



# The effect of social media use on emotional eating in women aged 19-45

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## ABSTRACT

**Aim:** This study aims to examine the relationship between social media use and emotional eating in women.

**Material and Method:** The study was cross-sectional and was conducted with 401 women aged 19-45 years living in Kadıköy, İstanbul. The introductory information form consisting of 4 stages, the Dutch Eating Behavior Questionnaire (DEBQ), Eating Attitude Test (EAT-40), and Social Media Usage Scale (SMUS) were applied to the participants of the study. Statistical analyzes were evaluated using the SPSS 23 package program.

**Results:** It was seen that 22.9% (n=92) of the participants were between the ages of 19-29, 57.1% (n=229) were between the ages of 30-39, and 20.0% (n=80) were between the ages of 40-45. According to the results of the analysis, there was no significant relationship between SMUS sub-dimensions, total SMUS scores and EAT-40 scores ( $p>0.05$ ). In the continuance sub-dimension of the SMUS, a low-level significant positive correlation was found between emotional eating ( $r=0.203$ ;  $p<0.001$ ), external eating ( $r=0.233$ ;  $p<0.001$ ), and total DEBQ scores ( $r=0.183$ ;  $p<0.001$ ).

**Conclusion:** It has been observed that there is a very low positive relationship between social media use and emotional eating.

**Keywords:** Emotional eating, social media, disordered eating behavior, restrictive eating

## INTRODUCTION

When they reach adulthood, individuals begin to have difficulty creating changes in their eating behaviors as they get older. The shaping of eating behavior, the foundation of which is laid in childhood, continues in adulthood. When it comes to eating behavior, people can act not only with their physiological needs but also with their emotional states. For example; Factors such as the frequency and amount of meals, and food selection may vary with the emotional state (1,2).

Emotional eating is the act of eating to cope with negative emotions and to regulate mood (3). Emotional eating; It can occur as a result of emotions such as boredom, stress, anxiety, and anger. Considering the effect of positive and negative emotions on eating, significant differences were observed; It was observed that food intake decreased with emotions such as fear, tension, and pain, while it increased with emotions such as depression, fatigue, and boredom (1,4). Emotional eating; It is stated that it is seen in women with eating disorders, and in obese individuals who continue to diet despite having a normal

body weight (5). The fact that individuals do not feel hungry and tend to eat to feel good beyond the saturation point may cause an increase in calorie intake, resulting in weight gain. Studies are reporting a positive relationship between body mass index and emotional eating (6,7).

Although the mechanism underlying emotional eating is not fully known, there are theories about it. The theory that is the source of much of the emotional eating debate is the Psychosomatic Theory of Obesity (8). According to this theory, food is used as an emotional defense against the negative effects that lead to overconsumption and thus obesity. Although it is not known how eating reduces these feelings, it is emphasized that carbohydrate and protein consumption affect the synthesis of serotonin neurotransmitters in the brain (1,9). Another theory, according to the theory of Schachter et al. (10), while the desire to eat is suppressed in cases of fear and anxiety in people with normal weight, this situation is not observed in obese individuals. Obese people tend to eat with external stimuli such as smell and image, not depending on hunger-satiety signals (1,9).

Restrictive eating is defined as the restriction of food intake to achieve weight control (11). Individuals with restrictive eating behavior tend to increase their consumption of low-calorie foods and reduce their consumption of high-calorie foods to reduce their energy intake. On the other hand, individuals with restrictive eating also have binge eating attacks in some cases (12, 13).

Social media is the general name given to websites where users can make friends, communicate with friends, share personal information about themselves, and share pictures or videos. Among the most widely used social media platforms today; There are Facebook, Youtube, Instagram, and Twitter (14, 15). Studies show that media is a risk factor for body dissatisfaction, eating behavior, and negative affect (16, 17). It has been reported that the ideal thin body perception shown by the media may cause eating behavior problems in women (18). It is thought that the increase in the number of individuals receiving treatment for eating disorders is related to the increase in social media platforms (19). It has been reported that being more visible through social media can cause this by strengthening the ideal thin body perception and increasing the desire to be thin (19).

Social media, which is frequently used by young people, is actively used by all age groups today. It is seen that the use of social media has a different place in people's lives depending on factors such as gender and age group. This study aims to examine the relationship between social media use and emotional eating in women aged 19-45.

