



Trabajo Original

Social networks and risk of eating disorders in Chilean young adults

Redes sociales y riesgo de trastornos de la conducta alimentaria en adultos jóvenes chilenos

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Abstract

Introduction: in Western societies, social networks are prominent sources of information and entertainment, widely accessed due to internet availability. While social networks offer health benefits, their impact varies across generations and populations. Concerns arise about their influence on mental health, with potential hindrance to social relationships. Social networks are recognized as contributors to eating disorders, influencing nutritional behaviors and impacting self-perception negatively. For this, the objective of present study was determining the association between the risk of eating disorders (ED) and the use of social networks in young adults in the Araucanía Region of Chile.

Methods: a descriptive cross-sectional study was conducted on the young adult population. The subjects were recruited online through crucial social networks between November and December 2021. A self-reported online form was administered, asking for sociodemographic variables, social network use, and risk of eating disorders. The EAT-26 was applied for the latter variable. To determine the association between variables, each condition was dichotomized against the presence or absence of ED risk.

Results: a total of 370 responses were collected, representing females (62.7 %) primarily from the 20-28 age group (79.5 %) and from the university student group (54.9 %); 12.9 % of the sample were at risk of ED. The variables associated with a higher risk of an eating disorder were being female ($p = 0.001$), preference for Twitter ($p = 0.017$), interest in food influencers ($p = 0.008$), and perceived frequency of advertising ($p = 0.007$).

Conclusion: in this sample, there is an association between the use of social networks and the risk of ED, but this depends mainly on the social network used and exposure/preference of food-related content.

Keywords:

Eating disorders. Social networks. Young adults.

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Resumen

Introducción: en las sociedades occidentales, las redes sociales son fuentes destacadas de información y entretenimiento, ampliamente accesibles gracias a la disponibilidad de internet. Aunque ofrecen beneficios para la salud, su impacto varía entre generaciones y poblaciones. Surgen preocupaciones sobre su influencia en la salud mental, con un posible obstáculo para las relaciones sociales. Se reconoce que las redes sociales contribuyen a los trastornos alimentarios, influyendo en los comportamientos nutricionales y afectando negativamente la autopercepción. Por ello, el objetivo de este estudio fue determinar la asociación entre el riesgo de trastornos alimentarios (ED) y el uso de redes sociales en adultos jóvenes en la Región de la Araucanía, Chile.

Métodos: se llevó a cabo un estudio descriptivo transversal en la población de adultos jóvenes. Los sujetos fueron reclutados en línea a través de redes sociales clave entre noviembre y diciembre de 2021. Se administró un formulario en línea autoinformado, solicitando variables sociodemográficas, uso de redes sociales y riesgo de trastornos alimentarios. Se aplicó el EAT-26 para esta última variable. Para determinar la asociación entre variables, se dicotomizó cada condición frente a la presencia o ausencia de riesgo de ED.

Resultados: se recopilaron un total de 370 respuestas, principalmente de mujeres (62,7 %) en el grupo de edad de 20-28 años (79,5 %) y de estudiantes universitarios (54,9 %). El 12,9 % de la muestra estaba en riesgo de ED. Las variables asociadas con un mayor riesgo de trastorno alimentario fueron el género femenino ($p = 0,001$), preferencia por Twitter ($p = 0,017$), interés en influencers de alimentos ($p = 0,008$) y percepción de la frecuencia de la publicidad ($p = 0,007$).

Conclusión: en esta muestra, existe una asociación entre el uso de redes sociales y el riesgo de ED, pero esto depende principalmente de la red social utilizada y la exposición/preferencia de contenido relacionado con la alimentación.

Palabras clave:

Trastornos alimentarios.
Redes sociales. Adultos jóvenes.

INTRODUCTION

Nowadays, one of the primary sources of information and entertainment for the Western population are the applications known as social networks (1), including Instagram®, Facebook®, TikTok®, Twitter®, and WhatsApp®, among others. One of the main reasons for their popularity lies in the universal content they display and the free access to them due to the massification of internet accessibility. In the case of the Chilean population, it is a tool available to more than 90 % of the country's households. Some reports indicate that 83.5 % of the national population uses at least one social network (2).

These platforms offer benefits in health (3) and would be modulated by their concrete contribution to info vigilance, monitoring of health interventions, support in the professional-patient relationship, and social mobility (4). However, these benefits are not necessarily transversal to all generations or populations, and a debate has arisen regarding their benefits at the health level. As Durkheim postulated half a century ago (5), social relationships are fundamental for the population's mental health. These could be hindered when communication is exclusively oriented toward using these platforms. This statement aligns with the Italian Society of Paediatrics results, which reported a concrete relationship between early exposure to social networks and cyberbullying, psychological problems, sleep disturbances, and dietary problems (6).

