

Article

Social Media Use, Health Behavior and Body Appreciation Among Romanian University Students

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Abstract

Background: In contemporary society, marked by rapid transformations in the sphere of communication and social interaction, social networks have gone beyond the role of simple communication platforms, becoming places where identities are formed, cultural norms are negotiated and self-perceptions are shaped. This reality has generated a growing interest in studying the relationship between the digital environment and health behaviors, especially among young people, a social category extremely receptive to visual and normative influences promoted online. **Methods:** A cross-sectional study was conducted among students enrolled in different kinds of faculties and specialties. An online questionnaire was distributed to gather socio-demographic, academic and medical data along with lifestyle and health-related behaviors. Several psychometric instruments were used: Health Behaviour Scale (HBS) to measure various dimensions of health-related actions, Bergen Social Media Addiction Scale (BSMAS) to screen for addictive or problematic social media use, Social Media Disorder Scale (SMDS) to measure the problematic social media use among adolescents, Body Appreciation Scale-2 (BAS-2) to evaluate measure of one’s acceptance, favorable opinions and respect of their own body, and Dutch Eating Behavior Questionnaire (DEBQ) to identify the psychological motives behind over-eating. **Results:** More than 70% of students declared that they had their first smartphone before the age of 12 and 65% of students had screentime higher than 3 h per day during the weekdays, with a small increase during the weekends. Women scored higher than men in emotional eating (food consumption in response to negative emotions), and external eating (response to food stimuli in the environment, independent of hunger). Respondents from rural areas showed a significantly lower level of respect and acceptance of their own body and higher risk for Social Media Disorder compared to participants from urban areas. Important statistical correlation has been identified among the variables of the research. Social media addiction was associated with higher emotional eating both directly and indirectly, via lower body appreciation. The analysis also indicated that it does not show a direct relationship with restrictive eating behaviors; rather, its association with restrained eating is fully mediated by the individual’s body appreciation. **Conclusions:** The use of social platforms is a challenging process, with a great impact on psychological and emotional balance of young people. Even if the study identified a normative use among young people with a high education level, the risks factors should be taken into consideration when dealing with screentime, psychological and mental health and the risk for addiction.

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Keywords: young adult; social media; body appreciation; problematic social-media use; eating behavior; health-related behavior

1. Introduction

The use of social networks has become a key component of socialization and digital communication among young Europeans over the last two decades, driven by the increased accessibility of mobile devices and permanent connectivity. European data indicated that, in 2024, 97% of young people aged 16 to 29 used the internet daily, reflecting the integration of digital technologies into daily routines and a structural change in how social relationships are built [1].

Studies showed a high prevalence of social network use among young people, with over 90% of young people in many EU Member States reporting active participation in social activities in 2023. This high rate remains constant throughout adolescence and early adulthood, characterizing social networks as one of the main environments for exposure to information, socialization, entertainment and digital identity formation [1]. The contrast between generations is evident when these data are compared with the general EU population, where only around 59% of users access social networks. The difference highlights the generational nature of social platforms and the relevance of age-specific analysis to capture behavioral particularities and related risks [2]. For example, EU Kids Online studies showed a progressive decrease in the age at which significant contact with digital space occurs. According to data collected among children aged 9 to 16, the majority use the internet regularly, and platform preferences change rapidly as they enter adolescence, influenced by technological and social dynamics [3]. Meanwhile, UNICEF international reports indicated that the average age for acquiring the first smartphone is between 11 and 12 years in many European countries. However, there are notable differences, with children from advantaged socio-economic backgrounds have earlier access to technology, and in some families the presence of shared devices allows digital exposure from pre-school age, which emphasizes the need for parental and institutional digital literacy [4].

At the national level, data published by European media agencies indicated that, in some regions, a significant percentage of children aged between 5 and 7 already own a smartphone, and most children under 13 use social media platforms, even if they officially impose age limits. Such findings highlight the issue of insufficiently enforced regulations and the role of parental responsibility [5].

These significant variations across countries, socio-economic categories and family contexts highlight the need for a differentiated approach to the analysis of social media consumption. In the European context, the differences underline the need for adapted public policies, digital education programmes and prevention tools, particularly in the areas of data protection, mental health and exposure to inappropriate content [3].

Social media and addiction behavior

Today, the use of social media platforms is one of the most widespread and influential activities in the online environment, exerting a major impact on daily life. In September 2025, the number of social media users reached 8.20 billion globally [6] which confirms their central role in communication, entertainment and information exchange. Their progressive integration into daily activities has led to the development of complex digital ecosystems, which offer users various functionalities, from instant messaging and video streaming to e-commerce and solutions based on artificial intelligence. This evolution has generated an interactive and personalized experience, adapted to social, information and consumption needs. The latest statistical data confirmed the scale of the phenomenon. In 2024, Facebook maintained its first place worldwide, with 3.065 billion monthly active

users, followed by YouTube, with 2.504 billion. Other popular platforms, such as WhatsApp and Instagram, have reached 2 billion active users [7], thus consolidating the contemporary digital landscape. These figures not only illustrate the rapid expansion of social media but also reveal the growing influence of these platforms on the way individuals interact, access information and organize their daily activities.

In the contemporary digital age, social media has become an integral part of everyday life, providing multiple platforms for social expression and interaction. These platforms allowed users to express their identity, significantly influencing social behaviors and beliefs [8]. One of the areas most affected by social media is body image and eating behaviors. Numerous studies showed a strong correlation between exposure to social media content and changes in the perception of one's own body image [9,10].

Social media and body image

The impact of social media is particularly evident among adolescents and young adults, who are exposed to unrealistic representations of the ideal body promoted through these platforms. The study conducted by Fardouly et al. [11] indicated that adolescents exposed to idealized images on social media can develop negative feelings about themselves. The continuous pursuit of beauty standards associated with body image can lead to negative consequences, such as eating disorders, depression, and social isolation [11–13].

Social media predominantly focuses on external aspects, such as weight and physical appearance, often ignoring the psychological and social factors that contribute to body image [14]. The effects of social media are not limited to presenting idealized images, but also include unsafe, quick advice related to diet and exercise, which can be harmful to health [15].

Social media use and exposure have become increasingly widespread, raising concerns about their links to body image and eating disorders. In 2023, approximately 60% of the world's population used social media [16]. Image-based social media platforms, such as Instagram and Facebook, and video-based ones, such as YouTube and TikTok, are popular mediums for viewing and sharing content. Unlike traditional media, these platforms allow individuals to create their own profiles and content, search for material of interest, interact with other users, and receive algorithmically generated posts based on their online activity [17,18].

Recent research shows that, as in conventional media, many online platforms promote stereotypical ideals of female beauty. For example, a content analysis of advertisements on websites aimed at teenagers revealed that the majority of the characters depicted were young, very thin, and attractive women [19,20]. In addition, studies conducted on adolescents have shown that Internet use is correlated with a greater internalization of the thin waist ideal, a tendency to compare physical appearance, dissatisfaction with weight, and an increased desire to be thin [21–23]. In the same vein, Bair et al. [24] found that young women who frequently used the internet were more likely to exhibit eating disorders.

The field of body image research has expanded beyond a strictly pathological perspective and is now conceptualized as a multidimensional construct that includes body-related attitudes and self-perceptions, as well as emotional, cognitive, and behavioral experiences [25,26]. Traditionally, studies of body image and eating behavior have focused on negative aspects, such as body dissatisfaction and eating disorders [27,28]. However, recent research suggests that positive and negative body image represent two qualitatively different constructs [29,30]. Negative body image is manifested by denigrating evaluations and dissatisfaction with one's body, while positive body image is defined by respect and appreciation for the body and its functionality, including acceptance of one's

appearance, perception of beauty, feeling of comfort and confidence, and the ability to interpret experiences protectively for the body [31,32].

Social media, body image and eating disorders

The literature has shown that negative body image is strongly associated with eating disorders and restriction [27,33,34], while positive body image correlates with adaptive eating behaviors [35–37]. Although the relationships between body image and eating behaviors have been frequently documented, the links between body image and diet quality remain less investigated. Thus, a study conducted on female students showed that a greater discrepancy between actual and ideal body size was associated with lower consumption of healthy foods [38,39].

The concept of body image refers to how a person perceives, interprets, and experiences their own body, including its cognitive and affective dimensions [26,40]. When evaluations are predominantly negative and there is a perceived discrepancy between the actual and ideal body, the body dissatisfaction occurs [40–42]. Some research conducted in Australia and the USA indicated that women and adolescent girls experience, to a higher extent than men, body dissatisfaction and eating disorders [43–45]. Data showed that almost half of adolescents say that they are not satisfied with their own bodies [45,46]. Body dissatisfaction can begin as early as age 6 and has been documented across a range of body types and cultural backgrounds [47–49]. It is also associated with negative consequences for both physical and mental health, including depression, anxiety, low self-esteem, and eating disorders [50–53].

Explanations for body dissatisfaction largely focus on social factors, with the media being recognized as the most powerful and pervasive source of influence [54–56]. Over time, standardized representations of the ideal body have been consistently promoted through traditional channels, such as women's fashion magazines and television programs. These representations tend to support unrealistic aesthetic ideals, depicting young, very thin women with above-average height, moderate busts, and an appearance often altered by digital retouching [20,51,55]. The link between media exposure, body dissatisfaction, and the development of eating disorders has been confirmed by significant correlational and experimental research.

Social networks are not limited to the function of communication and information channels, but they constitute psychosocial ecosystems, in which norms, values and aesthetic perceptions are articulated and significantly influence the health behaviors of young people. The impact of the digital environment is manifested through a complex interaction between cognitive, emotional and social factors, generating subtle but persistent effects on eating habits and on the perception of one's own body image, which cannot be understood through a unidimensional approach. This complexity emphasizes the need for an integrated theoretical investigation, capable of capturing the dynamics of interdependence between digital exposure and the evolution of health-related behaviors.