## MATERIAL AND METHOD

### Type of Study and Sample Selection

The research type is cross-sectional and descriptive. The population of the research consists of women residing in the Kadıköy region of İstanbul and between the ages of 19-45. The sample of the study consisted of 401 women who met the inclusion criteria and voluntarily agreed to participate in the study. Statistically, it reflects the sample population. The 95% confidence interval was used in the creation of the research sample. The research was announced online through social media platforms and was conducted with individuals who agreed to participate in the study. Research data were collected between February and March 2022. As a result of the examination of the questionnaires, individuals who met the study criteria and filled out the form completely were included in the study. The study included people aged 19-45 who were female, residing in İstanbul, Kadıköy, filling out the questionnaires correctly and completely, knowing Turkish, and using social media.

### Data Collection

The questionnaire used in the study consisted of 4 parts. In the first part, the Personal Information Form, in the second part, the Dutch Eating Behavior Questionnaire, in the third part, the Eating Attitude Test, and in the fourth part, the Social Media Usage Scale.

**Personal Information Form:** In the first part of the research questionnaire, questions were asked to determine demographic characteristics such as age, gender, marital status, and general health statuses such as weight, height, waist circumference, number of meals, and water consumption. Body Mass Index (BMI) was calculated according to the weight and height information of the participants.

**Dutch Eating Behavior Questionnaire (DEBQ):** The Dutch Eating Behavior Questionnaire was administered to the participants in the second part, and this questionnaire consists of three subscales examining emotional eating, external eating, and restricted eating behavior. The items in the questionnaire are evaluated with a 5-point Likert-type scale (1: never, 2: rarely, 3: sometimes, 4: often, 5: very often). The Cronbach alpha internal consistency coefficients obtained in the original study of DEBQ were for the emotional eating behavior subscale; 0.95 for the external eating behavior subscale; 0.81 and for the restricted eating behavior subscale; 0.95 was found (20). In present study, Cronbach alpha of Restrictive Eating, Emotional Eating and External Eating were found as .87,.92,.83.

**Eating Attitude Test (EAT-40):** In the third part of the questionnaire, it was aimed to examine the impaired eating behaviors of the participants with the Eating Attitude Test. The items in the questionnaire are evaluated with a 6-point Likert-type scale. It is thought that participants who score 30 and above on the test may have impaired eating behavior. The Cronbach alpha of the scale was reported as 0.70 (21). In our study, Cronbach's alpha internal consistency coefficient was determined as 0.72.

**Social Media Usage Scale:** In the last part, the Social Media Usage Scale was applied to the participants to examine their social media usage. The scale is evaluated with a 5-point Likert-type scale. (1: never, 2: rarely, 3: sometimes, 4: often, 5: very often). The total Cronbach alpha internal consistency coefficient of the social media usage scale was determined as 0.82 (15). In our study, Cronbach's alpha internal consistency coefficient was determined as 0.79.

### Ethics Approval

This study was approved by the Ethics Committee of İstanbul Okan University (Date: 19.01.2022, Decision No: 148/17). All procedures were carried out in accordance with the ethical rules and the principles of the Declaration of Helsinki. Informed consent of the participants and their consent to participate in the research were obtained with the consent / reject options that they had to tick on Google Forms.

### Statistical Analysis

Research data were evaluated using the IBM Statistical Package for Social Science (SPSS) 23 package program. While descriptive statistics are determined by numbers and percentages, continuous data are shown with mean and standard deviation values. Continuous data with skewness and kurtosis coefficients between -1,500 and +1,500 were considered to fit the normal distribution. While one-way ANOVA was used in the evaluation of more than two groups, the independent sample t-test was used to compare the means in the data with the distribution. Kruskal Wallis analysis of variance was used in the data comparing more than two groups that did not fit the normal distribution. Tukey's b test was applied in further analysis to find out which group caused the difference in multiple groups. While Pearson Correlation was applied for data that fit normal distribution in calculating the relationship between continuous data between groups, Spearman Correlation was used for data that did not fit a normal distribution. Results were evaluated at the 95% confidence interval and significance level of  $p < 0.05$ .