It is precise with the latter that social networks have been recognized as a factor in the emergence of eating disorders (7), for example, when they are repeatedly consulted for nutritional information ($p < 0.05$) (8), as well as the negative impact they have on self-perception and body dissatisfaction (9,10). Consistent with this, Sidani et al. reported positive linear associations between social network use and eating concerns ($p < 0.001$) in over 1700 young adults (11), similar to the results reported in the pediatric population where more effective use of these platforms is associated with greater severity of ED symptoms (12). Worryingly, this situation could be exacerbated by the increased use and prevalence of DEs due to the COVID19 confinement period,

where a 40.9 % increase in new patients was reported in the first six months of the pandemic in the Italian population (13).

Considering that Chilean society has one of the highest rates of social network use in the world, it is necessary to find out whether the relationship exposed in international evidence is replicated at the national level, especially considering the limited evidence on this topic at the South American level, as well as in the southern part of the country. For this reason, the present study aimed to determine the association between the risk of eating disorders and the use of social networks in young adults in the Araucanía Region of Chile.

MATERIALS AND METHODS

A descriptive cross-sectional study was conducted on the young adult population in part of the Southern Macro Zone of Chile. To calculate the sample size, we used data from the 2017 national census, where the total population of the target age group (young adults between 20 and 35 years old) reported was 221,769 people. Considering 95 % confidence and 5 % error, it was estimated that a representative sample constitutes an $n = 384$. Inclusion criteria were between 20 and 35 years of age, exclusive residence in the Araucanía Region, and having a mobile device to answer the online form. About the exclusion criteria, people with a diagnosis of any eating disorder were not considered, and those who did not have exclusive residence in the indicated locality by self-report. In addition, people using social networks for work and not necessarily for recreational purposes were also excluded from the present sample.

The subjects were recruited online through critical social networks between November and December 2021 due to capacity and mobility restrictions that applied in the region on the indicated date. Data collection was obtained from the GoogleForms® platform, where the variables of age, sex, and occupation were queried. In addition, the Eating Attitudes Test (EAT-26) validated in Latin American and Chilean populations was applied to determine ED risk (14-16). The instrument consists of 26 items

that are completed based on six possible responses, which are scored 0, 0, 0, 1, 1, 2, 3 in some cases and 3, 2, 1, 0, 0, 0 in others. The final score is calculated according to the total of each item, giving a range of 0-78 points and classifying those with a score equal to or greater than 20 as being at risk of ED. To measure the use of social networks, a self-developed instrument developed from the CADEM Chile document will be applied and will include the most popular social networks in the Chilean population (Facebook, Twitter, Instagram, Whatsapp, and TikTok), asking about their use, as well as the time and frequency of use. In addition, variables were consulted about the type of content followed by food and nutrition topics.

All data obtained were processed in Microsoft Excel®, then exported and analyzed in GraphPad Prism v.9.3.1 for Windows (San Diego, California, USA). To determine the association between variables, each condition was dichotomized against the presence or absence of ED risk, calculating odds ratios (OR), 95 % confidence intervals (CI), and Fisher’s test for estimating statistical significance ($p < 0.05$).

Finally, it is essential to mention that this work was conducted following the guidelines of the Declaration of Helsinki and approved by the Ethics Committee of the Universidad Mayor campus in Temuco, Chile (Folio 0334).

RESULTS

A total of 370 responses were collected, representing females (62.7 %) primarily from the 20-28 age group (79.5 %) and from the university student body (54.9 %); 12.9 % of the sample were at risk of DEs, with women (17.2 %) outnumbering men (5.8 %), people aged 20-28 (13.6 %) over 29 (10.5 %), and university students (15.8 %) more than the working population (9.6 %) (Table I). Regarding the use of social networks, Instagram® was chosen as the favorite (74.1 %), followed by Whatsapp® (13.0 %) and TikTok® (6.8 %). Regarding the other questions, 94.9 % stated an increase in their use of social networks post-social confinement and indicated that they receive between 2 to 5 food-related advertisements (44.6 %). In terms of interest in influencers, more than 60 % of the sample reported following them, establishing a certain degree of homogeneity between professionals and athletes, who are only surpassed by celebrities (29.2 %). Regarding the increase in interest in influencers, almost half of the respondents reported a positive response (48.1 %), but this was not matched by following their recommendations (35.1 %) or changes in their eating habits in line with the promoted content (14.1 %).

