Review

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From social media exposure to disordered eating: mechanisms, risks and protective factors in children and adolescents

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Abstract: Social media (SM) has emerged as an important environmental context associated with children's and adolescents' eating behaviors, body image and psychological well-being, fueled by the proliferation of visual and appearance-focused content. Trends such as "thinspiration" and "fitspiration" have been widely linked to the internalization of unrealistic body ideals and higher levels of body dissatisfaction, particularly among adolescent girls. Concurrently, exposure to digital marketing of high-fat, sugar and salt (HFSS) foods has been associated with less healthy nutritional preferences and dietary norms among youth. This narrative review synthesizes recent evidence (2020–2025) to examine the association between SM exposure and disordered eating in children and adolescents, with a particular focus on underlying psychosocial, neurobiological and environmental mechanisms. Key mechanisms discussed include social comparison processes, appearance-related pressure, dopamine-mediated reward–reinforcement cycles and algorithm-driven amplification of appearance and food-related content. In addition to risk mechanisms, this review highlights protective factors that may mitigate adverse outcomes. Media literacy, supported by parental guidance and psychoeducation, emerges as a promising preventive framework capable of strengthening adolescents' digital resilience and reducing vulnerability to disordered eating behaviors. From a public health perspective, media literacy should be considered not only an individual skill but also a scalable preventive strategy integrated into educational and health promotion initiatives. Overall, SM represents a complex digital ecosystem that poses both risks and opportunities for youth health. Conceptual integration of behavioral, neurobiological and public health evidence underscores the need for multidisciplinary and preventive approaches to promote healthier digital engagement among children and adolescents.

Keywords: children; adolescents; social media; feeding difficulties; eating disorders; media literacy

Introduction

The foundation of a healthy society lies in the healthy upbringing of its children. A child's development encompasses biological, emotional and psychological changes that occur between birth and the end of adolescence [1]. Social determinants are key factors influencing the long-term developmental and health outcomes of children. Nutrition during infancy, known as the critical period of early life, is the most fundamental determinant of growth, whereas nutrition in early childhood plays a pivotal role in establishing healthy eating habits and preventing potential health problems in adulthood [2].

Over the past 25 years, the rapid expansion of digital technologies and SM platforms has profoundly transformed the lifestyles of children and adolescents. Visual-centered SM environments are particularly prevalent during adolescence; a developmental stage characterized by identity formation, body image construction and an increased need for social approval. Within this context, SM functions not only as a communication tool but also as a domain for self-definition and social comparison [3].

Empirical studies have demonstrated that SM use among adolescents is associated with body dissatisfaction, dieting behaviors, eating disorder (ED) symptoms, and low self-esteem [4, 5]. Visual trends such as the "thin ideal" and "fitspiration" perpetuate cultural pressures that heighten the risk of disordered eating. Conversely, SM platforms can also serve a protective and supportive role through recovery communities and peer support mechanisms [6].

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This narrative review provides a multidimensional examination of the relationship between SM use and the development of EDs. The aim of this review is to synthesize the current scientific evidence to elucidate the impact of SM use on unhealthy eating behaviors, body image disturbances and EDs among children and adolescents. Furthermore, it discusses how media literacy initiatives may serve as a critical protective factor in this interaction. This work is among the first comprehensive reviews from Türkiye to address this complex interplay through a media literacy perspective specific to the child and adolescent population.

Approach to the literature

This narrative review focuses on the impact of SM use on disordered eating behaviors, body image and nutritional habits in children and adolescents. The objective of this study is to synthesize the existing literature in the field, identify the underlying psychosocial and neurobiological mechanisms and evaluate the public health implications for mitigating adverse effects.

Search strategy

The literature search was conducted using prominent academic databases including PubMed, Web of Science and Scopus, primarily focusing on articles published between 2020 and 2025. Primary search terms were utilized in various combinations, such as “social media”, “screen time”, “eating disorder” or “disordered eating”, “body image”, “nutrition” and “adolescent” or“child”.

Inclusion criteria

Studies were considered eligible for inclusion if they met the following criteria:

(1) Focused on children or adolescents aged 5–18 years;
(2) Examined SM exposure in relation to feeding behaviors, dietary patterns, body image or ED-related symptoms;
(3) Were published in peer-reviewed journals;
(4) Employed observational, experimental, review, qualitative or mixed-methods study designs;
(5) Were published in English.

