

LEBANESE AMERICAN UNIVERSITY

**Social Media Use and Body Checking Among
Lebanese Adults**

By

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A thesis

Submitted in partial fulfillment of the requirements for the degree
of Master of Science in Nutrition

School of Arts and Sciences

April 2022

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Program: Nutrition

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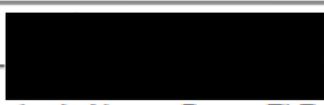
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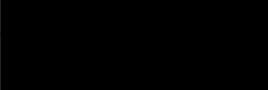


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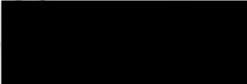


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Dedication

I would first like to dedicate this thesis to my parents, my forever support system. Thank you for every extra mile you took to help me reach all the places I could dream of.

I would also like to dedicate this thesis to my husband. My best friend, partner, and the love of my life. Thank you for your support, love, and care. Thank you for helping me reach any goal I want no matter how tough life gets.

Finally, I would like to dedicate this thesis to my son Mohammad. I am writing this thesis while you are still inside me, but with every kick or movement I feel, you push me to want to be a better version of myself, a better role model, and a better mother. The sky is your limit dear, I cannot wait for you to get out there and see what you can accomplish in life. I love you unconditionally.

ACKNOWLEDGMENT

This project would not have been possible without the support of many people. First of all, I would like to thank my advisor, Dr. Nadine Zeeni who read my numerous revisions and helped make some sense of the confusion. I am forever grateful to have had such a supportive and motivating advisor. Also, I would like to thank my committee members, Dr. Berna El Rahi Dr. Lama Mattar, and Ms. Claire El Jor, for their time, expertise, and guidance. Finally, thanks to my husband and parents, who endured this long process with me, always offering their support and love.

Social Media Use and Body Checking Among Lebanese Adults

Aya Khodor Korkomaz

ABSTRACT

Background: The recent increase in social media use has been associated with body checking and body image dissatisfaction. This association has been attributed to the high prevalence of unrealistic images of beauty or masculinity on these platforms.

Aim: The present study aimed to assess the association of body checking with active and passive social media use, and how self-esteem, emotional eating, and stress could modulate it.

Methods: An observational, cross-sectional survey-based design was used. Participants (n = 423, 18-50 years old of both genders), filled a questionnaire measuring body checking, social media use, self-esteem, perceived stress and emotional eating.

Results: Instagram was the most used social media platform in the surveyed sample. Instagram, Facebook, Snapchat, TikTok, and Twitter were associated with increased body checking whereas Facebook Messenger, LinkedIn, and YouTube were not. Also, results showed a positive correlation between body checking with active social media use, number of online friends/followers and one's interaction with them, as well as emotional eating and stress. Furthermore, a negative correlation was found between body checking and self-esteem. Regression analyses showed that perceived stress, education, active social media use, and emotional eating helped explain 31.8 % of the variation in body checking. However, self-esteem, gender, and the number of online

friends and their interaction with them lost significance. Additionally, the most significant variable in explaining the variation in body checking was emotional eating.

Conclusion: Body checking frequency is positively associated with active social media use, high stress levels, and most importantly emotional eating. Additionally, the protective role of self-esteem on body checking may be buffered by active social media use, emotional eating, and stress. That being said, interventions regulating social media content to limit the spread of unrealistic beauty standards and media literacy campaigns educating people may be helpful to decrease body checking behaviors thus decreasing the risk of body image dissatisfaction and disordered eating.

Keywords: Body Checking, Social Media, Body Image Dissatisfaction, Emotional Eating, Stress, Self-esteem

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Abbreviations

BID: Body Image Dissatisfaction

BCQ: Body Checking Questionnaire

DEBQ: Dutch Eating Behavior Questionnaire

MTUAS: Media and Technology Usage and Attitudes Scale

RES: Rosenberg Self-esteem Scale

PSS: Perceived Stress Scale

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Chapter One

Introduction

The antagonistic influence of conventional media such as television and magazines on people's body image concerns has been studied extensively in the past decades (Barlett et al., 2008). However, given the increasing use of social media, research has shifted to investigate the possible consequences that these new platforms have on body image (Fardouly & Vartanian, 2016). Currently, social media has become a widespread form of communication, particularly among the young generation (Perloff, 2014). What helps its blowout is its ability to be easily accessed through smartphones and tablets (Mills et al., 2018). Social media is being used to form relations and networks with other individuals who share comparable backgrounds, real-life connections, activities, or personal and career interests and has become a crucial aspect in people's lives (Akram & Kumar, 2017).

Social media usage has been linked with various pros and cons (Siddiqui & Singh, 2016). Notably, literature has been focusing on its impact on body image. Body image is defined as the way a person perceives, feels, or thinks about his or her appearance and body, noting that it can be either positive or negative (Damiano et al., 2015). Body image was shown to be affected by environmental and sociodemographic factors (Alharballeh & Dodeen, 2021). Body image dissatisfaction (BID) is described as having negative perceptions, attitudes, feelings, and beliefs about one's body (Cash, 1990). Additionally, BID includes the dissatisfaction linked to the disparity between

one's real body and the desired ideal body image (Cash, 1990). BID has been increasing globally throughout the years and even though its onset is usually during late childhood and adolescence, its impact has been identified in people of most ages (Alharballeh & Dodeen, 2021). This preoccupation and dissatisfaction with one's shape, weight, or size can also lead to another increasing phenomenon: body checking (Morgan et al., 2014). Body checking is considered to be a normal behavior, however increased body checking, especially of disliked parts has been proven to be problematic due to its correlation with eating disorder characteristics and due to being associated with overestimating one's body size (Farrell, et al., 2003). Additionally, repeated idiosyncratic body checking is also likely to intensify body image concerns and dissatisfaction (Fairburn, et al., 2003).

Chapter Two

Literature Review

2.1 Body Checking

Body checking is defined as any behavior that aims to attain information regarding a person's shape, appearance, or size (Stefano et al., 2016). Body checking includes actions such as comparing one's body to others, examining oneself in a mirror, feeling one's bones, or weighing oneself (Stefano et al., 2016). Even though body checking is common in both males and females, the motives and behaviors differ, especially since the definition of "the ideal body" varies across genders (Alfano et al., 2011). Hence males might check the hardness of their biceps while females might check their thighs for cellulite (Alfano et al., 2011). In particular, body checking may start to be considered problematic when it interferes with a person's ability to concentrate, creates problems at work, academic, or personal life, takes too much of a person's time, makes a person strictly limit or stop eating, causes a person to isolate him/herself, and becomes a way to control anxiety and fear about one's body (Khanna & Sharma, 2017). Therefore, regardless of the technique, repeated checking of disliked body parts may result in a negative body perception or in size overestimation (Walker et al., 2018; Walker et al., 2012). As a result, it may further increase body checking and worsen BID creating a detrimental cycle that may lead to disordered eating or eating disorders (Shafran, 2007; Walker et al., 2018; Walker et al., 2012). The difference between eating disorders and disordered eating is that eating disorders are clinical disorders (e.g.,

bulimia nervosa, anorexia nervosa, binge eating disorder) while disordered eating refers to chaotic and irregular eating patterns such as fasting, bingeing, dieting, overeating or undereating, skipping meals, chronic weight fluctuations, or yoyo dieting in which thoughts of food, eating, or weight occupy 20 to 65% of their time or more (Van Strien, et al., 1986). Disordered eating is commonly categorized into three types (1) restrained eating which aims to prevent weight gain by having conscious control over food intake, (2) emotional eating which refers to excessive eating due to an arousal state, and (3) external eating or eating in response to food-related cues, regardless of one's hunger or satiety state (Van Strien, et al., 1986). Disordered eating increases the possibility of developing full-fledged eating disorders (Anderson, 2020).

Body checking was shown to be the primary expression of psychological and psychopathology risk factor leading to eating disorders (Fairburn, et al., 2003). The transdiagnostic model of eating disorder development and maintenance explains that the increased body checking frequency, or avoidance are behavioral indicators representing a person's excessive concern with controlling his/her weight, food intake, or shape. These behaviors are considered the fundamental psychopathology behind eating disorders (Fairburn, et al., 2003). In experimental studies where they asked healthy women to scrutinize their bodies in front of a mirror, it resulted in increased body image concerns and BID (Bailey & Waller, 2017; Barnier & Collison, 2019). Moreover, it was shown that body checking increases healthy women's fear of weight gain after eating (Bailey & Waller, 2017).

Social media's increased popularity and usage has resulted in increased exposure to unrealistic beauty standards that may create body image concerns, which mediates

disordered eating (Qutteina et al., 2019). A cross-sectional study including 1418 undergraduate females studying in Qatar showed that the increased social media usage, predominantly Instagram, was positively correlated with disordered eating behaviors (Qutteina et al., 2019). Moreover, in a cross-sectional analysis including 383 participants excessive social media use, was positively associated with emotional eating, however only for females. Additionally, after performing mediation analyses, the study also concluded that appearance esteem helps mediate the relationship between social media use and emotional eating (Murray et al., 2016). Also, a meta-analysis studying the associations of body image avoidance and body checking with eating disorder pathology, BID, and mood showed that there is a solid association between body checking, BID and eating disorder pathology, in addition to a moderate relationship between mood and body checking (Walker et al., 2018). Therefore, it is important to consider these behaviors not only for diagnosing eating disorders but also in healthy people (Mountford, Hasse, & Walker, 2007). Furthermore, a systematic review of 33 studies also concluded that increased exposure to and engagement with image-related content on social media negatively affects food choices and body image in healthy adults (Rounsefell et al., 2020). A cross-sectional study including 550 normal weight undergraduate males without eating disorders, indicated that repeated body checking was highly associated with weight and shape concerns, depression, muscle dysmorphia, and eating disorder-related symptoms (Walker et al., 2009). In addition to the aforementioned, an experimental study including 93 male and female undergraduate students found that when participants are exposed to social media profiles of attractive same-sex strangers, they resulted in poorer body image and a less positive mood when compared to participants who were exposed to unattractive same-sex profiles

(Haferkamp & Krämer, 2011). Also, another experimental study including 112 female participants randomly assigned to devote ten minutes to browsing a magazine website, their personal Facebook account, or an appearance-neutral control website, then complete a questionnaire measuring body dissatisfaction, mood, appearance discrepancies, and appearance comparison tendency, indicated that participants in the Facebook group resulted in a more negative mood and higher appearance discrepancies compared to those who were subjected to the control website (Fardouly et al., 2015). Moving toward more regional studies, a cross-sectional study including 728 students in the United Arab Emirates found that 36.7% of participants had body dissatisfactions. Nevertheless, BID was higher in men than women (Alharballeh & Dodeen, 2021).

