

Social Media Use and Its Influence on Eating Disorders Among High School Adolescents: A Cross-Sectional Study

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Abstract



Background: Social media platforms now function as major environmental forces that determine how adolescents perceive their body image and develop eating thought patterns and eating habits. The online platforms show their body image and food content through their unrealistic body standards and food content, which creates a risk of disordered eating behavior for vulnerable youth. Yet Pakistani adolescent data remain scarce. Objective: The study aims to evaluate how social media exposure impacts eating disorder risk among high school students who are between 14 and 17 years of age in Lahore, Pakistan. The study used the EAT-26 validated screening instrument to assess the impact of social media exposure on eating disorder risk. Methods: The researchers performed a cross-sectional survey at Saint Peter's High School, which is located in Lahore. The researchers recruited 148 adolescents who consisted of 52.7% male

participants and 47.3% female participants through simple random sampling. The researchers collected data through a structured questionnaire that measured demographic information, social media usage patterns, and eating behaviors, using the Eating Attitudes Test-26 (EAT-26) as an additional measurement tool. The researchers calculated body mass index (BMI) through the measurement of height and weight. The researchers applied chi-square tests to investigate the relationship between social media usage and EAT-26 scores (SPSS v25.0). Results: The study sample showed that 45% of participants had eating disorder risk according to their EAT-26 scores, which reached 20 or higher. BMI profiling revealed that 42.6% were underweight and 35.1% were overweight, with only 22.3% classified as normal weight. The majority of participants (53.4%) used social media for 3–4 hours daily. Facebook (24.3%) and multiple-platform use (23.7%) were the most common platforms. Social media exposure showed a strong link to increased fast-food consumption (58.1%), mindless snacking while scrolling (66.9%), and body dissatisfaction (52.0%). The research established a statistically significant link between social media use and eating disorder risk ($p=0.004$). Conclusion: Social media use creates strong links to disordered eating attitudes and behaviors that affect Pakistani high school students. The education system needs three components, which include targeted digital literacy programs, regulatory action against harmful content creators, and school-based nutritional education.

Keywords: Eating disorders; social media; adolescents; body image; EAT-26; Pakistan; disordered eating; body dissatisfaction

1. Introduction

The period of adolescence represents an essential stage of development which includes both fast physical growth and the establishment of personal identity and an improved ability to perceive social environmental elements. The development of body image and eating patterns during this time period results from three main factors, which include peer groups, media content, and new digital technologies. The worldwide expansion of social media platforms such as Instagram, TikTok, Snapchat, and Facebook has created a completely new informational and social environment that shapes the development of modern teenagers (Blakemore, 2019). Eating disorders (EDs), which include anorexia nervosa (AN), bulimia nervosa (BN), and binge eating disorder (BED), represent the most

important psychiatric disorders that affect young people throughout the world. The World Health Organization has classified eating disorders as priority mental illnesses in children and adolescents because these disorders lead to severe medical problems and psychological disability, and they produce the highest death rates of all psychiatric disorders (Santomauro et al., 2021; Hornberger & Lane, 2021). Pakistan faces a significant gap in research on how digital media use relates to disordered eating patterns because its society and technology are changing so quickly (Zahra et al., 2023). Social media platforms enable users to share appearance-related content, including perfect body images, food blogs, dietary trends, and influencer eating habits. The resulting atmosphere enables people to develop body dissatisfaction, which leads to unhealthy eating patterns and eating disorders (Sanzari et al., 2023; Frieiro Padín et al., 2021). Research shows that people who view appearance-related material on image-based platforms such as Instagram face greater risks of developing negative body image and appearance-related evaluation and disordered eating thoughts, particular to girls, which recent studies show affects boys too (Rodgers et al., 2020; Nagata et al., 2020).

The pathways that lead to these connections show great complexity. Social comparison theory explains that people assess their own attributes through physical appearance comparisons with social references present in their surroundings. The social media platform provides users with filtered body images that show idealized physical appearances, thus creating an unreal benchmark for self-evaluation that leads to body dissatisfaction and compensatory eating and purging activities (Vandenbosch et al., 2022). The algorithmic system that promotes food and diet material creates a situation where people permanently adopt harmful eating beliefs over time.