Exclusion criteria

Studies were excluded if they met any of the following criteria:
(1) Focused exclusively on adult populations;
(2) Were non–peer-reviewed sources (e.g., opinion pieces, blogs, commentaries);
(3) Consisted of case reports without direct relevance to SM or digital media exposure;
(4) Were published before 2020, unless deemed essential for conceptual or theoretical grounding.

Selection process and narrative synthesis

The initial search yielded approximately 750–800 records across all databases. After the removal of duplicates and title-abstract screening, approximately 95 studies were assessed for full-text eligibility. Of these, around 35–40 empirical studies (including observational, content analysis and experimental designs) that directly examined the relationship between SM exposure and feeding behaviors, body image or ED-related symptoms in children and adolescents were included in the final narrative synthesis.

In addition; policy documents, global surveillance reports (e.g., WHO, UNICEF, DataReportal, HBSC) and several foundational conceptual papers were incorporated to contextualize the findings within a broader public health and policy framework.

The final selection prioritized recent and high-quality publications that elucidated key psychosocial and neurobiological mechanisms, provided robust empirical evidence, and addressed relevant protective factors as well as intervention strategies. Although this review follows a narrative rather than a systematic methodology, study selection was guided by the authors’ clinical and academic expertise to ensure adequate coverage of the review’s core conceptual domains, including social comparison, algorithmic content exposure, food marketing, media literacy and public health implications. This approach enabled a focused and integrative synthesis of the literature supporting the proposed conceptual framework.

Social media use in children and adolescents

Social media is defined as a set of online platforms based on Web 2.0 technologies that enable users to create, share and

interact with digital content [7]. Users may act both as passive consumers, as active producers and distributors of content. Unlike traditional media SM is characterized by participatory engagement, interactivity, openness, sharing and community building. Visibility, popularity and the number of "likes" have increasingly become determinants of self-esteem among adolescents, while the prevalence of visual content exerts a strong influence on body image perception [8].

Recent reports indicate that, as of early 2025, there are approximately 5.41 billion SM users worldwide, representing around 65.7 % of the global population [9]. Compared with the previous year, this figure reflects a 4.7 % annual increase and it is estimated that 95.7 % of individuals with internet access use at least one SM platform per month [9].

According to the 2025 Health Behaviour in School-aged Children (HBSC) data conducted in collaboration with the World Health Organization (WHO), approximately 11 % of adolescents exhibit tendencies toward problematic SM use; with rates of 13 % among girls and 9 % among boys. The same report highlights that 36 % of adolescents maintain continuous communication with friends in online environments, with this figure rising to 44 % among 15 year old girls [10].

The findings of a study conducted in the United States reveal adolescents' self-evaluations regarding the amount of time they spend on SM. According to the results; 8 % of participants reported using SM very little, 36 % indicated that they use it more than they should, and 55 % stated that their level of use is appropriate. Additionally, 54 % of participants indicated that it would be difficult for them to quit SM. When analyzed by gender; 58 % of adolescent girls reported that giving up SM would be difficult, compared to 49 % of boys. Conversely, 25 % of boys stated that they could easily stop using SM, while this rate was 15 % among girls. In terms of age groups 58 % of adolescents aged 15–17 years believed that discontinuing SM use would be difficult, whereas this proportion was 48 % among those aged 13–14 years [11].

Feeding behaviors and unhealthy dietary patterns in childhood

Unhealthy eating is one of the most significant global public health problems threatening child and adolescent health. Although it may appear to be a simple matter of personal food choice, unhealthy eating is understood within a broader context of interconnected physical and psychological adverse effects. Individuals are negatively affected by the nature and frequency of their unhealthy food choices, which may gradually become habitual behaviors [12].

Like many other lifestyle patterns, eating and physical activity habits are established during early childhood. Food neophobia (refusal to try unfamiliar foods) begins in infancy but becomes more pronounced during toddlerhood, reaching its peak between the ages of 2 and 6 years [13]. In early childhood, unhealthy dietary patterns can lead to growth retardation, iron deficiency anemia and various vitamin and mineral deficiencies, whereas in adolescence, such patterns are associated with obesity, metabolic syndrome, type 2 diabetes and increased cardiovascular risk [12].

Adolescence represents a critical period for nutrition due to high energy and nutrient requirements. However, the increased consumption of fast food, sugar-sweetened beverages and highly processed foods rich in fat and salt adversely affects healthy growth and development [14]. According to WHO data, in 2022 approximately 18 % of children and adolescents aged 5–19 years were classified as overweight and 8 % as obese [15].

