

The Effect of Social Media on Weight Stigma Experiences and Disordered Eating Behaviours in Individuals with Overweight or Obesity: Cross-Sectional Research

Fazla Kiloluluk veya Obezite Görülen Bireylerde Sosyal Medyanın Kilo Stigması Deneyimleri ve Bozulmuş Yeme Davranışları Üzerindeki Etkisi: Kesitsel Araştırma

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ABSTRACT Objective: While it is well known that weight stigma is common, there is a lack of data regarding its associations with social media and eating behaviors. This study examined weight-related self-stigma, eating behaviors, and social media usage in a sample of 337 adults with overweight and obesity. **Material and Methods:** Stigmatization was assessed using the Weight Self-Stigma Questionnaire, and eating behaviors were assessed using the Eating Disorder Examination Questionnaire (EDE-Q). Statistical significance was set at $p<0.05$ in all analyzes. An independent samples t-test was performed to determine the differences between the groups. The explanatory effect of various parameters on weight-related self-stigma was assessed using the stepwise regression analysis. **Results:** We found that weight-related self-stigmatization was more common in females than males, and the fear of stigma was higher in individuals with obesity compared to individuals with overweight ($p<0.05$). We found that weight-related self-stigma increased and eating behaviors became disordered with the increase in the participants' self-reported social media usage and addiction ($p<0.05$). Multiple linear regression analysis showed that in Model 1, both the EDE-Q total score and social media usage were significant predictors of the total weight self-stigma score ($p<0.05$ for both). In Model 2, after controlling for age, gender, and body mass index, only the EDE-Q total score remained a significant predictor ($p<0.05$). **Conclusion:** Weight stigmatizing messages are common in social media, becoming more important daily. The results of our study support the relationship between individuals' social media usage, eating behaviors, and self-stigmatization. Programs aiming to improve body image should target social networks to help individuals manage social messages.

Keywords: Weight-related stigma; obesity; social media; eating behavior

ÖZET Amaç: Kilo stigmasının yaygın olduğu bilinmekle birlikte sosyal medya ve yeme davranışları ile ilişkisine dair veri eksikliği bulunmaktadır. Bu çalışmada, 337 fazla kilolu ve obez erişkinden oluşan bir örnekleme kilo ile ilgili kendini damgalama, yeme davranışları ve sosyal medya kullanımı incelenmiştir. **Gereç ve Yöntemler:** Damgalama, Kilo Açısından Kendini Damgalama Ölçeği kullanılarak yeme davranışları ise Yeme Bozukluğu Değerlendirme Anketi [Eating Disorder Examination Questionnaire (EDE-Q)] kullanılarak değerlendirilmiştir. Tüm analizlerde, istatistiksel anlamlılık $p<0.05$ olarak belirlenmiştir. Gruplar arasındaki farkları belirlemek için bağımsız örneklem t-testi yapılmıştır. Çeşitli parametrelerin kiloya bağlı kendini damgalama üzerindeki açıklayıcı etkisi aşamalı regresyon analizi kullanılarak değerlendirilmiştir. **Bulgular:** Kiloya bağlı kendini damgalamanın, kadınlarda erkeklere göre daha yaygın olduğu ve damgalanma korkusunun obez bireylerde fazla kilolu bireylere göre daha yüksek olduğu bulunmuştur ($p<0.05$). Katılımcıların kendi bildirdikleri sosyal medya kullanımı ve bağımlılığı arttıkça kilo ile ilgili kendini damgalamanın arttığı ve yeme davranışlarının düzensizleştiği bulunmuştur ($p<0.05$). Çoklu doğrusal regresyon analizi, Model 1'de hem EDE-Q toplam puanı hem de sosyal medyada geçirilen sürenin kilo açısından kendini damgalama toplam puanının önemli belirleyicileri olduğunu gösterdi (her ikisi için $p<0.05$). Model 2'de, yaş, cinsiyet ve beden kitle indeksi kontrol edildikten sonra, yalnızca EDE-Q toplam puanı önemli bir belirleyici olarak kalmıştır ($p<0.05$). **Sonuç:** Kilo ile ilgili damgalayıcı mesajlar, sosyal medyada yaygındır ve her geçen gün daha da önem kazanmaktadır. Çalışmamızın sonuçları, bireylerin sosyal medya kullanımı, yeme davranışları ve kendini damgalama arasındaki ilişkiyi desteklemektedir. Beden imajını iyileştirmeyi amaçlayan programlar, bireylerin sosyal mesajları yönetmelerine yardımcı olmak için sosyal ağları hedef almalıdır.