The existing global research about social media usage and its effect on disordered eating patterns shows that Pakistani adolescents need more research. Cultural factors that include societal beauty standards and family dynamics, together with Western digital content, which rapidly spreads in South Asian youth culture. The research study aims to investigate eating disorder risk in high school students from Lahore, Pakistan, through social media usage while using the EAT-26 screening assessment tool.

1.1 Study Objectives

The main goal of this research was to evaluate how social media use affects eating disorder risk among high school students who were between 14 and 17 years old. The study had secondary goals which involved (i) defining how social media platforms were used by participants, (ii) describing participants' nutritional status and body mass index measurements, (iii) studying how participants reacted to social media content that showed food and appearance, and (iv) investigating how social media platform usage related to EAT-26 assessment results.

2. Materials and Methods

2.1 Study Design and Setting

The research study took place from September to November 2023 at Saint Peter's High School located in Lahore, Pakistan. The study population of interest was selected from St. Peter's High School, which serves students of different socioeconomic backgrounds as a co-educational school in urban Lahore.

2.2 Participants and Sampling

Students who were 14 to 17 years old and studying in grades 9 and 10 were the only students who could participate. The researchers selected 148 students through a process of simple random sampling. The sample size was determined through the application of the following equation: $n = N \times [Z^2 \times p \times (1-p)] / e^2$. The parameters for the calculation were set as follows: $p = 0.57$ (previously reported prevalence), $Z = 1.96$ (95% CI), and $e = 0.08$ (margin of error), which resulted in $n = 148$. The study excluded participants who were younger than 14 years old or older than 17 years old and those who had known medical conditions that would affect their ability to consume food properly.

2.3 Data Collection Instruments

Researchers used a structured self-administered questionnaire that had three sections to collect data. The first section of the questionnaire collected sociodemographic data, which included age, sex, grade level, and BMI. The second section of the questionnaire used a modified version of the social media Eating Behavior Scale, which researchers validated in their study (Keser et al., 2020). The third section of the questionnaire contained the Eating Attitudes Test-26 (EAT-26; Aparicio-Martinez et al., 2019). The EAT-

26 is a widely validated 26-item self-report scale that assesses eating disorder attitudes and behaviors. The test measures eating disorder risk through two subscales that assess dietary restraint and bulimia/food preoccupation and oral control domains. Trained research assistants collected anthropometric data through height and weight measurements while they calculated BMI by dividing weight (kg) by height² (m²).

2.4 Ethical Considerations

The University of Health Sciences Lahore granted Institutional Review Board (IRB) approval before the study began. The research team obtained written informed consent from study participants who were accompanied by their parent or guardian in the case of students under 16 years. The research study allowed participants to choose whether to take part while the researchers protected their identity during all stages of data examination.

2.5 Statistical Analysis

All data were analyzed using SPSS version 25.0. The researchers calculated descriptive statistics for all variables, which included frequencies and percentages of categorical variables. The researchers used the chi-square test to evaluate the relationship between social media usage patterns and EAT-26 eating disorder risk assessment results. The researchers established statistical significance at the p-value threshold of 0.05 or lower.

3. Results

3.1 Demographic Characteristics

The study included 148 adolescents who achieved a 100% response rate. The sample included 52.7% male and 47.3% female participants, as shown in Figure 1. Age distribution showed that 44.6% were in the 14–15-year age group and 55.4% were aged 16–17 years (Figure 2). The majority of participants were enrolled in grade 10 (62.8%), with the remainder in grade 9 (37.2%).

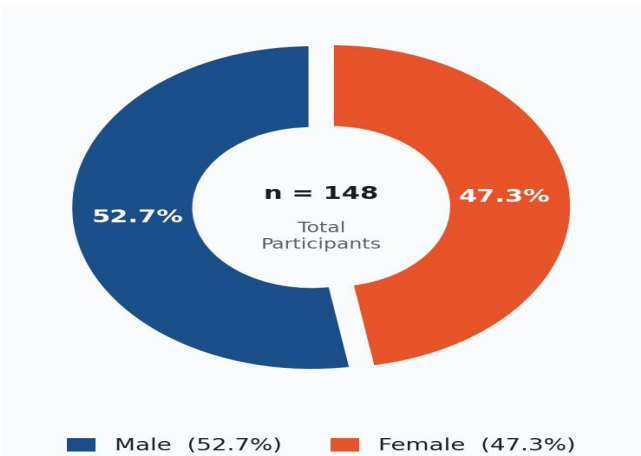


Figure 1. Gender distribution of study participants (n=148).

