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Femininity, Masculinity and Body Image in a Community Based Sample of Lesbian and Bisexual Women

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Abstract

This study expands the literature on body image among lesbian and bisexual women by examining the relationship between self-perceived gendered personality traits and expressions (i.e., sense of self in relation to cultural constructions of femininity and masculinity) and body satisfaction, a key body image construct. We used data from Wave 3 (2010-12) of the Chicago Health and Life Experiences of Women (CHLEW) study. The CHLEW includes a novel measure of gender expression, with masculinity and femininity as distinct but overlapping constructs. In the large analytic sample (N=553), we found both similarities and differences in the association between femininity/masculinity and body image in lesbian and bisexual women. Bisexual women reported significantly lower body satisfaction than lesbian women. Higher masculinity was associated with greater body satisfaction in the full sample, but the association was stronger for bisexual than lesbian women. Femininity was positively associated with body satisfaction only for bisexual women. These findings suggest that masculinity and femininity play different roles in body satisfaction for lesbian and bisexual women and highlight the importance of disaggregating sexual identity in studies of SMW's health. Clinicians should routinely ask about sexual identity and gender expression, especially when presenting concerns involve body image or disordered eating.

Keywords

Body image; body satisfaction; lesbian women; bisexual women; gender expression

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INTRODUCTION

Body image is a key component of women's health, with documented relationships to overall self-esteem, disordered eating, depression, and perceived quality of life (Grabe, Hyde, and Lindberg 2007; Grossbard et al. 2009). Estimates of body dissatisfaction, a component of body image, vary among women and moderate with age, but are consistently high—with some studies reporting that up to 80% of adolescent young women express dissatisfaction with their bodies (Lawler and Nixon 2011). Although body dissatisfaction among women is pervasive, body image concerns likely differ by sexual identity (Alvy 2013; Polimeni, Austin, and Kavanaugh 2009), and varying levels of femininity and masculinity may play a role in these differences.

Research on body image and body satisfaction among sexual minority women (SMW), especially bisexual women, has been limited, and most studies are more than 10 years old. Understanding differences across sexual minority (SM) subgroups is particularly important because the negative effects of body dissatisfaction may be exacerbated by their marginalized status, and interactions and relationships may differ by sexual identity.

Sexual Identity and Body Image

Existing research findings on the relationship between body image and sexual identity have been inconsistent (Watson et al. 2015; Meneguzzo et al. 2018). The majority of studies have focused on comparisons between lesbian and heterosexual women, with findings showing an overall trend toward greater body satisfaction among lesbians. Using data from a large community sample of women in the greater Pittsburgh area, Alvy (2013) found that lesbian women expressed a larger ideal body size and reported higher body satisfaction than heterosexual women. Similarly, using data from a national sample of Australian women, Polimeni, Austin, and Kavanaugh (2009) found that lesbian women were significantly more satisfied with their body weight and shape than were exclusively heterosexual women.

Although studies of body image among bisexual women are scarce, findings from studies of disordered eating, a related variable, suggest that bisexual women may be at greater risk than lesbian women for poor body image. Koh and Ross (2006) found that bisexual women were more than twice as likely as their lesbian peers to report disordered eating, and Katz-Wise and colleagues (2015) found that young bisexual women were significantly more likely than their lesbian counterparts to report unhealthy eating habits.

One explanation regarding differences in body image is that lesbian women may be somewhat protected from messages about what constitutes female beauty in white heterosexual culture (Hanley and McLaren 2015). Such protections may not operate similarly for bisexual women. Indeed, some bisexual women report prejudice and stress associated with their sexual identity, including stereotypes in both heterosexual and SM communities that frame bisexuals as confused about their sexuality, deceptive, and/or hypersexual (Chmielewski and Yost 2013). This may create an embodied tension between social standards of beauty and the lived experiences of bisexual women, putting them at higher risk for poor body image (Chmielewski and Yost 2013). Further, unlike heterosexual women, and perhaps to a lesser extent bisexual women, lesbian women are presumably less interested in

attracting male romantic partners and may be less bound by male-defined standards of female attractiveness.