This study aims to identify the interdependence between social media consumption, the practice of health-related behaviors and body appreciation among Romanian educated young people, characterized by a specific lifestyle (overloaded schedule, attending lectures, having practical activities and engaging in tasks during exam sessions), which should limit their time spent in front of screens. The research hypotheses are:

H1. *Female students exhibit significantly higher mean scores in emotional eating (DEBQ-EE) and external eating (DEBQ_ExtE) compared to male students;*

H2. *Students residing in rural areas report significantly lower body appreciation score (BAS-2) and higher scores for Social Media Disorder (SMDS) compared to their urban counterparts;*

H3. *Body appreciation (BAS-2) partially mediates the positive relationship between social media addiction (BSMAS/SMDS) and emotional eating (DEBQ-EE);*

H4. *Body appreciation (BAS-2) fully mediates the relationship between social media addiction (BSMAS/SMDS) and restrained eating (DEBQ-RE), showing no significant effect.*

2. Materials and Methods

2.1. Study Design and Population

A cross-sectional study was conducted between November and December 2025 using the snowball sampling method, distributed among university students. Snowball sampling method was chosen for this research to identify and recruit participants who met the required criteria (such as being enrolled in universities and being under 25 years old) and to ask respondents to provide recommendations to other potential colleagues who also meet the criteria. First, the initial set of participants was identified among students enrolled in medical faculties and therefore, the questionnaire was addressed to participants from other specialties such as engineering, dentistry, veterinary, pharmacy, psychology and social sciences. This process allowed a gradual increase in the sample size.

The questionnaire was created and distributed online using Google Forms. A total of 156 respondents initially completed the online questionnaire. After applying the inclusion criteria (student enrolled at a university in Romania, under 25 of age) and filtering out incomplete responses or participants who did not meet the age criteria ($n = 19$ cases excluded because they exceeded the age limit of 25), a final sample of 137 respondents was retained for statistical analysis.

Before completing the questionnaire, participants were informed about the purpose of the research and that the data collected would be confidential and anonymized, that participants could withdraw from the research at any time without consequences, and that there would be no incentives for participation in the study. Continuing to complete the questionnaire meant accepting informed consent to participate in research.

The questionnaire was constructed especially for this research and had several parts:

- The first section collected information about socio-demographic, academic and medical characteristics (age, gender, environment, year of study, specialization, smoking behavior, physical activity practice and sleep).
- The second section collected information about smartphone use behavior and social media use behavior. Several items targeted information about the age at which they started using their smartphone, what social networks they use, if they follow images and content related to diets, physical appearance or eating behaviors, how much time they spend on social networks daily (during the week, but also on weekends), if they consider that the models promoted by social media influence their body image.
- Health Behaviour Scale (HBS-16) was inserted to measure various dimensions of health-related actions. The scale was proposed by Cawłowska et al. [57] and quantifies health behaviors in adults. The HBS comprises 16 items organized into 4 factors: Diet and Mental Health, Individual Healthy Behaviours, Unhealthy Behaviours, and Physical Activity. Each item is formulated concretely and refers to a frequent health-related action, completed from the subject's perspective. The purpose of the scale is to generate a detailed profile of lifestyle with an impact on health, both for targeted medical interventions and for research on socio-economic factors associated with population health. The scoring for the HBS is done on a Likert scale from 0 (Does not perform the behavior) to 3 (Frequently performs the behavior), with higher scores indicating more beneficial health involvement. To ensure consistency, the items be-

longing to the Unhealthy Behaviours factor are reverse scored. The maximum possible total score is 48. The higher the total score is, the better the overall health.

- Bergen Social Media Addiction Scale (BSMAS) was applied to detect addictive or problematic use of social media. It is a short 6-item scale developed by Andreassen et al. [58] to assess social media addiction. Modeled on classic behavioral addiction criteria, each item reflects a symptom, for example, “I spend all my time thinking about social media” or “I feel anxious if I cannot use social media” and is scored on a five-point Likert scale, from 1—Never to 5—Regularly. The purpose of the BSMAS is to indicate the degree of problematic use of social networks similar to addictive behavior. Being very compact, the scale is used in epidemiological studies to screen and identify people vulnerable to social media abuse. The proposed cut-off value is usually 19, out of a possible 30 and the instrument reported internal consistency is generally good, across multiple cultures and languages, typically in adolescent and young adult samples.
- Social Media Disorder Scale (SMDS) was used to measure problematic social media use among adolescents. The instrument was constructed by Van den Eijnden et al. [59], based on the DSM-5 criteria for behavioral addictions. The standard form consists of 9 Yes/No items corresponding to nine symptoms, such as preoccupation, tolerance, withdrawal, conflict, emotional avoidance, or denial, for example “Have you ever felt unable to refrain from using social media?” or “Have you ever lied to your family or friends about the time you spent on social media?”. The scale is easy to administer and provides a global score from 0 to 9, with the sum of affirmative responses. Subsequent research has confirmed that a score above 5 signals problematic use with high probability. Validation on large samples of adolescents in many countries has shown that the SMDS has adequate internal reliability and unidimensional structure [60]. The target age is late adolescence and young adulthood, although some authors also apply it to adults. SMDS is particularly useful in epidemiological research contexts on social media addiction, and in longitudinal studies where the evolution of symptoms is followed.
- Body Appreciation Scale–2 (BAS-2) was used to assess the degree of acceptance, favorable opinions and respect of their own body. Developed by Tylka and Wood-Barcalow [61], it quantifies positive appreciation of one’s own body. The instrument resulted from the refinement of the original 13-item scale constructed by Avalos et al. [62], and comprises 10 unitary, unidimensional and positively worded statements, for example “I respect the way my body looks” or “I am satisfied with my body”. The purpose of the BAS-2 is to capture aspects such as body acceptance and care, in contrast to traditional measures of body dissatisfaction. The scale is broadly applicable to both women and men and has been validated on samples of college students and young adults. The results of the validation study confirm that the BAS-2 is unidimensional, with excellent psychometric properties related to internal consistency and validity. The purpose of the scale is to provide a global indicator of healthy body image, such as body appreciation, useful in clinical and public health studies to assess positive effects on body image, a newer dimension in body appreciation research. For the BAS-2, the scoring method is a five-point Likert scale, from 1—Never, to 5—Constantly, reflecting how frequently the subject experiences positive body affirmations. The final score is the sum of the scores on the 10 items, with a theoretical range of 10–50, with higher values indicating a higher level of body appreciation.
- Dutch Eating Behavior Questionnaire (DEBQ) was applied to identify the psychological motives behind overeating. The instrument was created by Van Strien et al. [63], measuring three dimensions of eating behavior in the adult population: emotional eating (food consumption in response to negative emotions), external eating (re-

sponse to food stimuli in the environment, independent of hunger) and food restriction (deliberate control of eating to maintain/reduce weight). The standard version of the DEBQ has 33 items, where 13 are for emotional eating, 10 for external eating and 10 for restriction, each being self-rated on a Likert scale from 1 (Not at all characteristics) to 5 (Very characteristic). For example, the items may sound like this: “I eat when I feel sad” or “I lack self-control when cooking” for the emotional and external areas, respectively. The DEBQ is used to identify eating patterns, frequently relating to body mass index and eating disorders. Validation studies highlight that each subscale has good internal consistency and effective convergent validity with psychological measures. The scoring of the DEBQ is performed by calculating the mean score for each of the three subscales separately. Specifically, the item scores (ranging from 1 to 5) within a dimension are summed and then divided by the total number of items in that respective subscale. The instrument does not yield a global total score, as it measures three distinct constructs. In the standard English version, all items are directly scored, meaning there are no reverse-scored items. Therefore, the final score for each subscale ranges from 1 to 5, with higher scores indicating a stronger tendency toward that specific eating behavior.

2.2. Statistical Analysis

To present the sociodemographic characteristics of the samples, we performed analyses using IBM Statistical Package for Social Sciences (SPSS) Statistics for Windows, version 27 (SPSS Inc., Chicago, IL, USA). Results for descriptive statistics were expressed as means and standard deviations (SD), frequencies, and percentages.

The normality of data distribution was tested using the Kolmogorov–Smirnov test. Given that the data were partially normally distributed and the sample size was adequate, parametric tests were applied. To assess the comparative results considering gender and the living environment (urban/rural), the Independent Samples t-test was performed.

Pearson’s correlation coefficient was used to test the bivariate relationships between the psychological tools (HBS, BSMAS, SMDS, BAS-2, and DEBQ). Finally, simple mediation analyses were conducted using the PROCESS macro for SPSS (Model 4), developed by Andrew F. Hayes [64], to explore the role of body appreciation (BAS-2) as a mediator between social media addiction (BSMAS) and different types of eating behaviors (DEBQ). Additionally, to examine the impact of social media screen time on the assessed psychological and behavioral variables, one-way analyses of variance (ANOVAs) were conducted, segmenting usage into weekend and weekday exposure, with significant main effects subsequently analyzed using Tukey HSD post hoc comparisons. The statistical significance threshold was set at $p < 0.05$, and 5000-sample bootstrap confidence intervals were used to test the significance of the indirect effects. Given the exploratory nature of the study and the multiple statistical tests performed, the significance threshold was maintained at $p < 0.05$; however, marginal results close to the significance alpha level should be interpreted with increased caution regarding Type I error accumulation.

2.3. Ethical Approval

The present study was conducted in accordance with the Declaration of Helsinki, and the protocol was approved by the Ethical Committee of “Ion Ionescu de la Brad” Iasi University of Life Sciences No 669/18.05.2026.

3. Results

3.1. Sociodemographic, Academic and Health-Related Data

The respondents were students enrolled in universities, different specialties (medical and non-medical, engineering, arts). Students came from rural and urban areas, aged $M = 20.09 \pm 2.47$ (with a minimum of 18 and a maximum of 24 years old). Most of them were female students and non-smokers. Students were also asked about their level of satisfaction with quality of sleep, satisfaction with their weight, stress management and body image. Self-rated items scored from 1 (extremely satisfied) to 5 (extremely unsatisfied). Detailed results are presented in Table 1.

Table 1. Socio-demographic, academic and health-related data.