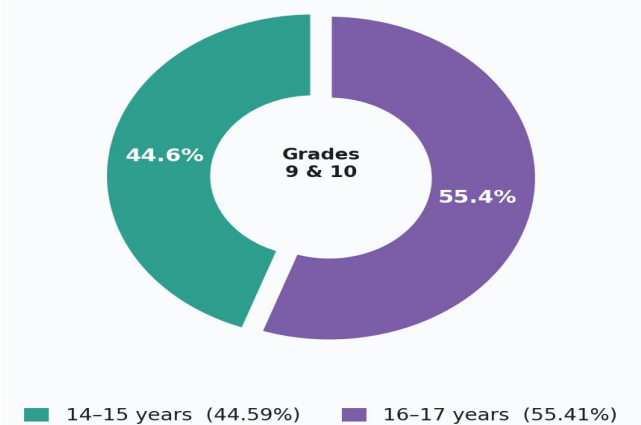


Figure 2. Age distribution of study participants.

4.2 Nutritional Status (BMI)

The examination of BMI data demonstrated that adolescents in the study group showed nutritional deficiencies through their weight measurements (Figure 3). The largest proportion of participants were classified as underweight (42.6%), while 35.1% were overweight and only 22.3% fell within the normal BMI range. People show two separate body weight patterns through social media because social media platforms lead them to either believe in body standards, which results in eating restrictions together with underweight, or to encounter food cues that lead to overeating and subsequent overweight.

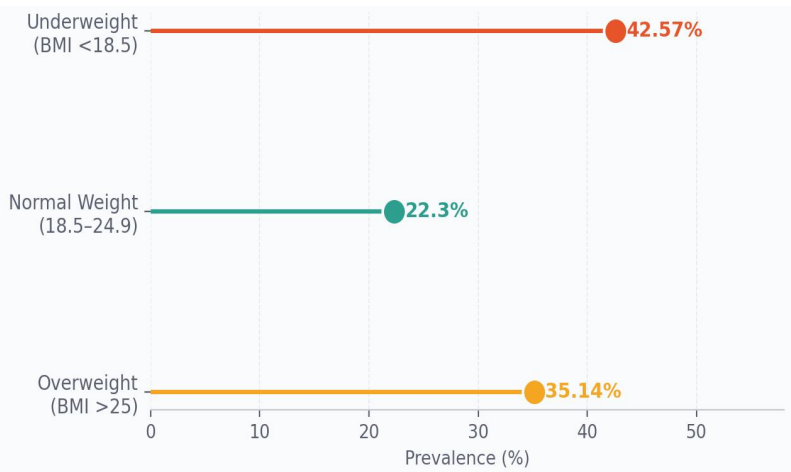


Figure 3. BMI classification of adolescent participants: underweight, normal weight, and overweight.

Table 1: Summary of Participant Demographics

Variable	Category	n (%)
Gender	Male	78 (52.7%)
	Female	70 (47.3%)
Age Group	14–15 years	66 (44.6%)
	16–17 years	82 (55.4%)
Grade Level	Grade 9	55 (37.2%)
	Grade 10	93 (62.8%)
BMI Classification	Underweight	63 (42.6%)
	Normal weight	33 (22.3%)
	Overweight	52 (35.1%)

4.3 Social Media Use Patterns

Users of the platform used various social media services according to their distribution shown in Figure 4. Facebook served as the primary social media platform for 24.3% of users, while Snapchat followed as the second most used platform. The study found that

23.7% of participants used multiple platforms for their online activities. The usage statistics showed that 16.2% of users accessed Instagram and 14.2% of users accessed TikTok. The majority of adolescents (53.4%) reported using social media for 3–4 hours per day, while 32.4% reported 1–2 hours, 12.8% reported 4–5 hours, and 1.4% reported 5–6 hours of daily social media usage according to the daily screen time data presented in Figure 5.