Masculinity, Femininity, and Health

Gender norms can have social and health consequences (Fleming and Agnew-Brune 2015). Among both men and women, adhering to masculine gender norms has been associated with higher levels of smoking and drinking, whereas adhering to feminine gender norms has been associated with dieting or avoiding exercise that increases muscularity (Fleming and Agnew-Brune 2015; Roberts et al. 2014). Also, masculinity and femininity have a relationship with body image-related variables, such as disordered eating and desire to change one's appearance (Calzo et al. 2016). Cella, et al (2013) found that both male and female study participants who scored higher on femininity also scored higher on drive for thinness, bulimia, body dissatisfaction, and body image concerns. Roberts and colleagues (2014) found that among young women in the general population, higher levels of femininity were associated with higher consumption of fashion magazines and attempts to look like people in the media. A recent study conducted by Henrichs-Beck and Szymanski (2017) examined feminine and masculine gender expression across multiple dimensions in a sample of lesbian women. Consistent with the findings from previous research, their findings suggested that identification with more stereotypical masculine traits was associated with body satisfaction, and identification with more stereotypical feminine traits was associated with greater body dissatisfaction. Although this study included multidimensional scales of gender expression and controlled for gendered traits and expression, it did not include bisexual women.

THE PRESENT STUDY

We examined the associations between self-perceived masculinity and femininity, and body image in a large, diverse sample of lesbian and bisexual women. We focused on body satisfaction, a key component of body image, while controlling for body mass index (BMI) and the importance of weight and shape. Researchers have advocated for distinctions between one's bodily evaluation and the importance of appearance because these appraisals are distinct and often operate differently (Tylka and Wood-Barcalow 2015). We tested separate models of the relationships between self-perceived femininity and masculinity and body satisfaction, given that femininity and masculinity are separate, distinguishable dimensions on which individuals can score high on both, low on both, or high on one and low on the other.

Hypotheses

We hypothesized that lesbian women with higher self-perceived femininity would report lower body satisfaction than those with lower levels. Conversely, we expected lesbian women with higher self-perceived masculinity to report higher rates of body satisfaction than those with lower self-perceived masculinity. Consistent with the literature on body image among women in the general population, we predicted that BMI and the importance of weight/shape would be significant covariates of body satisfaction, and that the association of femininity, masculinity, and sexual identity would remain significant even with these variables in the models. Although research on femininity, masculinity and body image

among bisexual women has been scarce, we expected to find greater body satisfaction among lesbian than bisexual women.

METHODS & MATERIALS

Study Overview

Participants were from Wave 3 of the Chicago Health and Life Experiences of Women (CHLEW) study, a 19-year longitudinal study of SMW's drinking behaviors and health (Hughes et al. 2006; Hughes, Wilsnack, and Kristjanson 2015).

Sample and Data Collection

Convenience sampling strategies targeting the lesbian community were used to recruit the original CHLEW sample from the Chicago area in 2000-2001. Eligible participants were women who self-identified as lesbian, English speaking, and age 18 years or older. Recruitment efforts targeted clusters of social networks, including formal community-based organizations, informal community social groups, and individual social networks. Advertisements were placed in local gay and mainstream newspapers and posted on lesbian-related internet bulletin boards. Flyers were distributed in churches, libraries, bookstores, and at gay cultural events. We particularly targeted women who had been under-represented in previous studies of lesbian health, including women of color, older women, and women of lower socioeconomic status. Interested women were asked to call the research office to complete a brief screening interview to determine eligibility.

In total, 617 SMW were screened for eligibility, and 553 met the study criteria, yielding a eligibility rate of 89.6%; 447 were interviewed, resulting in a participation rate of 80.8%. Women in the original sample were re-interviewed between 2004 and 2005 (N=384, 86% response rate) and between 2010 and 2012 (N=354, 79% response rate). In Wave 3 (2010-2012), a supplemental sample of 373 SMW was added to increase age and racial/ethnic diversity and to include a much larger sample of bisexual women. This sample was recruited using a substantially modified version of respondent-driven sampling (RDS). RDS was developed by Heckathorn (1997, 2002) as a refinement of chain referral sampling. We began by recruiting 10 participants who met study criteria and who indicated that they had large social networks. Possible seeds were recommended by leaders in the Chicago sexual minority community and were selected from different areas of Chicago to reduce proximity bias. To select seeds who had the largest social networks, we asked potential seeds: "Of the individuals you know by name, how many would you say are White, African-American or Latina women, age 18 or older, who are lesbian or bisexual women and live in the Chicago area?" Once selected, these participants were interviewed and then given three coupons to distribute to SMW in their social network who met study criteria. The coupons were numbered and described the study purpose and criteria, and provided a telephone number for interested SMW to call. In turn, each new participant was given three coupons and asked to recruit others into the study. We limited the number of coupons to three to prevent over-recruitment of SMW from a particular social network. Participants were given a \$20 incentive for each person recruited, after their referral was interviewed. The participation rate for each 'recruiter' was 33% (only one-third of all coupons that were distributed