Characteristics		N/M $\pm$ st.dev ¹
Age		(N = 137, 100%)
Sex		
	Female	(N = 101, 73.7%)
	Male	(N = 36, 26.3%)
Environment		
	Rural	(N = 59, 43.1%)
	Urban	(N = 78, 56.9%)
Smokers		
	Yes	(N = 45, 32.8%)
Physical activity—30 min/day		
	Always	(N = 15, 10.9%)
	Often	(N = 33, 24.1%)
	Occasionally	(N = 52, 38%)
	Rarely	(N = 34, 24.8%)
	Never	(N = 3, 2.2%)
Do you feel like you get enough sleep to feel rested?		
	Yes	(N = 39, 28.5%)
Do you think your weight is healthy for your body?		
	Yes	(N = 42, 30.7%)
Are you unhappy with how your body looks?		
	Yes	(N = 44, 32.1%)
How well do you think you handle stress?		
	Yes	(N = 38, 27.7%)

¹ N % (number of respondents and percentages,) M $\pm$ st.dev (means and standard deviations).

3.2. Smartphone Use and Social Media Use Behaviors

A series of items investigated the students' smartphone usage behavior, both during the week and on weekends. Respondents were also asked to state the age at which they had their first smartphone. Regarding social media activity, participants had to answer questions about social networks, images and content related to diets, physical appearance or eating behaviors, and whether they considered that social media models influenced their image of muscle mass or body image. The analysis of their answers is presented in Table 2.

Table 2. Smartphone use, social media and content.

Items	N, %/M $\pm$ st.dev ¹
At what age did you get your first smartphone?	Under 10(N = 23, 16.8%) 10–12(N = 74, 54.0%) 13–15(N = 38, 27.7%) Over 15(N = 2, 1.5%)
What social media platforms do you use?	Instagram(N = 123, 89.8%) Facebook(N = 104, 75.9%) TikTok(N = 107, 78.1%) Snapchat(N = 59, 43.1%) YouTube(N = 112, 81.8%) Others(N = 1, 0.7%)
Smartphone screen time, during the weekdays?	Less than 1 h(N = 0) 1–3 h(N = 45, 32.8%) 3–5 h(N = 59, 43.1%) More than 5 h(N = 33, 24.1%)
Smartphone screentime, during the weekend?	Less than 1 h(N = 5, 3.6%) 1–3 h(N = 33, 24.1%) 3–5 h(N = 57, 41.6%) More than 5 h(N = 42, 30.7%)
Feel influenced by eating restrictively or exercising excessively due to social media? (yes)	(N = 52, 38.0%)
Do aesthetic filters on social media change the way you see yourself in reality? (yes)	(N = 57, 41.6%)
Spend a lot of time watching images and content related to physical appearance? (yes)	(N = 32, 23.4%)
Often notice content promoting a thin waist or restrictive diets? (yes)	(N = 61, 44.5%)
Does social media decrease your confidence in your own body? (yes)	(N = 57, 41.6%)
Do appearance-focused images make you feel worse about your body? (yes)	(N = 53, 38.7%)
Compare yourself to others when using social media? (yes)	(N = 81, 59.1%)

¹ N % (number of respondents and percentages,) M $\pm$ st.dev (means and standard deviations).

3.3. Psychological Tools Analysis

3.3.1. Health Behaviour Scale (HBS)

The level of pro-health behaviors and preventive actions among the sample was assessed using the Health Behaviour Scale (HBS) and registered $M = 23.88 \pm 6.63$. Scores were calculated for all three major categories of adherence to health behaviors:

The instrument demonstrated good internal consistency for the total scale (Cronbach's $\alpha = 0.77$). Descriptive statistics were also analyzed for the instrument's subscales: Subscale 1 ($M = 9.48 \pm 3.08$, $\alpha = 0.77$), Subscale 2 ($M = 10.74 \pm 3.53$, $\alpha = 0.57$), Subscale 3 ($M = 2.64 \pm 1.36$, $\alpha = 0.39$), and Subscale 4 ($M = 3.87 \pm 1.35$, $\alpha = 0.42$). The lower reliability scores for the last two subscales are likely attributable to the small number of items (2 items each) comprising them.

Data analysis did not reveal statistically significant differences ($t(135) = 1.18$, $p = 0.237$) between male ($M = 25.00 \pm 6.35$) and female participants ($M = 23.48 \pm 6.70$) in terms of overall health behaviors. This result suggests that sex does not determine major variations in the adoption of health routines within the studied group. Furthermore, comparing participants by living environment did not reveal significant differences ($t(135) = 1.56$, $p = 0.121$). Urban subjects obtained a mean score of $M = 24.64 \pm 6.28$, while rural participants reported a mean score of $M = 22.86 \pm 6.97$.

3.3.2. Bergen Social Media Addiction Scale (BSMAS)

The level of social media addiction among participants was assessed using the Bergen Social Media Addiction Scale (BSMAS), yielding a mean score of $M = 16.34 \pm 4.94$. This indicates a moderate baseline tendency toward compulsive social media usage within the sample. The scale demonstrated strong internal reliability (Cronbach's $\alpha = 0.82$). Data analysis did not reveal statistically significant differences regarding sex or living environment for this scale.

3.3.3. Social Media Disorder Scale (SMDS)

To quantify the degree of clinical impairment associated with social media use, the Social Media Disorder Scale (SMDS) was applied, and we identified a $M = 2.66 \pm 2.39$ (Cronbach's $\alpha = 0.78$). To distinguish between subjects with an adaptive browsing pattern and those with a clear addictive vulnerability, the subjects were classified into three specific score categories established by the tool. Details are presented in Table 3.

Table 3. Scores for SMDS-9 ¹.

Scores for SMDS-9	Score	Result
Normative use (media use is typical and does not negatively impact daily life)	0–1	58 (42%)
Risky use (indicates some problematic behaviors; the user may be at risk for developing a disorder)	2–5	61 (45%)
Problematic use (is the standard used by researchers to identify addicted users)	6–9	18 (13%)

Note: ¹ N % (number of respondents and percentages,) $M \pm \text{st.dev}$ (means and standard deviations).

The results showed that 42% of the subjects evaluated demonstrate normative use, meaning they can manage their interactions in the online environment without experiencing clinical discomfort. Another 45% exhibit risky use, indicating some problematic behaviors that could lead to a disorder. However, special attention is required for the 13% of the sample. These respondents fall into the problematic use category (scoring between 6 and 9), outlining the profile of an addictive disorder in relation to social networks.

No statistically significant difference was identified considering sex. But, unlike the gender variable, segmentation by residential area revealed clear, statistically validated distinctions ($t(135) = 2.44, p = 0.016$). Specifically, there was a greater presence of high-risk use among respondents from rural areas. They reported significant symptomatology, with an average of 3.22 ± 2.49 compared to people residing in urban areas ($M = 2.23 \pm 2.24$).

3.3.4. The Body Appreciation Scale-2 (BAS-2)

The Body Appreciation Scale-2 (BAS-2) was used to assess positive attitude, respect and acceptance of one's own body. The scale demonstrated excellent internal consistency (Cronbach's $\alpha = 0.95$). Descriptive statistical analysis identified a mean score of $M = 36.40 \pm 8.50$, indicating a generally moderate-to-high level of body appreciation across the sample.

No significant statistical difference was identified between men and women. In what concerns the environment, we identified that participants from urban areas showed a significantly higher level of respect and acceptance ($t(135) = 2.24, p = 0.027$) of their own body ($M = 37.79 \pm 7.80$) compared to participants from rural areas ($M = 34.56 \pm 9.08$). Higher scores identified in urban areas reflect a better ability to reject unrealistic media standards of beauty and a focus on the unique features of one's own body.

3.3.5. Dutch Eating Behavior Questionnaire (DEBQ)

To assess eating patterns and psychological mechanisms associated with food consumption, the Dutch Eating Behavior Questionnaire (DEBQ) was used. The instrument showed excellent overall reliability (Cronbach's $\alpha = 0.95$). For the entire sample ($N = 137$), the total DEBQ scores ranged from a minimum of 36.00 to a maximum of 159.00, registering an overall mean of $M = 92.80 \pm 24.64$.

This multidimensional scale allowed the extraction of three distinct indicators:

- **Restrained Eating (10 items):** Measures the tendency to consciously restrict food intake to lose or maintain weight— $M = 26.09 \pm 9.54$. The sample registered $M = 26.09 \pm 9.54$ ($\alpha = 0.93$), indicating a moderate level of deliberate dietary restriction among participants.
- **Emotional Eating (13 items):** Assesses eating in response to internal emotional states like stress, anger, or boredom. The mean score was $M = 35.22 \pm 14.84$ ($\alpha = 0.97$), showing a notable tendency within the group to use food as a coping mechanism for affective distress.
- **External Eating (10 items):** Evaluates eating triggered by environmental cues, such as the sight or smell of food, regardless of actual hunger. The registered score was $M = 31.48 \pm 7.17$ ($\alpha = 0.85$), suggesting an elevated susceptibility to external food stimuli.

No significant difference was identified considering urban/rural environment. In what concerns the sex variable, the comparative analysis showed that significant differences were identified among men and women, regarding the emotional eating subscale of the DEBQ ($t(135) = -2.28$, $p = 0.024$). Female participants obtained significantly higher scores ($M = 36.92 \pm 14.95$) compared to males ($M = 30.44 \pm 13.57$). A high mean score on this subscale shows a tendency to use food consumption as a method of soothing negative affective states, such as stress, anger or boredom. At the same time, statistically significant differences were observed between the sexes at the level of external eating ($t(135) = -3.32$, $p = 0.001$), women scoring higher ($M = 32.65 \pm 6.51$) than men ($M = 28.19 \pm 7.96$). A high score on external eating indicates a high susceptibility to environmental stimuli, such as the appearance or smell of food.

3.4. Correlation Analysis

Correlation analysis between the psychological tools revealed the following results:

- A positive and moderate correlation was identified between health behaviors (HBS) and body appreciation (BAS-2) ($r = 0.44$, $p < 0.001$). This result suggests that people who adopt preventive actions and healthy lifestyle habits also tend to show a higher level of respect and acceptance of their own body.
- Health behaviors (HBS) correlated negatively and significantly with social media disorder (SMD) ($r = -0.37$, $p < 0.001$) and social media addiction (BSMAS) ($r = -0.30$, $p < 0.001$), meaning that higher engagement in health-promoting behaviors is associated with lower levels of problematic social media use.
- HBS showed a weak negative correlation with the external eating subscale of the DEBQ ($r = -0.25$, $p = 0.004$), indicating that a healthier routine is slightly associated with lower sensitivity to external food cues.
- The two scales measuring problematic social media use (BSMAS and SMD) correlated positively and strongly with each other ($r = 0.62$, $p < 0.001$).
- Body appreciation (BAS-2) showed significant negative correlations with social media disorder (SMD) ($r = -0.42$, $p < 0.001$) and social media addiction (BSMAS) ($r = -0.32$, $p < 0.001$), indicating that higher problematic social media use is associated with lower body appreciation.

