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Women's Health and Body – a Comparative Study from Youth to Old Age

Zdrowie i ciało kobiet – badanie porównawcze od młodości do starości

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ABSTRACT

Women's body experiences evolve across the lifespan under the influence of biological, psychological, and socio-cultural factors. Age-related neuroendocrine, somatic, and functional changes – particularly during midlife and menopause may affect perceptions of sexual attractiveness, satisfaction with sexualization, and body image. This study compared body--related attitudes among young adult, midlife, and older women to identify age-related patterns. Participation was voluntary and anonymous. Women aged 18–28, 40–59, and 60–74 were recruited via snowball sampling and online calls. Participants completed standardized questionnaires (Body Esteem Scale; Enjoyment of Sexualisation Scale; Physical Attraction Scale) assessing body esteem, satisfaction with sexualization, and perceived physical attractiveness in paper and online formats. Analyses included Shapiro–Wilk tests, descriptive statistics, and group comparisons, alongside demographic and health-related variables. Age significantly differentiated body-related outcomes. Young women reported the highest satisfaction with sexualization, reflecting sensitivity

to socio-cultural appearance norms. Midlife women showed the lowest scores for sexual attractiveness, weight concern, and physical condition, indicating physiological and psychosocial transitions. Women aged 60–74 demonstrated increased satisfaction with sexualization and stable emotional and behavioral attractiveness. Body image and sexuality change dynamically across adulthood, with midlife marked by declines and later adulthood by relative adaptation and stability. Findings highlight the importance of age-sensitive, bio-psychosocial approaches to women's health.

Keywords: aging; attractiveness; somatic aging; body image; women's health

INTRODUCTION

The body forms the essential basis of human functioning at both biological and psychological levels. The experience of embodiment integrates neurophysiological processes – including the nervous, hormonal, and autonomic systems – with the subjective ways in which individuals perceive themselves within social and cultural contexts (Pawlikowski, 2020). This reflects an experience of "being a body" rather than merely "having a body." Body image (Cash, 2004) involves the integration of sensory stimuli, physiological signals, along with emotional and cognitive interpretations of appearance and bodily function. It results from the dynamic processing of information by the brain concerning body shape, size, proportions, function, sensory pleasure or discomfort, and physiological reactions (Brytek-Matera, 2008; Peat et al., 2008). The development of body image is gradual and shaped by neurobiological maturation and social experience (Brytek-Matera, 2008; Dunajska, Rabe-Jabłońska, 2004). This process is not linear (Tiggermann, 2004). It is accompanied by an attempt to adapt to changing physical conditions and a reevaluation of priorities related to the functionality of the body (Liechty, Yarnal, 2010; Tiggermann, 2004). In this context, the sense of physical attractiveness may become less important.

During adolescence, marked by intensive hormonal changes, body image becomes particularly sensitive to emotional evaluation and social judgment (Brytek-Matera, 2008; Dunajska, Rabe-Jabłońska, 2004). Early adulthood is a period characterized on the one hand by high physical and reproductive fitness, and on the other hand, people in this period are susceptible to socio-cultural pressure that emphasizes slimness, youth, and sexual attractiveness (Fredrickson, Roberts, 1997; Rodgers et al., 2015; Tiggemann, 2004). Empirical research findings indicate that this stage of life is characterized by increased body control and self--objectification, which are associated with dissatisfaction with appearance, body shame, and susceptibility to eating disorders, even in the absence of significant somatic changes (Fredrickson, Roberts, 1997; Hanna et al., 2017; Tiggemann, 2004; Tylka, Wood-Barcalow, 2015). Furthermore, body image in early adulthood becomes closely linked to sexual self-esteem and perceived relationship value,

which significantly influences sexual satisfaction and psychological well-being (Özbay et al., 2025; Rollero et al., 2022).

Middle adulthood is a transitional period in which women's physicality changes in endocrine, metabolic, and musculoskeletal contexts (Calleja-Agius, Brincat, 2012; Gałecki, Talarowska, 2017). Even before the onset of menopause, hormonal changes can affect energy levels and sexual responsiveness, thereby modifying the perceived functioning of the body. This period psychologically focuses on roles, caregiving responsibilities, and exposure to norms related to body image with age (Liechty, Yarnal, 2010). According to research, middle-aged women often report increased body dissatisfaction and decreased satisfaction with their appearance, despite relatively minor objective physical changes (Liechty, Yarnal, 2010; Frost et al., 2018; Roh, Choi, 2020). This may suggest that women of this age may experience a strong influence of internalized ageism and social comparison processes. At the same time, research indicates a gradual shift in the perception of the body from exclusively aesthetic categories to an appreciation of the body's functionality, health, and physical fitness (Bailey et al., 2016; Fougner et al., 2019).