resulted in a new recruit), leading us to modify the process and eventually invite all SMW enrolled in the CHLEW study who lived in the Chicago Metropolitan area (N=247) to assist with recruitment. Fourteen percent of CHLEW participants recruited at least one new participant for the supplemental sample (Martin, Johnson, and Hughes 2015). Trained female interviewers conducted face-to-face interviews in participants' homes, or other private settings.

All participants provided written consent and all procedures were reviewed and approved by the University of Illinois at Chicago Institutional Review Board. The current analyses included women who identified as lesbian or bisexual and had valid responses on all study variables at Wave 3. Thus, the analytic sample included 378 lesbian and 175 bisexual women (N=553).

MEASURES

Dependent Variable

Body Satisfaction.—Participants completed the Body Dissatisfaction subscale of the Eating Disorder Inventory-2 (EDI-2-BD; Garner 1991) by responding to nine statements such as “I think that my thighs are too large,” and “I like the shape of my butt” on a six-point scale ranging from *never* (0) to *always* (6). The mean value of responses was calculated such that higher scores represent higher body satisfaction ($\alpha=0.87$). The EDI-2-BD has strong scale score reliability and high test-retest reliability (Garner, Olmstead, and Polivy 1983) and has been used in a number of studies of lesbian body image (e.g., Morrison, Morrison, and Sager 2004; Thiel and Paul 2006).

Independent Variables

Perceived masculinity and femininity.—The masculinity and femininity questions originated from the Sex Role Identity Scale (Storms 1979) and reflect gender expression measures later developed by The Williams Institute, a well-known public policy research institute focusing on sexual orientation and gender identity issues (Wylie et al. 2010).

Perceived masculinity and perceived femininity.—Self-perceived masculinity/femininity were separately assessed using three questions each: “How masculine/feminine is your personality?”, “How masculine/feminine do you act, appear, and come across to others?”, and “In general, how masculine/feminine do you think you are?” Responses ranged from “Not at all” (1) to “Extremely” (7). Higher scores indicate higher levels of masculinity or femininity (masculinity $\alpha=0.89$; femininity $\alpha = 0.92$).

Sexual identity.—Participants were asked which of the following best described their sexual identity: “only lesbian/gay,” “mostly lesbian/gay,” “bisexual,” “mostly heterosexual,” “only heterosexual,” “other,” or “transgender.” (Although transgender is technically a gender identity, many people—especially at the time the CHLEW began—consider this a sexual identity as well.) We included women who identified as only lesbian/gay or bisexual in the current analyses.

Covariates

Body Mass Index (BMI).—Participants self-reported their weight and height, which were used to calculate BMI (kg/m^2) using standards set by the U.S. Centers for Disease Control and Prevention (CDC; CDC 2015).

Importance of weight and shape.—Participants were asked, “How important are your weight and shape to you?” Response options were on a 5-point Likert scale ranging from “Not at all” (1) to “More important than anything else” (5). This item was taken from the widely used Questionnaire on Eating and Weight Patterns (Yanovski et al. 2015). Responses were recoded to have a meaningful zero point, with higher numbers indicating higher importance placed on weight and shape.

Demographic characteristics.—Demographic variables included age (in years), race/ethnicity (African American, Latina, white, other), income (total annual household income from all sources), education (highest level completed), current residence (ranging from “in open country or farm” to “in a large city”), and relationship status (single, married/cohabiting, committed/not cohabiting).