Anahtar Kelimeler: Kilo ile ilgili damgalama; obezite; sosyal medya; yeme davranışı

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Weight stigma refers to the negative attitudes and behaviors -such as bias, discrimination, stereotyping, social exclusion, and devaluation- that individuals face due to their body weight. People in larger bodies are nearly 9 times more likely to encounter weight-related discrimination than those whose bodies are classified within the “normal” weight range.¹ This might affect human affairs and lead to the development of negative behaviors such as non-self-regarding, low self-esteem, depression, exposure to threats and violence, and social isolation.²⁻⁴ Although unfair treatment based on body weight exists in many areas of life, social media platforms, in particular, created a suitable social environment for the development of weight stigma.⁵⁻⁶ Individuals with overweight and obesity are affected by the negative nature of social media. Social devaluation and humiliation of people with obesity is gaining momentum, and this is reflected as hate speech. Images and content that promote unrealistic ideals of thinness, the anonymous nature of social media, have fueled the communication that directly shames and stigmatizes individuals because of their body weight or size.⁵ The presence of stigmatizing posts about weight gain on platforms such as Instagram and Twitter, in particular, caused individuals to be increasingly exposed to the content that associates beauty with being thin.⁶

An increasing number of studies have emphasized links between perceived weight stigma and adverse health effects, including binge eating, overeating, reduced physical activity, and heightened physiological stress.⁷⁻⁸ The increase in the prevalence of disordered eating behavior indicates the necessity of providing emotional regulation, especially in the treatment of obesity, as it is associated with eating disorders and may be responsible for more weight gain over time.⁹⁻¹⁰ The complex relationships between weight-related self-stigma (WRSS), social media, and eating behaviors are addressed in the literature, but the number of such studies is limited.¹¹ Based on these findings, the present study seeks to explore whether weight-based stigmatization (WBS) is present among individuals with overweight and obesity, and to investigate how this stigmatization relates to their eating behaviors and usage of social media.

MATERIAL AND METHODS

STUDY GROUP

This cross-sectional study was conducted with young adults residing in Türkiye who had a body mass index (BMI) of 25 kg/m² or higher. We performed the power analysis in line with a similar study, assuming $\alpha=0.05$ and $\beta=0.20$, and the power of the test as $1-\beta=0.80$.¹² Accordingly, the study included 337 participants with overweight and obesity based on the World Health Organization’s BMI criteria.¹³ We excluded the individuals with a BMI less than 25 kg/m², younger than 18, and older than 45 years of age, those previously diagnosed with an eating disorder, athletes, pregnant and lactating individuals, and those who did not sign the voluntary consent form. Disordered eating status was assessed based on the participants’ self-reports, through their responses to the relevant question in the survey.

The participants’ sociodemographic data, anthropometric measurements, social media usage, self-stigmatization status and eating habits were collected using Google Forms. For this cross-sectional study, the survey link was distributed to voluntary participants via social media platforms. The ethical approval has been obtained from the Ethics Committee of Bahçeşehir University (date: September 28, 2020; no: E-20021704-604.02.02-42802).

WEIGHT SELF-STIGMA

The Weight Self-Stigma Questionnaire (WSSQ) is a 12-item Likert-type self-assessment tool, rated on a 5-point scale. Total scores range from 12 to 60, with higher scores indicating greater WRSS levels. The questionnaire was developed by Lillis et al. and the validity and reliability study of the Turkish version was performed by Sevincer et al.^{14,15} Total scores are calculated for the whole scale and subscales. The first 6 items of the scale assess self-devaluation, while the remaining 6 items (7-12) evaluate fear of enacted stigma. The scale does not contain any reverse-scored items. In the Turkish adaptation of the questionnaire, the Cronbach’s alpha coefficients were calculated as 0.74 for the self-devaluation subscale, 0.81 for the fear of enacted stigma subscale, and 0.83 for the overall scale.¹⁵