Throughout adulthood up to old age, physiological changes continue to influence body image (Brytek-Matera, 2008; Budzińska, 2005; Calleja-Agius, Brincat, 2012; Gałecki, Talarowska, 2017; Gasiorowska et al., 2021; Schwartz, Brownell, 2004; Strzelecki et al., 2011; Żołądź et al., 2011). For instance, reductions in estrogen, DHEA, serotonin, and dysregulation of cholinergic and dopaminergic neurotransmitter systems affect mood regulation, vitality, and bodily signal processing (Gałecki, Talarowska, 2017; Gasiorowska et al., 2021; Samaras et al., 2013; Veronese et al., 2015; Wiśniewska, 2014). Physiological changes occurring in the body affect the sense of control and body image (Brown, 2023).

Changes in body image-comprising feelings, thoughts, and behaviors toward one's appearance-significantly regulate an individual's functioning (Davis et al., 2012; Hanna et al., 2017; Karandashev et al., 2020; Rodgers at al., 2023; Rollero et al., 2022; Tylka, Wood-Barcalow, 2015). In research, body esteem, and other body-related constructs (i.e. body surveillance, body dissatisfaction, body shame, body dissatisfaction, and weight stigma) are pivotal to women's psychological and physical well-being (Karandashev et al., 2020). It is also pointed out that body image is associated with certain attitudes towards sexuality, which should be taken into account when developing preventive programs related to sexual health (Özbay et al., 2025).

The current widespread unrealistic trend of caring for a youthful appearance and hiding signs of aging influences the development of a poor body image and changes in health care (Cameron et al., 2019). Negative body image is a well--established risk factor for poor mental health outcomes, eating disorders, lower physical activity (Ágh et al., 2016; Jenkins et al., 2011; Mangweth-Matzek et

al., 2006; Rodgers et al., 2023), mood and anxiety disorders, and personality pathology (Hambleton et al., 2022; O'Brien, Vincent, 2003).

The health and fertility perspective predominates studies on the regulatory role of the body in women's functioning and well-being, with significant focus on menopausal transition and its effects on skin, connective tissue, weight gain, and sexual function (Calleja-Agius, Brincat, 2012; Davis et al., 2012; Dąbrowska-Galas et al., 2019). However, subjective and social dimensions are equally critical, especially for women. Objectification theory (Fredrickson, Roberts, 1997) frames the female body as a representational and sexual object, serving to provide pleasure to others. Therefore, health must be conceptualized beyond physiological parameters to include satisfaction with sexualization, body shame, social comparisons, low self-esteem, and corporeal functionality (Alleva et al., 2014; Barnett et al., 2018; Biefeld, Brown, 2022; Hanna et al., 2017; Manago et al., 2015; Rollero et al., 2022; Varnes et al., 2015; Ward et al., 2018).

Research on the body's role in health and development focuses predominantly on younger populations. Recently, perimenopausal and midlife sexual functioning have garnered increased attention (Elkington, 2021; Frost et al., 2018; Jackson et al., 2019; Jędrzejek, Synowiec-Piłat, 2015). Despite older adults forming a rapidly growing demographic group (Błachnio, 2019; Jędrzejek, Synowiec-Piłat, 2015), research addressing women aged 60 and above remains limited (Krekula, 2016; Nelson et al., 2022; Quittkat et al., 2019; Watt, Konnert, 2020). Yet aging-related physiological changes – such as menopause, increased adiposity, vaginal dryness, metabolic shifts, musculoskeletal deterioration, and sensory decline – substantially reshape body perception, functionality, and perceived attractiveness (Cardozo, Robinson, 2002; Choi, 2016; Dziechciaż et al., 2016; Gancarek et al., 2020; Roh, Choi, 2020).

It has been noted that despite internalized standards of beauty and aging with as youthful an appearance as possible, many women prioritize physical fitness over attractiveness (Bailey et al., 2016; Fougner et al., 2019; Hurd, 2000). Having a negative body image may be associated with placing less importance on health-promoting behaviors (Becker et al., 2019). Due to the fact that the issue of body image accompanies women throughout their lives, this area should be given greater attention and appropriate health and psychoeducational measures should be introduced to promote healthy aging practices (Cameron et al., 2019). Notably, body image in older adults remains underexplored (Krekula, 2016; Nelson et al., 2022; Quittkat et al., 2019; Watt, Konnert, 2020).