2. 2 Social Media

In January 2022, it was revealed that around 58.4% of the world's population is using social media. Additionally, their daily usage on average is around 2 hours and 27 minutes (Kemp, 2022). Social media platforms are readily available and can easily be reached through smartphones, tablets, and computers Social media has shown great benefit in increasing peoples' connection, hence increasing peoples' sense of social well-being (Tiggemann & Miller, 2010). However, social media has also led to increasing one's attention on their outer appearance, which is related to lowered body image and self-esteem (Mills et al., 2018). Social media has been believed to play a massive part in the transmission of cultural stereotypes regarding body image (Perloff, 2014). Social media platforms often portray unrealistic images of beauty or masculinity (Perloff, 2014). Incorporation of these unrealistic images increases one's concern due to its risk in increasing body dissatisfaction (Walker et al., 2018; Perloff, 2014; Alfano et al., 2011).

In comparison to traditional media, social media sites permit its users to share their information and photos and create personal profiles on their social network thus, making them more interactive than conventional media (Mills et al., 2018). There are various reasons why social media may have superior consequences on body image in comparison to traditional media. To begin with, social media platforms feature the users themselves. Additionally, when using social media, users habitually only display an idealized version of themselves uploading only their most attractive or “perfect” images to their profile, typically by the help of countless filters and photoshop. Furthermore, social media is generally used to interact with peers more than strangers or celebrities (Fardouly & Vartanian, 2016). In reference to the social comparison theory, individuals generally compare themselves to those perceived to be similar such as peers or family members (Festinger, 1954). Hence, social media might have more impact on body checking and dissatisfaction than traditional media (Hogue & Mills, 2019; Kassai, 2020). Consequently, the two most important features of social media that differ from traditional media are that social media platforms are mostly peer generated and are highly interactive (Tiggemann & Velissaris, 2020). Social media frequently exposes its users to a variety of other profiles, increasing the chances for people to compare their appearance to relatives, friends, and strangers (Tiggemann & Miller, 2010). Cross-sectional research has revealed that the use of Facebook is correlated with self-objectification and increased upward social comparison in both men and women, which are correlated to body image concerns with poorer mental health and lower self-esteem (Hanna et al., 2017). A cross-sectional analysis also indicated a positive correlation between self-objectifying acts on social media and body shame in adolescence. The study also indicated that the relationship was mediated by self-monitoring and gender,

however, body surveillance had a greater role among females than males (Salomon & Brown, 2019). Additionally, the degree of engagement in social media activities such as commenting or posting pictures acts as a substantial factor in explaining body image dissatisfaction in comparison to only addressing exposure time (Kim & Chock, 2015). Hence, social media might play a vital part in explaining the variations in body checking (Hogue & Mills, 2019; Kassai, 2020). Moreover, cross-sectional research also shows negative associations between the engagement of active social media use and body image (Hogue & Mills, 2019). Nevertheless, A cross-sectional study investigating the correlation between body image concerns, self-objectification, and Instagram use showed that photoshop/ filters were not linked to body dissatisfaction. Moreover, no significant association between the duration spent on Instagram and body dissatisfaction (Hussein, 2021).

2.3 Stress and Self-Esteem

Low self-esteem, perfectionism, and depression may negatively impact body image perceptions, especially when they happen in the presence of appearance-related worries (Perloff, 2014; Barnier & Collison, 2019). Studies including middle-school-aged girls have shown that self-esteem is negatively linked with body dissatisfaction (Mitchell et al., 2012). Additionally, among Australian adolescents, self-esteem was proven to act as a mediator for the influence of stress on body satisfaction (Murray et al. 2013). Additionally, poor body image has also been correlated with low self-esteem and low self-concept (O'Dea, 2012). Furthermore, high BID was reported to be negatively linked to self-esteem (Mills et al., 2018). Moreover, a prospective longitudinal study including 225 children showed that BID is associated with an increased risk of depression, poor

quality of life, and low self-esteem (Wynne et al., 2016). As for stress, it is implicated in the start of eating disorders, where disturbances in body image also have a crucial role (Murray et al., 2011). A cross-sectional study including 533 adolescent males and females indicated that stress plays an essential role in body image dissatisfaction where it can account for 21-35% of the variance (Murray et al., 2011). Additionally, depression also had a significant role however self-esteem elucidated the greatest variance in body image. The three variables together helped explain 47%–58% of the variance in body image scores (Murray et al., 2011). Moreover, a longitudinal study involving 298 males and females followed up for one year also indicated that stress decreases self-esteem, increases in body importance, and increases body dissatisfaction (Murray et al., 2013). Furthermore, a cross-sectional study conducted in Lebanon including 811 adult participants concluded that self-esteem and body dissatisfaction scores were positively associated, however, depression and body dissatisfaction scores were negatively associated (Haddad et al., 2019). Likewise, a cross-sectional study conducted in Egypt including 416 female adolescents age 14-18 showed that low body image satisfaction was correlated with depression ($p = 0.002$), low self-esteem ($p = 0.000$), and anxiety ($p = 0.002$). Additionally, BID was also correlated to negative eating disorder beliefs ($p = 0.025$) (Hatata, et al., 2009).

2.4 The Present Study

To our knowledge, limited studies have been conducted in the Arab world to evaluate the impact of social media on body checking. Furthermore, evidence on potential differences in body checking between active and passive social media users remains scarce. Moreover, studies measuring the impact of self-esteem and stress on

body checking are scarce. Therefore, this study aims to examine the association of body checking with active and passive social media use, and how self-esteem, emotional eating, and stress could modulate it. Hence, this study will help answer the following questions:

RQ1. Is social media use associated with body checking?

RQ2. Is there a difference in body checking between active and passive social media users?

RQ3. Are all social media sites equally associated with body checking?

RQ4. Do active users of social media suffer more from emotional eating compared to passive users?

Chapter Three

Methodology

3.1 Study Design

The present study used an observational cross-sectional survey-based design that followed the strobe checklist for reporting cross-sectional studies (Vandenbroucke et al., 2007). Due to the Covid-19 pandemic, questionnaires were solely electronic; and our sample size was obtained through convenient sampling, by inviting participants to fill the questionnaire through a link sent to various social media platforms such as Instagram, Facebook direct messages, WhatsApp, and stories (Statuses). In addition to that we also sent the invitations via emails to be able to reach the optimum number of participants. An example of the invitation is presented in Appendix I and II. To calculate the sample size needed for the study, and in reference to the population size in Lebanon, a minimum sample size of 384 was needed to guarantee a two-sided confidence level of 95% and a power value of 80% (Sullivan & Soe, 2007). Additionally, to consider a 20% refusal rate, the study aimed for a sample size of 460 participants from different regions in Lebanon. The target population was adult males and females in Lebanon. The inclusion criteria were adult males and females aged between 18 and 50 years old who are social media users. The social media sites included in the study were Facebook, Instagram, Tik Tok, Snapchat, Twitter, YouTube, and LinkedIn. The questionnaire was given in English or Arabic based on participants' preferences. The English and Arabic versions of the questionnaire can be found in Appendix III and IV, respectively.

3.2 Instruments

The questionnaire consisted of six parts: (1); demographics (2); self-esteem (3); stress and anxiety level (4); body checking frequency, (5); social media use frequency and sites, and (6); emotional eating behaviors.

3.2.1. Demographics

To start with, the demographic-related questions included sex, education level, age (categorized into six age groups), place of residence (categorized into six Muhafazat), and household income (five categories ranging from below 750, 000L.L to above 5,000,000 L.L with a sixth option of ‘not applicable’). Additionally, the eating disorder diagnosis was a ‘Yes’ or ‘No’ question in which participants were asked whether or not they have been previously diagnosed with an eating disorder.

3.2.2. Self-Esteem

In this study, the Rosenberg Self-Esteem (RSE) Scale was used to measure self-esteem. This scale is a 10-item self-administered Likert scale that aims to measure self-esteem (Rosenberg, 1965). It is based on a Likert scale ranging from 1 (strongly agree) to 4 (strongly disagree). In the current study, the Cronbach alpha coefficient was 0.76, which represents a very good internal consistency reliability for the scale. This score is consistent with previous literature that indicated an internal consistency ranging from $\alpha = 0.74$ to $\alpha = 0.84$, (Ciarrochi & Bilich, 2006). Moreover, the RSE scale shows predictive, concurrent, and construct validity, in addition to directly correlating with measures of depression and anxiety (Ciarrochi & Bilich, 2006). Furthermore, the RSE scale showed excellent stability regarding test-retest reliability over two weeks having correlations of .85 and .88 (Ciarrochi & Bilich, 2006). As for this scale’s scoring system,

involves a method of combined ratings (Rosenberg, 1979). Scores obtained can be categorized into three groups: 0-15 are considered having 'Low Self-Esteem', scores 15-25 are of 'Normal range', and scores 25-30 are of 'High Self-Esteem' (Rosenberg, 1979). For the Arabic questionnaire, the study included the Arabic validated RSE scale (Zayed et al., 2019). Examples of RES scale items include: 'On the whole, I am satisfied with myself.', 'At times I think I am no good at all.', and 'I feel that I have a number of good qualities.' (Rosenberg, 1965).

3.2.3. Stress and Anxiety

The participants' stress and anxiety levels were measured using the Perceived Stress Scale (PSS) (Cohen, Kamarck & Mermelstein, 1994). The PSS is one of the most popular scales for measuring psychological stress (Lee, 2012). It was originally a 14-item self-reported questionnaire that is based on a 5-point Likert scale ranging from 0 (never) to 4 (very often) however, the PSS 10-item, that was used in this study, is now more common (Cohen, et al., 1994) (Lee, 2012). The test-retest reliability of the PSS-10 is 0.84 (Taylor, 2015). Additionally, PSS-10 shows moderate convergent validity (Cohen & Williamson, 1988). As for the internal consistency, the scale had a Cronbach $\alpha = 0.79$ indicating very good internal consistency. As for its scoring system, questions 1, 2, 3, 6, 9, and 10 are scored as the following: Never (0), Almost never (+1), Sometimes (+2), Fairly often (+3), and Very often (+4), while questions 4, 5, 7 and 8 have a reversed scoring: Never (+4), Almost never (+3), Sometimes (+2), Fairly often (+1) and Very often (0) (Cohen, et al., 1983). As a result, the total can be categorized into three groups scores 0-13 are categorized into low stress, scores 14-26 are considered moderately stressed, and scores of above 27 are considered to be highly stressed (Cohen,

et al., 1983). As for the Arabic version of the questionnaire, it included the validated PSS (Chaaya, et al., 2010). Examples of the PSS-10 include: ‘In the last month, how often have you been upset because of something that happened unexpectedly?’, ‘In the last month, how often have you felt that you were unable to control the important things in your life?’ and ‘In the last month, how often have you felt nervous and “stressed”?’ (Cohen, Set al., 1983).

