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Article

# Sexual Objectification, Health and Well-being in Spanish Women

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## Abstract

Sexual objectification is the treatment of a person as a body or a collection of body parts that are valued primarily for their sexual appeal. The main purpose of this study was to determine the relevance of sexual objectification to women's health and well-being across the life cycle, from middle adolescence to old age. Additionally, the relevance of age and education to sexual objectification and its association with traditional gender role attitudes was examined. The study was cross-sectional and the sample consisted of 6,112 Spanish women between the ages of 16 and 85, who were assessed using seven questionnaires and scales. The results showed that lower age and lower number of children were associated with greater importance of sexual and physical attractiveness and with a more sexualized image, although there were no differences between adolescent and emerging adult women. Greater importance placed on sexual and physical attractiveness, as well as total sexual objectification, was associated with greater mental distress, lower psychological well-being, lower life satisfaction, and lower self-esteem at every life stage. Greater importance placed on sexual and physical attractiveness was associated with more traditional gender role attitudes among all age groups, except for older women. We conclude that sexual objectification is a threat to women's mental health and well-being.

**Keywords:** sexual objectification; women; sexualized image; self-rated health; well-being; mental distress; life satisfaction; self-esteem; life cycle

## 1. Introduction

Sexual objectification involves treating a person as a body or a collection of body parts that are valued primarily for their sexual appeal [1,2]. Objectification is viewing and treating people as things rather than as people [3]. Although sexual objectification can be directed at anyone, it affects women much more than men [1,4–9]. Sexual objectification of women is characterized by the reduction of women to her sexuality or sex appeal and the treatment of girls and women as bodies, so that their sexualized bodies or body parts are separated from their personhood and become commodities for consumption by others [1,4,5].

Objectification theory was proposed more than two decades ago by Barbara L. Fredrickson and Tomi-Ann Roberts [1] (p. 173) “as a framework for understanding the experiential consequences of being female in a culture that sexually objectifies the female body”, consequences that would help explain several mental health risks that disproportionately affect women, including depression and eating disorders. Objectification theory argues that Western cultures are characterized by heterosexuality, in which it is socially sanctioned that men have the right to sexualize women, a sexualization that occurs in many forms, ranging from sexual violence to sexualized evaluation [1]. The most subtle and ubiquitous way of sexualized evaluation is through the gaze or visual inspection of the body; this occurs in interpersonal and social encounters as well as in visual media [1,4,10].

Sexual objectification of women also appears in textual and visual formats on social media [11–13] and in artificial intelligence products [7,14]. According to Fredrickson and Roberts [1], the cultural milieu of objectification functions to socialize girls and women to treat themselves, to some extent, as objects to be looked at and evaluated. Thus, this theory posits that girls and women in Western society are socialized to see themselves as objects to be looked at and valued based on their appearance [10,15]. Because of the cultural climate of sexual objectification, many girls and women internalize objectification, resulting in self-objectification [1,3,4,16], “focusing on how their bodies *appear* rather than what they can *do*” [16] (p. 3).

Although results are somewhat inconsistent, probably due to methodological limitations [17,18], objectification theory has produced an impressive body of research examining the consequences of sexual objectification [3,5]. In general, women who are sexually objectified are perceived more negatively. They are seen as less competent and less fully human than women who are not sexually objectified [2]. Interpersonal sexual objectification has been strongly associated with discrimination and negatively with physical health [19]. In women, sexual objectification has been positively associated with affective symptoms, perceived stress, insomnia and reduced self-esteem [20,21]. There are many correlates and outcomes of self-objectification, including health and physicality problems; motivational and affective problems, including more negative affectivity, less life satisfaction, and lower self-esteem; cognitive and behavioral problems, such as more self-sexualization and poorer physical performance; and more social and environmental problems, such as viewing sex as a source of personal power, more fear of rape, and more partner and other-objectification [5,9,17,18,21,22]. Following an integrative systematic review, Jones and Griffiths [23] concluded that self-objectification may be a predictor of depression, particularly among women and adolescents, and help explain the gender differences in depression prevalence that persist across cultures.