To date, comparative studies evaluating women's body perceptions across consecutive adult decades using consistent methodologies are scarce (Roh, Choi, 2020). Existing literature often focuses on isolated life stages, underscoring the need for comprehensive cross-sectional analyses that unravel developmental, biological, and socio-cultural influences on body image from youth through old age.

This study examined how women's body perceptions differ across early, middle, and late adulthood. Advances now allow holistic examination of bodily conditions by integrating physiological and psychological factors. Previous research shows that age-related changes – such as reduced fitness, altered body composition, and menopausal hormonal shifts – impact women's health and well-being by shaping self-perception over time. Based on this, the following hypotheses were proposed:

H1: Emotional and behavioral components of perceived attractiveness decline with age, reflecting changes in self-esteem and body-related attitudes.

H2: Women in midlife report lower satisfaction with their appearance and attractiveness compared to younger and older women.

H3: Satisfaction with sexualization will show age-related variation, with younger women reporting higher satisfaction than older cohorts, reflecting changing social expectations and body image experiences.

MATERIAL AND METHODS

Participants

The study included 443 women aged 18 to 74 years (M = 44.17, SD = 17.47). The study included adults potentially in the process of reconstructing their identity, particularly those undergoing a subjective reassessment of satisfaction and acceptance of their physical appearance – young women entering adulthood, mature women in menopause, and women entering old age. In this context, the age range of 29–39 was not included because it is not as associated with normatively critical events within the female body. Among the participants, 89 (20.09%) resided in rural areas, 28 (6.32%) in small towns with fewer than 5,000 inhabitants, 83 (18.74%) in small cities with fewer than 20,000 inhabitants, 61 (13.77%) in medium-sized cities with populations between 20,000 and 100,000, and 182 (41.08%) in large cities with over 100,000 residents. Educational attainment varied, with 8 participants (1.81%) having completed primary education, 32 (7.22%) vocational education, 198 (44.70%) secondary education, 191 (43.12%) higher education, and 14 (3.16%) reporting other types of education. Regarding relationship status, 139 participants (31.38%) were in formal partnerships, and 94 (21.22%) in informal partnerships. Additionally, 6 women (1.35%) identified as single (never married), 74 (16.70%) as unmarried, 11 (2.48%) as widowed, 73 (16.48%) as divorced, 45 (10.16%) as living alone, and 1 respondent selected "other." Detailed tables (1–2) presenting demographic data stratified by age group of the participants are provided below.

Table 1. Participant characteristics by age group and BMI category

	N (%)	*M*	*Min*	*Max*	*SD*
Age					
18–28	131 (29.57)	20.00	18.00	24.00	1.76
40–49	109 (24.61)	44.54	40.00	49.00	2.81
50–59	100 (22.57)	53.84	50.00	59.00	2.71
60–74	103 (23.25)	65.13	60.00	74.00	4.12
BMI total					
18–28		22.05	15.38	34.70	3.50
40–49		24.80	15.60	37.60	4.22
50–59		25.80	18.42	35.30	3.30
60–74		36.80	19.05	41.12	4.11

N – number of participants; % – percentage of the sample, *M* – mean, *Min* – lowest value of distribution, *Max* – highest value of distribution, *SD* – standard deviation

Source: Authors' own study.

Table 2. Sociodemographic characteristics of the sample (*N* = 443)

Place of residence	Village	Town (< 5,000 residents)	Small city (< 20,000 residents)	Medium city (20–100,000 residents)	Large city (> 100,000 residents)
Total *N* (%)	89 (20.09)	28 (6.32)	83 (18.74)	61 (13.77)	182 (41.08)
18–28	39 (29.77)	3 (2.29)	17 (12.98)	14 (10.69)	58 (44.27)
40–49	23 (21.10)	5 (4.59)	21 (19.27)	10 (9.17)	50 (45.87)
50–59	11 (11.00)	4 (4.00)	24 (24.00)	13 (13.00)	48 (48.00)
60–74	16 (15.53)	16 (15.53)	21 (20.39)	24 (23.30)	26 (25.24)
Education	Elementary	Vocational	Secondary	Higher	Other
Total *N* (%)	8 (1.81)	32 (7.22)	198 (44.70)	191 (43.12)	14 (3.16)
18–28	2 (1.53)	3 (2.29)	106 (80.92)	18 (13.74)	2 (1.53)
40–49	1 (0.92)	4 (3.67)	33 (30.28)	71 (65.14)	0 (0)
50–59	0 (0)	6 (6.00)	34 (34.00)	57 (57.00)	3 (3.00)
60–74	1 (4.85)	19 (18.45)	25 (24.27)	45 (43.69)	9 (8.74)
Marital status	Total *N* (%)	18–28 years	40–49 years	50–59 years	60–74 years