Eating Behaviors

Participants' eating behaviors were evaluated using the Eating Disorder Examination Questionnaire (EDE-Q), a self-report version of the EDE initially developed by Fairburn and Beglin.¹⁶ The scale consists of 5 subscales and 28 items. The questionnaire is divided into several subscales: restraint, eating concern, binge eating, shape concern, and weight concern. The subscale scores range from 0 to 6, except for the binge eating subscale, and higher scores indicate the presence of pathology. The Turkish validity and reliability study of the scale was conducted in adults.¹⁷

STATISTICAL ANALYSIS

The data was analyzed using SPSS software package (version 21.0, IBM Inc., Chicago). Statistical significance was taken as $p < 0.05$ in all analyses. Since the data were normally distributed, mean and standard deviation values were presented as descriptive statistics. Various parameters according to gender, BMI, social media usage were analyzed using the independent samples t-test. The age and BMI values of individuals were examined according to their preferred social media platforms using one-way analysis of variance test. Relationships between variables were explored using Pearson analysis. The explanatory power of predictive variables, namely EDE-Q total score and social media usage, was determined using the multiple linear regression analysis on the participants' WRSS.

RESULTS

A total of 337 adults with a mean age of 31.58 ± 10.61 years and a mean BMI of 30.56 ± 4.65 participated in our study. According to their self-reports, their daily social media usage levels were the same for gender and BMI ($p > 0.05$). However, we observed significant differences in WSSQ scores. While the scores the female participants obtained in the self-devaluation subscale ($p = 0.041$) and total ($p = 0.043$) were significantly higher compared to the males, the participants with obesity scored higher in the fear of enacted stigma subscale ($p = 0.049$). There was no statistically significant difference in EDE-Q scores between the groups ($p > 0.05$) (Table 1).

We identified the social media platforms most frequently followed by individuals with overweight and obesity. Individuals with overweight used Instagram (70.8%), YouTube (11.1%), and Twitter (8.8%) most frequently, while individuals with obesity used Instagram (69.3%), YouTube (13.3%), and TikTok (7.2%) most frequently, respectively. Although the age and BMI values of those who prefer Facebook as a social media platform are high, no significant difference was found in age and BMI values according to social media platforms (respectively, $p = 0.061$, $p = 0.186$) (Figure 1). We analyzed various parameters of social media usage. According to Pearson correlation analysis, a negative correlation was found

TABLE 1: Characteristics of individuals according to gender and BMI levels

Parameters	Gender		t value	p value	BMI		t value	p value	Total (n=337)
	Male (n=144)	Female (n=193)			25.0-29.9 kg/m ² (n=171)	≥30 kg/m ² (n=166)			
Age (years)	32.61±10.39	30.81±10.71	1.548	0.122	29.15±10.02	34.09±10.63	-4.388	0.000	31.58±10.61
Social media usage (hour/day)	3.36±2.47	3.50±2.46	-0.513	0.608	3.41±2.10	3.48±2.79	-0.248	0.804	3.44±2.46
WSSQ									
Self-devaluation score	14.90±7.11	16.37±7.02	-1.882	0.041	15.42±6.48	16.08±7.66	-0.858	0.391	15.74±7.08
Fear of enacted stigma score	12.27±6.82	13.25±6.74	-1.326	0.186	12.13±6.14	13.54±7.34	-1.919	0.049	12.83±6.78
Total score	27.17±13.11	29.62±12.54	-1.731	0.043	27.55±11.36	29.63±14.13	-1.488	0.138	28.57±12.83
EDE-Q									
Restraint	2.00±1.66	1.85±1.57	0.828	0.408	1.94±1.48	1.88±1.74	0.298	0.766	1.92±1.37
Eating concern	1.51±1.36	1.63±1.38	-0.847	0.397	1.47±1.25	1.69±1.47	-1.502	0.134	1.58±1.37
Shape concern	2.09±1.66	2.44±1.75	-1.806	0.072	2.31±1.68	2.28±1.76	0.112	0.911	2.29±1.72
Weight concern	1.98±1.54	2.21±1.61	-1.306	0.193	2.09±1.44	2.14±1.72	-0.266	0.791	2.11±1.58
Total score	1.55±1.22	1.76±1.27	-1.487	0.138	1.65±1.17	1.71±1.33	-0.392	0.695	1.67±1.25