Despite progress, much remains to be done [3,5,17,18]. The limitations of the research include the samples used in the studies that have mostly been conducted with young, white, heterosexual, college-educated individuals, as well as the conceptualization and measurement of sexual objectification [5,15,17]. Furthermore, studies of sexual objectification have been largely excluded midlife and older women [21]. It is also important to further investigate the association between sexual objectification and health and well-being, given the rapid evolution of communication technology and its increasing use by the population, especially the use of smartphones. The near-universal use of smartphones has significantly influenced the way people communicate [24–26]. Smartphones enable people to have a mobile connection to the internet, including websites, email, messaging services, and social media [27,28]. While there are differences in the most-used platforms depending on variables such as country of residence, age group, and gender [28–30], social media has changed the way people communicate and interact around the world [29]. Although social media use is more frequent among young people and women, it is widespread in the general population [28–30]. Some argue that the barrier between the real and virtual worlds has faded, and little difference exists between online and offline experiences [31,32]. Media play a crucial role in exposure to sexualized images, texts, and sounds [1,4,33–35], with evidence that sexualization is pervasive across a wide range of media types, from the most classic, such as television, print magazines, movies, video games, and music video clips [4,9,33,35], to the most contemporary, such as social networking sites [4,36]. Although the strength of the effect appears to vary by type of media, there is evidence that exposure to sexualized media is associated with self-objectification [33,35–38]. There is also evidence that viewing sexualized images is associated with increased self-attribution of sexualized gender stereotypes among women [34].

The main aim of this work is to know the relevance of women’s sexual objectification for their health and well-being throughout the life cycle from middle adolescence to old age. In addition, the relevance of age and education to sexual objectification will be analyzed, as well as its association with traditional gender role attitudes.

## 2. Materials and Methods

### 2.1. Participants

The sample was non-probabilistic and included 6112 women from the general Spanish population between the ages of 16 and 85. Following the World Health Organization [39,40] and authors such as Mehta et al. [41] and Freund [42], the participating women were classified by age into the following life cycle stages: 1) adolescence, which included women between the ages of 16 and 19, a period to which 14.7% of the sample belonged ( $n = 896$ ); 2) emerging adulthood (between ages 20 and 29), a period to which 53.4% of the sample belonged ( $n = 3264$ ); 3) established adulthood (ages between 30 and 44), a period to which 13.5% of the sample belonged ( $n = 827$ ); 4) midlife (ages between 45 and 59), a period to which 15% of the sample belonged ( $n = 914$ ); 5) older adults (ages between 60 and 85 years), a period to which 3.5% of the sample belonged ( $n = 211$ ).

Table 1 shows the participants' main sociodemographic characteristics. As can be observed, there was great diversity in their level of education, with more than a third (35.2%) having a university degree and a tenth holding a postgraduate degree. Nearly a quarter (23.9%) had a high school diploma, and about a fifth had some vocational training. Almost a tenth (9.6%) had only elementary education, which 1.5% had not completed. There was also diversity in their occupations, though half (49.4%) were students. More than a third (40.1%) were employed, while the rest were unemployed (8.1%), retired (1.7%), homemakers (0.5%) or in other occupations (0.3%). Most of the women participants (66.2%) had never been married, and although 62% had a partner, they did not live with said partner. Just over a quarter (28.1%) were married or living with a partner while 4.9% were separated or divorced and a minority (0.7%) were widowed. Most (74.9%) had no children, while the rest had between one and nine. Among women with at least one child, most had two children (12.6% of the total sample), followed by those with one child (9.4%). The remainder had more than two children.