Formal relationship	139 (31.38)	1 (0.76)	74 (67.89)	61 (61.00)	3 (2.91)
Informal relationship	94 (21.22)	57 (43.51)	19 (17.43)	18 (18.00)	–
Widowed	11 (2.48)	1 (0.76)	–	6 (6.00)	4 (3.88)
Divorced	73 (16.48)	–	7 (6.42)	7 (7.00)	59 (57.28)
Single	125 (28.21)	72 (54.97)	8 (7.34)	8 (8.00)	37 (35.92)
Other	1 (0.23)	–	1 (0.92)	–	–
Occupational status	Total *N* (%)	18–28 years	40–49 years	50–59 years	60–74 years
Student	117 (26.41)	117 (89.31)	–	–	–
Employed	232 (52.37)	11 (8.40)	93 (85.32)	91 (91.00)	37 (35.92)
Unemployed	17 (3.84)	2 (1.53)	8 (7.34)	5 (5.00)	2 (1.94)
On a pension	20 (4.51)	–	1 (0.92)	3 (3.00)	16 (15.53)
On welfare	2 (0.45)	–	1 (0.92)	–	1 (0.97)
Retired	48 (10.84)	–	1 (0.92)	–	47 (45.63)
Other	7 (1.58)	1 (0.76)	5 (4.59)	1 (1.00)	–

N – number of participants; % – percentage of the sample

Source: Authors' own study.

Procedure

The respondents were recruited using a combination of snowball sampling and social media platforms, specifically Facebook. The study was administered via both paper-and-pencil and online formats. Participants were fully informed of the study's purpose and assured of the confidentiality and anonymity of their responses. All participants provided informed and voluntary consent prior to participation. No monetary compensation was offered, and respondents retained the right to withdraw from the study at any point without any negative consequences.

Measures

In the study, a questionnaire-based approach was employed, utilizing three instruments to measure body esteem, sexualization, and physical attractiveness.

The Body Esteem Scale (BES), originally developed by Franzoi and Shields (1984) and adapted into Polish by Lipowska and Lipowski (2013), comprises 35 items distributed across three subscales. The Physical Attractiveness subscale (15 items) pertains to body features that cannot be altered through exercise. The Weight Control subscale (10 items) addresses aspects of the body that may be modified through physical activity or diet. The Physical Condition subscale (10 items) includes attributes such as endurance, agility, and strength. Responses are given on a 5-point Likert scale ranging from 1 (*strongly negative feelings*) to 5 (*strongly positive feelings*). In the Polish adaptation, Cronbach's alpha for the

subscales ranged from 0.80 to 0.89, while internal consistency reliability in the present study was 0.96.

The Enjoyment of Sexualization Scale (ESS), developed by Liss et al. (2011), comprises 8 items designed to assess the degree of women's satisfaction with receiving positive sexual attention from men. Participants respond on a 7-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*), with 4 representing a neutral stance. The original scale demonstrated good internal consistency, with a Cronbach's alpha of 0.85. In the present study, the ESS exhibited a reliability coefficient of 0.82, indicating acceptable internal consistency. This instrument allows for nuanced insights into women's experiences of sexualization and its psychological implications.

The Physical Attraction Scale (PAS-S), developed by Karandashev et al. (2020), consists of 8 items divided into two subscales. It assesses emotional attraction, defined as the pleasurable feelings associated with perceiving and interacting with a loved one. The behavioral attraction subscale measures the desire for physical or mental closeness to the beloved person. Responses are provided on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The original scale demonstrated high reliability, with a Cronbach's alpha of 0.88, while the present study reported a reliability coefficient of 0.91, indicating excellent internal consistency.

RESULTS

The study examined differences in satisfaction with sexualization, attractiveness, and body image across age groups. The Shapiro–Wilk test confirmed normality for all variables, with *p*-values above the significance threshold, supporting the use of parametric analyses. Descriptive statistics presenting group means are summarized in Table 3.