3.2.4. Body Checking

Body checking frequency was measured using the Body Checking Questionnaire (BCQ) (Reas et al., 2002). BCQ is a scale designed to evaluate body checking behaviors (Reas, et al., 2002). It is a self-administered questionnaire that consists of 23 questions on a Likert scale of 1 (never) to 5 (very often) of how often the particular behavior occurs (Calugi, et al., 2006). The BCQ can be divided into three subscales: Overall appearance Specific body parts and Idiosyncratic checking (Calugi et al., 2006). The total score of this test is the sum of the individual items thus ranging from 23 to 115 (Calugi, et al., 2006). The BCQ shows good internal consistency, Overall appearance $\alpha = 0.88$, Idiosyncratic checking $\alpha = 0.83$, and Specific body parts $\alpha = 0.92$ (Calugi, et al., 2006). In this study, the internal consistency of the scale was consistent with previous literature as indicated by $\alpha = 0.96$. Moreover, this tool has good concurrent and discriminating validity, in addition to significant reproducibility over time ($r = 0.94$) (Reas et al., 2002). The BCQ was translated to Arabic then back-translated to English. Examples of the questions include: ‘I check to see if my thighs spread when I’m sitting down’, ‘I have special clothes which I try on to make sure they still fit’, and ‘I suck in my gut to see what it is like when my stomach is completely fat’ (Reas, et al., 2002).

3.2.5. Social Media Use

Social media use was measured using items from the Media and Technology Usage and Attitudes Scale (MTUAS). This tool originally includes 11 subscales and four attitude subscales that measure general internet and smartphone usage (Rosen, et al., 2013). Responses are rated on a 10-item frequency response scale ranging from 1 (never) to 10 (all the time), noting that this scale shows strong reliability and validity (Rosen, et al., 2013). The internal consistency of this study was considered satisfactory as indicated by a Cronbach $\alpha = 0.92$. In this study, we used two subscales which are the general social media usage that includes 9 questions regarding how often does the person engage in specific behaviors such as ‘Post status updates’, ‘Browse profiles and photos and ‘Comment on postings, status updates, photos, etc.’ (Rosen, et al., 2013). Moreover, the study also included an additional five questions regarding the number of ‘followers’ or ‘friends’ on the participant’s most used social media platform, the number of social media friends known in person, the number of people met online but never met in person, the number of people regularly interacting with online but never met in person, and the number of close friends online never met in person. These five questions were answered using a 9-point numerical scale including 0, 1–5, 51–100 101–175, 176– 250, 251–375, 376–500, 501–750, and 751 or more (Rosen, et al., 2013). Noting that the Arabic version of the questionnaire included the validated Arabic versions of the subscales used (Ayad & Karacı, 2020).

3.2.6. Emotional Eating

Emotional eating was measured using the Dutch eating Behavior Questionnaire (DEBQ). The DEBQ is a 33-item scale developed to measure three types of eating

behaviors which are emotional eating, external eating (eating in response to food-related stimuli, irrespective of satiety or hunger internal states), and restrained eating (defined as efforts to refrain from eating) (Van Strien et al., 1986). This tool uses a self-administered Likert scale ranging from 1 ('Never') to 5 ('Very Often'). The DEBQ has shown good test-retest reliability scores and good internal consistency in several studies (e.g Bozan, & Asci, 2011). However, for this research, the study only included the emotional eating subscale of the DEBQ including 13 questions. As for the internal consistency measured, the subscale obtained a Cronbach $\alpha = 0.94$ indicating excellent internal consistency. The DEBQ emotional eating subscale was translated to Arabic and then back-translated to English. Examples of the questions include: 'Do you have the desire to eat when you are irritated?', 'Do you have the desire to eat when you are frightened?', and 'Do you have the desire to eat when you are disappointed?' (Van Strien et al., 1986).

3.3. Procedure

Participants had to read and sign an informed consent form before completing the questionnaire. Participation in this study was fully optional and participants were free to drop out whenever they pleased. However, only completed questionnaires were included in the study. Data collection started at the beginning of March 2021 and continued until the end of November of the same year with a total of 440 questionnaires collected. This study was approved by the institutional review board at the Lebanese American University (LAU.SAS.ND2.3/Mar/2021).

3.4. Data Analysis

Data were analyzed using SPSS version 22.0, with a statistical significance set at a 2-sided $p \leq 0.05$. Continuous variables are presented as means and standard deviations

while categorical variables are presented as frequencies and percentages. Pearson's correlation was used to test for statistically significant associations between body checking the score and each of the RES score, PSS score, DEBQ score, and the two MTUAS subscale scores. Moreover, independent t-tests were used to test for differences in body checking scores between genders, eating disorders, and RSE scores categories. Additionally, independent t-test was also used to differentiate between RES scores, PSS, and DEBQ emotional eating subscale scores in genders. Furthermore, Pearson's correlation was also used to test the association between the three body checking subscales which are overall appearance, specific body parts, and idiosyncratic scales with social media use. Furthermore, one-way analysis of variance (ANOVA) testing was used to test the difference in BCQ score between the different monthly income categories and the Kruskal Wallis test was used for testing the association of body checking with the different social media sites and their frequency of use which are Twitter, Facebook, Facebook Messenger, TikTok, Instagram, LinkedIn, YouTube, and Snapchat, in addition to testing the association between BCQ score and PSS categories. Furthermore, to test the difference in the frequency of usage of the different social media platforms, regarding the age groups, two-way Chi-square test was used. Multiple Linear regression was used to evaluate the magnitude of correlation between body checking and the independent variables using three models. Model 1: sex, age, income, place of residence, model 2: model 1 + level of education, RES score, and Friends Score from the MTUAS subscale and model 3: model 2 + PSS score and DEBQ emotional eating score and the MTUAS score regarding general social media usage.

For sensitivity analysis, to remove the influence of diagnosed eating disorders, analysis was repeated excluding those with diagnosed eating disorders such as bulimia nervosa, anorexia nervosa, and binge eating disorder.

Chapter Four

Results

4.1 Sample Size

A total of 440 questionnaires were completed. However, 17 participants were excluded for the following reasons: seven had not signed the informed consent, five did not belong to the age group 18-50 and five provided incomplete data, therefore, leaving a total of 423 questionnaires to be analyzed.

4.2 Participants' Characteristics

Out of 423 participants, most of the studied population were females (71.9%). Moreover, 69% of our participants belonged to the age group 18-30. However, the participants resided in a variety of areas across Lebanon's six Muhafazat. As for their educational levels, most had a Bachelor's degree or higher (72.1 %). However, their financial status was variable. Furthermore, when asked if they had been previously diagnosed with any type of eating disorder, 17.1% of the participants answered "Yes". Results are shown in Table 1.

Table 1 Participants' Characteristics

Characteristics	All (N = 423)
Gender n (%)	
Male	119 (28.1)
Female	304 (71.9)

Eating Disorder n (%)	
Yes	72 (17.1)
No	349 (82.9)
Age n (%)	
18-24	199 (47)
25-30	92 (21.7)
31-35	50 (11.8)
36-40	39 (9.2)
41-45	18 (4.3)
46-50	25 (5.9)
Residence n (%)	
Beirut	111 (26.2)
Mount Lebanon	102 (24.1)
South	77 (18.2)
North	96 (22.7)
Nabatiyeh	15 (3.5)
Bekaa	22 (5.2)
Education n (%)	
Primary	5 (1.2)
Secondary	14 (3.3)
High school graduate	71 (16.8)
Trade/ technical	28 (6.6)
Bachelor's degree	170 (40.2)
Higher education	135 (31.9)
Monthly income n (%)	

Below 750,000 L. L	48 (11.3)
Between 750,000- 1,200,000 L. L	53 (12.5)
Between 1,200,000 – 2,000,000 L.L	69 (16.3)
Between 2,000,000- 5,000,000 L. L	76 (18)
Above 5,000,000 L. L	44 (10.4)
Not applicable	133 (31.4)

As for social media use, when asked how frequently the participants use social media sites, Instagram was the most used social media platform where 82.8% of the population used it at least once a day. The second most used site was Facebook, where 61.7% of the population uses it at least once a day. Also, 50% of the participants answered they use YouTube at least once a day. Additionally, 39.3% of the population uses TikTok that frequently. When using Snapchat, 25.1% of the population used it at least once a day. As for Twitter, 22.1% of the population uses it at least once a day. For Facebook Messenger, 17.2% of the participants use it at least once a day. Moreover, LinkedIn use was considered the lowest used social media site where only 14.9% of the sample size used it at least once a day.

When it comes to the number of followers of friends on the participant's most used site, 38.1% answered they have more than 500 friends, while 22.3% had below 100, 20.7% had between 100-250 friends, and 19% had between 250-500 friends. As for the participants' scores calculated, noting that all scores were normally distributed, results are shown in Table 2.

Table 2: Participants' Test Scores

Scores Mean \pm SD	
BCQ score	52.49 \pm 23.63
RSE score	16.28 \pm 1.98
PSS score	20.09 \pm 6.12
DEBQ emotional eating subscale score	32.79 \pm 12.47
MTUAS score	50.70 \pm 20.82
MTUAS friendship score	15.58 \pm 6.36
Overall appearance	23.75 \pm 10.49
Specific body parts	18.87 \pm 9.22
Idiosyncratic checking	9.87 \pm 5.07

In reference to the categories of the RSE scale, 34% of the participants had low self-esteem due to scores ranging from 0- 15, 66% of the participants had normal self-esteem indicated by a score ranging from 16-25, however, none of the participants had high self-esteem; scores above 25. As for the PSS, 11.8% of the sample size had low PSS ranging from 0 to 13, 71.6% of the sample size had moderate PSS indicated by scores ranging from 14-26, and 16.1% of the sample size had high PSS that was indicated by a score of 27 or higher. Moreover, for testing the social media platforms and their frequency of usage, we categorized the age groups into 18-35 and 36-50. Results indicated that there is a significant difference in Instagram ($p < 0.001$), Snapchat ($p = 0.004$), TikTok ($p = 0.004$), where participants 18-35 report using it more frequently than participants aged 36 and above. However, participants aged 36-50 reported using Facebook more frequently than participants aged 18-35 ($p = 0.001$). Nevertheless, no

significant difference was found for the two age groups regarding the frequency of usage of Twitter ($p = 0.160$), Facebook Messenger ($p = 0.929$), LinkedIn ($p = 0.301$), or YouTube ($p = 0.417$).