### RESULTS

The sociodemographic characteristics of the women participating in the study were examined in Table 1. 22.9% (n=92) of the participants were between the ages of 19-29, 57.1% (n=229) were between the ages of 30-39, and 20.0% (n=80) were between the ages of 40-45 are in the range. When the educational status of the participants was examined, 13.0% (n=52) had a high school or lower education level, 71.8% (n=288) had undergraduate education and 15.2% (n=61) had postgraduate education. stated level. When the employment status of the participants is examined, 12.5% (n=50) are not working, 16.5% (n=66) are housewives, 20.9% (n=84) are civil servants, 46.6% of them (n=187) stated that they worked as the private sector and 3.5% (n=14) of them said that they were in the private sector. When the marital status of the participants was examined, it was seen that 29.2% (n=117) were single and 70.8% (n=284) were married. When the participants were asked whether they had children, 61.1% (n=245) stated that they had children, while 38.9% (n=156) stated that they had no children. When the women participating in the study were asked about the number of children, 38.9% (n=156) stated that they had no children, 33.7% (n=135) had 1 child, and 27.4% (n=110) had 2 or more children. He said he had many children. The comparison of the life behavior characteristics of the individuals participating in the study with the Social Media Usage Scale is shown in Table 2. When the risk of eating behavior disorder and social media usage characteristics of the women who participated in the study were compared, it was observed that there was no relationship between the risk of eating

behavior disorder and the continuity, competence, and total scores of the social media use scale.

The relationship between the social media usage levels of the individuals participating in the study and their eating attitude and eating behavior is shown in Table 3. According to the results of the analysis; No significant correlation was found between social media usage scale sub-dimensions and total scores and Eating Attitude Test scores ( $p > 0.05$ ). In the continuance sub-dimension of the Social Media Use Scale, there was a positive low level of emotional eating ( $r = 0.203$ ;  $p < 0.001$ ), external eating ( $r = 0.233$ ;  $p < 0.001$ ), and total Dutch Eating Behavior scores ( $r = 0.183$ ;  $p < 0.001$ ). A significant relationship was found. In the Social Media Use Scale competency sub-dimension, a very low level of positive relationship was observed only in the emotional eating sub-dimension ( $r = 0.112$ ;  $p < .05$ ), while no relationship was observed between the other sub-dimensions and the total score. There is a very low correlation between emotional eating ( $r = 0.172$ ;  $p < 0.05$ ) and external eating ( $r = 0.172$ ;  $p < 0.05$ ) sub-dimensions of total SMQQ scores and total DEBQ ( $r = 0.153$ ;  $p < 0.05$ ) scores. It was found that there was a significant positive relationship at the level of the participants, but the relationship between restrictive eating sub-dimension scores was not significant ( $p > 0.05$ ).

**Table 1.** Distribution of participants' sociodemographic characteristics

Variables	n	%
Age (year) (mean±SD)		
19-29	92	22.9
30-39	229	57.1
40-45	80	20.0
Occupation		
Retired	50	12.5
Housewife	66	16.5
Officer	84	20.9
Employee	187	46.6
Self-Employment	14	3.5
Education		
≤ High School	52	13.0
Bachelor	288	71.8
Graduate	61	15.2
Marital status		
Single	117	29.2
Married	284	70.8
Status of having a child		
Yes	245	61.1
No	156	38.9
Number of children		
0	156	38.9
1	135	33.7
≥ 2	110	27.4
Total	401	100.0

**Table 2.** Comparison of the healthy living behavior characteristics of the participants according to the social media use scale

Variables	Social Media Usage Scale		
	Competence 12.42±4.06	Perfection 12.32±4.24	Total 24.74±4.24
<b>Smoking status</b>			
Smoker (n=106)	11.88±3.99	11.60±4.45	23.48±7.62
Non-smoker (n=295)	12.62±4.07	12.57±4.14	25.20±7.49
	t= -1.626	t= -2.025	t= -2.012
	p=0.105	p=0.044**	p=0.045**
<b>Alcohol Consumption</b>			
Drinker (n=134)	12.18±4.06	12.76±4.04	24.94±7.47
Non-drinker (n=267)	12.55±4.06	12.09±4.33	24.64±7.60
	t= -0.863	t=1.488	t=0.370
	p=0.388	p=0.137	p=0.712
<b>Disease status</b>			
Yes (n=98)	12.66±4.24	12.61±4.61	25.28±8.26
No (n=303)	12.35±4.00	12.22±4.12	24.75±7.32
	t=0.663	t=0.793	t=0.802
	p=0.507	p=0.428	p=0.423
<b>Meals/day</b>			
1-2 (n=199)	12.22±3.77	12.19±4.05	24.41±6.80
≥ 3 (n=202)	12.63±4.33	12.44±4.43	25.06±8.23
	t= -1.005	t= -0.589	t= -0.870
	p=0.316	p=0.557	p=0.385
<b>Water consumption (lit.)</b>			
<1 (n=98) a	13.23±3.94	12.70±4.24	25.94±7.61
1-1,49 (n=132)	12.47±4.05	12.49±3.88	24.84±7.19
1,50-1,99 (n=94)	12.33±4.23	12.37±4.35	24.82±7.85
≥2 (n=77) b	11.60±3.94	11.69±4.62	23.29±7.65
	F=2.653	F=1.004	F=2.006
	p=0.048**	p=0.391	p=0.113
<b>Physical activity</b>			
Regular (n=80)	11.61±4.28	11.99±4.17	23.60±7.77
No (n=321)	12.63±3.99	12.40±4.26	25.03±7.49
	t= -2.010	t= -0.775	t= -1.515
	p=0.045**	p=0.439	p=0.131
<b>Sleep duration (hour)</b>			
<7 (n=205)	12.54±4.14	12.37±4.50	24.91±7.92
≥7 (n=196)	12.30±3.99	12.27±3.96	24.57±7.17
	t=0.579	t=0.238	t=0.444
	p=0.563	p=0.812	p=0.657
<b>Eating Disorder</b>			
No risk (n=338)	12.33±4.06	12.21±4.22	24.54±7.57
At risk (n=63)	12.94±4.08	12.89±4.34	25.83±7.44
	t= -1.086	t= -1.166	t= -1.239
	p=0.278	p=0.244	p=0.216