Table 3. Descriptive statistics

	18–24 years (N = 131)			40–49 years (N = 109)			50–59 years (N = 100)			60–74 years (N = 103)		
Variable	*M*	*Me*	*SD*	*M*	*Me*	*SD*	*M*	*Me*	*SD*	*M*	*Me*	*SD*
The behavioural dimension (PAS-S)	13.21	14.00	4.38	12.14	12.00	4.03	11.40	11.00	4.23	10.41	10.00	4.75
The affective dimension (PAS-S)	11.62	12.00	3.64	10.67	10.00	3.43	10.19	10.00	3.64	10.14	10.00	4.55
Enjoyment of Sexualization Scale (ESS)	36.09	36.00	6.75	31.99	32.00	7.54	30.76	30.50	8.94	34.28	33.00	9.53

The sexual attractiveness subscale (BES)	43.60	44.00	8.69	48.15	48.00	8.62	46.78	48.50	8.76	43.72	43.00	10.27
The weight concern subscale (BES)	29.99	31.00	9.40	32.71	34.00	8.96	32,75	33.50	7.56	31.25	32.00	10.37
The physical condition subscale (BES)	28.34	29.00	7.39	31.17	31.00	7.90	30.61	32.00	6.40	31.00	33.00	8.42

N – number of observations; *M* – mean; *SD* – standard deviation; *Me* – median; PAS-S – Physical Attraction Scale; ESS – Enjoyment of Sexualization Scale; BES – Body Esteem Scale

Source: Authors' own study.

Analysis of the PAS-S scale revealed a trend of decreasing average scores in both behavioral and emotional attractiveness subscales with increasing age. On the ESS scale, satisfaction with sexualization was highest among young adults ($M = 36.09$), decreased significantly in midlife women ($M = 30.76$), and increased again in older adults aged 60–74 ($M = 34.28$), suggesting a shift in attitudes toward sexuality with age. The BES scale, comprising sexual attractiveness, weight control, and physical condition subscales, showed that sexual attractiveness peaked in women aged 40 ($M = 48.15$) and was lower in the youngest ($M = 43.60$) and oldest groups ($M = 43.73$). Weight control scores were highest among 50-year-old women ($M = 32.75$) and lowest in the youngest cohort ($M = 29.99$). Physical condition ratings followed a similar pattern, with the highest mean in 40-year-olds ($M = 31.17$) and the lowest in the youngest group ($M = 28.34$). A one-way analysis of variance (ANOVA) was conducted to examine differences in body image and perceived attractiveness among women across the age groups. The results, detailed in Table 4, indicated significant age-related variations.

Table 4. Diversity of the examined variables in total and between the compared age groups – one-way ANOVA

	Overall ($N = 443$)		18–24 ($N = 131$)		40–49 ($N = 109$)		50–59 ($N = 100$)		60–74 ($N = 103$)				
Variable	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*F* (41.401)	*p*	η^2
The behavioral dimension (PAS-S)	12.00	4.46	13.21	4.38	12.14	4.03	11.40	4.23	10.41	4.75	1.78	0.003	0.154
The affective dimension (PAS-S)	10.00	3.86	11.62	3.64	10.67	3.43	10.19	3.64	10.14	4.55	1.72	0.005	0.150

Enjoyment of Sexualization Scale (ESS)	33.00	8.40	36.09	6.75	31.99	7.54	30.76	8.94	34.28	9.53	1.65	0.009	0.144
The sexual attractiveness subscale (BES)	46.00	9.26	43.60	8.69	48.15	8.62	46.78	8.76	43.72	10.27	1.87	0.001	0.160
The weight concern subscale (BES)	32.00	9.20	29.99	9.40	32.71	8.96	32.75	7.56	31.25	10.37	1.22	0.176	0.111
The physical condition subscale (BES)	31.00	7.64	28.34	7.39	31.17	7.90	30.61	6.40	31.00	8.42	1.43	0.046	0.128

M – mean; *SD* – standard deviation; PAS-S – Physical Attraction Scale; ESS – Enjoyment of Sexualization Scale; BES – Body Esteem Scale; *F* – test statistic value; *p* – *p*-value for the *F*-test; η^2 – effect size indicator.

Source: Authors' own study.

The results of the analysis showed that the age of the respondents significantly differentiated most of the variables assessed in the study. The strongest effect was observed in the area of Sexual Attractiveness: $F = 1.87$ with a significance level of $p = 0.001$ and an effect size index of $\eta^2 = 0.160$, which indicates a moderate strength of the relationship and significant differences between the groups. Similar results were observed for the Behavioral Attractiveness subscale ($F = 1.78$; $p = 0.003$; $\eta^2 = 0.154$) and Emotional Attractiveness ($F = 1.72$; $p = 0.005$; $\eta^2 = 0.150$), which may suggest that the perception of one's own interpersonal and emotional characteristics differs significantly depending on the age of the respondents. The analysis also showed significant differences in Enjoyment of sexualization ($F = 1.65$; $p = 0.009$; $\eta^2 = 0.144$), although this effect was slightly weaker. The result of the analysis of variance ($F = 1.43$; $p = 0.046$; $\eta^2 = 0.128$) indicates a statistically significant difference between the groups of women on the Physical Condition subscale, but the level of significance is at the borderline of the accepted threshold, which suggests a relatively small difference between the subjects. The only variable that did not show significant age differences was Weight Control, for which the test result did not reach statistical significance ($F = 1.22$; $p = 0.176$; $\eta^2 = 0.111$), which may suggest no clear changes in this trait during adulthood. In summary, the analysis of variance revealed significant differences in the results of most of the examined aspects of body image and attractiveness, with the strength of these effects ranging from weak to moderate.