4.3 Bivariate Analysis:

As for the results of the bivariate analysis, knowing that the data was normally distributed, Pearson's correlation was used to check for the correlation between BCQ score and PSS, the two subscales of MTUAS scores, DEBQ emotional eating subscale score, and the RES score. Analysis showed a positive association between BCQ and PSS scores ($p < 0.0001$, $r = 0.361$). Also, a positive correlation was found between BCQ and the two MTUAS subscales of general social media use ($p < 0.0001$; $r = 0.324$) and between BCQ and the friendship subscale of the MTUAS ($p = 0.008$; $r = 0.13$).

Additionally, a positive association was also seen between BCQ score and the DEBQ emotional eating subscale ($p < 0.0001$; $r = 0.45$). Furthermore, a negative correlation was found between BCQ score and RSE score ($p = 0.035$, $r = -0.103$). Furthermore, MTUAS general social media score was positively associated with DEBQ emotional eating subscale ($p < 0.0001$, $r = 0.335$). In addition to the aforementioned, when conducting simple linear regression between the general social media use subscale score of the MTUAS with the three BCQ subscale scores, they all showed significant correlations overall appearance ($p < 0.0001$, $r = 0.354$), specific body parts ($p < 0.0001$, $r = 0.29$), and idiosyncratic ($p < 0.0001$, $r = 0.248$).

Moreover, when conducting independent T-tests, there was a significant difference in the BCQ score between participants with or without eating disorders whereas people with eating disorders showed higher BCQ scores ($p = 0.01$) as indicated

in figure 1. Nevertheless, no significant difference was seen in the BCQ score for genders, hence results were not split by gender ($p = 0.07$). However, when we conducted independent t-test to check the difference in RES between gender, results showed a significant difference as indicated by $p < 0.0001$ where females had significantly higher RES scores as indicated by a mean RES score 16.59 ± 1.93 , compared to males having a mean RES score of 15.72 ± 1.99 . A significant difference in gender was also seen for the PSS where females reported having more significant PSS than males as indicated by Females having a mean PSS of 20.49 ± 5.88 while males had a PSS mean score of 19.05 ± 6.60 ($p = 0.039$). However no significant difference was seen in emotional eating for genders ($p = 0.23$). As for the difference in BCQ score regarding RSE categories, significant results were also seen ($p = 0.049$) noting that participants with lower self-esteem had higher BCQ scores (low self-esteem had a mean score of 55.81 ± 26.07 and normal self-esteem had a mean 50.77 ± 22.12) as seen in figure 2.

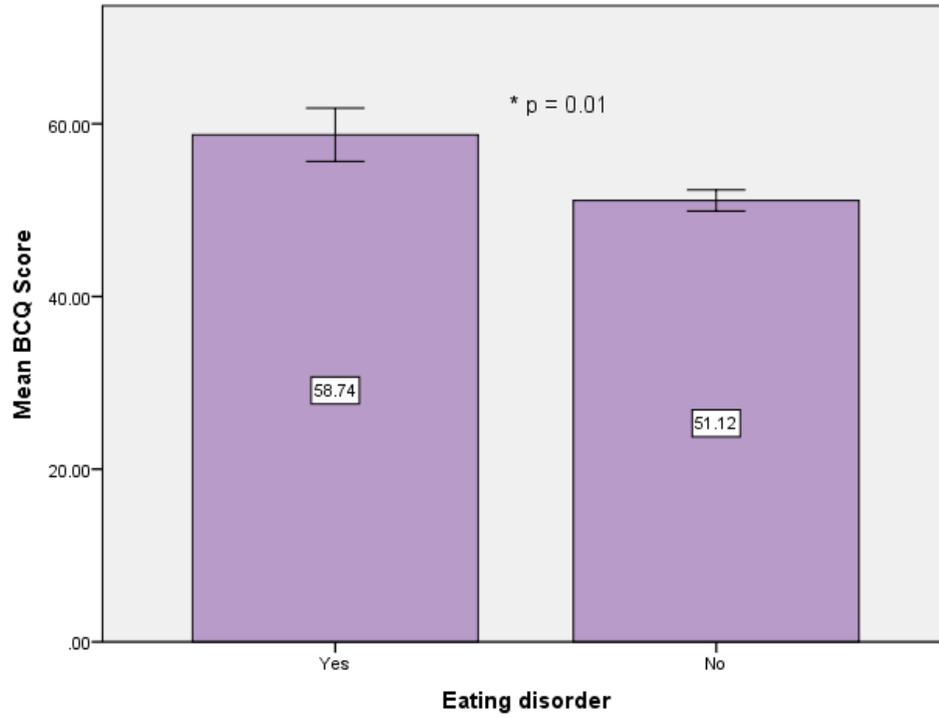


Figure 1 The Difference in BCQ Score Mean as a Function of Eating Disorder

Legend: Data is presented as mean \pm 1, BCQ: body checking questionnaire, * stands for p-value less than 0.05

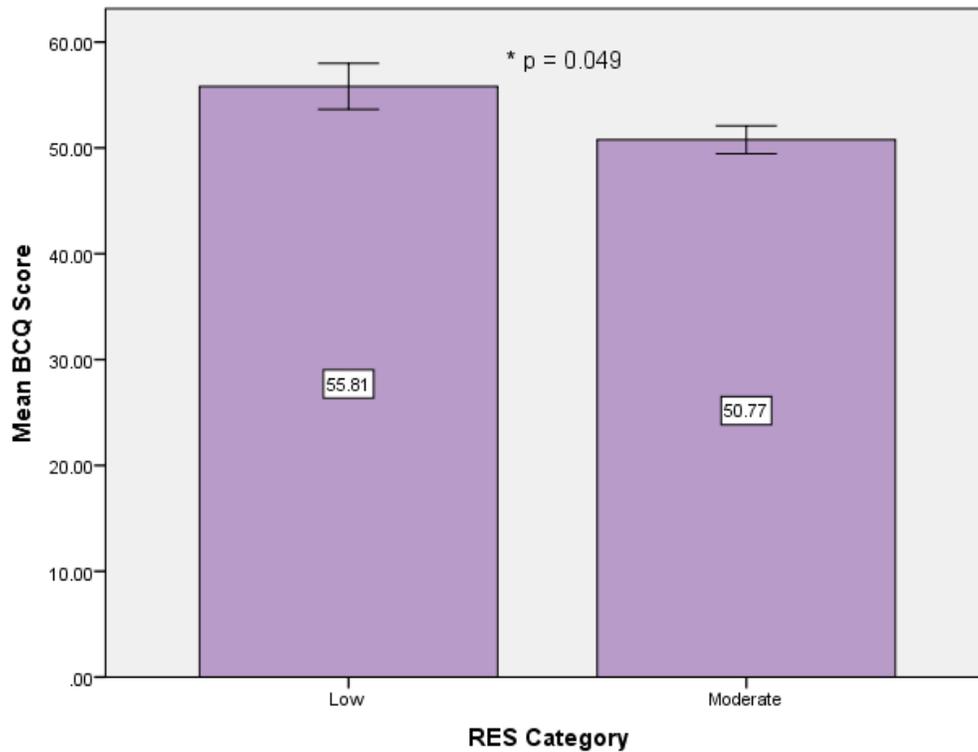


Figure 2 The Variation in Body Checking Frequency in Different RES Categories

Legend: Data is presented as mean \pm 1, RES: Rosenberg Self-esteem Scale, BCQ: body checking questionnaire, * stands for p-value less than 0.05

ANOVA testing was also used to test the difference in BCQ score between the different monthly income categories, but no significant difference was observed ($p = 0.2$). Additionally, using the Kruskal Wallis test, no significant difference was seen for BCQ score between the different age groups ($p = 0.1$), nor was there a significant difference between the different places of residency ($p = 0.06$). As for the difference in BCQ scores regarding the three PSS categories, a significant difference was seen between the three categories ($p < 0.0001$) noting that as the PSS increased so did the BCQ score as seen in figure 3. Furthermore, to test for the difference in BCQ scores in

reference to the use of different social media platforms using the Kruskal Wallis test, it was shown that BCQ score was significantly associated with Facebook use ($p < 0.0001$), Instagram use ($p < 0.0001$), Snapchat use ($p < 0.0001$), TikTok use ($p < 0.0001$), and Twitter use ($p = 0.01$). However, there was no significant difference in BCQ score's correlation with the five categories of frequency of usage of the social media sites noting that 1: never and 5: 3-5 times a day group. Nevertheless, no significance was observed for Facebook messenger use ($p = 0.06$), LinkedIn use ($p = 0.48$), and YouTube use ($p = 0.15$).

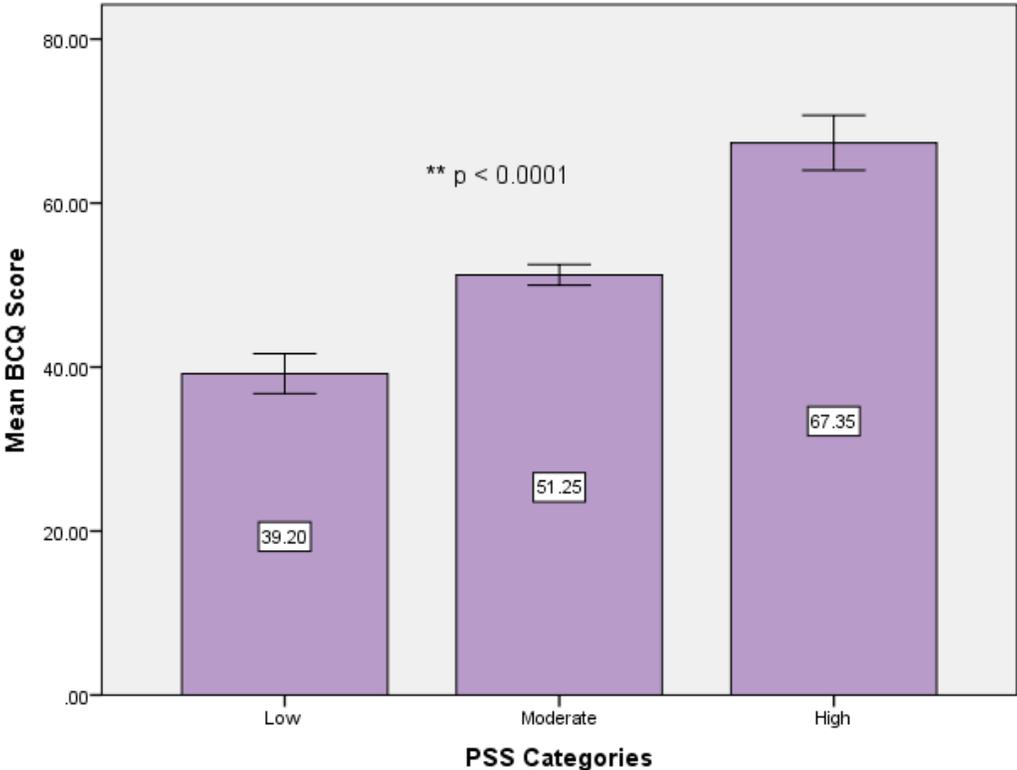


Figure 3 The Variation of BCQ Score mean as a Function of PSS

Legend: Data is presented as mean \pm 1, PSS: perceived stress score, BCQ: body checking questionnaire, **stands for p-value less than 0.0001