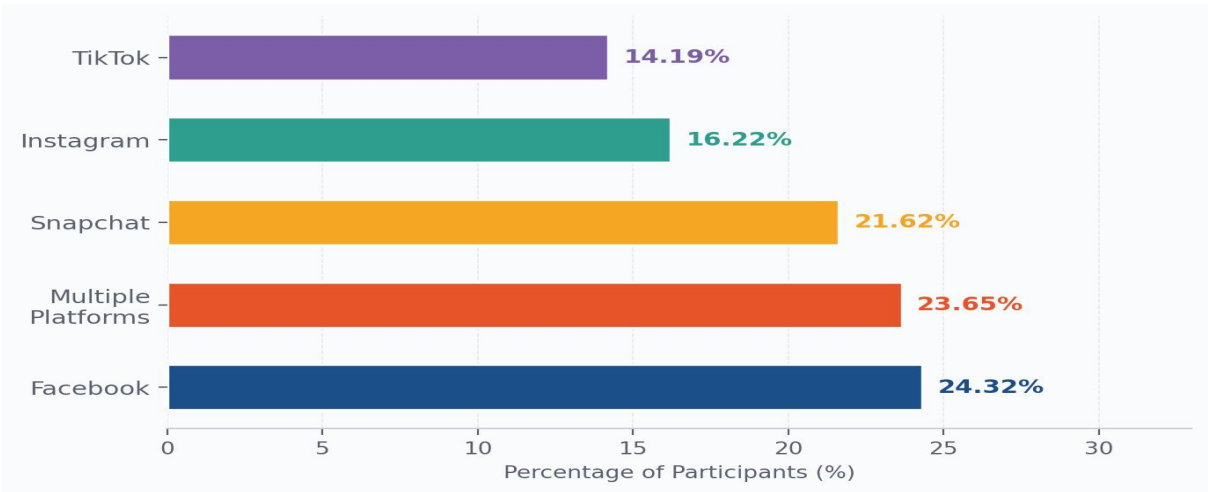


Figure 4. Distribution of social media platform usage among participants.

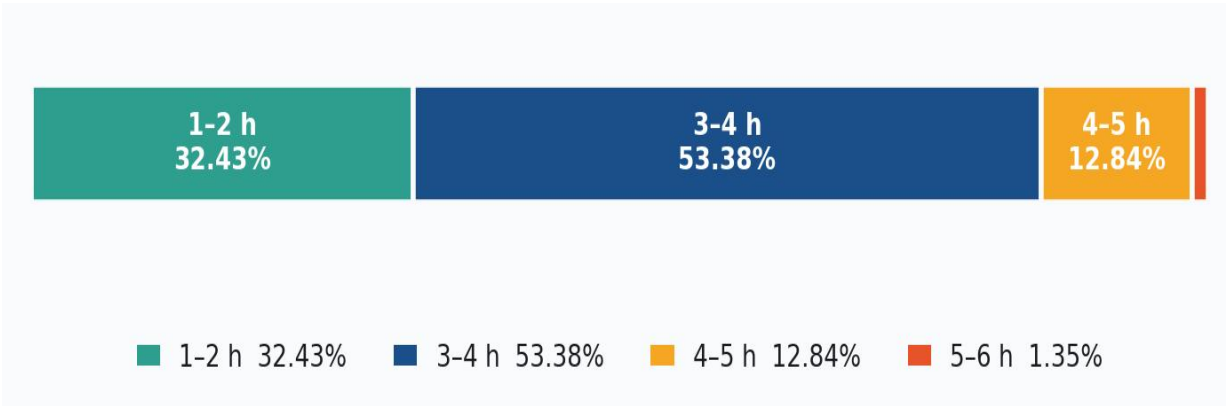


Figure 5. Daily social media screen time reported by participants.

4.4 Social Media Influence on Eating Behaviors

A high proportion of participants reported that social media use influenced their eating behaviors in multiple domains (Figure 6). The most common behavior among participants showed that 66.9% of them performed mindless snacking while they scrolled through content on their devices, although they experienced fullness. Other

behaviors endorsed by the majority included: increased desire to eat after prolonged social media use (60.8%); increased fast food consumption following social media exposure (58.1%); reading food-related news/content encountered on social media (57.4%); forgetting they were hungry while using social media (56.8%); trying food seen on social media (59.5%); and consuming unfamiliar foods seen on social media (54.7%). Body dissatisfaction was reported by 52.0% of adolescents, with only 48.0% reporting satisfaction with their body shape.