DISCUSSION

The present study confirms age-related differences in body-related attitudes, consistent with prior research recognizing body image as a dynamic construct shaped by developmental and psychosocial contexts (Brytek-Matera, 2008; Calleja-Agius, Brincat, 2012; Cash, 2004; Peat et al., 2008). Body image is not a stable or uniform phenomenon; rather, it reflects the interplay of prior experiences, cultural norms, and ongoing developmental transitions across the lifespan (Cash, 2004; Tiggemann, Lynch, 2001). Among young women, body evaluation often occurs within socio-digital environments that intensify objectification, peer comparison, and appearance surveillance. Frequent exposure to idealized bodies on social media has been linked to greater internalization of appearance ideals, self-monitoring, and body-related anxiety, increasing vulnerability to depressive symptoms and disordered eating (Fardouly, Vartanian, 2016; Holland, Tiggemann, 2017; Perloff, 2014).

Supporting Hypothesis 1, emotional and behavioral aspects of perceived attractiveness decline progressively with age. This pattern aligns with evidence showing that social comparison and appearance-focused evaluation are particularly salient in young adulthood, when identity formation and peer norms strongly shape body-related beliefs (Cash, 2004; Brytek-Matera, 2008; Peat et al., 2008). Young women may therefore prioritize external appraisal over internal bodily experience (Fredrickson, Roberts, 1997; Schiep, Szymańska, 2012). With increasing age, these processes may diminish as self-concept and social roles stabilize. Although physiological measures were not included, prior research suggests that declines in physical function and vitality contribute to changes in self-evaluation (Budzińska, 2005; Gałecki, Talarowska, 2017; Samaras et al., 2013; Strzelecki et al., 2011; Veronese et el., 2015; Wiśniewska, 2014; Żołądź et al., 2011).

The most pronounced vulnerability appears in midlife, where women aged 50–59 reported the lowest satisfaction with appearance and attractiveness, supporting Hypothesis 2. This stage is marked by biopsychosocial transitions, including menopausal changes affecting weight distribution, skin elasticity, and energy levels (Calleja-Agius, Brincat, 2012; Gasiorowska et al., 2021; Wiśniewska, 2014). Perimenopause has also been associated with increased body dissatisfaction, negative mood, and heightened risk of depressive symptoms, particularly among hormonally sensitive women (Freeman, 2010; Gordon et al., 2019). These changes may intensify culturally embedded pressures to maintain a youthful appearance (Bielawska-Batorowicz, 2016; Davis et al., 2012).

Satisfaction with sexualization increased among older women, partially supporting Hypothesis 3, and suggesting a shift away from normative beauty standards toward comfort, emotional intimacy, and authenticity (Karandashev et al., 2020; Peatet al., 2008; Rodgers et al., 2023; Tylka, Wood-Barcalow, 2015). Older

women may rely on adaptive strategies such as reduced self-objectification and greater focus on bodily functionality (Clarke, Griffin, 2008; Wardle et al., 2000). Intimate relationships in later life often emphasize emotional security over physical appeal, fostering a more embodied experience of sexuality (Waldinger et al., 2015). Although these patterns resonate with body positivity ideals, research cautions that such movements may inadvertently reinforce appearance-based evaluation if framed primarily in aesthetic terms (Cohen et al., 2020; Riley et al., 2019).

Overall, the findings highlight that body image evolves throughout adulthood through interactions between cultural messages, social expectations, interpersonal experiences, and subjective interpretations of bodily change (Calleja-Agius, Brincat, 2012; Brytek-Matera, 2008; Pawlikowski, 2020; Saunders et al., 2022). While cultural norms remain influential, women may increasingly reinterpret or challenge these standards with age, transforming bodily experience into a source of identity rather than external judgment (Erikson, 2004; Veltman, Piper, 2014).