ANALYTIC STRATEGY

We analyzed the relationship between body satisfaction and masculinity and femininity, controlling for BMI, importance of weight/shape, age, race/ethnicity, income, education, relationship status and place of residence. First, we conducted ordinary least squared (OLS) regression analyses using data from the full sample and adding one demographic variable at a time. We retained all demographic variables as each improved the model’s overall fit, indicated by a reduction in the Root Mean Square Error and Akaike Information Criterion (AIC). We then used interaction terms to examine potential sexual identity differences in the effects of masculinity and femininity on body image, represented by the EDI-2-BD scale score. We also tested for interaction effects between BMI and masculinity and femininity. Results were non-significant, and, therefore, the interaction terms were not included. Results are presented as standardized coefficients.

RESULTS

Descriptive Statistics

The mean age of the sample was 39.9 ($SD=14.2$) years (Table 1). The majority of participants (68%, $n=378$) identified as lesbian; 32% ($n=175$) identified as bisexual. Racial/ethnic composition was 38.3% African American, 34.9% white, and 23.7% Latina. Fewer women reported annual household incomes of \$60,000 or more (29.7%) or \$30,000-\$59,999 (25.1%) than those reporting less than \$30,000 (40.5%). Education levels were relatively high with 45.5% of the sample having a Bachelor’s degree or higher. Forty percent of the sample was single; 36.4% were married and/or cohabitating, and 23.7% were in a committed, non-cohabitating relationship. Mean BMI was 29.5 ($SD = 7.65$) kg/m^2 , which falls in the overweight range and is consistent with previous studies of SMW (Ramseyer

Winter, Satinsky, and Jozkowski 2015). The average score for importance of weight/shape was 2.16 ($SD = 0.88$, range = 0-4).

Differences in means and proportions across the lesbian and bisexual groups are also presented in Table 1. Although there were no significant sexual identity group differences in race or in variables related to body image (body satisfaction, importance of weight/shape), other variables differed significantly. Compared with lesbian women, bisexual women reported significantly higher levels of femininity ($p < 0.001$), marginally lower levels of masculinity ($p < 0.10$), and lower BMI ($p < 0.05$). Bisexual women were more likely to have an 8th grade level of education or less ($p < 0.05$). They were also significantly younger ($p < 0.001$), more likely to be single ($p < 0.01$), reside in a large city ($p < 0.001$), and report lower incomes ($p < 0.01$). These findings are consistent with available information about demographic characteristics of lesbian and bisexual women in the U.S. (Gates 2011).

As expected, femininity and masculinity showed a moderate negative correlation, as did BMI and body satisfaction (Table 2), suggesting these variables were related. Age and the importance of weight/shape showed small but significant correlations with body satisfaction. We further examined these relationships using multivariate analyses to determine the relationship of body satisfaction to femininity and masculinity.

Multivariate Regression Results

Results of Model 1 show the relationship of masculinity and femininity to body satisfaction controlling for BMI, importance of weight/shape, age, race/ethnicity, income, education, place of residence, and relationship status (Table 3). We found a significant association between masculinity ($\beta = 0.14$, $p < 0.001$) and body satisfaction in the full sample (Model 1), indicating that higher levels of masculinity were associated with greater body satisfaction. Femininity had no relationship to body satisfaction in the model. Higher BMI scores were strongly related to lower body satisfaction ($\beta = -0.50$, $p < 0.001$). The importance of weight and shape was negatively associated with body satisfaction ($\beta = -0.18$, $p < 0.001$); women who placed less importance on weight and shape reported greater body satisfaction. Bisexual women reported marginally lower body satisfaction ($\beta = -0.06$, $p < 0.10$) than lesbian women, and African American SMW reported significantly higher body satisfaction ($\beta = 0.09$, $p < 0.05$) than white SMW. Older age was negatively associated with body satisfaction ($\beta = -0.11$, $p < 0.01$); as women aged, they expressed lower satisfaction with their bodies.

Model 2 results (Table 3) show standardized coefficients for the interaction between sexual identity and masculinity and femininity and body satisfaction controlling for BMI, importance of weight/shape, age, race/ethnicity, income, education, residence, and relationship status. Masculinity was marginally associated with greater body satisfaction in both lesbian ($\beta = 0.08$, $p < 0.10$) and bisexual ($\beta = 0.19$, $p < 0.10$) women (Figure 1). Although femininity was not associated with body satisfaction among lesbian women, it was positively associated with body satisfaction among bisexual women ($\beta = 0.33$, $p < 0.01$). Bisexual women reported significantly lower body satisfaction than their lesbian counterparts ($\beta = -0.54$, $p < 0.05$). Again, BMI ($\beta = -0.50$, $p < 0.001$), importance of

weight and shape ($\beta = -0.18, p < 0.001$), and older age ($\beta = -0.12, p < 0.001$) were negatively associated with body satisfaction.