**Table 1.** Sociodemographic characteristics of the sample (N = 6112).

Variable	N	%
<b>Education</b>		
Elementary studies not completed	93	1.5
Elementary studies completed	495	8.1
Basic professional training	367	6.0
Higher level of professional training	883	14.4
High-school degree	1458	23.9
University degree	2146	35.2
University Postgraduate degree	650	10.7
Non data	20	
<b>Occupation</b>		
Student	2978	49.4
Working	2417	40.1
Unemployed	489	8.1
Retired	104	1.7
Homemaker	29	0.5
Other	17	0.3
Non data	78	
<b>Marital status</b>		
Never married	4031	66.2
Married/partnered	1713	28.1
Separated/divorced	299	4.9
Widowed	44	0.7
Non data	25	

## 2.2. Measures

### 2.2.1. Sexual Objectification

Participants' sexual objectification was assessed using the Sexual Objectification Scale. This is a 13-item scale with a 7-point Likert-type response scale ranging from 1 (strongly disagree) to 7 (strongly agree) that was developed for the present study. To determine the structure of the scale, an exploratory factor analysis was conducted using the principal-axis factoring method with varimax rotation. Prior to the analysis, the adequacy of the data was checked and it was found that the Kaiser-Meyer-Olkin (KMO) value was 0.86 and the Bartlett's test of sphericity showed that  $p < 0.001$ , values indicating sampling adequacy [43]. According to the Scree test [44], the optimal number of factors was determined to be two, which accounted for 39.55% of the variance of sexual objectification. Factor 1, Importance of sexual and physical attractiveness, included ten items that loaded between 0.60 and 0.42 on the factor, explaining 22.0% of the rotated variance. This factor's internal consistency (Cronbach's Alpha) was 0.81. Examples of items include "I love that people stare at me on the street because of my physical appearance and sex appeal", "My physical appearance is more important than my intellectual qualities or my personality", and "A sexually attractive woman is a successful woman". Factor 2, Sexualized image, included three items that loaded between 0.88 and 0.51 on the factor and explained 17.55% of the rotated variance. The internal consistency of this factor was 0.83. Examples of items are "I like to share, send and/or upload photos and/or videos in which I look sexy on social media (Instagram, Facebook, TikTok, ...)" and "I like being told that people like them", and "I wear clothes that make me look sexy to other people". The internal consistency of the scale's 13 items was 0.85.

### 2.2.2. Self-Rated Health

Self-rated health refers to a person's perception of their general health [45,46] and is assessed by asking the person how their health is. It is a reliable indicator of a person's general health status that is used in many surveys [45,46] and is considered a good predictor of morbidity and mortality [45,47]. In the current study, the response options were very poor, poor, fair, good, and very good, and higher scores indicated better self-rated health.

### 2.2.3. Mental Distress

The Spanish version of the 12-item Goldberg General Health Questionnaire (GHQ-12) [48] was used to assess mental distress. The GHQ-12 is a valid and reliable instrument used in general population samples [49] and has been widely used to assess mental distress [50,51]. Items were scored using the Likert scoring method, which assigns a weight from 0 to 3 to each score, with higher scores indicating greater mental distress. In the current sample, Cronbach's alpha was 0.90.

### 2.2.4. Life Satisfaction

Life satisfaction was assessed using the Life Satisfaction Scale [52]. This 5-item scale was developed to measure an individual's overall assessment of life satisfaction, emphasizing the individual's own standard of evaluation [53]. Participants were asked to indicate their level of agreement or disagreement with each item on a 7-point response scale ranging from 1 (strongly disagree) to 7 (strongly agree), with higher scores indicating greater life satisfaction. For the current sample, the internal consistency was 0.88.

### 2.2.5. Psychological Well-Being

The Flourishing Scale [54] was used to assess psychological well-being. It is an 8-item scale that "reflect the essential components of well-being spoused in recent theories" [55] (p. 603), including feelings of competence, supportive and comforting social relationships, contribution to the well-being of others, optimism, and meaning and purpose in life. The response scale is a 7-point scale

ranging from 1 (strongly disagree) to 7 (strongly agree), with higher scores indicating greater well-being. The Flourishing scale has been validated in several countries and shown good psychometric properties [55–58]. It has also been validated in Spain and shown to be a reliable and valid method for assessing well-being [59]. In the current sample, the internal consistency was 0.89.

#### 2.2.6. Self-Esteem

Self-esteem was assessed using the Rosenberg Self-Esteem Scale [60]. This scale consists of 10 items that assess global self-esteem. Self-esteem is considered critical to understanding individuals' success and well-being [61]. Items were rated on a 4-point scale ranging from 0 (strongly agree) to 3 (strongly disagree). The internal consistency for the current sample was 0.88.