Unhealthy dietary behaviors also exert negative effects on academic performance, mental health and social development. Diets high in sugar and low in fiber have been linked to attention difficulties and learning problems, while irregular meal patterns and inadequate fruit and vegetable intake are associated with depressive symptoms [16]. Therefore, promoting healthy eating behaviors during childhood and adolescence plays a pivotal role in preventing chronic diseases later in life.

Parental influence, online information seeking and indirect exposure

Parents play a critical role in shaping children's eating behaviors and today SM serves as both an information source and a transmitter of social norms within this process. Research indicates that parents' use of and engagement with SM content can influence children's food choices, meal patterns and nutritional awareness. In a study by Saher et al. the rate of using SM platforms to obtain information about child nutrition and family meals was 64.8 % among mothers and 25 % among fathers. Parental behaviors such as sharing meal photos and comparing food preferences on SM were found to be associated with negative parenting practices, including the use of food as a means of emotional regulation or as a reward particularly among fathers [17].

The influence of SM on the health and nutrition of children and adolescents continues to grow worldwide. One

study found that 72 % of children and adolescents aged 7–16 years were exposed to food marketing within 10 min of using their favorite applications [18]. The majority of these online food advertisements featured processed foods. The most frequently advertised categories included cakes, cookies, ice cream, cold cereals, restaurants and sugar-sweetened beverages [18].

Social media platforms are thought to indirectly influence parental and child food preferences by amplifying the exposure to unhealthy food marketing. In a study by Tsochantaridou et al. adolescents exposed to advertisements for unhealthy foods and beverages demonstrated a strong desire and intention to consume the promoted products [19]. Similarly, a systematic review by McCarthy et al. revealed that SM exposure and digital marketing significantly affect adolescents' food selection and intake. That multi-platform exposure contributes to the formation of unhealthy eating habits [20].

Food marketing and advertising on social media

A substantial body of literature supports the evidence that unhealthy food and beverage marketing influences children's food choices and dietary patterns. The promotion of HFSS foods and beverages on SM platforms represents a powerful commercial determinant that negatively affects the eating behaviors of children and adolescents. The WHO 2023 guideline emphasizes that such marketing has detrimental effects on children's food choices and eating habits, increases their purchase requests and shapes normative beliefs about food consumption [21]. Consequently, the guideline calls for comprehensive policies aimed at protecting children of all ages from the harmful impacts of HFSS marketing.

Recent content analyses reveal that a significant proportion of food-related material encountered by children on SM promotes products that should not be marketed to children. The general characteristics and key findings of recent studies on this topic are summarized in Table 1. In a study by Naderer et al. it was found that 67 % of food cues featured in videos by child and adolescent influencers belonged to product categories that are not permitted for marketing to children according to the WHO Nutrient Profile Model. These videos frequently employed visual strategies such as product placement, packaging visibility, brand integration and child-directed appeal features [22].

Table 1: Recent studies examining the impact of social media marketing of unhealthy foods and beverages on children's and adolescents' eating behaviors.

Source	Study type	Sample/content	Key findings
WHO Guideline [21]	WHO policy guideline	Global policy and literature analysis	Marketing of HFSS foods and beverages negatively affects children's food choice, purchase demand and consumption norms.
Naderer et al. [22]	Content analysis	Videos of child/-youth influencers	67 % of food cues corresponded to products not permitted for child marketing under the WHO Nutrient Profile Model. Frequent use of product placement and child-targeted appeal strategies was observed.
McCarthy et al. [20]	Systematic review	17 studies on SM and advergaming	Exposure to unhealthy food marketing was associated with increased pestering behavior, food preference shifts and higher intake among children.
Qutteina et al. [23]	Scoping review	52 studies (adolescents and SM use)	Frequency and exposure to SM were linked to greater desire and consumption of unhealthy foods. Advertisements normalized fast food, desserts and sugary beverages.

Source: compiled by the authors.

In a systematic review by McCarthy et al. SM and advergame-based marketing of unhealthy foods and beverages were shown to significantly influence children's pestering behavior, food choices and food intake. The review highlighted that marketing via media popular among children can substantially impact diet-related outcomes [20].

Similarly, Qutteina et al. examined the effects of SM on adolescents' eating behaviors and found that both frequency of SM use and exposure were associated with stronger cravings and consumption tendencies toward unhealthy foods. The study emphasized that frequent exposure to advertisements for high-calorie snacks, desserts, fast-food and sugar-sweetened beverages reinforces adolescents' perceptions of these items as "normal" and appealing foods [23].