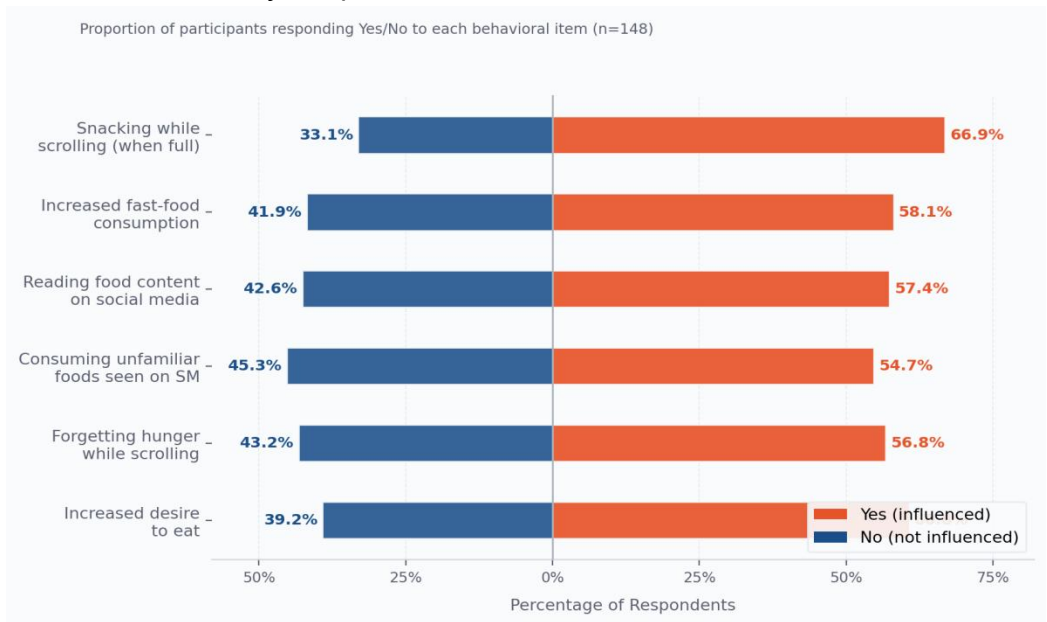


Figure 6. Prevalence of social media-related eating behaviors among participants.

4.5 EAT-26 scores and Eating Disorder Risk

Figure 7 shows the EAT-26 score distributions. The clinical standard for eating disorder risk assessment, which uses ≥ 20 as its cutoff point, showed that 45% of participants in the study met the criteria for eating disorder risk (see Figure 8a). The EAT-26 score distribution showed its highest concentration of scores between 16 and 20, which accounted for 27.0% of the total scores, while the 31 to 35 scores made up 18.2% and the 36 to 40 scores represented 14.2% of the total scores, with 10 to 15 and 21 to 25 and 26 to 30 scores showing equal distribution at 13.5% each. The study found that 52.0% of participants experienced body dissatisfaction, which matched the rate of eating disorder risk that appeared in Figure 8b.

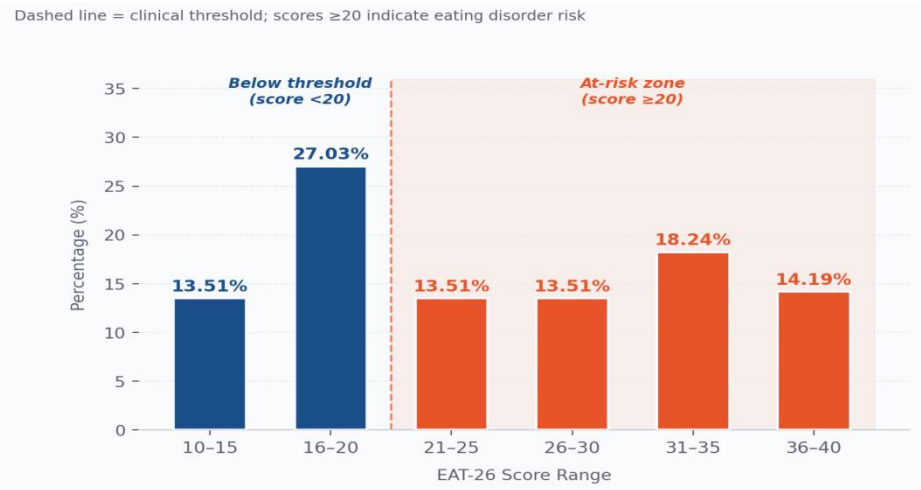


Figure 7. Distribution of EAT-26 scores across score ranges. The dashed line represents the clinical threshold (score = 20); scores ≥ 20 indicate eating disorder risk.

