

Body image and social media: Communications guidance to support positive body image in young people



Purpose of this guidance

The purpose of this guidance is to provide recommendations to organisations in Hertfordshire to ensure that the health-related social media content they are generating avoids the risk of perpetuating poor body image in young people. This document can be used by a range of organisations communicating with young people and their parents/carers about their physical or mental health, or when designing health-related social media content and campaigns.

Body image and social media

What is Body Image?

Body image is: **“How we think and feel about ourselves physically, and how we believe others see us.”** ([Young Minds](#))

Body image is not just about weight, it encapsulates a raft of different characteristics, such as:

- comparing how you look to friends or people you follow on social media
- struggling to accept your body
- feeling as though your body shape is not represented in the media
- hiding your body because you feel ashamed by it
- struggling to find clothes for your body, particularly if you have a physical disability
- feeling misunderstood about your body when people make assumptions about things; for example, why you might need a wheelchair
- feeling like you are not attractive enough
- birthmarks, surgery scars or acne affecting how you feel about how you look
- feeling as though your body does not match your gender

Body image isn't just about your body shape or size but also about things unique to you that you may not feel are fairly represented in the media. This could include your skin colour, disability, sexuality, or visible differences.

According to the Centre for Appearance Research, body image is shaped by both:

- Psychological factors (e.g. negative mood, perfectionism, tendency compare self to others)
- Societal factors (e.g. appearance ideals promoted by media, appearance-based stereotypes, and systems of oppression like racism, colourism, and ableism)ⁱ

Poor body image is characterised by body dissatisfaction (not liking one's appearance), excessive preoccupation with appearance, overvaluation (placing disproportionate value on one's appearance in evaluations of self-worth), and attempts to change one's appearance due to body dissatisfaction.ⁱⁱ

What are the risks of poor body image?

Body dissatisfaction is known to increase during adolescence.ⁱⁱⁱ Girls and boys experience body dissatisfaction differently:

- Girls are more likely to experience negative body image than boys and often want to be thinner
- Many boys also experience body dissatisfaction, with the desire to be leaner and more muscular.^{iv}

Risk factors for poor body image include age, gender, sexual orientation, ethnicity, disability, visible difference, higher weight, and certain personality characteristics (e.g. perfectionism). Individuals who embody multiple risk factors are at an even greater risk of developing body image concerns.^v

Body image dissatisfaction increases the risks of young people engaging in dieting, binge eating, fasting, calorie counting, and self-induced vomiting.^{vi} The [‘Changing the Perfect Picture’](#) (2021) report on Body Image published by the House of Commons found that negative body image impacted people’s lives in many ways, including:

- Low self-esteem and confidence
- The development of mental health conditions, disordered eating and eating disorders
- Opting out of important life activities such as going to the doctor, joining clubs, giving opinions or engaging in the classroom
- Curtailed academic and career aspirations and performance
- Suicide ideation and self-harm
- Engaging in high risk behaviours
- Reduced quality of life, measured by markers of psychological wellbeing, academic, emotional, and social functioning

For organisations who are trying to promote health and wellbeing, it is important to recognise that poor body image can be a barrier for young people in accessing activities that may support their health. For example, although body image can motivate people to take part in sport, it can also act as a barrier, with some evidence showing that girls aged 10-15 years frequently use their appearance as a concern or reason to stop participating in exercise or sport.^{vii}

Stigmatisation based on appearance, such as weight stigma (discriminatory acts and ideologies targeted towards individuals because of their weight and size)^{viii}, also prevents people from engaging with health services, public health campaigns, or participating in activities that support their health and wellbeing (such as exercise or sports).

