Body Image Dissatisfaction and Its Association with Disordered Eating Attitudes Among Young Women: A Narrative Review with Comparative Analysis

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Abstract

Body image dissatisfaction is commonly associated with disordered eating attitudes in young women, but the strength of this association and the pathways involved vary with the study, setting and measurement approach. This narrative review examines research published from 2016 to 2026 on body image dissatisfaction and disordered eating attitudes in young women, and compares findings across pathways, cultural contexts, measurement approaches and prevention programs. A targeted, non-systematic search identified meta-analyses, systematic reviews and primary studies, mostly of university and community samples; the evidence is summarized in five tables. Pooled associations vary by pathway: self-objectification and disordered eating show a moderate association (r = .39), social networking site use shows smaller associations with thin-ideal internalization (r = .18) and disordered eating (r = .09), and body dissatisfaction and internalized weight stigma are strongly correlated (r = .61), a figure the original authors interpret alongside item-level conceptual and measurement overlap. In university studies from Malaysia, the United Arab Emirates and Ethiopia, 11.5% to 22.9% of women scored at or above screening thresholds for disordered eating attitudes on the Eating Attitudes Test (EAT-26), which is a screening instrument and not a diagnostic one. In the Emirati and Ethiopian samples, items on fear of becoming overweight were among the most frequently endorsed on the EAT-26. In Indian college samples, about 27% to 31% of women reported moderate-to-severe body shape concern. Meta-analytic evidence indicates that dissonance-based prevention programs produce small to moderate reductions in risk factors such as body dissatisfaction and in eating disorder symptoms, and some programs reduced future eating disorder onset in multiple trials. Because most of the evidence is cross-sectional, causal conclusions are not warranted, and differences in measures and cut-offs limit comparability across studies.

Keywords: *body dissatisfaction; body image; disordered eating attitudes; young women; social media; self-objectification; prevention*

1. Introduction

Young adulthood is a period in which concerns about body image and eating habits are common. Leaving school brings new situations that involve social comparison and greater control over food choices, and young women in particular may encounter substantial exposure to appearance-focused media. Researchers in Ethiopia describe ages 18 to 25 as a key period in which views on weight are formed (Damtie Aserese et al., 2025). University students are a

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relevant population because the transition to higher education involves changes in peer environment, routine and food autonomy, and because students form the sampling frame of most primary studies reviewed here. Body dissatisfaction, the negative thoughts and feelings a person holds about their own body, is among the best-supported risk factors for disordered eating in women. Disordered eating attitudes include preoccupation with weight and body shape, fear of gaining weight, dieting and rigid rules about food. They are distinct from eating disorders, which are clinical diagnoses: such attitudes do not always progress to a full disorder, and Damtie Aserese et al. (2025) describe them as possible precursors to more severe eating disorders rather than as an inevitable preceding stage. The Eating Attitudes Test (EAT-26) is a widely used screening tool for these attitudes; a score of 20 or higher is commonly taken to indicate possible risk and the need for further assessment (Damtie Aserese et al., 2025). EAT-26 scores are not diagnoses. In an earlier study of 716 Malaysian university students, 22.9% of women scored at or above the EAT-26 threshold of 20, compared with 13.3% of men (Chin et al., 2020); this figure was later cited by Wider et al. (2023).

This review is needed for three reasons. First, the evidence is spread across separate research areas, such as social media, objectification theory, weight stigma and prevention science, which examine different effects and rarely use the same measures or samples. Second, the media environment has changed substantially, and an editorial in this area calls for renewed attention to how media relate to body image and eating behaviors (He & Sun, 2022). Third, research on body image in South Asia is comparatively limited; a 2019 study of Indian college women noted that body image research in the Indian context remains sparse (Soohinda et al., 2019).

This review addresses four questions:

1. How strongly is body image dissatisfaction associated with disordered eating attitudes in young women?
2. Which mechanisms and moderators help explain the association?
3. How do findings compare across pathways, cultural settings and measurement approaches?
4. What do prevention trials show about reducing body dissatisfaction and its consequences?

The review is narrative rather than a new meta-analysis. Where numbers are compared, they come from the original reports and are interpreted with caution.

2. Conceptual and Theoretical Framework

Constructs. Body dissatisfaction is when someone feels unhappy with their body, often because they think their real body is not like the body they wish they had (Soohinda et al., 2019). It's a separate idea from internalized weight stigma, which is when someone judges themselves negatively because they think they are too heavy (Saunders et al., 2022). Disordered eating attitudes are thoughts and feelings about food, weight, and body shape, usually measured by asking people to report their own views; a higher score shows a greater risk, but not necessarily a full diagnosis.

Terminology. In this review, disordered eating attitudes means self-reported attitudes toward food, weight and shape, usually measured with screening instruments such as the EAT-26. Disordered eating behaviors (for example dieting or restriction) and eating disorder symptoms are named only where a study measured them with behavior or symptom scales. Eating disorders refers to clinical diagnoses, and eating disorder onset to diagnostic onset as used in prevention trials. Scoring at or above a screening cut-off, described as being at risk, indicates a need for further assessment and not a diagnosis. These outcomes are not equivalent, and the review does not treat them as interchangeable.