#### 2.2.7. Gender Role Attitudes

Gender role attitudes were measured using the Gender Role Attitudes Questionnaire [62]. This is a 22-item measure that assesses the extent to which a person holds traditional attitudes about the social roles of women and men. Participants were asked how strongly they disagreed or agreed with statements describing traditional, normative beliefs about expectations and roles for women and men. Items were rated on a 7-point scale from 1 (strongly disagree) to 7 (strongly agree), with higher scores indicating more traditional gender role attitudes. The internal consistency for the current sample was 0.88.

### 2.3. Procedure

All participants were volunteers and received no compensation for their participation in the study. Data were collected through an online survey. After being informed of the general characteristics of the study, participants were asked to provide their informed consent. If people agreed to participate in the study, they were first asked about their sociodemographic characteristics (gender, age, education, occupation, marital status, and number of children) and then presented with the questionnaires and inventories described in the previous section. Access to participants was through the social networks of undergraduate and graduate students at the University of La Laguna who had received training in psychological assessment and test administration and who participated in the data collection by disseminating the link through their networks. These students received course credit for sharing the link once it was verified that the people to whom they sent the link had responded to the questionnaire. Inclusion criteria were being female, being 16 years of age or older, and reporting current age.

Names or other identifying information were not recorded, and participants were free to withdraw at any time. All procedures were performed in accordance with the ethical standards of the Declaration of Helsinki of 1964 and its subsequent amendments. All women provided informed consent. This study is part of a larger research project on new technologies, gender, health and well-being and was approved by the Research Ethics and Animal Welfare Committee of the University of La Laguna (Registration Number CEIBA 2022-3130).

### 2.4. Data Analysis

Descriptive analyses were performed to determine the demographic characteristics of the participating women and the distribution of sexual objectification. Internal consistency was calculated using Cronbach's alpha. One-way analyses of variance (ANOVAs) with post hoc comparisons were performed to determine whether there were differences in sexual objectification among women in different age groups, with age group as the factor and sexual objectification scores as the dependent variables. Bivariate correlations between sexual objectification and the study variables were calculated using the Pearson correlation coefficient, except for self-rated health and education, which are ordinal variables and for which correlations were calculated using the Spearman's rho. SPSS for Windows, version 29, was used for all analyses.

### 3. Results

#### 3.1. Sexual Objectification and Sociodemographic Characteristics

Analysis of the distribution of sexual objectification scores in the study sample revealed a wide range. Scores on the importance of sexual and physical attractiveness factor ranged from 10, the minimum score allowed by the factor, which occurred in 2.4% of the sample, to 64, which occurred in only two women, being 70 the maximum score allowed by the factor. The mean score was 27.30, the median was 27 and the standard deviation was 8.29. The skewness was 0.20 and the kurtosis was 0.08, values indicating an approximately normal distribution [63]. Scores on the sexualized image factor were distributed throughout the range allowed by the factor, ranging from 3, the minimum score allowed, which occurred in 27.3% of the women, to 21, the maximum score allowed by the scale, which occurred in 15 of the women, representing 0.2% of the sample. The mean score was 7.26, the median was 6, and the standard deviation was 4.11. The skewness was 0.77 and the kurtosis was -0.31, values indicating an approximately normal distribution. Scores on the total scale ranged from 13, which was the minimum possible score and occurred in 2.3% of the sample, to 83, never reaching 91, the maximum score allowed by the scale. The mean score was 34.56, the median was 34, and the standard deviation was 11.22. The skewness was 0.33 and the kurtosis was -0.04, values indicative of an approximately normal distribution [63]. The graphical methods used to test the normality of the data also indicated that the samples followed an approximately normal distribution, although the Kolmogorov-Smirnov test was statistically significant ( $p < 0.001$ ), which is to be expected given the large sample size. Analysis of the intercorrelations between the two factors revealed statistically significant correlations ( $p < 0.001$ ). The importance of the sexual and physical attractiveness factor correlated at 0.59 with the sexualized image factor.