Social media and body image in young people

Children and young people’s use of the internet and social media has significantly increased over the past decade. 97% of 16-24-year olds in Great Britain use the internet for social networking.^{ix} In 2016, two thirds of 9 – 16-year olds, and 9 in 10 of all 15-16-year olds had at least one social media or networking account.^x

Social media can be positive and inspiring^{xi}, and young people feel that the digital world offers positive social and emotional benefits.^{xii} Social media can also have a positive impact on body image, where people can connect with people who are similar to them.^{xiii}

Social media can also be a positive educational health and wellbeing resource.^{xiv} Content created and shared by peers, combined with 'liking' or not liking posts, has a powerful influence over young people's health-related behaviours and understandings. The University of Birmingham found that 'likes' and 'followers' are used by young people to inform their judgements about whether information is credible and which types of health-related content they should act upon.^{xv}

However, health professionals can risk unintentionally perpetuating poor body image in young people when trying to implement engaging social media health-related behaviour change campaigns. There is evidence that social media can have a significantly negative impact on body image, and social media engagement and/or exposure to image-related content is associated with higher body dissatisfaction.^{xvi} Social media encourages comparison between users, which can heighten feelings about the body. Social media allows us to present our own filtered sense of reality, showing only what we want to show. This can lead to a person critically comparing their life with other people's and using other's posts as measures for successes and failures in their own life.^{xvii}

Young people may modify their appearance to portray a perceived ideal image, and while they may be aware of social media's impact on their body image and food choices, they may seek external validation via social media (for example, wanting a high number of likes or followers).^{xviii}

The effects of social media on body image goes beyond appearance and weight, with adverts/campaigns that perpetuate racism, [weight stigma](#), the objectification of women or other forms of oppression on marginalised groups also contributing to harming people's body image.^{xix} Social media, and the anonymity it provides, creates a space where people can face appearance-based bullying and harassment.^{xx}

The Mental Health Foundation note that media is not the only driver of poor body image. Body image may also be influenced by our relationships, how our family and peers feel about and speak about bodies and appearance, pressure to look a certain way, or to match an 'ideal' body type.^{xxi}

The Royal Society for Public Health produced the [#StatusofMind report](#) that looks in more detail at the potential positive and negative impact of social media on young people's mental health.

Guidance

1. Social media campaigns should celebrate body diversity and be inclusive of a diverse range of ages, ethnicities, abilities, sexualities, gender identities, body shapes and sizes, and visible differences

Evidence shows that exclusively promoting thin, white, gendered appearance ideals is detrimental to positive body image. By comparison, campaigns that show appearance diversity and dispel negative appearance stereotypes foster positive body image, with research showing the beneficial impacts of viewing diverse appearances and body positive content in the media.^{xxii}

Social media campaigns should celebrate body diversity and be inclusive of a diverse range of ages, ethnicities, abilities, sexualities, gender identities, body shapes and sizes, and visible differences.

Diversity also means including people of a range of characteristics in a wide range of content, rather than allocating people with specific characteristics to specific campaigns (for example, only including people with disabilities in campaigns or content specific to disabilities).

Body diversity should be celebrated in all media campaigns, but diversity efforts should be genuine and not be tokenistic.

What is tokenism?

It is important that diversity efforts are not tokenistic. Tokenism means making only a symbolic effort to do a particular thing in order to give the appearance of inclusivity. Avoiding tokenism means looking beyond your social media content or campaign, and ensuring the work you are doing or promoting, and the organisation you are representing, actively ensures inclusivity and diversity. Reflecting a superficial sense of inclusivity and diversity in your social media campaigns could be considered tokenism. One way to avoid tokenism, for example, could be involving young people of different body types, from a range of different backgrounds to help shape and plan your social media campaigns.