From body dissatisfaction to pathology: social media, algorithmic content, and eating disorders

Eating disorders represent significant psychiatric and behavioral conditions that threaten the health of children and adolescents. Anorexia nervosa, bulimia nervosa and binge-eating disorder are the most common subtypes. These disorders are characterized by pathological attitudes toward energy intake and body weight, profoundly affecting quality of life, academic performance and social relationships. According to the DSM-5 diagnostic criteria, anorexia nervosa is defined by an intense fear of weight gain, low body weight and a distorted body image. Bulimia nervosa is marked by recurrent binge-eating episodes followed by compensatory behaviors such as vomiting, laxative use or excessive exercise, whereas binge-eating disorder is dominated by loss of control and feelings of guilt [24, 25].

The association between SM use and ED-related symptoms may be partly explained by dopamine-mediated reward-reinforcement loops, social comparison processes and algorithmic content exposure. Among young people, interactions such as likes, shares and follower counts activate dopaminergic reward circuits, which may reinforce engagement and be associated with greater exposure to idealized body images [26]. Visually oriented content facilitates self-comparison with others, a process that has been consistently linked to body dissatisfaction and ED-related symptoms [27]. Moreover, platform algorithms continuously deliver thematically similar content, potentially amplifying exposure to "fit" and "thin" body ideals as well as unhealthy dietary messages, thereby strengthening cycles of comparison and reward [28]. Collectively, these processes suggest that SM is not merely a communication tool but a dynamic digital environment that may activate psychosocial and neurobiological vulnerability mechanisms during adolescence.

Feeding and eating problems are common during childhood. Irregular eating behaviors are reported in 20–50 % of healthy children and in 70–89 % of those with developmental delays [29, 30]. The prevalence of clinically significant feeding and EDs requiring intensive medical or behavioral intervention ranges from 3-10 % [31]. In a global meta-analysis by López-Gil et al. the overall prevalence of disordered eating was estimated at 22.36 %, with higher rates observed among girls (30.03 %) compared to boys (16.98 %) [32].

With the expansion of digitalization, SM has emerged as a novel environmental context that may contribute to vulnerability to ED-related outcomes in children and adolescents. Visual-based platforms may reinforce perceptions of the "ideal body" by facilitating constant comparison with others [25]. In addition, SM may contribute to a broader cultural framework in which dietary restriction, weight loss and muscularity are normalized or glorified through content such as "fitspiration" and "thinspiration," where thin or muscular physiques are idealized [33].

In a study by Suhag et al. involving adolescents aged 14–18 years, SM use and exposure to "ideal body" content were associated with higher levels of ED-related risk [5]. Nawaz et al. emphasized that SM can play a dual role among adolescents diagnosed with EDs, functioning both as a potential trigger for symptom exacerbation and as a source of peer support and recovery-oriented content [6]. Similarly, Wilksch et al. identified a significant association between SM use and disordered eating behaviors among adolescents; 51.7 % of girls and 45.0 % of boys reported disordered eating behaviors, most commonly meal skipping and excessive exercise. Furthermore, increases in the number of SM accounts and daily screen time were associated with higher levels of disordered eating thoughts and behaviors [34].

Findings from the ABCD Study reported by Chu et al. indicated that SM use and prolonged screen time were associated with greater fear of weight gain, weight-based self-worth, compensatory behaviors aimed at preventing weight gain, binge-eating and later onset of overeating problems [35]. In a comprehensive scoping review by Dane and Bhatia, approximately two-thirds of the included studies reported a statistically significant association between SM use and ED-related behaviors or cognitions among adolescents and young adults [36]. The most commonly reported outcomes included dieting behaviors, excessive exercise, calorie restriction, body dissatisfaction and internalization of appearance ideals. These findings suggest that time spent on appearance-focused platforms and engagement in social comparison behaviors may mediate the relationship between SM use and the severity of ED symptoms.

Similarly, Holland and Tiggemann reviewed 20 studies and found consistent associations between SM engagement and body image concerns as well as disordered eating behaviors [33]. Activities such as photo viewing, photo sharing and receiving appearance-related feedback through comments or "likes" were linked to higher levels of body dissatisfaction and problematic eating behaviors. In a cross-sectional study conducted by Dahlgren et al. among Norwegian adolescents, SM use; particularly on visually oriented platforms was significantly associated with perceived appearance pressure, which in turn correlated with ED pathology, especially among girls [8] (Table 2).

Table 2: Recent studies examining the relationship between social media use and eating disorder behaviors.