F: One-way ANOVA; t: Independent sample t-test; \*\*p<0,05; a>b

The Eating Attitude Test scores and the restrictive eating sub-dimension are low (r=0.296; p<0.001), the emotional eating sub-dimension is very low (r=0.113; p<0.05), and the total DEBQ score is very low. (r=0.205; p<0.001), while a significant positive correlation was observed, no statistically significant relationship was found for the external eating sub-dimension (p>0.05).

**DISCUSSION**

It is seen in the studies that the use of social media can cause a weakening in body image (22, 23). It is thought that the images shared on social media platforms with the theme of photo sharing may cause the development of weak body image in women (22). It is known that poor body image may be a risk factor for the development of eating disorders (24). In a study examining the relationship between internet use and an eating disorder, a positive relationship was found between university students' problematic internet use and eating attitudes (25). In a study by Santarossa and Woodruff (26), social media use, body image, self-confidence, and eating disorder symptoms of 147 young adults were examined. According to the results of the study, it was seen that problematic social media use was associated with low body image, low self-confidence, and increased eating disorder symptoms (26). Considering that social media can affect body image and accordingly cause the development of eating disorders, it was expected that participants who use social media more effectively might have higher eating disorder scores. However, when the results of this study were examined, no significant relationship was found between social media use and eating disorder. The reason for this is thought to be due to the difference between the age groups of the studies and this study group. While the studies generally included adolescents and university students, this study was carried out between the ages of 19-45.

It is thought that the focus of social media on the appearance of people with edited and unrealistic visuals may play a role in body dissatisfaction and impaired eating behavior (27). Social comparison

**Table 3.** The relationship between the participant's level of social media use and their eating attitudes and eating behaviors

Variables	EAT-40	The Dutch Eating Behavior Questionnaire			
		Restrictive	Emotional	External	Total
<b>Social media usage scale</b>					
Competence	r1=0.068 p=0.177	r2= -0.085 p=0.090	r2=0.203 p=0.000*	r2=0.233 p=0.000*	r2=0.183 p=0.000*
Perfection	r1=0.049 p=0.325	r2= -0.029 p=0.565	r2=0.112 p=0.026**	r2=0.093 p=0.063	r2=0.097 p=0.052
Total	r1=0.061 p=0.222	r2= -0.062 p=0.217	r2=0.172 p=0.001**	r2=0.172 p=0.001**	r2=0.153 p=0.002**
EAT-40	1	r1=0.296 p=0.000*	r1=0.113 p=0.024**	r1=0.020 p=0.684	r1=0.205 p=0.000*

r1 Spearman Correlation; r2 Pearson Correlation; \*p<0,001; \*\*p<0,05

theory states that individuals compare themselves to others to evaluate themselves, and this comparison is strengthened if individuals think that the person they are comparing is similar to them. In this context, social media platforms also provide a suitable basis for facilitating interaction and comparing appearance. As a result, this appearance comparison increases dieting and body dissatisfaction by comparing the appearance of young adults with their peers (28). It is also known that these two conditions are risk factors for the development of eating disorders. In a meta-analysis by Holland and Tiggeman (29), social media, body dissatisfaction, and impaired eating behaviors were examined. Measures such as social media use and time spent on social media, frequency of social media use, and the number of Facebook friends show that anxiety about body image and impaired eating behaviors are related (28). Walker et al. (19) associated the frequency of Facebook use with the comparison of increased physical appearance, and said that this was associated with more impaired eating behavior. However, despite the high frequency of Facebook use, people who do not compare their physical appearance are less likely to report impaired eating behavior. The reason for this is stated that Facebook provides more emotional and social support when individuals do not compare themselves physically with others, causing less sense of loneliness. It is known that loneliness and impaired eating behavior are positively related, whereas bonds with family and friends are associated with less impaired eating behavior (19).