When analyzing the relationship between ED risk use and the variables consulted (Table II), a significant association was found with the female sex (OR, 3.39, 95 % CI, 1.53 to 7.16, $p = 0.001$) and favoritism for Twitter® (OR, 10.7, 95 % CI, 2.11 to 60.7, $p = 0.017$). As for the time of use, this was categorized as more or less than one hour per day for each social network, finding an association with the magnitude of time only for the

Table I. Sample characterization

	<i>n</i>	%
<i>Sex</i>		
Male	138	37.3
Female	232	62.7
<i>Age</i>		
20-28	294	79.5
29-35	76	20.5
<i>Principal activity</i>		
Student	203	54.9
Worker	167	45.1
<i>Risk of eating disorder</i>		
Yes	48	12.9
No	322	87.1
<i>Favorite social network</i>		
Instagram	274	74.1
Facebook	18	4.9
Twitter	5	1.4
Tik-Tok	25	6.8
WhatsApp	48	13
<i>Instagram use</i>		
< 1 hour	34	9.2
1 h to 1.5 h	64	17.3
1.5 h to 2 h	76	20.5
2 h to 2.5 h	87	23.5
> 2.5 h	100	27
Does not use	9	2.4
<i>Facebook use</i>		
< 1 hour	171	46.2
1 h to 1.5 h	56	15.1
1.5 h to 2 h	27	7.3
2 h to 2.5 h	20	5.4
> 2.5 h	14	3.8
Does not use	82	22.2
<i>WhatsApp use</i>		
< 1 hour	47	12.7
1 h to 1.5 h	77	20.8
1.5 h to 2 h	74	20
2 h to 2.5 h	63	17
> 2.5 h	99	26.8
Does not use	10	2.7
<i>TikTok use</i>		
< 1 hour	100	27
1 h to 1.5 h	39	10.5
1.5 h to 2 h	31	8.4
2 h to 2.5 h	21	5.7
> 2.5 h	24	6.5
Does not use	155	41.9

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Table I (cont.). Sample characterization

	<i>n</i>	%
<i>YouTube use</i>		
< 1 hour	57	15.4
1 h to 1.5 h	27	7.3
1.5 h to 2 h	27	7.3
2 h to 2.5 h	27	7.3
> 2.5 h	179	48.4
Does not use	53	14.3
<i>Has the use of social networks increased?</i>		
Yes	351	94.9
No	19	5.1
<i>How often have you seen food advertisements?</i>		
One time per day	79	21.4
2 to 5 times a day	165	44.6
More than five times a day	79	21.4
I do not see any advertising	47	12.7
<i>What type of influencers do you follow on your social media?</i>		
TV or entertainment	108	29.2
Athletes	88	23.8
Experts	80	21.6
Do not follow influencers	94	25.4
<i>Have they increased their interest in food influencers?</i>		
Yes	178	48.1
No	192	51.9
<i>Have you followed the dietary recommendations of the influencers you follow?</i>		
Yes	130	35.1
No	240	64.9
<i>Do you think your diet has changed?</i>		
Yes	54	14.6
No	311	84.1
No response	5	1.4

Table II. Distribution by ED risk

	ED risk	Non ED risk	OR	CI (95 %)	p value
<i>Sex</i>					
Male	8	130	0.3	0.14-0.65	0.001
Female	40	192	3.39	1.53-7.16	
<i>Age</i>					
20 to 28	40	254	1.34	0.62-2.87	0.568
29 to 35	8	68	0.75	0.35-1.62	
<i>Principal activity</i>					
Students	32	171	1.77	0.92-3.4	0.088
Workers	16	151	0.57	0.29-1.1	
<i>Favourite social network</i>					
Instagram	36	238	1.06	0.53-2.06	> 0.999
Other	12	84	0.944	0.48-1.87	
Facebook	1	17	0.382	0.04-2.31	0.488
Other	47	305	2.62	0.43-28.1	
Twitter	3	2	10.7	2.11-60.7	0.017
Other	45	320	0.938	0.16-0.47	
TikTok	5	20	1.76	0.68-4.82	0.348
Other	43	302	0.57	0.20-1.45	
WhatsApp	3	45	0.41	0.13-1.27	0.169
Other	45	277	2.44	0.79-7.75	
Social network use					
<i>Instagram use</i>					
< 1 hour/ not used	7	36	1.36	0.5-3.10	0.472
> 1 hour	41	286	0.74	0.32-1.88	
<i>Facebook use</i>					
< 1 hour/ not used	34	219	1.14	0.6-2.20	0.742
> 1 hour	14	103	0.88	0.45-1.65	
<i>Whatsapp use</i>					
< 1 hour/ not used	8	49	1.11	0.52-2.49	0.830
> 1 hour	40	273	0.897	0.40-1.93	
<i>TikTok use</i>					
< 1 hour/ not used	26	229	0.48	0.27-0.9	0.028
> 1 hour	22	93	2.08	1.12-3.77	
<i>Youtube use</i>					
< 1 hour/ not used	31	49	9.04	4.66-17.4	0.000
> 1 hour	17	243	0.11	0.6-0.22	
<i>Has the use of social networks increased?</i>					
Yes	47	304	2.78	0.47-29.7	0.488
No	1	18	0.36	0.03-2.14	