Table 2 shows the correlations between the two factors and the total score on sexual objectification and women's scores for age, number of children, and level of education. As can be seen, all three variables were statistically significant and negatively correlated with age and number of children. Although there were also some statistically significant correlations with education, the magnitude of the association was trivial.

**Table 2.** Correlations between sexual objectification and women's sociodemographic characteristics.

Variable	Age	Number of children	Education <sup>a</sup>
Importance of sexual and physical attractiveness	-0.29***	-0.25***	0.06***
Sexualized image	-0.24***	-0.26***	0.03*
Total sexual objectification	-0.30***	-0.32***	0.06***

Notes: <sup>a</sup> Spearman Rho. \*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$ .

Table 3 shows the main results of the ANOVAs, with women's life cycle stage as the independent variable and scores on the importance of sexual and physical attractiveness, sexualized image, and total sexual objectification as the dependent variables. As shown in Table 3, all ANOVAs were statistically significant ( $p < 0.001$ ). Post hoc analyses with the Games-Howell adjustment revealed statistically significant differences among all groups in scores on the importance of sexual and physical attractiveness, sexualized image, and total sexual objectification, except between adolescent and emerging adult women, whose scores were nearly identical. Both groups scored higher than the others on the importance of sexual and physical attractiveness, sexualized image, and total sexual objectification. Additionally, women in established adulthood scored higher than midlife and older women, while midlife women scored higher than older women.

**Table 3.** Means (M), standard deviations (SD), and comparisons of women's sexual objectification by life stage.

Variable	Life cycle stage	M	SD	F	Post hoc comparisons
Importance of sexual and physical attractiveness	1. Adolescence	28.42	7.81	90.42***	1 > 3**; 1 > 4***
	2. Emerging adulthood	28.45	7.91		1 > 5***; 2 > 3***
	3. Established adulthood	26.87	8.54		2 > 4***; 2 > 5***
	4. Midlife	23.77	8.21		3 > 4***; 3 > 5***
	5. Older age	21.74	8.70		4 > 5*
Sexualized image	1. Adolescence	8.20	4.33	148.55***	1 > 3***; 1 > 4***
	2. Emerging adulthood	8.01	4.22		1 > 5***; 2 > 3***
	3. Established adulthood	6.28	3.69		2 > 4***; 2 > 5***
	4. Midlife	5.20	2.84		3 > 4***; 3 > 5***
	5. Older age	4.28	1.99		4 > 5***
Total sexual objectification	1. Adolescence	36.62	10.89	131.89***	1 > 3***; 1 > 4***
	2. Emerging adulthood	36.46	10.81		1 > 5***; 2 > 3***
	3. Established adulthood	33.15	11.25		2 > 4***; 2 > 5***
	4. Midlife	28.99	10.19		3 > 4***; 3 > 5***
	5. Older age	26.02	10.06		4 > 5*

Notes: \*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$ .

### 3.2. Sexual Objectification, Self-Rated Health, and Well-Being Throughout the Life Cycle

Table 4 shows the correlation coefficients between the three measures of the sexual objectification scale and indicators of women's health and well-being across life stages. Although the effect size of the association was small, adolescents and adult women who placed greater importance on sexual and physical attractiveness, who scored higher on the sexualized image scale, or who scored higher on the total sexual objectification scale had poorer self-rated health. Across life stages, women who placed greater importance on sexual and physical attractiveness, as well as those who scored higher on the total sexual objectification scale, experienced greater mental distress, lower life satisfaction, lower psychological well-being, and lower self-esteem. However, the effect size of this association was smaller for emerging adult women. For this group, the sexualized image was largely independent of self-rated health and well-being. Among older women, a more sexualized image was associated with lower psychological well-being. A more sexualized image was associated with greater mental distress, lower life satisfaction, lower psychological well-being, and lower self-esteem in adolescents, women in established adulthood, and midlife women, although the effect size was low.