Independent samples t-test; BMI: Body Mass Index; WSSQ: Weight Self-Stigma Questionnaire; EDE-Q: Eating Disorder Examination Questionnaire

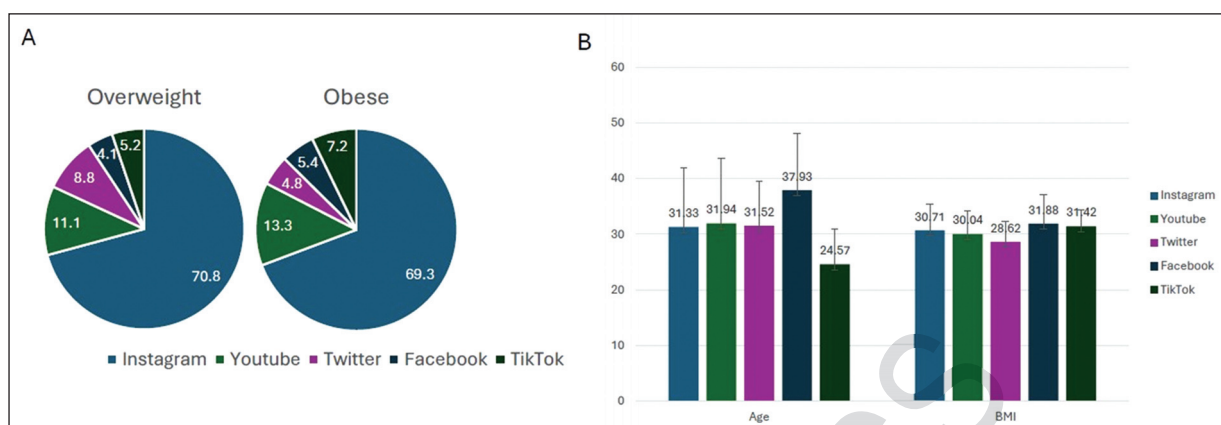


FIGURE 1: Analysis of social media platforms: **A)** Social media platforms most frequently followed by individuals with overweight and obesity; **B)** Age and BMI comparisons according to individuals' social media platform preferences; one-way analysis of variance test
BMI: Body mass index

between social media usage and age, and positive correlations were found between the sub-factors and total scores of BMI, WSSQ, and EDE-Q scales. Additionally, significant positive correlations were detected between individuals' WSSQ and EDE-Q scale scores ($p < 0.05$) (Figure 2).

Multiple linear regression analysis was conducted to examine the predictors of WSSQ total scores. In Model 1, the independent variables were the EDE-Q total score and social media usage. This

model explained 48.4% of the variance in WSSQ total scores ($p < 0.001$). The results showed that both the EDE-Q total score ($\beta = 6.852$; $p < 0.001$) and social media usage ($\beta = 0.497$; $p = 0.018$) significantly predicted WSSQ total scores. In Model 2, after controlling for age, gender, and BMI, the explanatory power of the model increased to 49.9% ($p < 0.001$). In this model, only the EDE-Q total score ($\beta = 6.634$; $p < 0.001$) remained a significant predictor of WSSQ total scores, whereas social media usage ($\beta = 0.329$; $p = 0.134$) was no longer a significant predictor (Table 2).