These findings carry important clinical implications. Interventions should be age-sensitive, addressing appearance pressures and promoting body functionality in younger women, supporting self-evaluation during midlife transitions, and fostering embodiment and acceptance in later adulthood (Ágh et al., 2016; Brytek-Matera, 2008; Tylka, Wood-Barcalow, 2015). Critical engagement with digital body positivity content is warranted, as inclusive imagery may reduce dissatisfaction yet still perpetuate self-surveillance when grounded in aesthetic ideals (Cohen et al., 2020; Rodgers, 2016). Strengthening autonomy and self-agency may be particularly beneficial in later life, when acceptance and meaningful embodiment can support psychological resilience (Czernecka, 2018).

CONCLUSIONS

The present study demonstrates that women's body image evolves significantly across adulthood, shaped by developmental experiences and social expectations. Young women report the highest satisfaction with sexualization, consistent with findings highlighting the increased relevance of appearance-focused evaluations in early adulthood (Brytek-Matera, 2008; Cash, 2004; Peat et al., 2008). The influence of digital environments may amplify this effect, reinforcing internalization of idealized appearance standards and body surveillance (Fardouly, Vartanian, 2016). Midlife women exhibit pronounced declines in multiple dimensions of body esteem, reflecting shifting self-evaluation and heightened awareness of bodily changes characteristic of this life stage (Calleja-Agius, Brincat, 2012; Gasiorowska et al., 2021; Wiśniewska, 2014). These changes may co-occur with hormonal fluctuations that affect mood, energy, and body satisfaction (Gordon et al., 2019). In later adulthood, body image stabilizes, with older women expressing renewed comfort with their bodies, aligning with previous findings on greater

acceptance and integration of bodily experience in older age (Karandashev et al., 2020; Rodgers et al., 2023; Tylka, Wood-Barcalow, 2015). This shift may reflect a broader reorganization of priorities, from externally driven standards toward internal coherence and relational wellbeing (Veltman, Piper, 2014).

Future research should incorporate longitudinal designs to capture intra-individual changes over time, rather than cross-sectional age-group comparisons. Incorporating measures such as existing medical conditions, perceived physical functioning or interoceptive awareness may clarify how subjective bodily sensations interact with psychological processes in shaping body image (Budzińska, 2005; Gałecki, Talarowska, 2017; Samaras et al., 2013; Strzelecki et al., 2011; Veronese et al., 2015; Żołądź et al, 2011). Additionally, studies involving more diverse cultural and socioeconomic populations are warranted to better understand how social norms and personal experiences influence body image across adulthood (Ágh et al., 2016; Saunders et al., 2022).

LIMITATIONS

Several limitations should be acknowledged. First, the cross-sectional design restricts the ability to infer developmental trajectories, as differences between age groups may reflect cohort effects rather than within-person change. Second, women aged 29–39 did not participate in the study because this age group does not exhibit the characteristic changes associated with the reconstruction of body image and corporeality. Third, the study did not include physiological or medical measurements, making it impossible to directly link shifts in body esteem to somatic or hormonal processes; any interpretation involving menopausal or age-related bodily changes remains speculative and based on prior literature (Calleja-Agius, Brincat, 2012; Gasiorowska et al., 2021; Wiśniewska, 2014). Fourth, participation was voluntary and the sample was recruited online and through informal networks, which may limit representativeness and introduce self-selection bias. Additionally, the measures relied exclusively on self-report, which may be influenced by social desirability or recall bias. Finally, cultural and socioeconomic factors were not deeply explored, although these variables may substantially shape body-related attitudes across adulthood (Ágh et al., 2016; Saunders et al., 2022). Currently, an increase in the phenomenon of the singularization of old age can be observed in our society (Adamczyk, 2018; Merklinger, 2025). Additionally, the absence of a partner or other family members as protective and supportive resources during the ageing process may significantly affect the well-being and quality of life of ageing women (Bennett, 1997; Freak-Poli et al., 2022; Holm et al., 2019; McGloshen, O'Bryant, 1988; Mossakowska et al., 2012). The limited number of studies addressing this issue, together with the growing prevalence of the phenomenon, suggests a need for further research in this area.

CLINICAL IMPLICATIONS

Despite these limitations, the findings highlight the need for age-sensitive clinical approaches to body image. Among younger women, interventions should focus on reducing social comparison, self-objectification, and internalization of appearance ideals, particularly in relation to social media exposure, while promoting body functionality and emotional resilience (Holland, Tiggemann, 2017). Contemporary women entering adulthood are exposed, due to the content disseminated through social media, to a broader range of social comparisons and increased pressure to attain an ideal appearance (Fardouly, Vartanian, 2016), which may secondarily contribute to lower body acceptance. In this regard, fostering self-compassion practices among young women may be beneficial, as such practices involve cultivating kindness and understanding toward oneself (Burychka et al., 2021). Recently, the online sphere has witnessed the growth of the body positivity movement, which promotes the full acceptance of one's body regardless of appearance or size (Rogers et al., 2022). Cohen and colleagues (2019), based on a study examining exposure to body-positive content, reported an increase in participants' body satisfaction, which may support the development of a more positive attitude toward one's own appearance. In midlife, routine clinical care should incorporate body image assessment, as this period involves visible bodily changes, increased self-scrutiny, and vulnerability to depressive symptoms, especially during perimenopause (Freeman, 2010).