**Table 4.** Correlations between sexual objectification with self-rated health and well-being measures.

Variable	Importance of sexual and physical attractiveness	Sexualized image	Total sexual objectification
<b>Adolescence</b>			
Self-rated health <sup>a</sup>	-0.13***	-0.07*	-0.12***
Mental distress	0.21***	0.10**	0.19***
Life satisfaction	-0.19***	-0.08*	-0.17***
Psychological well-being	-0.23***	-0.07*	-0.19***
Self-esteem	-0.25***	-0.09**	-0.22***
<b>Emerging adulthood</b>			
Self-rated health <sup>a</sup>	-0.01	0.03	0.00
Mental distress	0.15***	-0.03	0.12***
Life satisfaction	-0.14***	-0.02	-0.11***
Psychological well-being	-0.16***	-0.03	-0.13***

Self-esteem	-0.21***	-0.04*	-0.17***
<b>Established adulthood</b>			
Self-rated health <sup>a</sup>	-0.11**	-0.09*	-0.11**
Mental distress	0.21***	0.10**	0.19***
Life satisfaction	-0.24***	-0.12***	-0.23***
Psychological well-being	-0.26***	-0.12**	-0.24***
Self-esteem	-0.35***	-0.16***	-0.32***
<b>Midlife</b>			
Self-rated health <sup>a</sup>	-0.06	-0.02	-0.06
Mental distress	0.25***	0.13***	0.23***
Life satisfaction	-0.31***	-0.19***	-0.30***
Psychological well-being	-0.26***	-0.13***	-0.25***
Self-esteem	-0.29***	-0.15***	-0.27***
<b>Older age</b>			
Self-rated health <sup>a</sup>	-0.06	-0.00	-0.06
Mental distress	0.34***	0.12	0.32***
Life satisfaction	-0.33***	-0.10	-0.31***
Psychological well-being	-0.32***	-0.17*	-0.31***
Self-esteem	-0.22**	-0.11	-0.22**

Notes: <sup>a</sup> Spearman Rho. \*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$ .

Table 5 shows the main results of the association between the three measures of the sexual objectification scale with traditional gender role attitudes and with women's education. As shown in Table 5, with the exception of older women, women who placed a higher value on sexual and physical attractiveness or scored higher on the total sexual objectification scale held more traditional gender role attitudes. However, the effect size of this association was small. Furthermore, among older women, midlife women, and women in emerging adulthood, a more sexualized image was associated with more traditional gender role attitudes. Women's education appeared largely independent of sexual objectification, except among older women. Among this group, higher education was associated with greater importance placed on sexual and physical attractiveness, as well as higher total scores on the sexual objectification scale. However, the effect size was low.

**Table 5.** Correlations between sexual objectification measures with traditional gender role attitudes and education.

Variable	Importance of sexual and physical attractiveness	Sexualized image	Total sexual objectification
<b>Adolescence</b>			
Traditional gender role attitudes	0.14***	0.00	0.10**
Education	0.08*	0.02	0.06
<b>Emerging adulthood</b>			
Traditional gender role attitudes	0.17***	0.08***	0.16**
Education	0.02	-0.03	0.01
<b>Established adulthood</b>			
Traditional gender role attitudes	0.07*	0.07	0.08*
Education	0.04	0.02	0.04
<b>Midlife</b>			
Traditional gender role attitudes	0.18***	0.17***	0.19***
Education	0.07*	0.06	0.07*
<b>Older age</b>			
Traditional gender role attitudes	0.08	0.15*	0.10
Education	0.17*	0.11	0.16*