We also tested models using weight/shape as the outcome. However, we found only one significant relationship: controlling for BMI, age, race/ethnicity, income, education, place of residence and relationship status, higher levels of femininity were associated with greater importance of weight/shape for all SMW ($\beta = 0.13, p < 0.05$). We found no significant effects in models testing the interaction of sexual identity with masculinity, and femininity, suggesting no difference between lesbian and bisexual women. In addition, the adjusted R^2 ($=0.02$) indicated that very little of the variance in reports of the importance of weight/shape was explained in this model.

DISCUSSION

We found both similarities and differences based on sexual identity in the relationship of femininity and masculinity to body image. Higher masculinity was associated with greater body satisfaction among SMW in the full sample, a finding consistent with previous research suggesting that masculinity plays an important role in the body image of lesbian women (Henrichs-Beck and Szymanski 2017; Polimeni, Austin, and Kavanaugh 2009). Femininity was also positively associated with body satisfaction—but only among bisexual women. This finding contrasts with findings from previous studies of heterosexual women in which higher levels of femininity were consistently associated with *lower* body satisfaction (Green et al. 2011). Because we included BMI as a covariate, we were able to show that associations between body satisfaction and gender expression were not solely explained by varying body types and sizes.

The finding that femininity was positively associated with body satisfaction among bisexual women, but not lesbian women, suggests that masculinity and femininity play different roles in these two groups. Also, although greater body satisfaction was associated with higher levels of masculinity in the full sample, this relationship was stronger among bisexual women. Compared with lesbian women, bisexual women showed significantly lower overall body satisfaction in all models. These findings provide additional evidence that researchers should disaggregate findings for lesbian and bisexual women.

Our findings are consistent with those of previous studies suggesting that masculine self-perceptions play a positive role in body image among lesbian women (Bankoff and Pantalone 2014; Lakkis, Ricciardelli, and Williams 1999; Meyer, Blissett, and Oldfield 2001). Indeed, within the sexual minority community, deviating from gender norms may have positive effects as gender nonconformity can signal belongingness and may be an important part of formation of sexual identity (Huxley, Clarke, and Halliwell 2013). Among lesbian women, appearing more masculine, boyish, androgynous, or “butch” is one clear way to signal SM identity, whereas more feminine lesbians may be mistaken as heterosexual (Huxley, Clarke, and Halliwell 2013; van Beusekom et al. 2016). It is possible that women who perceive themselves as more masculine and/or who are gender non-conforming, may be better protected from norms of the dominant culture—and thus report higher body satisfaction—due to eschewing their feminine body ideals, and their greater connection to

and acceptance within the lesbian subculture (Yost and Chmielewski 2011). Higher levels of masculinity may also lead to earlier questioning about sexuality, earlier disclosure of sexual identity, and greater comfort with sexual identity, as well as greater overall self-satisfaction (van Beusekom et al. 2016). However, masculinity has also been associated with increased risk of being bullied or experiencing other forms of victimization (Levitt et al. 2012; Lehavot, Molina, and Simoni 2012), as well as higher levels of stigma and discrimination (van Beusekom et al. 2016). These factors may decrease self-esteem and body comfort, and consequently worsen body image among some SMW.

Our finding that higher femininity was associated with greater body satisfaction among bisexual women was unexpected. Huxley, Clarke, and Halliwell (2013) suggested that more feminine SMW may be less likely to experience sexual minority stressors, and thus may be buffered than more masculine SMW. Another possibility is that femininity has a different meaning for bisexual than lesbian and heterosexual women, and thus has discrete and unique associations with body image. The current dataset did not enable us to explore what might explain this novel finding but highlights the importance of additional research regarding bisexual women.

Unmeasured factors may underlie the associations between gender expression and body satisfaction. In a recent systematic review of disordered eating and body image among SMW, Mason, Lewis, and Heron (2018) found mixed results in the associations between gender-related variables and body image and disordered eating. However, sexual minority stress, negative affect, internalization of sociocultural norms, and lower LGBT-specific social support—all of which may disproportionately affect bisexual women—were associated with poorer body image and greater levels of disordered eating. The authors suggested that these factors may mediate or moderate the associations between “gender experiences” (including gender expression) and body image concerns and disordered eating.