In a recent study, Durmaz et al. (30) found that female students who spent more than 2 hours a day on social media had higher emotional eating scores. A study conducted with young adults and adolescents stated that social media use could cause unhealthy eating behaviors by affecting the physiopathological (stress, anxiety, depression, etc.) condition of individuals (31). In our study, when the risk of eating behavior disorder and social media use characteristics of the women who participated in the study were compared, it was observed that there was a relationship between the risk of eating behavior disorder and the perfection, competence, and total scores of the social media use scale ( $p < 0.05$ ). Previous studies have generally been done with adolescents and students. The majority (70.1%) of the women participating in our study were over the age of 30. Spending more time on social media increases the level of exposure to social media and can affect eating behavior. We determined that emotional eating ( $r^2 = 0.203$ ,  $p = 0.000$ ) and extrinsic eating ( $r^2 = 0.233$ ,  $p = 0.000$ ) were higher in women who scored high on the continuance sub-dimension of the SMUS scale.

When the relationship between emotional eating, external eating, and restrictive eating scores, which are the sub-dimensions of the DEBQ Scale, is examined, a weak positive relationship between emotional eating and restrictive eating shows that emotional eating behavior increases as restrictive eating behavior increases and emotional eating behavior decreases as restrictive eating behavior decrease. This correlation between the sub-dimensions of the DEBQ Scale is also consistent with the results of the reliability and validity studies of the original scale and the Turkish sample (20). In the study, one of the two highest correlation coefficients was found between the EAT-40 and restrictive and emotional eating. Emotional eating behavior is used to regulate emotions without the need for any hunger or physical energy, with mindful eating, which is expressed as the individual's realization of eating behavior by focusing on food without judgment and self-blame. There is a moderately negative relationship between eating and eating. Thus, as the eating awareness scores, which indicate a healthy eating style, increase, the emotional eating scores decrease, and as the emotional eating scores increase, the eating awareness scores decrease. The effectiveness of eating awareness training in the treatment of individuals with emotional eating problems was found to be consistent with the results of this study (32). In addition, this relationship between eating awareness and emotional eating is consistent with other results found in the literature (33).

Our study had some limitations. One of the limitations of the study was that the study was collected in a single center and the data were collected online. In addition, since the study was conducted with a single age group and gender, it cannot be generalized to the population. According to this study, no significant relationship was found between social media use and the risk of eating disorders. It is possible that this result was obtained due to the age group in which the study was conducted, the low number of samples and the fact that the study was conducted in an online environment.

## CONCLUSION

This study was conducted only on women since the rate of eating disorders is higher in women. Gender differences can be compared by including male individuals of the same age group in future studies. In particular, individuals in adolescence, when body image gains importance, were not included in this study, but studies are mostly conducted with individuals in adolescence. It is thought that future studies to include age group comparisons will be useful in revealing the differences. From the past to the present, the effect of media tools on body perception and eating behavior

has been investigated. This study, it is aimed to examine the relationship with social media, the use of which has recently increased rapidly. Social media platforms differ within themselves and show differences visually and verbally. For this reason, the results may differ between social media platforms. Different effects may be observed when future studies are conducted with more specific frameworks. To show the effect of social media on eating behavior, it can be suggested to conduct intervention studies that can raise awareness of individuals at the same time. Measures such as body image, anxiety, depression, and stress can be included in studies that aim to investigate eating behavior with social media use. In particular, measuring how much time individuals spend on social media will help to make the results more comprehensive. More studies are needed to reveal the relationship between social media and impaired eating behavior and an eating disorder.

## ETHICAL DECLARATIONS

**Ethics Committee Approval:** The study was carried out with the permission of İstanbul Okan University, Faculty of Health Sciences Ethics Committee (Date: 19.01.2022, Decision No: 148/17).

**Informed Consent:** All patients signed the free and informed consent form.

**Referee Evaluation Process:** Externally peer-reviewed.

**Conflict of Interest Statement:** The authors have no conflicts of interest to declare.

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