4.4 Multivariate Analysis

Based on the results of the bivariate analysis, we applied multiple linear regression to identify how well our variables are able to influence the BCQ score together. Three models were tested as follows: model 1: sex, age, place of residence, and monthly income, model 2: model 1 + level of education, RES score, and Friends Score from the MTUAS subscale, and model 3: model 2 + PSS score and DEBQ emotional eating subscale score and the MTUAS score regarding general social media usage. Results indicate that model 1 is not a significant model in explaining the variation in BCQ score as indicated by $p = 0.096$. However, examining each variable separately, only gender was considered a significant variable having a $p < 0.05$ ($p = 0.021$). As for age, monthly income, and place of residency, they were all considered non-significant variables having $p > 0.05$. As for model 2, results indicate that it is a significant model having a $p < 0.0001$. As for the individual variables in the model, they were all significant: MTUAS friend score ($p = 0.01$), education ($p < 0.0001$), and the RES score ($p < 0.03$). Finally, model 3 was also significant ($p < 0.0001$). As for the significance of its variables, general social media use had a $p = 0.002$, DEBQ score had a $p < 0.0001$, and PSS had a $p < 0.0001$ whereas RES, the friends score subscale of the MTUAS, and gender lost their significance in the model.

In conclusion, this model helps explain 31.8% of the variation in BCQ score with the DEBQ score, having a standardized beta of 0.32, being the most significant predictor of BCQ score. The regression line equation is: $BCQ \text{ score} = 0.924 PSS - 2.157 \text{ Education} + 0.180 \text{ MTUAS general social media use score} + 0.602 \text{ DEBQ score} + 11.926$. This means that as PSS score increases by 1, the BCQ score increases by 0.99. As for

education, the more educated the participants are, they score 2.214 less on BCQ. Moreover, with every 1-point increase in the MTUAS score participants had a 0.187 increase in the BCQ score and with every 1-point increase in the DEBQ score, participants increase their BCQ score by 0.613.

Furthermore, sensitivity analysis was performed to eliminate the influence of diagnosed eating disorders on the association. Thus, the analysis was repeated after removing the participants who were diagnosed with eating disorders (n= 72). Results indicate that the model explains 32.3% of the variation in BCQ score thus results did not change substantially and the model stayed significant ($p < 0.001$).

Chapter Five

Discussion

The present study used an observational cross-sectional survey-based design to examine the association of body checking with active and passive social media use, and how emotional eating, self-esteem, and stress could modulate it. This study aimed to answer four research questions that were as following:

RQ1. Is social media use associated with body checking?

RQ2. Is there a difference in body checking between active and passive social media users?

RQ3. Are all social media sites equally associated with body checking?

RQ4. Do active users of social media suffer more from emotional eating compared to passive users?

In summary, results showed that Instagram was the most used social media platform in the surveyed sample. Moreover, Instagram, Facebook, Snapchat, TikTok, and Twitter were associated with increased body checking whereas Facebook Messenger, LinkedIn, and YouTube were not. As for social media platform usage in relation to age, participants in the younger age group (18-35), reported using Instagram, Snapchat, and TikTok more frequently than the older age group (36-50). that reported using Facebook more frequently. Moreover, no significant difference was seen in the frequency of usage of YouTube, LinkedIn, Facebook Messenger, and Twitter between the two age groups. Also, results showed a positive correlation between body checking and active social media use, number of online friends/followers and one's interaction

with them, as well as emotional eating and stress. Furthermore, a negative correlation was found between body checking and self-esteem. There was no significant difference in body checking frequency between the different monthly income categories, age groups, places of residency, or genders. Nevertheless, significant difference was seen for genders regarding PSS and RES where females reported having higher PSS and RES scores in comparison to males. However, no significant difference was seen in emotional eating scores between genders. Regression analysis showed that perceived stress, education, active social media use, and emotional eating helped explain 31.8 % of the variation in body checking, with the most significant predictor being emotional eating. However, self-esteem and the number of online friends and their interaction with them lost significance when running the model.

Furthermore, sensitivity analysis also indicated that our results are not due to having people with eating disorders since when people with eating disorders were eliminated, our model did not change substantially, stayed significant ($p < 0.001$), and was able to explain 32.3% of the variation in BCQ score.

5.1 Body Checking and Gender

The present study showed no significant difference in body checking frequency between genders. This result may be attributed to a low male participant number (28.1%). However, it is in line with a systematic review including 20 studies that concluded that gender was not a moderating factor in the correlation of social media use, eating concerns, and body image (Holland & Tiggemann, 2016). Indeed, gender may not be a key predictor since males have been shown to engage more in body checking behaviors due to the increase in unrealistic beauty standards not only of thinness, but

also of masculinity thus, leading to an increase in body dissatisfaction (Alfano et al., 2011; Perloff, 2014).

5.2 Body Checking and Self-Esteem

Results from the bivariate analysis showed a negative association between body checking and self-esteem. However, when we conducted multiple linear regression, self-esteem lost its significance and was no longer associated with body checking. This result contradicts a cross-sectional study conducted in Lebanon including 811 adults that showed that low self-esteem and depression were correlated with higher BID scores whereas high self-esteem was significantly linked to lower BID scores (Haddad et al., 2019). This can be explained by the fact that none of the studied population had high self-esteem scores on the RES. Hence, proper examination of the association may have been limited. Additionally, the present study's result indicates that stress and emotional eating may buffer the negative correlation between self-esteem and BCQ scores. Thus, self-esteem cannot be considered a moderator in the association between body checking and social media in the present sample.

5.3 Social Media Use and Body Checking

The present results indicate that as social media use increased, particularly active social media use such as commenting, posting, liking a picture or post, body checking also increased as seen in both bivariate and multiple linear regression model. In the regression model, active social media use, measured using the MTUAS general social media subscale score, was a significant predictor of body checking frequency. Hence, answering our first and second research questions RQ1 and RQ2, social media use, specifically active social media use is associated with body checking. Our study is

consistent with cross-sectional research that shows a negative association between body image and active social media engagement (Hogue & Mills, 2019). In addition to that, our study is also inline with a meta-analysis of 156 studies that concluded that social comparison is one of the most important predictors of body image dissatisfaction (Myers & Crowther, 2009). Our results can be explained by the fact that spending more time on social media platforms is linked to having an unhealthy relationship with body image, therefore it is not only related to the initial exposure to social media sites that may increase BID, but the daily time spent on them since it would also increase one's comparison with others (BPS, 2018). Moreover, by increasing the time spent on social media sites, it would also increase one's exposure to the unrealistic ideal body images that as a result may increase one's body checking frequency.

In the present study, body checking was also positively associated with the number of online friends a person has and interacts with. However, it lost its significance in the multiple linear regression model. This might be explained by the social comparison theory which states that individuals usually compare themselves to their peers, friends, and family members (Festinger, 1954). Thus, increasing the number of followers that the participants do not know in real life might not significantly affect body checking. Additionally, active social media use might have a stronger impact compared to passive use or number of followers. In fact, the degree of engagement in social media activities such as commenting, posting pictures, or searching for a friend's profile may act as stronger predictors of BID compared to exposure time. These actions may increase the user's exposure to enhanced or unrealistic images and posts on social media platform leading to a greater tendency for appearance comparison. This result is in line with

findings from a cross-sectional study which concluded that active social media use was associated with increased body image concern while passive social media use had no effect (Kim & Chock, 2015). Hence, active social media use was shown to have a central role in explaining the variations in body checking

5.4 Body Checking and Different Social Media Platforms

To answer our third research question (RQ3) regarding the association of body checking with the different social media platforms studied, results indicated that not all social media platforms contribute equally to body checking. In our study, body checking frequency was only correlated with Instagram, Facebook, Snapchat, TikTok and Twitter, but not with LinkedIn, YouTube, or Facebook Messenger. Similarly, an experimental study found that exposure to social media profiles of attractive same-sex strangers resulted in poorer body image and a less positive mood when compared to unattractive same-sex profiles in female undergraduate students (Haferkamp & Krämer, 2011). Our study is also in agreement with an experimental study including 112 female participants who were randomly assigned to spend ten minutes browsing a magazine website, their Facebook account, or an appearance-neutral control website, then complete a questionnaire measuring BID, mood, appearance discrepancies, and a trait measure of appearance comparison tendency. Results indicated a more negative mood and higher appearance discrepancies in the Facebook group compared to the group assigned to the control website (Fardouly et al., 2015). Taken together, these results emphasize that not all social media platforms correlate with body checking equally. This may be due to the content individuals engage in while using these platforms since not all social media platforms revolve around the same content or are used for the same

purpose. For example, LinkedIn is more used for the business community and to document professional networks, while Instagram, Facebook, and TikTok revolve around one's lifestyle, and social community. Also, platforms that are more photo-centric such as Instagram and TikTok may increase the risk of social comparison through exposure to unrealistic beauty standards which can in turn increase body checking and BID. Platforms that allow peer bullying and negative comments such as Twitter may also pose an additional risk.

5.5 Social Media Use and Emotional Eating

With regard to RQ4, our results did show a positive correlation between active social media use and emotional eating, as indicated by the significant correlation between social media use and emotional eating. These results are in line with a cross-sectional analysis including 383 participants reporting that increased social media use was positively correlated with emotional eating in females, and that appearance esteem helps in mediating this relationship (Murray et al., 2016). Furthermore, our findings are also in line with another cross-sectional study conducted in Qatar where social media use, predominantly Instagram, also had a strong positive correlation with disordered eating behaviors (Qutteina et al., 2019). Similarly, a systematic review conducted by Holland & Tiggemann (2016) indicated that active social media use was positively linked with body image and disordered eating. Moreover, the study also concluded that the relationship between social media use, body image and eating concerns, were mediated by appearance-based social comparison (Holland & Tiggemann, 2016). Our results can be explained by the fact that individuals exposed to unrealistic beauty standards on social media are often dissatisfied with their bodies, thus react to that by

changing their eating behaviors such as an increase in emotional eating (Jung, 2006). Therefore, active social media use may lead to increased emotional eating due to the individual's exposure and interaction to content that trigger BID, thus altering their mood and eating behaviors.