- Social media addiction (BSMAS) was positively associated with the emotional eating subscale of the DEBQ ($r = 0.52, p < 0.001$), suggesting that higher compulsive social media use is linked to a tendency to use food to regulate negative emotions.
- BSMAS also correlated positively with external eating ($r = 0.38, p < 0.001$) and restrictive eating ($r = 0.23, p = 0.007$), indicating that higher levels of social media addiction are associated with both increased responsiveness to food cues and restrictive eating patterns.
- Significant positive associations were found between social media disorder (SMD), emotional eating ($r = 0.28, p = 0.001$) and external eating ($r = 0.21, p = 0.015$). A weaker but still significant association was also found with restrictive eating ($r = 0.19, p = 0.026$). This suggests that higher levels of problematic social media use are linked to more dysfunctional eating behaviors.
- Body appreciation (BAS-2) was negatively correlated with emotional eating ($r = -0.38, p < 0.001$) and restrictive eating ($r = -0.33, p < 0.001$), indicating that higher body appreciation is associated with lower maladaptive eating patterns.
- Emotional eating was positively correlated with external eating ($r = 0.51, p < 0.001$) and restrictive eating ($r = 0.43, p < 0.001$), suggesting that these dysfunctional eating behaviors tend to co-occur.
- The perception of sufficient sleep correlated positively and moderately with HBS ($r = 0.49, p < 0.001$) and BAS-2 ($r = 0.43, p < 0.001$), while correlating negatively with SMD ($r = -0.28, p = 0.001$). Additionally, sleep satisfaction was positively associated with weight satisfaction ($r = 0.31, p < 0.001$) and effective stress management ($r = 0.45, p < 0.001$).
- Satisfaction with one's weight in relation to overall health was positively correlated with BAS-2 ($r = 0.36, p < 0.001$) and negatively associated with Restrained Eating (DEBQ) ($r = -0.26, p = 0.002$) and Emotional Eating (DEBQ) ($r = -0.25, p = 0.003$).
- Self-rated capacity for stress management showed significant positive correlations with HBS ($r = 0.38, p < 0.001$) and BAS-2 ($r = 0.47, p < 0.001$). Furthermore, effective stress management correlated negatively with BSMAS ($r = -0.17, p = 0.046$) and SMD ($r = -0.17, p = 0.044$).
- Body dissatisfaction was negatively correlated with BAS-2 ($r = -0.33, p < 0.001$) and positively associated with Restrained Eating (DEBQ) ($r = 0.27, p = 0.001$) and Emotional Eating (DEBQ) ($r = 0.18, p = 0.031$).

More detailed results are presented in Table 4.

Table 4. Correlation analysis—psychological tools

		Diet and Mental Health (HBS)	Individual Healthy Behaviours (HBS)	Unhealthy Behaviours (HBS)	Physical Activity (HBS)	HBS	BSMAS	SMD	BAS-2	Restrained Eating (DEBQ)	Emotional Eating (DEBQ)	External Eating (DEBQ)
Diet and Mental Health (HBS)	Pearson r.	1	0.665 **	0.440 **	0.654 **	0.868 **	-0.258 **	-0.343 **	0.400 **	-0.022	-0.149	-0.205 *
	Sig. (2-tailed)		0.000	0.000	0.000	0.000	0.002	0.000	0.000	0.800	0.082	0.016
Individual Healthy Behaviours (HBS)	Pearson r.	0.665 **	1	0.328 **	0.508 **	0.798 **	-0.225 **	-0.294 **	0.525 **	-0.137	-0.158	-0.152
	Sig. (2-tailed)	0.000		0.000	0.000	0.000	0.008	0.000	0.000	0.109	0.065	0.076
Unhealthy Behaviours (HBS)	Pearson r.	0.440 **	0.328 **	1	0.302 **	0.591 **	-0.044	-0.032	0.083	0.230 **	-0.062	-0.193 *
	Sig. (2-tailed)	0.000	0.000		0.000	0.000	0.608	0.709	0.335	0.007	0.473	0.024
Physical Activity (HBS)	Pearson r.	0.654 **	0.508 **	0.302 **	1	0.655 **	-0.197 *	-0.350 **	0.270 **	-0.022	-0.211 *	-0.133
	Sig. (2-tailed)	0.000	0.000	0.000		0.000	0.021	0.000	0.001	0.795	0.013	0.120
HBS	Pearson r.	0.868 **	0.798 **	0.591 **	0.655 **	1	-0.295 **	-0.367 **	0.435 **	-0.005	-0.165	-0.245 **
	Sig. (2-tailed)	0.000	0.000	0.000	0.000		0.000	0.000	0.000	0.955	0.054	0.004

BSMAS	Pearson r.	−0.258 **	−0.225 **	−0.044	−0.197*	−0.295 **	1	0.621 **	−0.322 **	0.231 **	0.516 **	0.379 **
	Sig. (2-tailed)	0.002	0.008	0.608	0.021	0.000		0.000	0.000	0.007	0.000	0.000
SMD	Pearson r.	−0.343 **	−0.294 **	−0.032	−0.350 **	−0.367 **	0.621 **	1	−0.415 **	0.190*	0.284 **	0.208 *
	Sig. (2-tailed)	0.000	0.000	0.709	0.000	0.000	0.000		0.000	0.026	0.001	0.015
BAS-2	Pearson r.	0.400 **	0.525 **	0.083	0.270 **	0.435 **	−0.322 **	−0.415 **	1	−0.333 **	−0.384 **	−0.052
	Sig. (2-tailed)	0.000	0.000	0.335	0.001	0.000	0.000	0.000		0.000	0.000	0.544
Restrained Eating (DEBQ)	Pearson r.	−0.022	−0.137	0.230 **	−0.022	−0.005	0.231 **	0.190*	−0.333 **	1	0.427 **	0.107
	Sig. (2-tailed)	0.800	0.109	0.007	0.795	0.955	0.007	0.026	0.000		0.000	0.211
Emotional Eating (DEBQ)	Pearson r.	−0.149	−0.158	−0.062	−0.211 *	−0.165	0.516 **	0.284 **	−0.384 **	0.427 **	1	0.511 **
	Sig. (2-tailed)	0.082	0.065	0.473	0.013	0.054	0.000	0.001	0.000	0.000		0.000
External Eating (DEBQ)	Pearson r.	−0.205 *	−0.152	−0.193*	−0.133	−0.245 **	0.379 **	0.208 *	−0.052	0.107	0.511 **	1
	Sig. (2-tailed)	0.016	0.076	0.024	0.120	0.004	0.000	0.015	0.544	0.211	0.000	

Note: ** Correlation is significant at the 0.01 level (2-tailed). * Correlation is significant at the 0.05 level (2-tailed).

3.5. Comparative Analysis

To test H 1 (Gender Disparities) and H 2 (Residential Disparities), a series of comparative analyses were performed. The independent samples t-test revealed the existence of significant differences between participants based on the age of first smartphone acquisition in terms of external eating behavior ($t(135) = 2.24, p = 0.027$), with individuals who received their first smartphone before the age of 13 exhibiting significantly higher scores on External Eating (DEBQ) ($M = 32.35 \pm 7.04$) compared to those who received it after the age of 13 ($M = 29.38 \pm 7.14$).

Individuals who reported comparing themselves to others while using social media showed significantly higher levels of dysfunctional eating behaviors, including Restrained Eating (DEBQ) ($t(135) = 3.68, p < 0.001$), Emotional Eating (DEBQ) ($t(135) = 3.54, p = 0.001$), and overall dysfunctional eating patterns (Unhealthy Behaviours (HBS)) ($t(135) = -2.83, p = 0.005$). Specifically, the comparison group reported higher Restrained Eating scores ($M = 28.48 \pm 9.81$ vs. $M = 22.64 \pm 8.03$), Emotional Eating ($M = 38.80 \pm 14.43$ vs. $M = 30.04 \pm 13.98$), and External Eating ($M = 32.47 \pm 6.56$ vs. $M = 30.05 \pm 7.81$). In addition, this group reported significantly higher levels of social media addiction (BSMAS) ($M = 17.79 \pm 4.47$ vs. $M = 14.23 \pm 4.87$; $t(135) = 4.42, p < 0.001$) and social media disorder symptoms (SMD) ($M = 3.12 \pm 2.45$ vs. $M = 1.98 \pm 2.15$; $t(135) = 2.82, p = 0.006$).

In contrast, participants who did not engage in social comparison showed significantly higher body appreciation (BAS-2) ($M = 39.89 \pm 7.30$ vs. $M = 33.99 \pm 8.47$; $t(135) = -4.24, p < 0.001$), as well as higher scores on healthy behavioral patterns measured by the Health Behaviour Scale (HBS) ($M = 25.79 \pm 6.51$ vs. $M = 22.56 \pm 6.42$; $t(135) = -2.88, p = 0.005$). Furthermore, adaptive eating regulation (Individual Healthy Behaviours (HBS)) was significantly higher in the non-comparison group ($t(135) = -3.22, p = 0.002$).

Significant differences were also observed based on whether participants reported feeling worse about their body after exposure to appearance-focused images on social media. Those who experienced a negative emotional impact demonstrated significantly lower body appreciation (BAS-2) ($M = 31.65 \pm 8.19$ vs. $M = 39.79 \pm 7.00$; $t(135) = -3.84, p < 0.001$), lower Health Behaviour Scale (HBS) scores ($M = 22.30 \pm 6.34$ vs. $M = 25.00 \pm 6.64$; $t(135) = -3.01, p = 0.003$), and lower adaptive eating regulation (Individual Healthy Behaviours (HBS)) ($t(135) = -2.24, p = 0.027$). In addition, this group exhibited significantly higher levels of overall dysfunctional eating behavior (Unhealthy Behaviours (HBS)) ($t(135) = -2.52, p = 0.013$), alongside higher SMD ($M = 3.63 \pm 2.48$ vs. $M = 1.96 \pm 2.07$) and BSMAS scores ($M = 18.51 \pm 4.21$ vs. $M = 14.79 \pm 4.86$).