Source	Study type	Sample	Key findings
Suhag et al. [5]	Cross-sectional	Adolescents aged 14–18 years	SM use and exposure to 'ideal body' content were associated with higher ED-related risk
Nawaz et al. [6]	Observational	Adolescents diagnosed with ED	SM played a dual role, both triggering and supporting recovery.
Wilksch et al. [34]	Cross-sectional	Early adolescents	51.7 % of girls and 45 % of boys reported disordered eating behaviors; most common were meal skipping and excessive exercise.
Chu et al. [35]	Cohort (ABCD Study)	Early adolescents aged 10–13 years	Increased screen time associated with fear of weight gain and binge-eating symptoms.
Dane and Bhatia [36]	Scoping review	50 Studies	Moderate positive association between SM use, body dissatisfaction and disordered eating behaviors.
Holland and Tiggemann [33]	Review	20 Studies	SM engagement (photo sharing, feedback) was associated with higher levels of problematic eating behaviors.
Dahlgren et al. [8]	Cross-sectional	Norwegian adolescents	Significant relationship between appearance pressure and SM use especially among girls.

Source: compiled by the authors

Digital resilience: media literacy as a critical protective and public health factor

Media literacy is a multidimensional concept encompassing individuals' ability to critically evaluate, verify and consciously share the content they encounter in digital environments. Considered the digital evolution of traditional media literacy, this concept aims to strengthen individuals' resistance to misinformation, manipulation, advertising strategies and algorithmic influence in online settings [37]. Particularly during adolescence, as the time spent on SM increases, deficiencies in media literacy skills may have adverse effects on self-perception, body dissatisfaction and eating behaviors [27, 38].

There is growing evidence that media literacy interventions play a protective role in preventing or mitigating these negative effects. For instance, a meta-analysis examining school-based media literacy programs reported that participants in intervention groups demonstrated significantly higher levels of media literacy and more positive body image outcomes compared to control groups [33].

Therefore, SM literacy should be understood not only as an individual cognitive skill set but also as a public health approach. Programs designed for adolescents should aim not merely to reduce the amount of time spent on SM but rather to cultivate cognitive protective strategies such as textual deconstruction, source verification, awareness of visual filters and digital alterations.

Conceptual framework and public health implications

The findings of this review demonstrate that SM exerts a multidimensional influence on the eating behaviors, body image and psychological well-being of children and adolescents. Exposure to visually oriented content elevates appearance-related pressure and ED symptoms, particularly among adolescent girls. Simultaneously, the marketing of unhealthy foods shapes nutritional preferences and associated health behaviors among youth. These observations suggest that SM functions not merely as a communication tool but as an important behavioral and environmental determinant of child and adolescent health [38]. This perspective is particularly relevant for Türkiye, where SM use among adolescents has increased rapidly in recent years alongside widespread smartphone access and changing dietary patterns. Given the country's predominantly young population and increasing public health concerns related to body image and unhealthy eating behaviors, these trends underscore the importance of integrating media literacy and digital health education into national school-based nutrition, mental health and health promotion policies.

The overall findings of the review and the proposed conceptual interaction model are summarized in Figure 1. This model illustrates how SM use and unhealthy food marketing trigger disordered eating behaviors through appearance pressure, social comparison and increased exposure. Within this cycle media literacy, parental monitoring, digital balance education, psychoeducation function as essential protective and balancing factors.

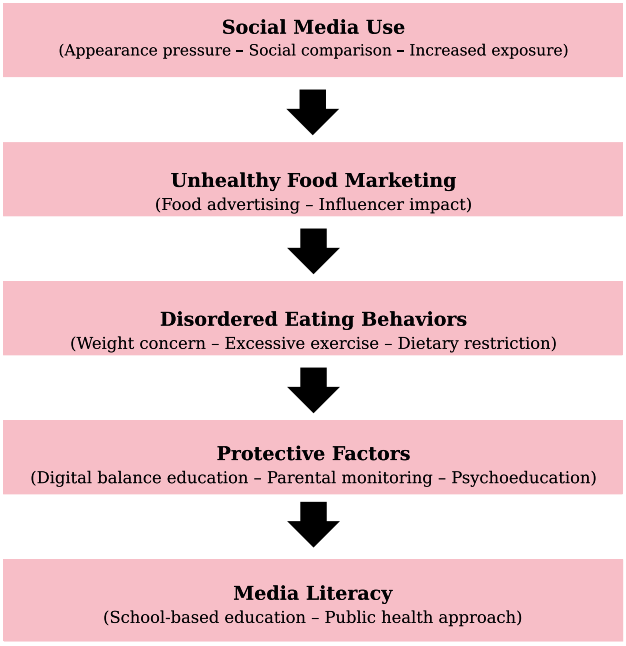


Figure 1: Conceptual model of the interaction between social media, eating behaviors and media literacy. Source: Compiled by the authors.