5.6 Body Checking and Emotional Eating

Our study also showed a significant association between body checking and emotional eating as indicated by the positive correlation viewed between body checking and emotional eating subscale score. Moreover, this significant correlation was reinforced in the multiple linear regression model where results showed that emotional eating was considered the most significant predictor in explaining the variation in body checking. This result is in agreement with a longitudinal study showing that negative body image helps predict increased emotional eating engagement among overweight or obese adolescents (Shriver, et al., 2021). Moreover, our results are also in line with a cross-sectional study showing that body checking was positively associated with disordered eating in undergraduate females (Linardon, et al., 2019). Furthermore, a longitudinal study including 238 adolescents who were asked to complete The Eating Disorder Examination Questionnaire and BCQ at baseline and then after 4 months, concluded that the increase in body checking behaviors may help predict and strengthen the increase in eating disorder pathology (Zaitsoff, et al., 2020). Finally, a cross-sectional study including German and Korean college students found that body dissatisfaction, body shame, body checking behaviors, social appearance anxiety, and disordered eating behaviors were all positively associated with each other. Specifically, disordered eating behaviors and body dissatisfaction showed strong correlations in both

genders (Ko, 2010). These associations might be explained by the fact that repeated body checking especially of disliked body parts may lead to overestimating one's size which would further increase body checking and worsen BID, thus pushing the person to enter an unfavorable cycle that might result in disordered eating or eating disorders (Shafran, 2007; Walker et al., 2018; Walker et al., 2012).

5.7 Limitations and Strengths

This study is not without its own limitations. To begin with, due to the study design being observational, we can only indicate correlations rather than causalities. Additionally, our sample size was based on a convenient sampling where participants were recruited from social media platforms, thus subjecting our study to selection bias. Moreover, residual confounding factors that could have affected the results such as BMI and other forms of disordered eating such as restrained or external eating, or body image avoidance were not included. Also, due to our survey having a self reporting nature, our results were subjected to response bias. Moreover, the study did not enquire about the type of content that the participants follow or interact with. Additionally, more than half of the population was well educated which would limit the generalizability of the study to other ethnic groups or population characteristics.

As for the strengths of this study, to our knowledge, this is the first study in Lebanon to examine the association between body checking and social media use among the Lebanese population. Moreover, the study included a large sample size with a wide age range and both genders which can be considered as representative of Lebanese population. Additionally, this study corrected for confounding factors such as stress, emotional eating, and self-esteem that are of high importance in the context of the high

stress period that the Lebanese people are facing due to the simultaneous COVID-19 pandemic, economic crisis, and the 2020 port explosion. Moreover, the study also differentiated between active and passive social media use.

5.8 Study Implications:

In light of this study, it is essential that actions take place in order to help mitigate the negative impact social media may have on our health. However, to be able to have a clear impact and achieve a decline in BID, a holistic approach integrating several stakeholders should be achieved. This can be achieved through several actions such as mass media campaigns, school education programs, social media content regulations, and policy actions.

5.8.1 Mass Media Campaigns

To begin with, since social media has become an essential part of a person's daily life, one should use it as an opportunity to target change and impose positive effects on the community. Hence, mass media campaigns should help shed light on the importance of self-esteem, stress, and the unrealistic nature of social media that may lead to internalizing ideal body images which are unattainable. This may be through normalizing all body shapes and sizes, or by visually showing the impact photoshop and filters may impose.

5.8.2 School Education Programs

School education programs concerning media literacy may also help in addressing the negative impact unrealistic body images has on social comparison, and how detrimental they can be on a person's psychological and physiological wellbeing. These education programs should not only be limited to the students, but it should also include

parents to help educate them about the importance of regulating and postponing adolescents' engagement in social media. Moreover, these programs can also educate the parents about the importance of modeling positive body image to their children. A qualitative study conducted on adolescent girls showed that even though they had high social media use, however, having a positive school environment educating about media literacy, parents limiting social media use, and modeling positive body image behaviors had a significant effect on mitigating the negative correlations of social media and body image (Burnette et al., 2017).

5.8.3. Social Media Regulation

Strict content regulations of social media platforms, especially photocentric platforms such as Instagram, TikTok, and Facebook should also take place to limit pages that may exacerbate BID through advertising and promotions. This may be achieved through banning unrealistic beauty standards or videos promoting extreme thinness. Additionally strict regulation of promotions should also take place such as regulating the age groups in which content can be promoted or the type of messages being promoted. However, these actions should all be controlled by clear policies to be able to be effective and sustainable.

5.8.4. Governmental Policies

Governmental policies and legislations are essential to enforce change and help make actions sustainable. Moreover, monitoring and auditing are essential to make sure the policies implemented actually serve the purpose. For example, a systematic review including 15 experimental studies showed warning labels increased body dissatisfaction in women with high BID and thin ideal internalization. Additionally, disclaimers that

specified how images have been edited also increased body dissatisfaction in women with high social and appearance comparison. Hence disclaimers exacerbated BID instead of ameliorating it (McComb & Mills, 2020). Thus, proper effective policies should be ensured to be able to decrease the impact social media might impose on BID. Thus, proper effective policies should be ensured to be able to decrease the impact social media might impose on BID. Examples of other policies are legislations that might pose a positive effect in decreasing the risk of BID associated with social media use may include banning the use of underweight models or mandating the use of diverse body types in advertisements.

Chapter Six

Conclusion

In conclusion, this study indicates that body checking is positively correlated with increased active use of specific social media platforms such as Instagram, TikTok, Snapchat, Twitter, and Facebook. Moreover, body checking is also associated with stress and emotional eating, with active social media users engaging in more emotional eating behaviors. These results shed light on the importance of being mindful regarding the active social media use and the type of pages or content a person might be following since they may lead to negative effects on one's health.

Social media has become an essential part of modern society and turning around the clock or persuading people to limit their usage is challenging. Therefore, it is essential that social media platforms specifically Instagram, Facebook, and TikTok increase their content regulations to limit pages that encourage BID to be able to buffer the negative effects it may have on our society. Moreover, mass media campaigns should also shed light on the importance of self-compassion, self-esteem, and stress. These campaigns could help educate the population especially youth about the reality of the social media and how misleading it can be, to help buffer the negative impact on body checking and disordered eating. Moreover, campaigns should also focus on normalizing all body sizes and shapes. Furthermore, clear policies to regulate social media content should be established to have effective action against the impact social media might impose on BID.

Future studies looking at the effects of social media should integrate body checking and avoidance behaviors in addition to body image in order to better understand the relationship between them. Moreover, in order to better characterize the relationship between social media use, body checking, and disordered eating, future experimental and longitudinal studies are needed to help establish a causal relationship.

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Appendices

- I. You are invited to participate in the study “Social Media Use and Body Checking Among Lebanese Adults” The purpose of this questionnaire is to assess the association of body checking with active and passive social media use, and how self-esteem and stress could modulate it. Please rest assured that all information will be kept strictly confidential and will only be used for research purposes.

Note: you can turn your phone sideways for a better view (portrait)

If you decide to participate, please click on the link below to begin:

II.

أنت مدعو للمشاركة في دراسة "استخدام وسائل التواصل الاجتماعي وفحص الجسد بين البالغين اللبنانيين" الغرض من هذا الاستبيان هو تقييم ارتباط فحص الجسم بالاستخدام النشط وغير الفعال لوسائل التواصل الاجتماعي ، وكيف يمكن لتقدير الذات والتوتر تعديلها . يُرجى الاطمئنان إلى أن جميع المعلومات ستبقى سرية تمامًا ولن تُستخدم إلا لأغراض البحث.

ملاحظة: يمكنك تحويل هاتفك جانبًا للحصول على رؤية أفضل (portrait)

إذا قررت المشاركة ، يرجى النقر على الرابط أدناه للبدء:

III. English Version of the Questionnaire:

Social Media Use and Body Checking Among Lebanese Adults

If you would like to take part in this research project, you will be asked to complete a short questionnaire. The information you provide will be used to assess the relationship

between social media use and body image among pregnant Lebanese women. You will be asked to fill out 1 questionnaire that 500 participants are expected to participate in. the survey should not take more than 15 minutes of your time. It is comprised of five sections: self-esteem, stress, Emotional Eating, Body checking, Social Media Use, and Demographic. The information provided by you in this questionnaire will be used for research purposes. Your answers will not be released to anyone and your identity will remain anonymous. Your name will not be written on the questionnaire or be kept in any other records. All responses you provide for this study will remain confidential. When the results of the study are reported, you will not be identified by name or any other information that could be used to infer your identity. Only researchers will have access to view any data collected during this research. Your participation is voluntary, and you may withdraw from this research any time you wish or skip any question you do not feel like answering. Your refusal to participate will not result in any penalty it loss of benefits to which you are otherwise entitled.

The research intends to abide by all commonly acknowledged ethical codes. You agree to participate in this research project by filling out the following questionnaire. If you have any questions, please ask the research team listed at the beginning of this questionnaire. Thank you for your time.

If you have any questions, you may contact:

<i>Name</i>	<i>Phone number</i>	<i>Email address</i>
<i>Aya Korkomaz</i>	<i>+961 70744776</i>	<i>Aya.korkomaz@lau.edu</i>

If you have any questions about your rights as a participant in this study, or you want to talk to someone outside the research, please contact the:

IRB Office,

Lebanese American University

3rd Floor, Dorm A, Byblos Campus

Tel: 00 961 1 786456 (ext.: 2546)

I agree to participate in the research study. I understand the purpose and nature of this study and participate in it voluntarily. I understand that I can withdraw from this study at any time, without any penalty or consequences.

- a. Yes**
- b. No**

Are you between the ages of 18- 50?

- a. Yes**
- b. No**

Rosenberg Self-Esteem Scale:

Instructions: Please circle the appropriate answer for each item, depending on whether you Strongly agree, agree, disagree, or strongly disagree with it.