Further significant group differences emerged in relation to exposure to appearance-centered social media content. Participants exposed to such content reported significantly higher Restrained Eating (DEBQ) ($M = 29.57 \pm 9.98$ vs. $M = 23.30 \pm 8.22$; $t(135) = 4.03, p <$

0.001), Emotional Eating (DEBQ) ($M = 38.77 \pm 15.38$ vs. $M = 32.37 \pm 13.84$; $t(135) = 2.56$, $p = 0.012$), and External Eating (DEBQ) ($M = 33.49 \pm 7.05$ vs. $M = 29.87 \pm 6.89$; $t(135) = 3.03$, $p = 0.003$). They also exhibited higher social media addiction (BSMAS) ($M = 17.66 \pm 5.03$ vs. $M = 15.28 \pm 4.64$; $t(135) = 2.88$, $p = 0.005$) and social media disorder symptoms (SMD) ($M = 3.10 \pm 2.63$ vs. $M = 2.30 \pm 2.14$; $t(135) = 1.96$, $p = 0.052$). In contrast, this group showed lower body appreciation (BAS-2) ($M = 35.10 \pm 8.74$ vs. $M = 37.45 \pm 8.21$; $t(135) = -1.62$, $p = 0.108$) and lower HBS scores ($M = 23.21 \pm 5.98$ vs. $M = 24.41 \pm 7.10$; $t(135) = -3.01$, $p = 0.003$), alongside lower adaptive eating regulation (Individual Healthy Behaviours (HBS)) ($t(135) = -3.01$, $p = 0.003$) and higher overall dysfunctional eating patterns (Unhealthy Behaviours (HBS)) ($t(135) = -2.20$, $p = 0.029$).

Individuals who reported that social media decreases their confidence in their own body endorsed this perception showed significantly higher Restrained Eating (DEBQ) ($t(135) = 4.38$, $p < 0.001$) and Emotional Eating (DEBQ) ($t(135) = 3.13$, $p = 0.002$). In addition, this group reported higher SMD ($M = 3.63 \pm 2.48$) and BSMAS ($M = 18.51 \pm 4.21$). In contrast, participants who did not report reduced body confidence showed significantly higher body appreciation (BAS-2) ($M = 39.79 \pm 7.00$), as well as higher HBS scores ($M = 25.00 \pm 6.64$; $t(135) = -2.39$, $p = 0.018$). Furthermore, adaptive eating regulation (Individual Healthy Behaviours (HBS)) was higher in the non-affected group ($t(135) = -3.22$, $p = 0.002$), alongside lower overall dysfunctional eating patterns (Unhealthy Behaviours (HBS)) ($t(135) = -2.02$, $p = 0.046$).

Regarding screen time exposure, time spent on social media during the weekend yielded significant main effects on social media addiction (BSMAS) ($F(3, 133) = 10.55$, $p < 0.001$) and social media disorder symptoms (SMD) ($F(3, 133) = 7.25$, $p < 0.001$). Post hoc analyses indicated that respondents spending more than 5 h on weekends reported significantly higher BSMAS scores ($M = 18.57$) compared to those spending 1–3 h ($M = 13.52$, $p < 0.001$) and those spending less than 1 h ($M = 10.80$, $p = 0.002$). A similar pattern emerged for the 3–5 h group ($M = 16.81$), which scored significantly higher than the 1–3 h ($p = 0.006$) and less than 1-h ($p = 0.025$) groups. For SMD, symptomatology was significantly more elevated for both the >5 h ($M = 3.10$, $p = 0.005$) and 3–5 h ($M = 3.28$, $p = 0.001$) categories when compared to the 1–3 h group ($M = 1.33$).

Regarding eating behaviors, significant group differences were identified for overall disordered eating (total DEBQ) ($F(3, 133) = 8.60$, $p < 0.001$), Emotional Eating ($F(3, 133) = 8.24$, $p < 0.001$), Restrained Eating ($F(3, 133) = 2.71$, $p = 0.048$), and External Eating ($F(3, 133) = 3.33$, $p = 0.022$). Specifically, total DEBQ scores were significantly higher for participants engaging with social media for >5 h ($M = 100.19$) and 3–5 h ($M = 97.36$) compared to the 1–3 h group ($M = 75.45$, $p < 0.001$ for both comparisons). This was mirrored in Emotional Eating, where the >5 h ($M = 39.57$) and 3–5 h ($M = 38.05$) groups exhibited significantly higher scores than the 1–3 h group ($M = 25.03$, $p < 0.001$). Additionally, the >5 h group displayed significantly higher Restrained Eating than the 1–3 h group ($M = 28.36$ vs. $M = 22.27$, $p = 0.030$), while the 3–5 h group showed significantly higher External Eating compared to the 1–3 h group ($M = 32.70$ vs. $M = 28.15$, $p = 0.018$).

Conversely, prolonged weekend screen time was associated with a significant reduction in protective factors. Main effects were observed for body appreciation (BAS-2) ($F(3, 133) = 4.30$, $p = 0.006$) and general health behaviors (HBS) ($F(3, 133) = 5.31$, $p = 0.002$). Body appreciation was significantly lower among users in the >5 h ($M = 34.19$, $p = 0.011$) and 3–5 h ($M = 35.39$, $p = 0.040$) categories compared to the 1–3 h group ($M = 40.21$). Similarly, participants spending >5 h reported significantly lower scores for healthy behaviors compared to the 1–3 h group ($M = 21.81$ vs. $M = 26.36$, $p = 0.013$).

In contrast, the analysis of screen time during the week revealed a significant main effect exclusively for social media addiction (BSMAS) ($F(2, 134) = 9.03$, $p < 0.001$). Post hoc comparisons confirmed that weekday usage exceeding 5 h ($M = 18.42$) and usage ranging

between 3–5 h ($M = 16.90$) were associated with significantly higher BSMAS scores compared to 1–3 h of usage ($M = 14.07$, $p < 0.001$ and $p = 0.007$, respectively). No other statistically significant differences emerged regarding eating behaviors, body appreciation, or general health behaviors based on weekday exposure ($p > 0.05$).

3.6. Mediation Analysis

To evaluate H3 (Partial Mediation on Emotional Eating) and H4 (Full Mediation on Restrained Eating), simple mediation analyses were executed using the PROCESS macro (Model 4) developed by Andrew F. Hayes. First, we investigated whether body appreciation (BAS-2) mediates the relationship between social media addiction (BSMAS) and Emotional Eating (DEBQ). The results presented in Figure 1 indicated that social media addiction was inversely related to body appreciation ($b = -0.55$, $p < 0.001$). Furthermore, body appreciation significantly and negatively associated with emotional eating ($b = -0.42$, $p = 0.001$). After controlling for the mediator, social media addiction retained a significant direct positive connection with emotional eating ($b = 1.31$, $p < 0.001$). The indirect association of social media addiction on emotional eating through body appreciation was statistically significant (Effect = 0.23, 95% CI [0.07, 0.43]), as the 5000-sample bootstrap confidence interval did not include zero. These findings support a partial mediation model, suggesting that increased social media addiction is associated with higher emotional eating both directly and indirectly, in connection with lower body appreciation.

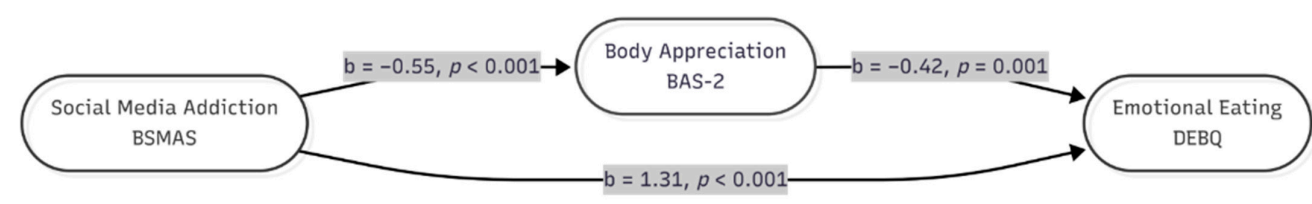


Figure 1. Partial mediation model of Body Appreciation on the relationship between Social Media Addiction and Emotional Eating. Indirect Effect = 0.23, 95% CI [0.07, 0.43].

Similarly, a second simple mediation analysis (see Figure 2) was conducted to investigate whether body appreciation (BAS-2) mediates the relationship between social media addiction (BSMAS) and Restrained Eating (DEBQ). In this model, body appreciation was again negatively tied to social media addiction ($b = -0.55$, $p < 0.001$) and was inversely associated with restrained eating ($b = -0.32$, $p = 0.001$). Notably, upon introducing the mediator, the direct relationship between social media addiction and restrained eating became non-significant ($b = 0.27$, $p = 0.107$). However, the indirect effect of social media addiction on restrained eating through body appreciation was statistically significant (Effect = 0.18, 95% CI [0.05, 0.35]), as the bootstrap confidence interval did not include zero. These findings support a full mediation framework, indicating that social media addiction does not show a direct relationship with restrictive eating behaviors; instead, its association with restrained eating is entirely accounted for by the variance in the user's level of body appreciation.

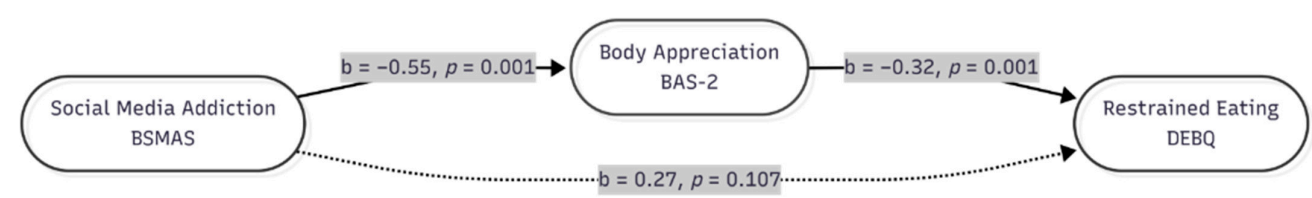


Figure 2. Full mediation model of Body Appreciation on the relationship between Social Media Addiction and Restrained Eating. Indirect Effect = 0.18, 95% CI [0.05, 0.35].