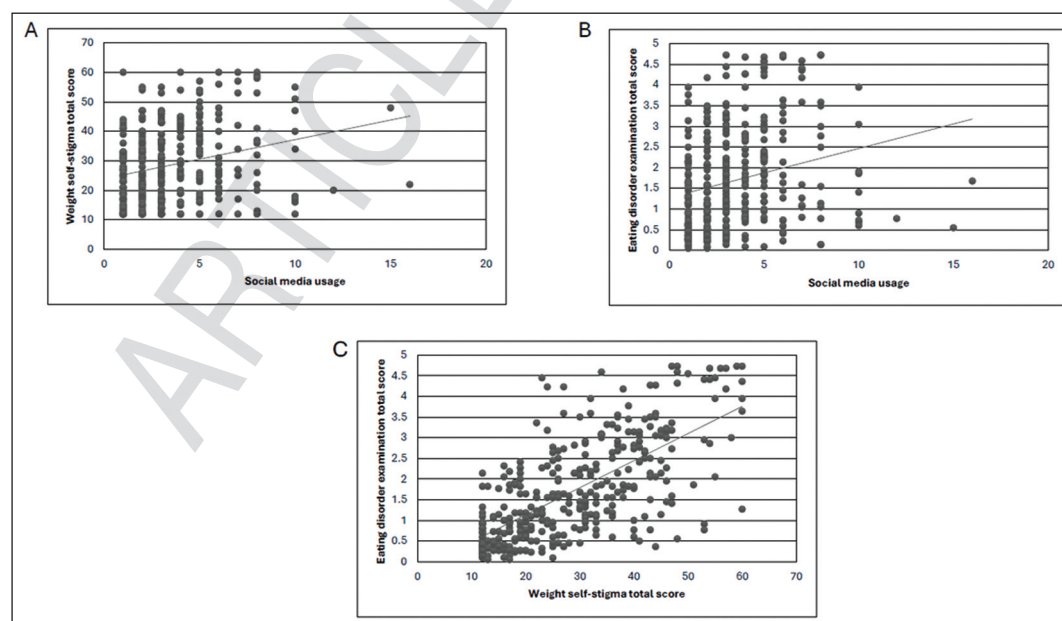


FIGURE 2: Correlations between social media usage, WSSQ and EDE-Q total scores. Pearson correlation analysis: **A)** Positive significant correlation between social media usage and WSSQ total scores ($R = 0.249$); **B)** Positive significant correlation between social media usage and EDE-Q total scores ($R = 0.229$); **C)** Positive significant correlation between WSSQ total scores and eating disorder exam total scores and EDE-Q total scores ($R = 0.692$)

WSSQ: Weight Self-Stigma Questionnaire; EDE-Q: Eating Disorder Examination Questionnaire

TABLE 2: Multiple linear regression analyses for variables predicting WRSS (n=337)

Outcome	Model 1					Model 2				
	β	t value	p value	95.0% Confidence Interval for β		β	t value	p value	95.0% Confidence Interval for β	
				Lower bound	Upper bound				Lower bound	Upper bound
EDE-Q total score	6.852	16.630	0.000	6.041	7.662	6.634	16.111	0.000	5.824	7.445
Social media usage	0.497	2.373	0.018	0.085	0.909	0.329	1.503	0.134	0.102	0.760

Multiple linear regression. Model 1: Crude model ($p < 0.001$, R^2 : 0.484); Model 2: Adjusted for age, gender and body mass index ($p < 0.001$, R^2 : 0.499); WRSS: weight-related self-stigma

DISCUSSION

We determined the status of WRSS of 337 individuals and the relationship of this stigma with eating behaviors and social media usage. The prominent finding of the present study is that the duration of social media usage is positively correlated with the WSSQ and EDE-Q scores in individuals with overweight and obesity.

Our study found that the fear of enacted stigma subscale score was significantly higher in individuals with obesity. Weight bias internalization (WBI) was reported in more than 40% of adults with overweight and obesity in the general population, and high levels of WBI are observed in 1 in 5 adults.¹⁸ A study conducted with 3,821 adults showed that the prevalence of weight stigma was 57% and the risk of WRSS was higher in overweight and obesity, which is by our results.¹⁹ Moreover, a recent clinical study involving 80 participants indicated that individuals with elevated levels of WBI experienced less progress in their eating habits and physical activity than those with lower WBI levels.²⁰⁻²¹ In the study by Calugi et al., network analysis was used to examine the relationships between WBI and eating disorder psychopathology in 2,113 treatment-seeking individuals with obesity. The findings indicated that body dissatisfaction -particularly shape dissatisfaction- and the desire for control over eating and weight were central features linking stigma and disordered eating symptoms.²² In addition, our study indicated that the WSSQ score and self-devaluation subscale score of females with overweight and obesity were significantly higher than those of males. In this regard, our study is consistent with a similar study which reported that females with overweight and obesity experience more stigma and WBI than males.²³ In the study conducted by Romano et