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social networks TikTok and Youtube®. For the former with a higher daily use (OR, 2.08, 95 % CI, 1.12 to 3.77, $p = 0.028$) and the latter with a lower use (OR, 9.04, 95 % CI, 4.66 to 17.4, $p = 0.000$). Regarding open-ended questions, those who reported that their use increased after the confinement period reported a non-significant association with the risk of ED, a situation that changes when considering exposure to more than five food-related advertisements (OR, 2.57, 95 % CI, 1.34 to 4.83, $p = 0.007$). Along the same lines, increased interest in food-related content on social networks is also associated with the risk of ED, confirming the result of the previous question (OR, 2.41, 95 % CI, 1.26 to 4.65, $p = 0.008$). Finally, the type of influencer followed, and the implementation of the recommendations provided would not be variables associated with the risk of ED.

Table III (cont.). Distribution by ED risk

	ED risk	Non ED risk	OR	CI (95 %)	p value
Social network use					
<i>How often have you seen food advertisements?</i>					
Less than or equal to 5 times	30	261	0.4	0.21-0.74	0.007
> 5 times	18	61	2.57	1.34-4.83	
<i>What type of influencers do you follow on your social media?</i>					
TV or entertainment	15	93	1.12	0.6-2.09	0.735
Other	33	229	0.89	0.5-1.67	
Athletes	10	78	0.823	0.41-1.73	0.717
Other	38	244	1.21	0.58-2.47	
Experts	12	68	1.25	0.63-2.50	0.573
Other	36	254	0.8	0.4-1.58	
No follow	11	83	0.86	0.41-1.74	0.726
Other	37	239	1.17	0.58-2.42	
<i>Have they increased their interest in food influencers?</i>					
Yes	32	146	2.41	1.26-4.65	0.008
No	16	176	0.42	0.22-0.8	
<i>Have you followed the dietary recommendations of the influencers you follow?</i>					
Yes	21	109	1.52	0.81-2.76	0.196
No	27	213	0.66	0.36-1.23	

DISCUSSION

Firstly, it is essential to mention that the present study is the first report on ED risk in the southern population of Chile, as well as the first national study to evaluate the association between the use of social networks and the variable mentioned above.

Regarding the reported risk of ED, results align with previously published studies in central Chile (12.0-16.2 %) (16-18), differing only from reports from the north and coastal areas of the country, where the reported prevalence of risk was 7.4-8.3 % (19,20). Differences could be due to the population groups' heterogeneity, as the literature establishes specific differences

according to age (21,22), sociodemographic level (23), culture (24), and natural environments. The latter is an interesting variable to investigate, considering Chile's geographical differences between each region. It could be the focus of future research due to the role played by environments such as forests, lakes, coasts, and deserts (25).

Regarding the use of social media, a recent scoping review establishes that the use of social media constitutes a plausible risk factor for ED, mainly as a source of unfavorable social comparison, internalization of the thin ideal, and self-objectification due to the excess of exposed content focused on appearance (26). In this line, the results of this study about Twitter® are justified by the evidence reported, where it is positioned as a platform that promotes content in favor of the development of DEs, given that hashtags such as #proana and #thinspo are used to disseminate messages about weight loss, as well as threads that promote initiatives such as "41DaysofStarvation". These dynamics have been typified as pro-ED communities and constitute an important focus of research since understanding them could help to establish guidelines for the responsible use of these platforms, especially for specific age groups that cannot discern the negative aspects of their exposure (27). Regarding the magnitude of the time of use, the results are discordant since applications other than Twitter® emerge as elements associated with the risk of DEs, which could indicate that the content rather than the time of exposure could be a more important element when assessing the influence of social networks in the field of DEs. Consequently, it is essential to mention that one of the main limitations of the study derives from the previous question; for future studies, it would be interesting to delve deeper into the dynamics of participation by each social network (likes, comments, sharing, saving, replicating) (28), as well as consulting in greater detail the type of exposure it presents, beyond the time of use, as each social network behaves differently. Precisely about the above, the strongest associations found in this study derive from an interest in food content (29), the frequency of advertising to which they are exposed, and not necessarily the time of use. This is in line with reports in the US population (30), where it is reported that more significant media stress in the face of exposure to food-related content was associated with binge eating ($p = 0.03$) and vomiting frequency ($p = 0.04$). This suggests that the role of social networks in the ED phenomenon is strongly modulated by the subjects' mood, thus establishing the need for their evaluation prior to any interpretation.

CONCLUSION

In this sample, there is an association between the use of social networks and the risk of ED, but this depends mainly on the social network used and of exposure/preference of food-related content.

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