CONCLUSIONS

In addition to shedding light on sexual identity differences in body image, our findings can inform interventions aimed at improving body image. In particular, our findings suggest that sexual identity and gender expression independently and jointly provide both risks and protections for positive body image. Educating SMW about societal norms and expectations may positively influence their perceptions of themselves and their bodies and may improve body image and self-esteem. Given findings related to bisexual women, interventions should avoid assumptions that higher levels of femininity are associated with negative body evaluations. Instead, interventions should support a conceptualization of femininity and masculinity as fluid and potentially more complex for women outside the heterosexual/homosexual binary. Therapeutic discussions about sexual identity and gender expression and their potential effects on sense of belonging, social support, and minority stress, may provide important insights into body image and overall psychological well-being. These discussions may also illuminate unique pressures that SMW face and that affect their body image. For same-sex couples, talking about body image and body ideals may improve body satisfaction, suggesting that addressing body image in therapy with couples may improve well-being (Markey et al. 2017).

Limitations

Despite providing important information about the relationship of femininity, masculinity, and body image among lesbian and bisexual women, some limitations should be considered when evaluating the results of the study. First, the study used a cross-sectional design, which precluded assessments of temporality and thus causality. The sample was recruited using non-probability sampling methods which limits generalizability to the larger population of lesbian and bisexual women. Also, social acceptability bias may have affected participants' responses. Because lesbian women are largely thought to be more "body positive" (Eliason et al. 2015), women in this sample may have felt hesitant to share concerns about their own bodies. Additionally, because interviews were conducted in person, some women may have felt uncomfortable discussing their weight and body image, and this may have been reflected in their responses. Finally, although our covariate measure of the importance of weight and shape is face-valid and has been used in prior research, it is a one-item measure that asks about both weight and shape and therefore may not accurately represent participants' feelings about each of these two constructs.

Future Directions

More research is needed to examine femininity and masculinity among bisexual and lesbian women within the larger sociocultural context, particularly considering the changing nature of gender expression. It is possible that sex of current partners may influence gender presentation and perceived norms around beauty and appearance (Chmielewski and Yost 2013; Huxley, Clarke, and Halliwell 2011). In a recent qualitative study, bisexual women reported that they felt more comfortable about their bodies when they were with male partners than with female partners because being with a female partner evoked comparison (Smith et al. 2017). As SMs gain greater societal acceptance, and as representation in the media increases, subcultural norms and protections may dissipate and SMW may increasingly feel pressured to conform to hegemonic body ideals (Smith et al. 2017). Studies designed to account for these changes and intragroup differences are needed to better understand the relationships among femininity, masculinity, and body image among lesbian and bisexual women.

Gendered expressions or behaviors are likely to change over the life course and may be subject to cohort effects. Some evidence suggests that "butch" identity may be less pervasive among younger generation, and that young SMW may instead embrace a more "boyish" ideal (Smith et al. 2017), which could alter the relationship between masculinity and body image among SMW. It is possible that more masculine/boyish SMW may be increasingly vulnerable to thinner ideals. Minority stressors such as discrimination and internalized homo/biphobia may also play important roles in women's perceptions of their bodies and have varying salience over the lifespan (Lehavot and Simoni 2011; Lick et al. 2013). Future studies would benefit from examining the possible mediating role of these minority stressors in SMW's body satisfaction, particularly given that body image may play a key role in mental health (Johns et al. 2017).