2. Social media health and wellbeing messages should focus on body functionality and promote greater self-compassion

Interventions which use social media messaging risk perpetuating poor body image and disordered food choices in young adults if focussed on (even through images) body physicality and weight.^{xxiii}

Campaigns should alternatively focus on body functionality and promote greater self-compassion. A functionality focus helps individuals to view the body in a more holistic manner, seeing what the body can do rather than how it looks.^{xxiv} Research has shown that focusing on body functionality is associated with higher levels of body satisfaction.^{xxv} Self-compassion involves self-kindness, a sense of common humanity, and mindfulness.^{xxvi}

As an example, campaigns should adopt a health-centric rather than weight-centric approach. Weight focused campaigns risk perpetuating weight stigma and disordered eating by focussing on weight as a metric for health.^{xxvii} Weight loss/weight control should not be the focus of a campaign to promote exercise among young people, and rather should be promoted as an opportunity to be healthy, have fun, socialise, and develop new skills.^{xxviii}

It is important that content that promotes body functionality is inclusive and diverse. Studies have shown that when women are exposed to imagery of women displaying body functionality, but only

in an idealised manner (i.e. the models represented are physically active but are still ‘attractive’ and thin’), the content can still illicit body dissatisfaction.^{xxxix}

A good example of a campaign that has focused on celebrating body functionality, self-compassion, and diversity is the [This Girl Can](#) campaign.

Even when communicating between health professionals, and not in a public facing capacity, it remains important to ensure that neutral, medically accurate terminology is used alongside non-stigmatising language. Using stigmatising language (for example, ‘fat’ or ‘skinny’), even amongst health professionals, normalises and perpetuates stereotypes, stigma, and discrimination which could result in these ideas being transferred into interactions with the public.

3. Images of people should not be altered in a manner that would promote negative body image or be considered ‘dehumanising’

Exposure to idealised images of bodies in the media has been linked to greater internalisation of bodily ideals, and increased body dissatisfaction in both women and men.^{xxx} The Mental Health Foundation found that one in five adults said that images used in advertising and images used on social media caused them to worry about their body image; this may be due to the ways that media and social media facilitate comparison to others based on their appearance. They also found that 40% of young people they surveyed (26% of boys and 54% of girls) said that images on social media caused them to worry about their body image.^{xxxi}

Images should be age appropriate and shouldn’t mislead through digital editing and enhancement techniques which serve to create unrealistic appearance standards that do not exist in reality.^{xxxii}

While evidence supporting the labelling of edited/manipulated photos is mixed, more than two thirds (68%) of young people surveyed by the Royal Society for Public Health supported social media highlighting when a photo has been manipulated.^{xxxiii}

Additionally, any images should always depict the person and not a condition. For example, images of people that frame the body and remove the head and face are dehumanising and reduces the person to their appearance or condition to be viewed by others.^{xxxiv} Other examples of dehumanising imagery include the use of images that promote negative stereotypes (e.g. depicting people of a higher weight as lazy). How content is edited matters also, placing a big red cross over a person eating specific foods could be interpreted as dehumanising.

3. Language should be inclusive, age-appropriate, and avoid perpetuating poor body image through stigmatising language

When communicating with children and young people, content should be in plain language and take into consideration ‘age-related developmental stages’ when creating health materials and programmes.^{xxxv}

Using combative language can be stigmatising which can have an impact on body image. For example, content that uses wording such as ‘the war on obesity’ or ‘fight the fat’ is stigmatising and ineffective.^{xxxvi}

It is important to understand what inclusive and appropriate language looks like through appropriate research and engagement with relevant audiences. Language is fluid and constantly changing, what

is appropriate now may not be appropriate in the future. For this reason ongoing research and engagement is necessary during the development of content. There a number of resources online and some at the end of this document regarding inclusive language.

4. Content, messaging and images should avoid the use of stereotypes and actively work to dispel harmful stereotypes based on appearance

Actively work to dispel harmful stereotypes based on appearance including skin colour, age, body weight, disability, gender, and sexual identity. Refrain from using stereotypical language, images, and narratives that unfairly and inaccurately depict individuals.

For example, stereotyping people with disabilities as ‘heroes’ doesn’t reflect the everyday reality of all disabled people, and the constant depiction of very high achievers can also lower self-confidence. Conversely, social media content should avoid presenting disabled people as victims or being passive.^{xxxvii}

Only including people with certain kinds of characteristics in certain particular types of content can also reinforce stereotypes and is not reflective of reality. For example, only including people with a higher weight in health campaigns about weight management reinforces the assumption that all people who are overweight or obese have (or should have) a desire to lose weight^{xxxviii} unacknowledging that their wider life experiences, or that they are not defined by their weight. Another example could be using images of girls only when communicating about body image, as this reinforces the stereotype that body images only affects females, when we know this is not the case.