Conversely, a third mediation model testing External Eating (DEBQ) as the outcome variable revealed a different mechanism. While social media addiction maintained a strong, significant connection with external eating ($b = 0.59, p < 0.001$), body appreciation did not show a meaningful relationship with this specific behavioral outcome ($b = 0.07, p = 0.357$). Consequently, the indirect effect was not statistically significant (95% CI $[-0.12, 0.05]$). This demonstrates that social media addiction and external eating share a direct correlation (likely through constant exposure to visual food cues), independent of the user's body image self-evaluation.

4. Discussion

The research aimed to identify the consumption of social media platforms and their impact on health, among young people with a high level of education in Romania. Compared to other groups of young people (unemployed, working, etc.), young people who study are involved in school-related activities; they attend classes, carry out practical activities, have tasks related to learning and assessment, all of which require time and distance from using the smartphone. For a better structuring of the results, the research included students from different specializations, precisely to eliminate the risk that some faculties offer a more relaxed program or a personalized, individual way of structuring the allocated study time (for example, medical faculties have weekly assessments while other types of faculties have assessments only during the annual exam session periods).

Our study showed that more than 70% of students declared that they had their first smartphone before the age of 12. Age differences are a critical element in understanding how social media influences body perception and satisfaction. Early adolescence, around the age of 13–14, marks a sharp increase in body dissatisfaction and a greater predisposition towards social comparisons, as identity development and sensitivity to external evaluation are intensified at this stage [37].

Prolonged exposure to digital content can act as an amplifying factor during a period of psychological vulnerability, leading to the internalization of idealized body standards [12,42].

The analysis of answers revealed that more than 65% of students had screentime higher than 3 h per day during the weekdays, with a small increase during the weekends. Our results are similar to those identified by scientific literature. Young people aged 15–24 spend an average of 4–6 h per day on social media platforms, which correlates with a decrease in body satisfaction and an increase in unbalanced eating behaviors [65]. Recent research indicates that the risk of developing eating disorders peaks between the ages of 15 and 30, a period in which social pressures combine with the formation of adult identity [23].

Gender differences are clearly visible in what concerns the use of social media, and the impact on health. Our study showed that women scored higher than men in emotional eating (food consumption in response to negative emotions), and external eating (response to food stimuli in the environment, independent of hunger). Similar findings have been identified in another research. Girls and women show higher levels of body dissatisfaction, a phenomenon that is correlated with the internalization of the thin body ideal, accentuated by perfectly aestheticized images on social media [66,67]. These ideals lead to an increased likelihood of adopting restrictive diets and to an increased sensitivity to visual social comparisons [67,68].

Our study identified that the environment has an important impact on Social Media Disorder Scale (SMDS), where there was a greater presence of high-risk use criteria among

respondents from rural areas. Also, respondents from rural areas showed a significantly lower level of respect and acceptance of their own body compared to participants from urban areas, when analyzing the results for Body Appreciation Scale-2 (BAS-2).

Platforms focused on visual content are associated with the most intense effects on body image. Instagram allows users to use filters and editing options, which reinforces the representation of unrealistic standards of physical appearance [69,70]. Studies show that increased time spent on Instagram correlates with body dissatisfaction, desire to lose weight, and decreased self-esteem [70,71]. This effect is amplified by the platform's algorithms, which recommend content like the user's preferences, repeatedly exposing them to difficult-to-achieve body ideals [14].

TikTok, through its fast-paced and viral video format, favors the consumption of body and diet focused content, including pro-diet trends. Experimental studies have shown that viewing pro-anorexia material immediately reduces body satisfaction among young people. Furthermore, repeated exposure to videos about rapid weight loss is associated with disordered eating tendencies [72].

Snapchat is differentiated by its aesthetic filters, which immediately modify facial and body features, being associated with a higher incidence of dysmorphic symptoms [73]. This phenomenon, known in recent literature as Snapchat dysmorphia, leads young people to aspire to an edited version of their own body, in some cases requesting cosmetic interventions to replicate the filtered image [73,74].

Facebook and YouTube, although not as focused exclusively on body image, have notable effects on social comparison. Facebook has long been considered an important platform for analyzing social feeds and staying connected with one's network of friends, contributing to decreased physical satisfaction [10,22]. YouTube offers quick access to content about fitness, dieting, and lifestyle, exposing young people to persuasive messages that can promote the adoption of extreme diets [10,23]. Overall, heavy social media use increases unhealthy eating behaviors, decreases body image satisfaction, and may contribute to anxiety and depression, particularly among adolescents and young women [10,12]. Educational programs focused on media literacy and promoting body diversity have been shown to reduce these effects [75]. Digital body positivity campaigns have the potential to reshape idealized perceptions and increase body acceptance [29].

Social media platforms, especially Instagram and Facebook, often feature digitally altered images, reinforcing unrealistic standards of beauty. This creates psychological pressure to evaluate personal and social success based on physical appearance [23,76]. Studies show that girls are particularly affected, which can lead to practices such as strict dieting and compulsive exercise, amplifying dissatisfaction with their own bodies [23,77]. However, the influence of social media is not limited to women, as men are also exposed to idealized body images.

The use of social networks stimulates social comparison, especially in subjects with low self-esteem. We identified that participants who did not engage in social comparison showed significantly higher body appreciation and higher scores on healthy behaviors. We found that participants exposed to appearance-centered social media content reported significantly higher Restrained Eating, Emotional Eating, and External Eating and exhibited higher social media addiction and social media disorder symptoms.

The results of the present study showed that time spent on social media has a negative impact on health-related behaviors and body image appreciation and the statistical analysis consistently proved it. Participants with a higher number of screentime hours showed significantly higher External Eating compared to those spending less than 3 h/day. Also, we found that prolonged weekend screen time was associated with a significant reduction in protective factors. Body appreciation was significantly lower among users in the >5 h and lower scores for healthy behaviors were registered for this category

of students. The scientific literature showed similar results, but some other different results must not be neglected. Firstly, decreasing screentime among young people proved to have a positive impact on their physical and mental health, and social media detoxification improved mental health, sleep quality, academic performance and reduced addiction scores [78,79]. Secondly, the results of Latsi et al. [80] suggested that quality of engagement and individual characteristics are more informative than total screentime. Also, the research team identified that balanced interpretation is needed: social media can be both harmful and beneficial and the impact depends on the quality, purpose, and context of use. Toth et al. [81] identified that rather than screen time alone, digital content quality is associated with beneficial impact on respondents (such as linguistic or pragmatic development).

One of the research hypotheses of this study was to investigate the mechanism by which social media addiction influences emotional eating, analyzing the mediating role of body image appreciation, among educated young people. The results obtained confirm the formulated hypothesis and validate a partial mediation model, indicating the existence of both direct and indirect routes of influence.

First, social media addiction exerts a significant negative influence on body image appreciation. This result can be explained by the fact that social media promotes an ideal of beauty, idealizes a body image model and uses digitally modified images. Users compare their body image with the beauty ideals promoted by social media, evaluating their body as not corresponding to the promoted perfect body model, which leads to a decrease in body appreciation.

The research highlights a significant inverse association between body appreciation and emotional eating, highlighting the protective effect of positive body image. Thus, if the person has high self-esteem and appreciates their body, they tend to develop adaptive mechanisms for emotional self-regulation. We can conclude that part of the impact of social media addiction on dysfunctional eating behavior is mediated by the deterioration of self-image. It is important to note, both for interventions in clinical and psychological contexts, that the research identifies partial mediation. This means that social media addiction also activates other mechanisms that are different from body image. Some examples could be sleeping disorders caused by screen use or fatigue, tutorials or images of food, which cause psychological hunger. Also, the use of social media causes social isolation that can lead the person to use food as a reward.

We also presented the full mediation model of Body Appreciation on the relationship between Social Media Addiction and Restrained Eating. This proves that exposure to or addiction to social media does not automatically lead to restrained eating (starvation or restrictive diets). For this restrictive behavior to be triggered, social media must first affect a deep cognitive-affective structure: body image appreciation. When the level of body appreciation decreases, body dissatisfaction appears. Therefore, the young person wants to reduce the discrepancy between the real body and the ideal one promoted online, resorting to behavioral compensation mechanisms such as restrained eating. This is adopted as a direct (but dysfunctional) strategy for weight control and managing the emotional distress generated by the negative self-image. Social media addiction does not directly lead to food restrictions. This behavior only occurs if social media use first manages to destroy a person's appreciation of their own body.

These results demonstrate that clinical and psychotherapeutic interventions should aim not only to reduce social media use but also to build confidence in their own body.

4.1. Strengths and Limitations of the Study

First, the study uses a consistent number of psychometric instruments and presents comparative and correlational data that can be useful both for young people who use so-

cial networks and for health and education policy makers who can intervene in reducing addiction and its negative effects on physical and mental health. Second, the data obtained complement the specialized literature by unifying the results related to prolonged phone use, the impact on body image, eating disorders, satisfaction with one's own person and health behaviors.

Among the limitations of the study, we mention the fact that the respondents are only participants with higher education, which would limit the interpretation of the data regarding the studied age category, namely young people. We believe that the respondents, being students, also use the phone or social networks for school-related activities and if the research were extended to respondents from the same age but who work or are not involved in school activities, the results could be different. The second limitation is due to the unbalanced number of male/female respondents. This disparity limits the generalizability of our findings to the broader population and restricts the statistical power necessary to perform robust sex-based comparisons. Because participants were recruited through non-probability snowball sampling, the results may suffer from selection bias and may not fully represent the population at large.

4.2. Reflections and Planning

The research provides important results for clinicians, parents, educators and can be a starting point in the establishment of intervention programs. One of the examples is given by the results related to the age at which they used a mobile phone and the background of the participants, therefore sociodemographic aspects can be at the origin of early intervention programs to diminish addiction or implementation in rural areas. Also, if we think strictly about the status of the participants, that of being a university student, we expect that the university network of colleagues will be extensive and active. However, the duration of phone and social media use during the weekend is correlated with a negative impact on health, meaning that the participants in the study, although they are active from an educational and social point of view during the week, are not as involved during the weekend in other types of recreational activities or face-to-face socializing.