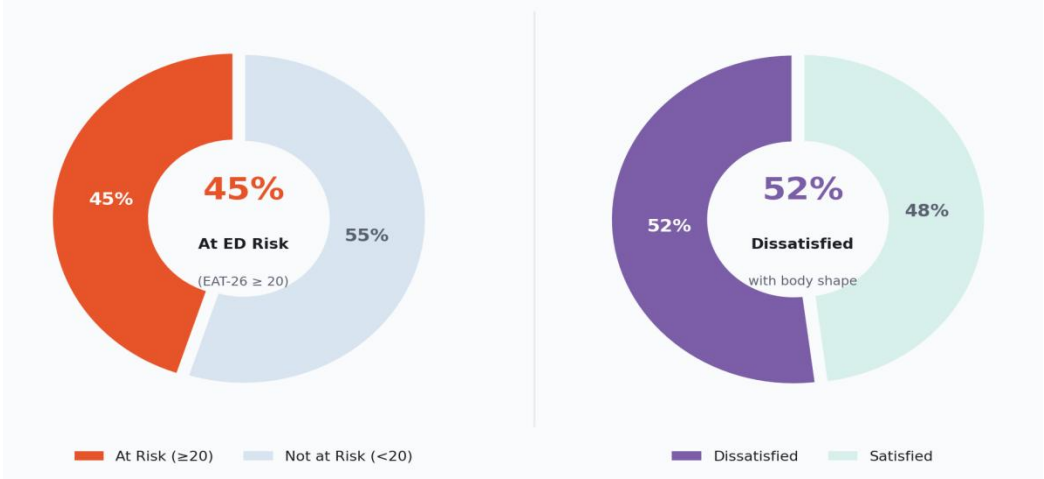


Figure 8. Eating disorder risk prevalence (a) and body shape satisfaction (b) among study participants.

4.6 EAT-26 Subscale Analysis

The EAT-26 items showed that the highest average scores which indicated greater pathological endorsement were found on two items which included "enjoy trying new rich foods" (M=4.47, SD=1.73) and "feel that others prefer if I ate more" (M=4.07) and "have gone on eating binges where I feel I may not be able to stop" (M=4.07), which showed both binge eating disorder and social facilitation of food consumption. The study found that participants achieved higher average scores for the statements "like my

stomach to be empty" (M=3.85), "engage in dieting behavior" (M=3.72), and "particularly avoid food with high carbohydrate content" (M=3.74), which showed that individuals practiced eating restrictions that matched the patterns associated with anorexia nervosa and dietary restraint.

Table 2: *Selected EAT-26 Item Means and Standard Deviations*

EAT-26 Item	Mean	SD
Enjoy trying new rich foods	4.47	1.73
Feel that others would prefer if I ate more	4.07	1.59
Have gone on eating binges (loss of control)	4.07	1.59
Like my stomach to be empty	3.85	1.74
Engage in dieting behavior	3.72	1.66
Particularly avoid high-carbohydrate foods	3.74	1.83
Aware of the calorie content of food I eat	3.57	1.76
Am terrified about being overweight	3.09	1.51
Avoid eating when I am hungry	3.09	1.51

4.7 Association Between Social Media Use and Eating Disorder Risk

The study found that social media platform usage showed a significant link to EAT-26 risk classification according to chi-square analysis results ($\chi^2=0.004$, $p\leq 0.001$). The sample showed that 40.5 percent of participants fulfilled eating disorder risk criteria through their EAT-26 scores, which reached 20 or higher, while 59.5 percent scored below the clinical threshold. The relationship between BMI and EAT-26 risk showed statistical significance with a p-value of less than 0.005. Table 3 summarizes the key association results.

Table 3: *Association Between Social Media Use and Eating Disorder Risk (EAT-26)*

Variable	Finding	p-value
EAT-26 Eating Disorder Risk	At Risk: 40.5% Not at Risk: 59.5%	0.590
Social Media Platform Use	Significant association with ED risk	0.004*
BMI × EAT-26 Association	Significant	<0.005*
SM Use × Increased Fast-Food Consumption	58.1% reported increase	< 0.05*
SM Use × Body Dissatisfaction	52.0% dissatisfied	< 0.05*

*Statistically significant at $p \leq 0.05$.