al., a 14-day daily diary method was used to examine the frequency of daily weight stigma experiences among young adults with body dissatisfaction and to analyze the effects of these experiences on disordered eating symptoms. The findings showed that 43.94% of participants (n=87) experienced at least one instance of weight stigma during the 14 days; furthermore, among women, same-day experiences of weight stigma were associated with disordered eating symptoms on that day, whereas lagged models indicated that such experiences predicted more restrictive eating behaviors on the following day.²⁴ This could be related to the fact that females are exposed to WBS more often or that their experiences of stigmatization are more internalized.

Messages that stigmatize weight are becoming more prevalent on social media. We observed that EDE-Q total score and social media usage were significant in the model we created to predict WRSS among the participants. Our study discovered a positive relationship between social media usage and the WSSQ score, which is consistent with previous studies.²⁵⁻²⁶ The findings of our research show that individuals with overweight and obesity follow Instagram content more frequently. Although body image anxiety and disordered eating behaviors have increased with more frequent and prolonged social media usage, not all social media exposures are equally harmful.²⁷⁻³⁰ Recent evidence suggests that the associations between social media and poor well-being are driven by exposure to appearance-oriented social media rather than general use of social networking sites.²⁸⁻³¹ Supporting this finding, the observational study by Alfonso-Fuertes et al. found that greater daily Instagram use was significantly associated with increased body dissatisfaction and decreased self-esteem.³² In addition, in our study, the 2nd most frequently followed platform by indi-

viduals with overweight and obesity was YouTube. An analysis of 1.37 million posts from various social media platforms, including YouTube, revealed that 92% contained negative, misogynistic, or derogatory language targeting obesity. Another related study focused on how anonymous users direct verbal abuse toward individuals with larger bodies. In that research, 320 YouTube comments were examined using a coding framework, drawn from 2 viral videos titled “Fat Girl Tinder Date” and “Fat Guy Tinder Date”, which featured discussions about individuals with overweight. Within the scope of the analysis, the subject of the verbal attack/defense, the gender of the commenters and the intensity of the attack/defense were analyzed. Looking at the findings of the study, firstly, the number of comments verbally attacking individuals with overweight was twice as high as the number of defensive comments (174/89). Second, while women with overweight were attacked for their capacity, men with overweight were attacked for their heterosocial skills. Third, the majority of commenters attacking women with overweight were male, and offensive comments targeting women with overweight had more swearwords than comments targeting men.³³ These and similar data show the alarming situation of frequent and unavoidable aggressive messages against individuals with overweight.

There are some limitations to our study. The questionnaires and social media usage were assessed through self-reporting items, and the participants’ BMIs were calculated using the height and weight data they provided themselves.

CONCLUSION

Although there is substantial research documenting weight stigma and its adverse health effects among

individuals with overweight and obesity, there is not sufficient data showing its relationship with eating behaviors and social media usage. Social media is a platform where humiliation often occurs due to weight stigma and body characteristics. The results of our study support that social media negatively affects WRSS and eating behaviors. Although policies have been designed for these platforms, a similar sensitivity should also be developed in nutrition and health communication. The impact of the weight stigma imposed on social media on health raises public health concerns, which calls for further research and action.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: Gökçen Garipoğlu; **Design:** Gökçen Garipoğlu; **Tuğçe Özlü Karahan, Ezgi Arslan Yüksel; Control/Supervision:** Gökçen Garipoğlu; **Data Collection and/or Processing:** Tuğçe Özlü Karahan, Ezgi Arslan Yüksel; **Analysis and/or Interpretation:** Tuğçe Özlü Karahan, Ezgi Arslan Yüksel, Bilge Meral Koç; **Literature Review:** Tuğçe Özlü Karahan, Ezgi Arslan Yüksel; **Writing the Article:** Bilge Meral Koç, Ezgi Arslan Yüksel, Tuğçe Özlü Karahan; **Critical Review:** Gökçen Garipoğlu, Bilge Meral Koç.

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