However, a considerable portion of the existing literature focuses predominantly on female samples, with male adolescents, younger age groups and diverse socioeconomic contexts remaining underrepresented. Future research should therefore explore the interplay between gender differences, cultural variables and algorithmic content exposure to better understand the health risks associated with SM use.

Mitigating the adverse effects of SM on child and adolescent health requires a holistic, multi-sectoral approach encompassing education, health, family and policy interventions. Integrating media literacy into school curricula as a central component of health education can foster critical thinking and resilience against harmful digital content. Health policies should establish monitoring and evaluation systems to assess the impact of SM exposure on nutrition, body image and mental well-being. Regulatory frameworks must also safeguard young audiences by limiting exposure to high-calorie food marketing and appearance-based pressures in digital environments. At the familial level, empowering parents to guide and supervise their children's online activities is essential to promote safe, balanced and developmentally appropriate media engagement.

Conclusions

Social media constitutes a complex and rapidly evolving digital ecosystem that exerts a substantial influence on children's and adolescents' eating behaviors, body image perceptions and vulnerability to disordered eating. The evidence synthesized in this narrative review indicates that visually oriented content, appearance-focused social comparison, algorithm-driven content amplification and pervasive digital food marketing interact with psychosocial and neurobiological mechanisms to heighten risk during critical developmental periods.

Findings from the reviewed literature suggest that SM should not be conceptualized merely as a communication platform, but rather as a modifiable environmental determinant of youth health. Dopamine-mediated reward–reinforcement cycles, continuous exposure to idealized body standards and normalization of unhealthy dietary behaviors have been consistently associated with maladaptive eating patterns and ED-related symptomatology among children and adolescents. These mechanisms appear particularly salient during adolescence, a period characterized by heightened sensitivity to peer evaluation, identity formation and reward processing.

Importantly, this review also highlights that SM environments are not exclusively harmful and may offer opportunities for prevention when appropriate protective frameworks are in place. Media literacy, supported by parental guidance, psychoeducation and digital-balance education, emerges as a central protective factor capable of strengthening digital resilience and mitigating the adverse effects of harmful online content. By enhancing critical evaluation skills, reducing maladaptive social comparison and increasing awareness of algorithmic and commercial influences, media literacy interventions may disrupt pathways leading to disordered eating behaviors.

From a public health perspective, these findings underscore the need for multilevel and preventive strategies that extend beyond individual behavior change. Integrating media literacy into school-based health education curricula, empowering parents to actively engage in their children's digital lives and implementing regulatory policies to limit children's exposure to unhealthy food marketing represent key intervention domains. Such approaches align with contemporary models of health promotion that emphasize environmental modification and early prevention.

Future research should aim to address current gaps in the literature by including more diverse populations, particularly male adolescents, younger age groups and individuals from varied cultural and socioeconomic backgrounds. Longitudinal and mixed-methods studies are needed to further clarify temporal relationships, explore the role of algorithmic personalization and evaluate the effectiveness of media literacy-based interventions in reducing ED-related risk.

In conclusion, promoting healthy digital engagement among children and adolescents requires coordinated efforts across educational, familial, healthcare and policy sectors. Strengthening media literacy and recognizing SM as a modifiable determinant of health constitute essential steps toward preventing disordered eating and supporting youth well-being in an increasingly digitalized world.

Strengths and limitations

Strengths

- This review synthesizes highly recent evidence (2020–2025), capturing the rapidly evolving digital environment.
- It integrates psychosocial, behavioral, marketing and neurobiological mechanisms, offering a comprehensive framework.
- Focuses specifically on children and adolescents, an age group disproportionately affected by digital exposure.
- Includes both empirical evidence and policy documents (WHO, HBSC, Pew).

Limitations

- As a narrative review, the findings may be subject to selection bias and do not include a meta-analytic effect size.
- Heterogeneity in definitions of “problematic social media use” limits comparability across studies.
- Many included studies rely on self-reported data, which may introduce reporting bias.

Research ethics: This article is a narrative review based on previously published studies and does not involve human participants or animals. Therefore, ethical approval was not required.
Informed consent: Not applicable.
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