5. Conclusions

The current research highlights the frequently adverse impact of social media consumption on the physical and mental well-being of highly educated young adults in Romania. Early smartphone acquisition and prolonged screen time, particularly during weekends, are directly correlated with an increased incidence of disordered eating behaviors, such as emotional and external eating, alongside diminished body appreciation and exacerbated symptoms of digital addiction. Furthermore, the study identifies specific demographic vulnerabilities: the psychological toll varies significantly by gender, manifesting as the internalization of the thin ideal among women while residential background also plays a crucial role, with rural youth exhibiting a higher susceptibility to problematic social media use and body dissatisfaction. Given that social comparison mediated by visually driven platforms acts as a central catalyst for these outcomes, it is evident that merely restricting screen time is insufficient; the quality, context, and purpose of the consumed content are equally critical. Consequently, these findings underscore the urgent need for early intervention and media literacy programs designed to promote body diversity, foster critical engagement with digital environments, and encourage offline recreational activities, all of which are essential for restoring a healthy emotional and digital equilibrium.

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References

1. Eurostat. Daily Internet Use by Age Group. European Commission. 2024. Available online: <https://ec.europa.eu/eurostat/web/products-eurostat-news/w/DDN-20240216-1> (accessed on 10 February 2026).
2. Eurostat. Social Media Usage Statistics in the EU. European Commission. 2023. Available online: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Social_media_statistics_on_the_use_by_individuals (accessed on 15 February 2026).
3. Livingstone, S.; Olafsson, K.; Helsper, E.; Lupiáñez-Villanueva, F.; Veltri, G.; Folkvord, F. EU Kids Online 2020: Survey Results from 19 Countries. EU Kids Online Network. 2020. Available online: <https://www.lse.ac.uk/media-and-communications/research/research-projects/eu-kids-online> (accessed on 1 April 2026).
4. UNICEF. Children’s Digital Lives: Growing up Connected. UNICEF Office of Research. 2021. Available online: <https://www.unicef.org/globalinsight/reports/childrens-digital-lives> (accessed on 25 April 2026).
5. Ofcom. Children and Parents: Media Use and Attitudes Report 2023. 2023. Available online: <https://www.ofcom.org.uk/media-use-and-attitudes/media-habits-children/children-and-parents-media-use-and-attitudes-report-2023> (accessed on 15 March 2026).
6. Kemp, S. Digital 2025: Global Overview Report. Datareportal 2025. Available online: <https://datareportal.com/reports/digital-2025-global-overview-report>. (accessed on 5 March 2026).
7. Dixon, S.J. *Most Popular Social Networks Worldwide as of April 2024, by Number of Active Monthly Users*; Statista: Hamburg, Germany, 2024. Available online: <https://www.statista.com/statistics/272014/global-social-networks-ranked-by-number-of-users/#statisticContainer> (accessed on 1 February 2026).
8. Schønning, V.; Hjetland, G.J.; Aarø, L.E.; Skogen, J.C. Social media use and mental health and well-being among adolescents—A scoping review. *Front. Psychol.* **2020**, *11*, 1949. <https://doi.org/10.3389/fpsyg.2020.01949>.
9. Barry, C.T.; Sidoti, C.L.; Briggs, S.M.; Reiter, S.R.; Lindsey, R.A. Adolescent social media use and mental health from adolescent and parent perspectives. *J. Adolesc.* **2017**, *61*, 1–11.
10. Dane, A.; Bhatia, K. A scoping review to investigate the association between social media, body image and eating disorders amongst young people. *PLoS Glob. Public Health* **2023**, *3*, e0001091.
11. Fardouly, J.; Willburger, B.K.; Vartanian, L.R. Instagram use and young women’s body image concerns and self-objectification: Testing mediational pathways. *New Media Soc.* **2018**, *20*, 1380–1395.
12. Fardouly, J.; Vartanian, L.R. Social media and body image concerns: Current research and future directions. *Curr. Opin. Psychol.* **2016**, *9*, 1–5. <https://doi.org/10.1016/j.copsyc.2015.09.005>.
13. Choukas-Bradley, S.; Roberts, S.R.; Maheux, A.J.; Nesi, J. The perfect storm: A developmental-sociocultural framework for the role of social media in adolescent girls’ body image concerns and mental health. *Clin. Child Fam. Psychol. Rev.* **2022**, *25*, 681–701.
14. Harriger, J.A.; Thompson, J.K.; Tiggemann, M. TikTok, TikTok, the time is now: Future directions in social media and body image. *Body Image* **2023**, *44*, 222–226.
15. Hazzard, V.M.; Hooper, L.; Larson, N.; Loth, K.A.; Wall, M.M.; Neumark-Sztainer, D. Associations between severe food insecurity and disordered eating behaviors from adolescence to young adulthood: Findings from a 10-year longitudinal study. *Prev. Med.* **2022**, *154*, 106895.

16. Kemp, S. Digital 2023 April Global Statshot Report. DataReportal 2023. Available online: <https://datareportal.com/reports/digital-2023-april-global-statshot>. (accessed on 5 March 2026).
17. Braghieri, L.; Levy, R.; Makarin, A. Social media and mental health. *Am. Econ. Rev.* **2022**, *112*, 3660–3693. <https://doi.org/10.1257/aer.20211218>.
18. Vandenbosch, L.; Fardouly, J.; Tiggemann, M. Social media and body image: Recent trends and future directions. *Curr. Opin. Psychol.* **2021**, *45*, 101289. <https://doi.org/10.1016/j.copsyc.2021.12.002>.
19. Slater, A.; Tiggemann, M.; Hawkins, K.; Werchon, D. Just one click: A content analysis of advertisements on teen web sites. *J. Adolesc. Health* **2011**, *50*, 339–345. <https://doi.org/10.1016/j.jadohealth.2011.08.003>.
20. McComb, S.E.; Mills, J.S. The effect of physical appearance perfectionism and social comparison to thin-, slim-thick-, and fit-ideal Instagram imagery on young women’s body image. *Body Image* **2022**, *40*, 165–175.
21. Tiggemann, M.; Miller, J. The Internet and adolescent girls’ weight satisfaction and drive for thinness. *Sex. Roles* **2010**, *63*, 79–90. <https://doi.org/10.1007/s11199-010-9789-z>.
22. Tiggemann, M.; Slater, A. NetGirls: The Internet, Facebook, and body image concern in adolescent girls. *Int. J. Eat. Disord.* **2013**, *46*, 630–633. <https://doi.org/10.1002/eat.22141>.
23. Holland, G.; Tiggemann, M. A systematic review of the impact of the use of social networking sites on body image and disordered eating outcomes. *Body Image* **2016**, *17*, 100–110.
24. Bair, C.E.; Kelly, N.R.; Serdar, K.L.; Mazzeo, S.E. Does the Internet function like magazines? An exploration of image-focused media, eating pathology, and body dissatisfaction. *Eat. Behav.* **2012**, *13*, 398–401. <https://doi.org/10.1016/j.eatbeh.2012.06.003>.
25. Cash, T.F. Body image: Past, present, and future. *Body Image* **2004**, *1*, 1–5.
26. Grogan, S. *Body Image: Understanding Body Dissatisfaction in Men, Women and Children*, 4th ed.; Routledge: Abingdon, VA, USA, 2021.
27. Stice, E. Risk and maintenance factors for eating pathology: A meta-analytic review. *Psychol. Bull.* **2002**, *128*, 825–848.
28. Tylka, T.L.; Piran, N. (Eds.) *Handbook of Positive Body Image and Embodiment: Constructs, Protective Factors, and Interventions*, 2nd ed.; Oxford University Press: Oxford, UK, 2020.
29. Cohen, R.; Newton-John, T.; Slater, A. The case for body positivity on social media: Perspectives on current advances and future directions. *J. Health Psychol.* **2020**, *26*, 2365–2373.
30. Tiggemann, M.; McCourt, A. Body appreciation in adult women: Relationships with age and body satisfaction. *Body Image* **2013**, *10*, 624–627.
31. Halliwell, E. Future directions for positive body image research. *Body Image* **2015**, *14*, 177–189.
32. Guest, E.; Costa, B.; Williamson, H.; Meyrick, J.; Halliwell, E.; Harcourt, D. The effectiveness of interventions aiming to promote positive body image in adults: A systematic review. *Body Image* **2022**, *36*, 10–25.
33. Stice, E.; Shaw, H.E. Role of body dissatisfaction in the onset and maintenance of eating pathology: A synthesis of research findings. *J. Psychosom. Res.* **2002**, *53*, 985–993.
34. Menzel, J.E.; Schaefer, L.M.; Burke, N.L.; Mayhew, L.L.; Brannick, M.T.; Thompson, J.K. Appearance-related teasing, body dissatisfaction, and disordered eating: A meta-analysis. *Body Image* **2010**, *7*, 261–270.
35. Homan, K.J.; Tylka, T.L. Development and exploration of the gratitude model of body appreciation in women. *Body Image* **2018**, *25*, 14–22.
36. Tylka, T.L.; Kroon Van Diest, A.M. The Intuitive Eating Scale-2: Item refinement and psychometric evaluation with college women and men. *J. Couns. Psychol.* **2013**, *60*, 137–153.
37. Linardon, J.; Messer, M.; Anderson, C.; Tylka, T.L. Positive body image, intuitive eating, and self-compassion protect against the onset of the core symptoms of eating disorders. *Int. J. Eat. Disord.* **2021**, *54*, 2003–2015.
38. Anton, S.D.; Perri, M.G.; Riley, J.R. Discrepancy between actual and ideal body images: Impact on eating and exercise behaviors. *Eat. Behav.* **2000**, *1*, 153–160.
39. Baceviciene, M.; Jankauskiene, R. Associations between body appreciation and disordered eating in a large sample of adolescents. *Nutrients* **2020**, *12*, 752.
40. Grogan, S. *Body Image: Understanding Body Dissatisfaction in Men, Women and Children*, 2nd ed.; Routledge: Abingdon, VA, USA, 2008.
41. Cash, T.F.; Szymanski, M.L. Body-image disturbance and self-discrepancy theory: Expansion of the Body-Image Ideals Questionnaire. *J. Soc. Clin. Psychol.* **1995**, *14*, 134–146.
42. Pila, E.; Gilchrist, J.D.; Kowalski, K.C.; Sabiston, C.M. Self-compassion and body dissatisfaction in women: A randomized controlled trial of a brief writing intervention. *Body Image* **2022**, *40*, 11–20.