Notes: \*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$

#### 4. Discussion

The main purpose of this work was to examine the relevance of women's sexual objectification for their health and well-being throughout the life cycle, from middle adolescence to old age. In addition, to increase knowledge about sexual objectification, the relevance of age and education to sexual objectification was analyzed, as well as its associations with traditional gender role attitudes across the different life stages examined. Although sexual objectification theory has been the subject of much research since its formulation more than two decades ago by Fredrickson and Roberts [1], there are many unresolved questions [3,5] as the field has shown great complexity, including the conceptualization and measurement of sexual objectification itself. While there is evidence that sexual objectification, and especially self-objectification, is associated with a broad range of health-related, motivational and affective, cognitive and behavioral, and social problems [5], most studies have been conducted with youth, so its correlates and outcomes at other stages of the life cycle are unknown. Given that both media and social interactions are fundamental to the sexual objectification of women [1,4,10,33], it is important to continue to analyze the effects of sexual objectification as these domains continue to evolve. Technological advances in recent decades have led to a rapid evolution of the media and have brought about and continue to bring about significant changes in the way most people communicate and interact [25,27,29], and the barriers between the real and virtual worlds are increasingly blurred [31,32]. The use of social media is becoming more widespread and frequent around the world, but although it has positive aspects, it has been associated with the sexual objectification of women [11–13,37,38].

The results of the present study showed that, although there is great diversity, most Spanish women attribute some importance to sexual and physical attractiveness. However, more than a quarter (27.3%) of them do not present a sexualized image. These findings are consistent with objectification theory, which proposes that there is diversity in the way women experience and respond to sexual objectification [1] and that sexual self-objectification occurs in many women and girls, but not all [5]. Although no differences were found between adolescent and emerging adult women in the importance of sexual and physical attractiveness, sexualized image, and the total score on the sexual objectification scale, scores on all three variables declined progressively with age. These results are consistent with the theory of objectification, which predicts that because the shape of the female body changes significantly over the life course, women will be most targeted for objectification during their years of reproductive potential, with objectification intensifying in adolescence and decreasing in late middle age [1]. These results are also consistent with previous studies that found that older women reported lower sexual objectification [21,35].

Sexual objectification constitutes a risk to women's mental health and well-being, as greater importance placed on sexual and physical attractiveness and higher score on the total sexual objectification scale were associated with greater mental distress, lower psychological well-being, lower life satisfaction, and lower self-esteem. These results are consistent with those of studies conducted in other countries, which have found that sexual objectification in women were associated with lower self-esteem [21,64,65,67], more symptoms of mood/anxiety [20–22,64,66], and lower well-being [65,66,68,69]. Although a greater sexualized image was also associated with greater mental distress, lower psychological well-being, lower life satisfaction, and lower self-esteem, this was not the case for emerging adulthood. Furthermore, for all groups the effect size of the association was lower for sexualized image than for the importance of sexual and physical attractiveness. The reason for this is unclear, but it is possible that women who present a sexualized image do not view it as self-objectification, but rather as a source of personal power. This hypothesis will need to be tested in future studies. In any case, it is interesting to note that a considerable percentage of women reported not presenting a sexualized image at all. This was the case for 20.1% of adolescents, 21.1% of emerging adults, 33.6% of established adults, 44% of midlife women, and 57.8% of older women.

This result of this study showed that education is practically independent of the sexual objectification of Spanish women, except among older women. Among this age group, a higher level of education was associated with a greater importance on sexual and physical attractiveness, though the effect size was low. In this age group, as well as among midlife women, a more sexualized image was associated with more traditional gender roles attitudes. In all groups except older women, greater importance placed on sexual and physical attractiveness was associated with more traditional gender roles attitudes. This result is consistent with previous research conducted in other countries [34,70].

Although the results of this study represent an increase in knowledge of the sexual objectification of women and its relevance to women's mental health and well-being, the study has some limitations. First, it is a cross-sectional study, so no causal assumptions can be made. Furthermore, the cross-sectional design means that we can only address differences in age, not changes over time. The sample, although large, was not random and was predominantly emerging adult women. In addition, all data were collected by self-report, which may introduce biases, most notably social desirability. Future studies should be longitudinal, with random samples and multi-method evaluation.

## 5. Conclusions

The findings allow us to conclude that sexual objectification is a threat to women's mental health and well-being. While the importance of sexual and physical attractiveness, sexualized image, and the total score on the sexual objectification scale decreased from established adulthood to older age, greater importance placed on sexual and physical attractiveness and total sexual objectification was associated with higher levels of women's mental distress, lower self-esteem, and lower psychological well-being and life satisfaction through the life span. The results of the present study are important for the design of policies, programs, and strategies to improve women's health and well-being and achieve greater gender equality.

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