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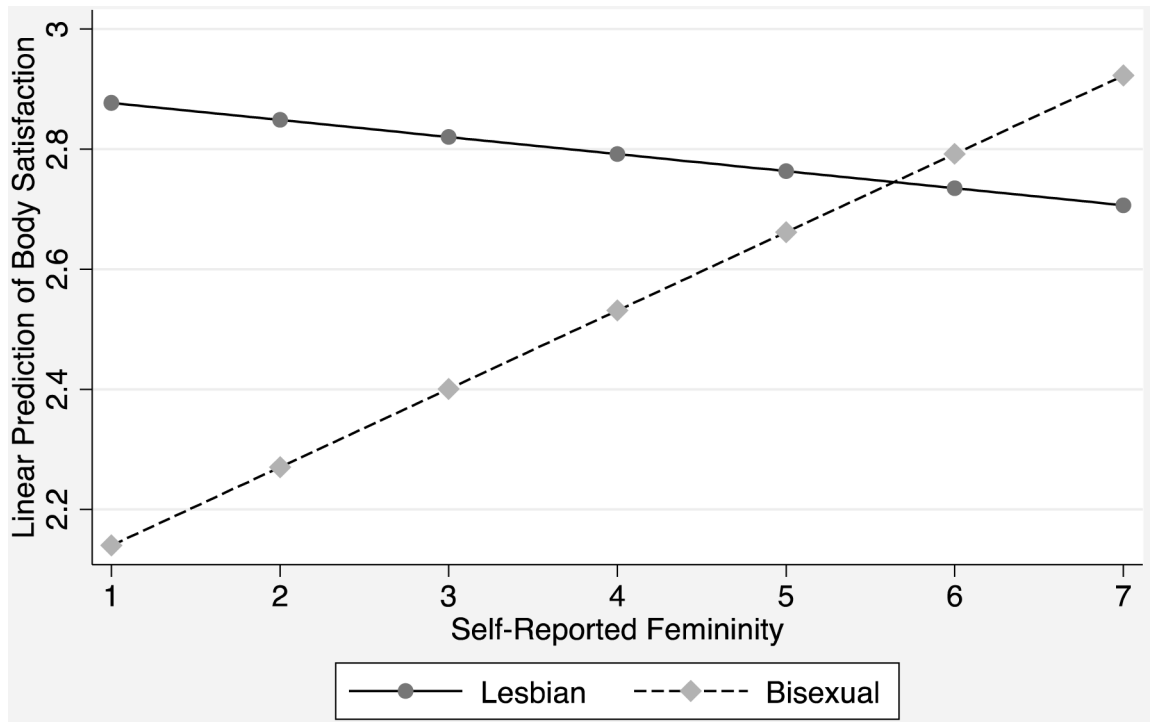


Figure 1: Body Satisfaction in Relation to Self-Reported Femininity Stratified by Lesbian and Bisexual Identity

Table 1:

Descriptive Statistics

Dependent Variable	Overall		Lesbians		Bisexuals	
	N=553		N=378		N=175	
	%/Mean	S.D.	%/Mean	S.D.	%/Mean	S.D.
Body Satisfaction	2.74	1.15	2.71	1.16	2.81	1.15
Independent Variables						
Masculinity	3.88	1.59	3.96	1.62	3.70 [†]	1.53
Femininity	4.27	1.70	3.97	1.76	4.90 ^{****}	1.38
Control Variables						
BMI (kg/m2)	29.54	7.65	30.05	7.98	28.44 [*]	6.79
Weight/Shape Importance	2.16	0.88	2.15	0.88	2.18	0.88
Race/Ethnicity						
White	34.7%		35.2%		33.7%	
African American	38.3%		39.2%		36.6%	
Latina	23.7%		23.0%		25.1%	
Other	3.3%		2.7%		4.6%	
Education						
8th grade or less	8.7%		6.6%		13.1% [*]	
High School Graduate	14.1%		13.0%		16.6%	
Some College	31.7%		32.3%		30.3%	
Bachelor's Degree	19.5%		19.8%		18.9%	
Graduate/Professional Degree	26.0%		28.3%		21.1% [†]	
Age (Years)	39.91	14.23	42.52	14.29	34.26 ^{****}	12.36
Geographic Location						
Open Country or Farm	0.7%		0.5%		1.1%	
Small City/Town	3.4%		4.2%		1.7% [†]	
Medium City	4.3%		4.8%		3.4%	
Suburb of Large City	16.1%		19.1%		9.7% ^{**}	
Large City	75.4%		71.4%		84.0% ^{****}	
Household Income (Annual)						
< \$10,000	19.5%		16.4%		26.3% [*]	
\$10-19,999	12.8%		9.5%		20.0% ^{**}	
\$20-29,999	8.1%		7.7%		9.1%	
\$30-39,999	11.8%		11.1%		13.1%	
\$40-59,999	13.4%		14.6%		10.9%	
\$60-74,999	8.3%		9.8%		5.1% [*]	
\$75-99,999	7.4%		8.2%		5.7%	