The growing popularity of aesthetic medicine among middle-aged and older women reflects broader cultural pressures to maintain youthfulness and may signal heightened body-related distress, underscoring the importance of supporting autonomous, internally motivated decision-making rather than appearance-driven conformity (American Society of Plastic Surgeons, 2022; Cohen et al., 2020; American Society of Plastic Surgeons, 2023). This phenomenon has also been contributed to by the medicalization of society, which often leads to a sense of losing autonomy over one's own body, thereby further contributing to a decline in the well-being of ageing individuals (Schmidt, 2011). For older women, promoting non-invasive, health-oriented strategies that emphasize embodiment, psychological comfort, and body functionality may offer equitable alternatives to aesthetic interventions, particularly in the context of socioeconomic constraints. Additionally, cultivating a tendency toward self-compassion may be beneficial, as research indicates that it reduces feelings of body-related shame and fear of ageing (Burychka et al., 2021; Tavares et al., 2023).

Overall, these findings support balanced clinical practices that integrate respect for aesthetic agency with the promotion of resilience, autonomy, and acceptance of normative bodily change across adulthood.

Institutional Review Board Statement: Ethics approval was not required for this study as it involved adult participants in non-interventional research. Informed consent was obtained from all individual participants. The study was conducted in accordance with the Declaration of Helsinki and applicable national guidelines and institutional policies. Participants were fully informed about the study's purpose, procedures, and confidentiality measures prior to providing written consent.

Informed Consent Statement: Informed consent was obtained from all individual participants.

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ABSTRAKT

Doświadczenia kobiet związane z własnym ciałem zmieniają się na przestrzeni życia pod wpływem czynników biologicznych, psychologicznych i społeczno-kulturowych. Związane z wiekiem zmiany neuroendokrynne, somatyczne i funkcjonalne – szczególnie w okresie średniej dorosłości oraz menopauzy – mogą wpływać na postrzeganie atrakcyjności seksualnej, satysfakcję z seksualizacji oraz obraz ciała. W niniejszym badaniu porównano postawy związane z ciałem u młodych dorosłych kobiet, kobiet w średnim wieku oraz starszych kobiet w celu identyfikacji wzorców zależnych od wieku. Udział był dobrowolny i anonimowy. Kobiety w wieku 18–28, 40–59 oraz 60–74 lat rekrutowano metodą kuli śnieżnej oraz poprzez ogłoszenia internetowe. Uczestniczki wypełniały standaryzowane kwestionariusze (*Body Esteem Scale*, *Enjoyment of Sexualisation Scale*, *Physical Attraction Scale*) oceniające zadowolenie z własnego ciała, satysfakcję z seksualizacji oraz postrzeganą atrakcyjność fizyczną w formie papierowej i online. Analizy obejmowały testy Shapiro–Wilka, statystyki opisowe oraz porównania grup, a także zmienne demograficzne i zdrowotne. Wiek istotnie różnicował wyniki związane z ciałem. Młode kobiety zgłaszały najwyższy poziom satysfakcji z seksualizacji, co odzwierciedla wrażliwość na społeczno-kulturowe normy dotyczące wyglądu. Kobiety w średnim wieku uzyskały najniższe wyniki w zakresie atrakcyjności seksualnej, troski o wagę oraz kondycji fizycznej, co wskazuje na fizjologiczne i psychospołeczne przemiany tego okresu życia. Kobiety w wieku 60–74 lat wykazywały zwiększoną satysfakcję z seksualizacji oraz stabilną atrakcyjność emocjonalną i behawioralną. Obraz ciała i seksualność zmieniają się dynamicznie w dorosłości, przy czym okres średniej dorosłości wiąże się ze spadkami, a późniejsza dorosłość z względną adaptacją i stabilnością. Wyniki podkreślają znaczenie uwzględniających wiek, biopsychospołecznych podejść do zdrowia kobiet.

Słowa kluczowe: starzenie się; atrakcyjność; starzenie somatyczne; obraz ciała; zdrowie kobiet