to sexual health. It helped open that train of thought and [make] that connection between the two,” wrote one student. Another wrote, “It was nice talking about this topic because it doesn’t seem to be talked about enough.”

The students also offered constructive feedback on how to improve the workshop in the future. There were a couple of suggestions for making the workshop more intersectional. Students were specifically interested in how people with disabilities, LGBTQ+ folks, and men are impacted by the correlation between sexual health and body image. Another student suggested less “introductory material,” such as contraceptives. However, this could be influenced by the fact they are a peer educator and already understand information on sexual health. Overall, many students enjoyed the presentation and believed that the content was relevant and important.

## **Self-Assessment**

Overall, I believe my workshop was very effective. It highlighted new ideas never before considered by students, and gave them the resources to improve their sexual health and self-perceptions. The positive responses I received from students gave me a great sense of accomplishment and success for my presentation. The students were very engaged and interested in these topics, and they showed that they gained new insights and information. To me, this proves the effectiveness of my workshop.

Although I believe my workshop to be successful, it still has room for improvement. I agree with the students' feedback that the workshop could be more intersectional. I think I could have given more time to discuss how people of different populations could be more specifically impacted by body image and sexual health. I think the students would have appreciated more examples of how different identities may experience or be impacted by body image and sexual health. It may have been helpful to refer to students of different identities to understand their conceptions of these topics, and to leave more room for the students to analyze the possibilities of intersectionality during the presentation.

I also would have liked to have more time carved out of my workshop for interactive discussion. After witnessing how much the students gained from the open discussion during the presentation, I think it would be beneficial to the students' learning to pose more questions for them to talk about with each other. I intentionally designed my workshop to be lecture-based, as that is my strong suit as a peer educator. However, after presenting to students, I believe that having more open conversations during the presentation would have made it more engaging. I

think it would be helpful to cut down on the amount of lecture in the workshop and to make more time for interaction.

I also would have liked the presentation to be more cohesive between its two parts. I feel like there was a bit of a gap between the sexual health section and the body image section. If I were to present this workshop in the future, I would try to blend the topics together more, so they don't feel so divided. After all, what I strive to illustrate is that body image and sexual health are interconnected. Instead of starting off with sexual health information and then moving onto body image, I think it would be beneficial to discuss both of these topics throughout. In other words, I would like to illustrate how body image can influence sexual health practices while discussing how to practice sex safely, rather than talking about these topics independently.

## Conclusion

There are profound ties between body image and sexual health that have genuine consequences in the lives of college students. From engaging in risky sexual behavior, to a lack of communication between partners, and less satisfactory sexual encounters, a negative body image can result in poor sexual health. Many students are unaware of these connections, or how to care for themselves with respect to their body image and sexual well-being. The lack of educational resources for students prevents students from learning how to foster a positive perception of their body, or how to engage in safe sexual practices. It is crucial to provide students with a curriculum that allows them to comprehend the importance of body image and sexual health. My workshop showed me that students are hungry for this information, and they believe that it is important to discuss the impacts these topics can have on their lives. It shows that students are receptive to the material, and that comprehensive education on sexual health and body image has positive implications for their well-being.

It is important for educators to create a space for students to explore the relationship between body image and sexual health that is safe, welcoming, and non-judgmental. Intersectionality is key to a curriculum that is tailored to the needs of students. Identity plays an integral role in how people perceive their bodies and thus how they interact with sexual partners. It is also crucial that students understand that sex, if they elect to engage in sexual behavior, should be a positive experience. It is important that they understand that there is no right or wrong way to have consensual sex, but making educated, thoughtful decisions about sexual behaviors is central to health and well-being. Overall, the impact body image has on sexual health can no longer be ignored. My curriculum for combining body image into sexual health

education provides a model for how students might obtain the knowledge and resources they need to foster their health and well-being.

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