Dependent Variable	Overall		Lesbians		Bisexuals	
	N=553		N=378		N=175	
	%/Mean	S.D.	%/Mean	S.D.	%/Mean	S.D.
\$100,000 +	13.9%		18.3%		4.6% ***	
Missing	4.7%		4.5%		5.1%	
Relationship Status						
Single	40.0%		36.0%		48.6% **	
Married/Cohabiting	36.4%		42.1%		24.0% ***	
Committed/Not Cohabiting	23.7%		22.0%		27.4%	
Sexual Identity						
Lesbian	68.4%					
Bisexual	31.7%					

Source: Chicago Health and Life Experiences of Women Study

Notes: Indicates differences from lesbian respondents =

[†]
p<0.10

*
p<0.05

**
p<0.01

p<0.001; S.D.= Standard Deviation

Table 2:

Bivariate Correlations (N=533)

	1	2	3	4	5	6	7	8	9	10	11
1. Body Satisfaction	---										
2. Masculinity	0.174 ^{***}	---									
3. Femininity	-0.061	-0.455 ^{***}	---								
4. BMI (kg/m ²)	-0.482 ^{***}	0.031	0.026	---							
5. Importance of Weight/Shape	-0.224 ^{***}	-0.038	0.112 ^{**}	0.063	---						
6. Sexual Identity	0.038	-0.075	0.255 ^{***}	-0.098 [*]	0.016	---					
7. Race/Ethnicity	0.051	0.108 [*]	0.095 [*]	0.090 [*]	0.020	0.041	---				
8. Education	-0.096 [*]	-0.197	-0.082	-0.162	0.093 [*]	-0.119 ^{**}	-0.262 ^{***}	---			
9. Age (Years)	-0.226 ^{***}	-0.116 ^{**}	-0.093 [*]	0.138 ^{**}	0.047	-0.270 ^{***}	-0.170 ^{**}	0.231 ^{***}	---		
10. Geographic Location	0.111 ^{**}	0.054	0.091 [*]	-0.090 [*]	0.058	0.101 [*]	0.113 ^{**}	-0.116 ^{**}	-0.216 ^{***}	---	
11. Household Income (Annual)	-0.125 ^{**}	-0.114 ^{**}	-0.079	-0.096 [*]	0.048	-0.222 ^{***}	-0.047	0.411 ^{***}	0.169 ^{**}	-0.060	---
12. Relationship Status	0.078	-0.017	0.036	-0.065	-0.011	-0.042	-0.022	0.002	-0.060	0.082	0.015

Source: Chicago Health and Life Experiences of Women Study

Notes:

*
p<0.05**
p<0.01***
p<0.001

Table 3:

Body Satisfaction in Sexual Minority Women (N=553) Standardized Coefficients from Ordinary Least Squares Regression

	Body Satisfaction					
	Model 1			Model 2		
	B	P	SE	B	P	SE
Masculinity	0.14	***	0.030	0.08	†	0.036
Femininity	0.02		0.028	-0.04		0.032
BMI (kg/m ²)	-0.50	***	0.006	-0.50	***	0.006
Importance of Weigh/Shape	-0.18	***	0.0464	-0.18	***	0.046
Sexual Identity (Lesbian)						
Bisexual	-0.06	†	0.095	-0.54	**	0.456
Race/Ethnicity (White)						
African American	0.09	*	0.111	0.09	†	0.111
Latina	0.02		0.116	0.02		0.115
Other	0.07	†	0.235	0.07	†	0.234
Education	-0.04		0.040	-0.03		0.040
Age (Years)	-0.11	**	0.003	-0.12	**	0.040
Geographic Location	0.02		0.053	0.03		0.053
Household Income (Annual)	-0.11	**	0.018	-0.11	**	0.018
Relationship Status	0.04		0.052	0.04		0.052
Masculinity*Bisexual				0.19	†	0.060
Femininity*Bisexual				0.33	**	0.060
Constant	5.44	***	0.431	5.75	***	0.413
Adjusted R-Squared	0.34			0.34		

† p<0.10

* p<0.05

** p<0.01

*** p<0.001

Source: Chicago Health and Life Experiences of Women Study