5. Health messages and stories should be evidence based and accurate, and never attempt to use shame, body dissatisfaction, or weight stigma as a motivator for change

Public health campaigns and adverts should avoid relying on body dissatisfaction or weight stigma as a motivator for change^{xxxix}. Strategies that seek to ‘shame’ individuals to motivate them to change their behaviour are not only stigmatising and have a detrimental result on body image but can result in the opposite effect. For example, in the instance of weight loss, stigmatisation may actually induce exercise avoidance, consumption of unhealthy diets, and increase sedentary behaviours.^{xl}

There is a duty of responsibility for health messages and interventions shared by organisations to be evidence-based. Misinformation is widely shared on social media, including in regards to health. Messaging should avoid language that attaches values or connotations to neutral behaviours or concepts such as food or eating (e.g. ‘clean eating’)^{xli} to avoid unintentionally supporting non-evidence based narratives widely shared and viewed on social media (such as wider ‘diet culture’^{xlii}) that are associated with higher levels of disordered eating.^{xliii}

6. When producing social media content for young people, engage with and co-produce content with young people

Co-production is the action of creating content with, or alongside, the targeted audience. This is a valuable tool, especially when targeting young people. There is a concern when designing a campaign, that the organisation tries to cater to what they *assume* young people will find engaging,

which is not always the case. It can be detrimental to a body image campaign's success to be one-dimensional or condescending in its tone or messaging; young people simply won't engage with it.

It's important to take co-produced approaches to messages and resources from the offset of a campaign, through to its end – this ensures an opportunity for engagement driven, authentic content creation. Young people are more likely to be invested in campaigns they have contributed to, or can see themselves in. In addition, co-produced content is more likely to be shared by young people to their peers.^{xliv}

Resources

Body image

The Mental Health Foundation provide an overview of [body image in childhood](#), including the impact of social media use.

Young Minds UK provide [tips and advice for young people in regard to social media and mental health](#).

Hertfordshire's Just Talk network have produced [guidance for schools and colleges on how to address body image within the curriculum and as a part of a whole school approach](#).

The [Dove Self-Esteem Project & Be Real Campaign](#) have a number of resources on how to talk to young people about social media, and also provides resources and information on body confidence.

Examples of campaigns and brands that have been researched by scientists to establish their positive impacts on body image include [This Girl Can](#), and [Dove and the Dove Self-Esteem Project](#).^{xlv}

Inclusive communications

Language is fluid and what language is deemed appropriate and inclusive changes over time. It is best practice to ensure that you do the appropriate independent research to ensure that the language you are using is currently inclusive and appropriate.

Your organisation may have internal communications guidance regarding inclusive communications.

The **NHS** have an [Inclusive Language guide](#) that discusses age, disabilities and conditions, mental health, race, ethnicity, religion and nationality, and sex, gender and sexuality.

Changing Faces (www.changingfaces.org.uk) is a UK charity for everyone with a scar, mark or condition that makes them look different. They provide information and [media guidelines](#) on how to talk about visible difference and disfigurement in the media, including the use of appropriate language.

Stonewall (www.stonewall.org.uk) have a number of toolkits and best practice guides on their website to support LGBT young people, including [10 steps to LGBT inclusive communications](#). You can also find information and top tips for supporting LGBT+ young people at <https://www.youngprideinherts.org/>

The UK Department for Work & Pensions and UK Office for Disability Issues have published guidance on [inclusive language when writing about disability](#) and [portraying disability](#).

The World Obesity Federation website has further information on what [weight stigma and discrimination are and their impact](#). Obesity UK and the University of Leeds published guidelines for [Positive Communication About Obesity](#) to support for non-stigmatising communication relating to body weight or size.

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