4. Discussion

The research study showed that high school students in Lahore, Pakistan who used social media experienced increased risk for eating disorders. The study found that 45% of participants from South Asian settings in South Asian studies show a higher EAT-26 risk classification. The Western meta-analyses found that binge eating disorder (BED) had a prevalence rate between 1.32 and 3.0 percent. The EAT-26 risk assessment tool identifies disordered eating behaviors that exist at high levels within this age group of digitally connected adolescents. The study found that social media platforms create two distinct paths that lead to eating disorders through their content. The research established a relationship between social media food content and overeating because 60.8% of participants reported increased desire to eat after prolonged social media use 66.9% of participants admitted to eating snacks without thinking about it while they were scrolling through social media platforms. Uchoa et al. (2019) proved that media content creates greater body dissatisfaction through their study, which involved 1,011 adolescents. The study found that idealized body imagery drives dietary restriction behavior and body dissatisfaction, which results in underweight prevalence. The study results showed that underweight people in the current study show body image ideals which lead to dietary restriction and body dissatisfaction.

The study found a strong connection between social media platform usage and the likelihood of developing eating disorders, which led to statistically significant results ($p=0.004$). The research conducted by Wilksch et al. (2020) proved that social media users exhibited different EDE-Q results when compared to non-users across most platforms. The present sample showed Facebook use at 24.3%, which made it the most popular platform, while previous studies of Western teenage groups showed Instagram as their leading platform (Wilksch et al., 2020; Lonergan et al., 2020). The data show that Facebook continues to serve as the dominant social media platform among young people in Pakistan because it has achieved a higher market share than other platforms. The research results show that social media platforms have a strong impact on adolescent eating patterns because these platforms create visual content that leads to social comparison, body-ideal internalization, and food cue exposure.

The study found that 52.0% of participants experienced body dissatisfaction, which matched the 45% eating disorder risk rate and confirmed that body dissatisfaction acts as a direct indicator for eating disorders, which doctors already emphasize (Vandenbosch et al., 2022). The study results from Ahadzadeh et al. (2017) show that social media platforms affect body satisfaction through two psychological pathways that operate more strongly in people who possess low self-esteem. The study found that 54.7% of participants reported eating food items that they discovered through social media during times when they normally follow their specific dietary guidelines. Food bloggers and influencers who create online content show evidence that they can influence dietary habits because their followers believe in their authentic presence. Chung et al. (2021) found that social media peer influence affected eating behaviors among adolescents aged 10 and 19 years because their online presence showed both healthy and unhealthy eating practices.

4.1 Limitations

First, the cross-sectional design precludes causal inference because researchers found significant links between social media use and eating disorder risk, but they could not determine which factor caused the other. Second, the sample was drawn from a single school in urban Lahore, limiting generalizability to rural adolescents and other Pakistani regions. Third, social media use was assessed through self-reporting, which researchers

found to be affected by participants' ability to recall information and their tendency to present themselves in a positive light. Fourth, the EAT-26 instrument serves as a screening tool that requires validation because it cannot function as a diagnostic instrument for clinical assessments. Fifth, the research study lacked evaluation of the social media engagement content type and content quality, which could have influenced the strength of the observed relationships.

5. Conclusion

The study demonstrates that social media usage establishes a strong connection with disordered eating patterns that affect high school students in Lahore, Pakistan. Social media use was found to connect with multiple unhealthy eating patterns, including mindless snacking, increased fast food intake, and trying new foods together with body dissatisfaction in almost half of the participants who reached the EAT-26 eating disorder cutoff. The situation demands immediate execution of public health solutions which operate at multiple levels. Researchers require longitudinal studies to determine how social media impacts eating and body image among vulnerable adolescents while identifying protective factors that help prevent these negative effects.

Recommendations

The study findings lead to these recommendations for implementation: (1) Schools should establish digital literacy and media education programs which teach students essential skills to analyze social media content. (2) Healthcare providers and school counselors should use the EAT-26 validated screening tool to assess eating disorder risk among all adolescent patients. (3) The Pakistan Electronic Media Regulatory Authority (PEMRA) needs to create and enforce content regulations that prevent influencers and food bloggers from promoting unrealistic body standards and unsafe eating habits. (4) Psychoeducation programs should support parents and caregivers by teaching them how to monitor and control adolescent social media activities. (5) Researchers should use longitudinal studies with qualitative research methods to investigate how social media influences eating patterns among Pakistani adolescents through various regional factors.

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Declaration of Competing Interest

The authors declare no conflicts of interest.

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