Table 3 Rosenberg Self-Esteem Scale

Rosenberg Self-Esteem Scale	Strongly agree =1	Agree =2	Disagree=3	Strongly disagree =4
1. On the whole, I am satisfied with myself.	1	2	3	4
2. At times I think I am no good at all.	1	2	3	4
3. I feel that I have a number of good qualities	1	2	3	4
4. I am able to do things as well as most other people.	1	2	3	4
5. I feel I do not have much to be proud of	1	2	3	4
6. I certainly feel useless at times	1	2	3	4
7. I feel that I'm a person of worth.	1	2	3	4
8. I wish I could have more respect for myself.	1	2	3	4

9. All in all, I am inclined to think that I am a failure	1	2	3	4
10. I take a positive attitude toward myself.	1	2	3	4

1 = Strongly agree 2 = Agree 3 = Disagree 4 = Strongly disagree

PERCEIVED STRESS SCALE:

Instructions: Please circle the appropriate answer for each item, depending on whether you

Never = 0, Almost never = 1 , Sometimes = 2 , Fairly often =3 , Very often = 4

Table 4 Perceived Stress Scale

PERCEIVED STRESS SCALE	Never =0	Almost never =1	Sometimes =2	Fairly often= 3	Very often =4
1. In the last month, how often have you been upset because of something that happened unexpectedly?	0	1	2	3	4
2. In the last month, how often have you felt that you were unable to control the	0	1	2	3	4

important things in your life?					
3. In the last month, how often have you felt nervous and “stressed”?	0	1	2	3	4
4. In the last month, how often have you felt confident about your ability to handle your personal problems?	0	1	2	3	4
5. In the last month, how often have you felt that things were going your way?	0	1	2	3	4
6. In the last month, how often have you found that you could not cope with all the things that you had to do?	0	1	2	3	4
7. In the last month, how often have you been able to control irritations in your life?	0	1	2	3	4

8. In the last month, how often have you felt that you were on top of things?	0	1	2	3	4
9. In the last month, how often have you been angered because of things that were outside of your control?	0	1	2	3	4
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4

Body Checking Questionnaire:

Instructions: Circle the number which best describes how often you engage in these behaviors at the present time

Table 5 Body Checking Questionnaire

Body Checking Questionnaire	Never = 1	Rarely = 2	Sometimes = 3	Often= 4	Very often = 5
------------------------------------	--------------	---------------	------------------	-------------	----------------------

1. I check to see if my thighs spread when I'm sitting down	1	2	3	4	5
2. I pinch my stomach to measure fatness.	1	2	3	4	5
3. I have special clothes which I try on to make sure they still fit.	1	2	3	4	5
4. I check the diameter of my wrist to make sure it's the same size as before.	1	2	3	4	5
5. I check my reflection in glass doors or car windows to see how I look.	1	2	3	4	5
6. I pinch my upper arms to measure fatness.	1	2	3	4	5
7. I touch underneath my chin to make sure I don't have a "double chin."	1	2	3	4	5
8. I look at others to see how my body size compares to their body size.	1	2	3	4	5
9. I rub (or touch) my thighs while sitting to check for fatness.	1	2	3	4	5

10.I check the diameter of my legs to make they're the same size as before.	1	2	3	4	5
11.I ask others about their weight or clothing size so I can compare my own	1	2	3	4	5
12.I check to see how my bottom looks in the mirror.	1	2	3	4	5
13.I practice sitting and standing in various positions to see how I would look in each position.	1	2	3	4	5
14.I check to see if my thighs rub together.	1	2	3	4	5
15.I try to elicit comments from others about how fat I am	1	2	3	4	5
16.I check to see if my fat jiggles	1	2	3	4	5
17.I suck in my gut to see what it is like when my stomach is completely fat	1	2	3	4	5
18.I check to make sure my rings fit the same way as before	1	2	3	4	5

19. I look to see if I have cellulite on my thighs when I am sitting.	1	2	3	4	5
20. I lie down on the floor to see if I can feel my bones touch the floor.	1	2	3	4	5
21. I pull my clothes as tightly as possible around myself to see how I look.	1	2	3	4	5
22. I compare myself to models on TV or in magazines.	1	2	3	4	5
23. I pinch my cheeks to measure fatness.	1	2	3	4	5

Dutch Eating Behavior questionnaire: Emotional Eating Subscale: Do you have the desire to eat when you:

Table 6 Dutch Eating Behavior questionnaire: Emotional Eating Subscale

Dutch Eating Behavior	Never =1	Rarely=2	Sometimes=3	Often= 4	Very Often= 5
Are irritated?	1	2	3	4	5
You have nothing to do?	1	2	3	4	5
Are feeling lonely?	1	2	3	4	5

Are depressed or discouraged?	1	2	3	4	5
Somebody lets you down?	1	2	3	4	5
You are cross (in a bad mood)?	1	2	3	4	5
Are approaching something unpleasant to happen?	1	2	3	4	5
You are anxious, worried, or tense?	1	2	3	4	5
Things are going against you or when things have gone wrong?	1	2	3	4	5
You are frightened?	1	2	3	4	5
You are disappointed?	1	2	3	4	5
You are emotionally upset?	1	2	3	4	5
You are bored or restless?	1	2	3	4	5

Social media use:

Instructions: Please put a tick under the box that best describes your actions.

Table 7 Social Media Sites and Frequency of Usage

Social network sites' usage	Every day	3-5 times a day	Occasionally	Rarely	Never
Facebook					
Twitter					
Instagram					
Snapchat					
LinkedIn					
YouTube					
Facebook Messenger					

MTUAS

How often do you do each of the following activities on social networking sites?

Never = 1

Once a month = 2

Several times a month=3

Once a week=4

Several times a week= 5

Once a day= 6

Several times a day= 7

Once an hour =8

Several times an hour = 9

All the time=10

Please answer the following questions about your online friends. 9-point scale for items

Table 8 MTUAS General Social Media Use Subscale

1. Check your Facebook page or other social networks.	
2. Check your social network pages from your smartphone.	
3. Check social network pages at work or school.	
4. Post status updates.	
5. Post photos.	
6. Browse profiles and photos.	
7. Read the postings.	
8. Comment on postings, status updates, photos, etc.	
9. Click “Like” to a posting, photo, etc.	

- a. 0 = 1
- b. 1-50 = 2
- c. 51-100 = 3
- d. 101-175 = 4
- e. 176- 250 =5
- f. 251- 375 = 6
- g. 376-500 = 7
- h. 501- 750 = 8
- i. 751 or more = 9

Table 9 MTUAS Friends Score Subscale

1. How many friends do you have on social media?	
2. How many of your Facebook friends do you know in person?	
3. How many people have you met online that you have never met in person?	
4. How many people do you regularly follows with online that you have never met in person?	

Please answer the following questions

Age:

- a. 18 – 24
- b. 25-30
- c. 31-35
- d. 36-40
- e. 41-45
- f. 46-50

Sex:

- a. Male
- b. Female
- c. Others: specify

Have you ever been diagnosed with an eating disorder? (Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder)

- a. Yes
- b. No

Place of Residence:

- a. Beirut
- b. Mount Lebanon
- c. South
- d. Nabatiyeh
- e. North
- f. Bekaa

Level of Education:

- a. Primary Education
- b. Secondary Education
- c. High school graduate
- d. Trade/technical/vocational training
- e. Bachelor's degree
- f. Higher Education

Monthly Income:

- a. Below 750,000 LB
- b. 750,000 and 1,200,000 LB
- c. 1,200,000 and 2,000,000 LB
- d. 2,000,000 and 5, 000, 000 LB
- e. Above 5 000, 000
- f. Not applicable

IV. Arabic Version of the Questionnaire:

موافقة للمشاركة في الاستبيان

استخدام وسائل التواصل الاجتماعي والتدقيق الجسدي بين اللبنانيين البالغين

ود أن أدعوكم للمشاركة في مشروع بحثي عبر ملء الاستبيان التالي

سيطلب منك ملء استبيان واحد. وهي تتألف من 6 أقسام: احترام الذات ، والتوتر ، والأكل العاطفي والتدقيق

الجسدي ، واستخدام وسائل التواصل الاجتماعي

لا توجد مخاطر معروفة، أو أي ضرر مرتبط بهذه الدراسة خارج تلك التي تواجهونها في الحياة اليومية العادية يُستفاد من المعلومات التي ستقدمونها لأغراض البحوث ستشمل الدراسة 500 مشارك. لن يستغرق إتمام الاستبيان أكثر من 15 دقيقة .

من خلال الاستمرار في الاستبيان ، فإنك توافق مع العبارات التالية

لقد أعطيت ما يكفي من المعلومات حول هذا المشروع البحثي

لن يتم التصريح أو الإفراج عن اجاباتي الى اي شخص ، وسوف تبقى هويتي مجهولة. لن يكتب اسمي على الاستبيان ولن يحفظ في أي سجلات عندما يتم تقديم نتائج الدراسة ، لن يتم التعرف الي بالاسم أو أي معلومات أخرى يمكن أن تستخدم للاستدلال الى هويتي

الباحثون فقط لديهم الحق في الاستطلاع على البيانات التي تم جمعها خلال هذا البحث لكن البيانات لا يمكن أن تكون مرتبطة بي

ادرك ان مشاركتي طوعية وبإمكاني الإنسحاب من هذا البحث في أي وقت اشاء أو تخطي أي سؤال لا اشعر بالرد عليه

انا ادرك بان رفضي للمشاركة لا ينتج عنه أي جزاء أو فقدان أي من الحقوق التي أنا مؤهل لها

لقد تم ابلاغي ان البحث يلتزم بجميع القوانين الأخلاقية المعترف بها، وبان هذه الدراسة تمت مراجعتها والموافقة عليها من قبل مكتب اللجنة الأخلاقية في الجامعة اللبنانية الأميركية

أنا أفهم أنه إذا كان لدي أي أسئلة إضافية يمكنني ان اطلب من فريق البحث المدرجة اسمائهم في القائمة ادناه

لقد قرأت وفهمت كل البيانات الواردة في هذا النموذج

أنا أوافق طوعا للمشاركة في هذا المشروع البحثي من خلال استكمال الاستبيان التالي

إذا كان لديك أي أسئلة يمكنك الاتصال

الإسم: آية فرقماز

البريد الإلكتروني Aya.korkomaz@lau.edu

رقم الهاتف : 70744776

إذا كان لديك أي أسئلة حول حقوقك كمشارك في هذه الدراسة ، أو كنت تريد التحدث إلى شخص خارج البحث ،

يرجى الاتصال

Institutional Review Board Office

Lebanese American University

3rd Floor, Dorm A, Byblos Campus

Tel: 00 961 1 786456 ext. (2546)

irb@lau.edu.lb

مكتب لجنة الأخلاقيات

الجامعة اللبنانية الأميركية

Tel: 00 961 1 786456 ext. (2546)

تم الموافقة على هذا الاستبيان من قبل مكتب اللجنة الأخلاقية في الجامعة اللبنانية الأميركية

أوافق على المشاركة في الدراسة البحثية. أفهم الغرض من هذه الدراسة وطبيعتها وأشارك فيها طواعية. أفهم أنه