43. Ata, R.N.; Ludden, A.B.; Lally, M.M. The effects of gender and family, friends, and media influences on eating behaviors and body image during adolescence. *J. Youth Adolesc.* **2007**, *36*, 1024–1037.
44. Tiggemann, M. Television and adolescent body image: The role of program content and viewing motivation. *J. Soc. Clin. Psychol.* **2005**, *24*, 193–213.
45. Swami, V.; Tran, U.S.; Barron, D.; Afhami, R.; Aimé, A.; Almenara, C.A.; Dal, N.A.; Amaral, A.C.S.; Andrianto, S.; Anjum, G.; et al. The Breast Size Satisfaction Survey (BSSS): Breast size dissatisfaction and its antecedents and outcomes in women from 40 nations. *Body Image* **2020**, *32*, 199–217.
46. Bearman, S.K.; Presnell, K.; Martinez, E. The skinny on body dissatisfaction: A longitudinal study of adolescent girls and boys. *J. Adolesc.* **2006**, *35*, 217–229.
47. Dohnt, H.K.; Tiggemann, M. Body image concerns in young girls: The role of peers and media prior to adolescence. *J. Youth Adolesc.* **2006**, *35*, 135–145.
48. Grabe, S.; Hyde, J.S. Ethnicity and body dissatisfaction among women in the United States: A meta-analysis. *Psychol. Bull.* **2006**, *132*, 622–640.
49. Daniels, E.A.; Zurbriggen, E.L.; Ward, L.M. Becoming an object: A review of self-objectification in girls. *Body Image* **2020**, *33*, 278–299.
50. Dittmar, H. How do “body perfect” ideals in the media have a negative impact on body image and behaviours? Factors and processes related to self and identity. *J. Soc. Clin. Psychol.* **2009**, *28*, 8. Available online: <https://guilfordjournals.com/doi/abs/10.1521/jscp.2009.28.1.1> (accessed on 15 March 2026).
51. Grabe, S.; Ward, L.; Hyde, J.S. The role of the media in body image concerns among women: A meta-analysis of experimental and correlational studies. *Psychol. Bull.* **2008**, *134*, 460–476. <https://doi.org/10.1037/0033-2909.134.3.460>.
52. Groesz, L.; Levine, M.; Murnen, S. The effect of experimental presentation of thin media images on body satisfaction: A meta-analytic review. *Int. J. Eat. Disord.* **2002**, *21*, 1–16. <https://doi.org/10.1002/eat.10005>.
53. Amiri, S.; Khan, M. Eating disorders and non-suicidal self-injury, suicidal ideation, and suicide attempts: A meta-analysis. *Eat. Weight Disord.* **2023**, *31*, 487–525.
54. Thompson, J.K.; Heinberg, L.; Altabe, M.; Tantleff-Dunn, S. *Exacting Beauty: Theory, Assessment, and Treatment of Body Image Disturbance*; American Psychological Association: Worcester, MA, USA, 1999.
55. Tiggemann, M. Sociocultural perspectives on human appearance and body image. In *Body Image: A Handbook of Science, Practice, and Prevention*; Cash, T., Smolak, L., Eds.; Guilford Press: New York, NY, USA, 2011; pp. 12–19.
56. Tiggemann, M.; Anderberg, I. Social media is not real: The effect of ‘Instagram vs reality’ images on women’s social comparison and body image. *New Media Soc.* **2020**, *22*, 2183–2199.
57. Chawłowska, E.; Staszewski, R.; Józwiak, P.; Lipiak, A.; Zawiejska, A. Development and Validation of a Health Behaviour Scale: Exploratory Factor Analysis on Data from a Multicentre Study in Female Primary Care Patients. *Behav. Sci.* **2022**, *12*, 378. <https://doi.org/10.3390/bs12100378>. PMID: 36285947; PMCID: PMC9598194.
58. Andreassen, C.S.; Billieux, J.; Griffiths, M.D.; Kuss, D.J.; Demetrovics, Z.; Mazzoni, E.; Pallesen, S. Bergen Social Media Addiction Scale (BSMAS) [Database record]. *APA PsycTests*, **2016**. <https://doi.org/10.1037/t74607-000>.
59. van den Eijnden, R.J.J.M.; Lemmens, J.S.; Valkenburg, P.M. The Social Media Disorder Scale. *Comput. Hum. Behav.* **2016**, *61*, 478–487.
60. Boer, M.; van den Eijnden, R.J.J.M.; Finkenauer, C.; Boniel-Nissim, M.; Marino, C.; Inchley, J.; Cosma, A.; Stevens, G.W. Cross-national validation of the Social Media Disorder Scale: Findings from adolescents from 44 countries. *Addiction* **2021**, *116*, 2484–2495.
61. Tylka, T.L.; Wood-Barcalow, N. The Body Appreciation Scale-2: Item refinement and psychometric evaluation. *Body Image* **2015**, *12*, 53–67.
62. Avalos, L.; Tylka, T.L.; Wood-Barcalow, N. The Body Appreciation Scale: Development and psychometric evaluation. *Body Image* **2005**, *2*, 285–297.
63. van Strien, T.; Frijter, J.E.R.; Bergers, G.P.A.; Defares, P.B. Dutch Eating Behaviour Questionnaire (DEBQ) [Database Record]. *APA PsycTests*, **1986**. <https://doi.org/10.1037/t04413-000>.
64. Hayes, A.F. *The PROCESS Macro for SPSS, SAS, and R*, Version 4.2; The Guilford Press: New York, NY, USA, 2022. Available online: <https://processmacro.org> (accessed on 20 March 2026).
65. Boursier, V.; Gioia, F.; Griffiths, M.D. Selfie-engagement on social media: Pathological narcissism, positive expectation, and body objectification. *Int. J. Environ. Res. Public Health* **2020**, *17*, 6128.

66. Rodgers, R.F.; Melioli, T. The relationship between body image concerns, eating disorders and internet use, part I: A review of empirical support. *Adolesc. Res. Rev.* **2016**, *1*, 95–119. <https://doi.org/10.1007/s40894-015-0016-6>.
67. Jiotsa, B.; Naccache, B.; Duval, M.; Rocher, B.; Grall-Bronnec, M. Social media use and body image disorders: Association between frequency of comparing one's own physical appearance to that of people being followed on social media and body dissatisfaction and drive for thinness. *Int. J. Environ. Res. Public Health* **2021**, *18*, 2880.
68. Perloff, R.M. Social media effects on young women's body image concerns: Theoretical perspectives and an agenda for research. *Sex. Roles* **2014**, *71*, 363–377. <https://doi.org/10.1007/s11199-014-0384-6>.
69. Hendrickse, J.; Arpan, L.M.; Clayton, R.B.; Ridgway, J.L. Instagram and college women's body image: Investigating the roles of appearance-related comparisons and intrasexual competition. *Comput. Hum. Behav.* **2017**, *74*, 92–100.
70. Fioravanti, G.; Bocci Benucci, S.; Ceragioli, G.; Casale, S. How the exposure to beauty ideals on social networking sites influences body image: A systematic review of experimental studies. *Adolesc. Res. Rev.* **2022**, *7*, 419–458.
71. Fardouly, J.; Diedrichs, P.C.; Vartanian, L.R.; Halliwell, E. Social comparisons on social media: The impact of Facebook on young women's body image concerns and mood. *Body Image* **2015**, *13*, 38–45. <https://doi.org/10.1016/j.bodyim.2014.12.003>.
72. Santarossa, S.; Woodruff, S. #SocialMedia: Exploring the Relationship of Social Networking Sites on Body Image, Self-Esteem, and Eating Disorders. *Soc. Media Soc.* **2017**, *3*. <https://doi.org/10.1177/2056305117704407>.
73. Shome, D.; Vadera, S.; Male, S.R.; Kapoor, R. Does taking selfies lead to increased desire to undergo cosmetic surgery? *J. Cosmet. Dermatol.* **2020**, *19*, 2025–2032.
74. Ramphul, K.; Mejias, S.G. Is “Snapchat Dysmorphia” a Real Issue? *Cureus* **2018**, *10*, e2263. <https://doi.org/10.7759/cureus.2263>.
75. Gordon, C.S.; Rodgers, R.F.; Slater, A.; McLean, S.A. A cluster randomized controlled trial of the SoMe social media literacy body image and eating disorder prevention program for early adolescents: Findings from a clinical trial. *Behav. Res. Ther.* **2020**, *134*, 103723.
76. Tiggemann, M.; Slater, A. The role of self-objectification in the mental health of early adolescent girls: Predictors and consequences. *J. Pediatr. Psychol.* **2015**, *40*, 704–711.
77. Perloff, R.M. A three-decade retrospective on the hostile media effect. In *Advances in Foundational Mass Communication Theories*; Routledge: Abingdon, VA, USA, 2018; pp. 196–224.
78. Yangmang, C.; Horsiriluck, P.; Chinwong, S.; Chinwong, D. Social Media Detoxification Through Screen Time Limits Among Pharmacy Students: A Pilot Randomized Controlled Trial. *Soc. Sci.* **2025**, *14*, 558. <https://doi.org/10.3390/socsci14090558>.
79. El-Khoury, J.; Haidar, R.; Kanj, R.R.; Bou Ali, L.; Majari, G. Characteristics of social media ‘detoxification’ in university students. *Libyan J. Med.* **2021**, *16*, 1846861.
80. Latsi, I.C.; Gasparinatou, A.A.; Kontodimopoulos, N. The Impact of Social Media Engagement on Adult Self-Esteem: Implications for Managing Digital Well-Being. *Healthcare* **2026**, *14*, 326. <https://doi.org/10.3390/healthcare14030326>.
81. Toth, C.; Osser, B.; Osser, G.; Bondar, L.I.; Fazakas, R.; Pascalau, N.A.; Suciu, R.N.; Toderescu, C.D.; Dogaru, B.G. Screen Time, Digital Content Quality, and Parental Mediation as Predictors of Linguistic and Pragmatic Development: Implications for Pediatric and Preventive Health. *Children* **2026**, *13*, 157. <https://doi.org/10.3390/children13010157>.

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