يمكنني الانسحاب من هذه الدراسة في أي وقت ، دون أي عقوبة أو عواقب

نعم

لا

عمري بين 18 و 50 سنة

نعم

لا

مقياس تقدير الذات: يرجى تحديد الإجابة التي تصفك بشكل أفضل

Table 10 Rosenberg Self-Esteem Scale Arabic

معرض بشدة	معارض	موافق	موافق بشدة	
				بشكل عام، أنا راضي عن نفسي
				أحياناً. أشعر بعدم جدواي
				أعتقد أنني أمتلك العديد من الصفات الجيدة
				أستطيع القيام بالأشياء التي يقوم بها الآخرون
				أشعر بعدم وجود شيء يجعلني فخور بنفسني
				بالتأكيد، أشعر بعدم فائدتي أحياناً
				أشعر بأنني شخص ذو قيمة، على الأقل، بشكل متساو مع غيري
				أتمنى أن أكن لنفسي احتراماً أكبر
				بشكل عام، أنا أميل إلى الشعور بأنني فاشل
				لدي سلوك إيجابي تجاه نفسي

مقياس التوتر النفسي: خلال الشهر الذي مضى كم من الوقت شعرت

Table 11 Perceived Stress Scale Arabic

بشدة	شبه بشدة	أحياناً	غالباً	غالباً جداً	
					بالاضطراب نتيجة حصول حادثة غير متوقعة؟
					بعدم قدرتك على التحكم بالأمر المهمة في حياتك؟

					بالتوتر و"الضغط النفسي"؟
					بالثقة حيال قدرتك على التعامل مع مشاكلك الشخصية؟
					أن الأمور تجري حسب مشيئتك؟
					بعدم قدرتك على التكيف مع جميع الأمور التي عليك فعلها؟
					انك قادر على التحكم بمصادر الازعاج في حياتك؟
					انك تتحكم بجميع الأمور؟
					بالغضب بسبب أمور خارجة عن سيطرتك؟
					ان المصاعب تتراكم لدرجة لا يمكنك التحكم بها؟

استبيان التدقيق الجسدي

Table 12 Body Checking Scale Arabic

أبدا	نادرا	بعض الأحيان	غالبا	في كثير من الأحيان	
					أتحقق من أن حجم أفخاذي لا يتدلى عند جلوسي
					أقرص معدتي للتأكد من حجم الدهون فيها
					لدي ملابس خاصة أحاول ارتدائها للتأكد من أنها لا تزال مناسبة

					أتحقق من قطر معصمي للتأكد من أنه بنفس حجمها السابق
					أتحقق من انعكاسي في الأبواب الزجاجية لنوافذ السيارة لأرى كيف أبدو
					أقرص ذراعي للتأكد من حجم الدهون فيه
					'ألمس تحت ذقني للتأكد من عدم وجود ذقن مزدوجة
					أنظر إلى الآخرين لأرى كيف يقارن حجم جسدي بحجم أجسامهم
					أفرك (أو ألمس) فخذي أثناء الجلوس للتحقق من سمته
					أتحقق من قطر ساقبي للتأكد من أنهما بنفس الحجم كما كان من قبل
					أسأل الآخرين عن وزنهم أو حجم ملابسهم حتى أتمكن من مقارنة وزني بهم
					أتحقق لأرى كيف تبدو مؤخرتي في المرأة
					أمارس الجلوس والوقوف في أوضاع مختلفة لأرى كيف سأبدو في كل وضع
					أتحقق لمعرفة ما إذا كان قَدْخِي يفر كان معاً
					أحاول استخلاص تعليقات من الآخرين حول كم أنا سمين
					أتحقق لمعرفة ما إذا كانت دهوني تهتز

					امتنص أحشائي لأرى كيف سيكون الحال عندما تكون معدتي مسطحة تمامًا
					اتحقق من إن قياس خواتمي مازال يناسب حجم اصابعي
					أنتطلع لمعرفة ما إذا كان لدي عندما أجلس السلوليت على فخذي
					أستلقي على الأرض لأرى ما إذا كان بإمكانني الشعور بأن عظامي تلمس الأرض
					أسحب ملابسني بإحكام قدر الإمكان حول نفسي لأرى كيف أبدو
					أقارن نفسي بالعارضات على التلفزيون أو في المجلات
					أضغط على خدي لأتحقق من نسبة الدهون فيه

كلنا نستجيب لمشاعر مختلفة بطرق مختلفة. يرجى الإشارة إلى أي مدى تفودك فيها المشاعر التالية إلى الشعور بالرغبة في تناول الطعام من خلال تحديدك الاجابة المناسبة

Table 13 Dutch Eating Behavior Questionnaire: Emotional Eating Subscale Arabic

. هل لديك الرغبة في الأكل عند شعورك بالإنزعاج ؟					
أبدأ	نادرًا	أحيانًا	غالبًا	غالبًا جدًا	ليس ذو صلة

. هل لديك الرغبة في الأكل خلال أوقات الفراغ؟					
أبدأ <input type="radio"/>	نادرًا <input type="radio"/>	أحيانًا <input type="radio"/>	غالبًا <input type="radio"/>	غالبًا جدًا <input type="radio"/>	ليس ذو صلة <input type="radio"/>
. هل لديك الرغبة في الأكل عند شعورك بالإكتئاب او فقدان العزيمة ؟					
أبدأ <input type="radio"/>	نادرًا <input type="radio"/>	أحيانًا <input type="radio"/>	غالبًا <input type="radio"/>	غالبًا جدًا <input type="radio"/>	ليس ذو صلة <input type="radio"/>
. هل لديك الرغبة في الأكل عند شعورك بالوحدة؟					
أبدأ <input type="radio"/>	نادرًا <input type="radio"/>	أحيانًا <input type="radio"/>	غالبًا <input type="radio"/>	غالبًا جدًا <input type="radio"/>	ليس ذو صلة <input type="radio"/>
. هل لديك الرغبة في الأكل عندما يخذلك أحد ؟					
أبدأ <input type="radio"/>	نادرًا <input type="radio"/>	أحيانًا <input type="radio"/>	غالبًا <input type="radio"/>	غالبًا جدًا <input type="radio"/>	ليس ذو صلة <input type="radio"/>
. هل تشعر/ي بالرغبة في الأكل عند شعورك بالغضب ؟					
أبدأ <input type="radio"/>	نادرًا <input type="radio"/>	أحيانًا <input type="radio"/>	غالبًا <input type="radio"/>	غالبًا جدًا <input type="radio"/>	ليس ذو صلة <input type="radio"/>
. هل لديك الرغبة في الأكل عند اقتراب حدث غير سار؟					
أبدأ <input type="radio"/>	نادرًا <input type="radio"/>	أحيانًا <input type="radio"/>	غالبًا <input type="radio"/>	غالبًا جدًا <input type="radio"/>	ليس ذو صلة <input type="radio"/>

. هل لديك الرغبة في الأكل عند شعورك بالقلق أو التوتر؟					
أبداً	نادرًا	أحيانًا	غالبًا	غالبًا جدًا	ليس ذو صلة
. هل لديك الرغبة في الأكل عندما تكون الأمور على غير ما يرام أو تتقلب ضدك؟					
أبداً	نادرًا	أحيانًا	غالبًا	غالبًا جدًا	ليس ذو صلة
. هل لديك الرغبة في الأكل عند شعورك بالخوف؟					
أبداً	نادرًا	أحيانًا	غالبًا	غالبًا جدًا	ليس ذو صلة
. هل لديك الرغبة في الأكل عند شعورك بخيبة الأمل؟					
أبداً	نادرًا	أحيانًا	غالبًا	غالبًا جدًا	ليس ذو صلة
. هل لديك الرغبة في الأكل عند شعورك بالملل أو ضيق الخلق؟					
أبداً	نادرًا	أحيانًا	غالبًا	غالبًا جدًا	ليس ذو صلة
. هل لديك الرغبة في الأكل عندما تساء عاطفيًا؟					
أبداً	نادرًا	أحيانًا	غالبًا	غالبًا جدًا	ليس ذو صلة

استخدام وسائل العالم والتكنولوجيا ومقاييسه

Table 14 Social Media Platform Usage Arabic

أبدا	نادرا	أحيانا	مرات في 3-5 اليوم	كل يوم	
					فيسبوك
					تويتر
					الانستغرام
					سناب شات
					ماسنجر الفيسبوك
					تيك توك
					(لينكدين LinkedIn)
					YouTube موقع

كم مرة تقوم بكل نشاط من الأنشطة التالية على وسائل التواصل الاجتماعي؟ فكر في أكثر منصات التواصل الاجتماعي استخدامًا أثناء الرد

Table 15 General Social Media Use Subscale Arabic

طوال الوقت	في >1/ الساعة	في 1/ الساعة	في >1/ اليوم	في 1/ اليوم	>1/ الإسبوع	1/ الإسبوع	>1 / الشهر	1 / الشهر	أبدا	
										تحقق من صفحة في

										الشبكات الاجتماعية
										تحقق من الشبكات الاجتماعية من هاتفك الذكي
										تحقق في الشبكات الاجتماعية في العمل أو المدرسة.
										نشر تحديثات الحالة.
										نشر الصور
										تصفح : الملفات الشخصية والصور
										قراءة المنشورات
										التعليق على المنشورات

										وتحديثات الحالة والصور وما إلى ذلك
										انقر فوق "أعجبي" للنشر أو الصورة وما إلى ذلك

الرجاء الإجابة على الأسئلة التالية حول أصدقائك عبر الإنترنت. فكر في أكثر منصات التواصل الاجتماعي

استخدامًا أثناء الرد

Table 16 MTUAS Friends Score Subscale Arabic

٧٥١	٥٠١-	٣٧٦-	في 1/ >	٢٥١-	١٧٦-	١٠١-	٥١-	١	٠	
او اكثار	٧٥٠	٥٠٠	اليوم	٣٧٥	٢٥٠	١٧٥	١٠٠	-	٥٠	
										كم عدد الأصدقاء لديك على وسائل التواصل الاجتماعي
										كم عدد الأشخاص الذين قابلتهم عبر الإنترنت لم تقابلهم شخصيًا أبدًا

										كم عدد الأشخاص الذين تتفاعل معهم بانتظام عبر الإنترنت والذين لم تقابلهم شخصيًا أبدًا.
										كم من أصدقائك على وسائل التواصل الاجتماعي تعرفهم شخصيًا

الجنس

ذكر

أنثى

آخر

هل سبق أن تم تشخيصك باضطراب في الأكل؟ (فقدان الشهية العصبي ، الشره المرضي العصبي ، اضطراب الأكل

بنهم)

نعم

لا

العمر

١٨-٢٤

٢٥-٣٠

٣١-٣٥

٣٦-٤٠

٤١-٤٥

٤٦-٥٠

مكان الإقامة

بيروت

جبل لبنان

الجنوب

النبطية

الشمال

البقاع

مستوى التعليم

ابتدائي

مدرسة اعدادية

المدرسة الثانوية

مهني

درجة باكلوريوس

تعليم عالي

الدخل الشهري

< 750.000

750.000 - 1200.000

1,200,000- 2,000,000

2,000,000 - 5,000,000

>5000000

لا ينطبق