Sociocultural pathway. Sociocultural models propose that pressure from media, family and peers to be thin may lead women to internalize a thin ideal, which may raise body dissatisfaction and contribute to dieting and disordered eating. Paterna et al. (2021) synthesized the evidence linking internalization of body shape ideals to body dissatisfaction.

Media exposure and social comparison. Mingoia et al. (2017) interpreted social media effects using cultivation theory and the tripartite influence model, which propose that more frequent exposure to idealized images strengthens belief in the ideal. Appearance-based social comparison is the best-documented mediator; Holland and Tiggemann

(2016) identified it as a mediator of the association between social networking site use and body image and eating concerns.

Objectification theory. Women socialized to view themselves from an observer's perspective practice body surveillance, feel body shame when they fall short and show higher levels of disordered eating (Schaefer & Thompson, 2018). Schaefer et al. (2018) tested this surveillance, shame and eating pathway in 880 college women.

Self-esteem and negative affect. A complementary route runs through the self. In an observational, mixed-sex sample of 806 adolescents (61.8% female), body dissatisfaction was statistically associated with disordered eating both directly and indirectly, through lower self-esteem and higher negative affect (Cruz-Sáez et al., 2020); this design does not by itself show that body dissatisfaction caused later disordered eating. Figure 1 depicts these routes as hypothesized pathways, not as an established causal sequence.

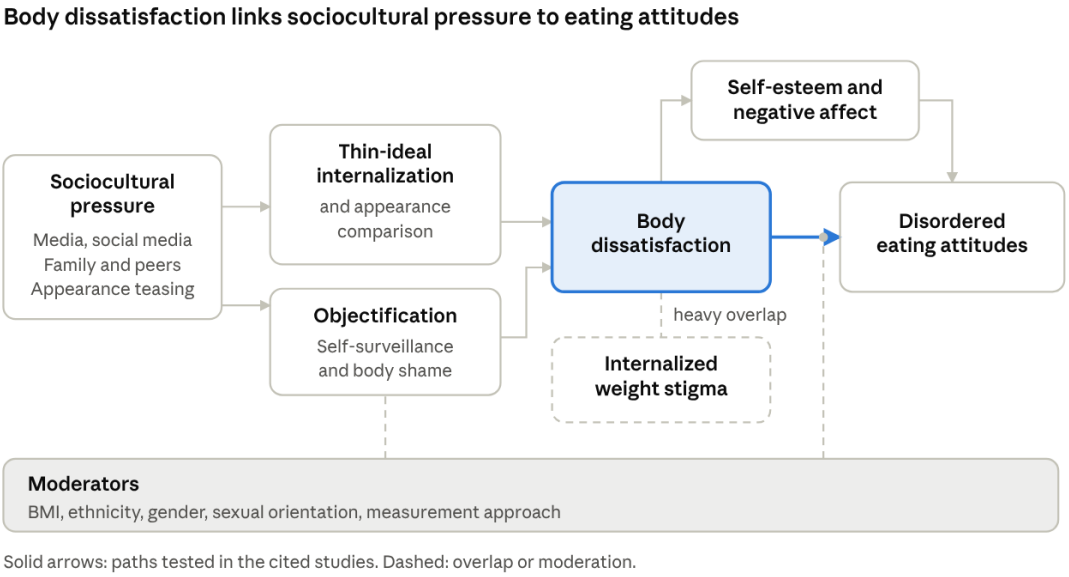


Figure 1. Hypothesized pathways reviewed, drawn from the studies cited in this section. Arrows indicate proposed relationships, not an established causal sequence; most supporting evidence is cross-sectional (see Section 6.1).

3. Method

This is a narrative review with a comparative synthesis. It is not a registered systematic review and it does not report a new meta-analysis. Searches were run in October 2026 using general web search and publisher, PubMed Central and Crossref pages. No bibliographic database (for example PsycINFO, PubMed, Scopus or Web of Science) was searched systematically, and exact search strings, record counts and a study-selection flow were not recorded, so the search is not reproducible. Terms used in combination were body dissatisfaction, body image, disordered eating, eating attitudes, young women, university students, social media, self-objectification and prevention.

Sources were included if they were peer reviewed, published in English between 2016 and 2026, used female or predominantly female samples, and addressed body image correlates of disordered eating attitudes or behaviors, or prevention of them. Samples were mainly young adult women; one mixed-sex adolescent sample (Cruz-Sáez et al., 2020; 61.8% female) was retained because it tested a mediation model directly relevant to the review question, and its findings are interpreted as not specific to young women. A DOI was required for every source as an administrative condition of this review and not as a measure of scientific quality; this requirement may have excluded relevant peer-

reviewed work. The search was targeted rather than exhaustive. Records were not screened in duplicate and no formal risk-of-bias tool was applied. Each reference was checked against its publisher or indexing page for authors, year and DOI. Effect sizes are reported as published; because the studies measure different constructs, comparisons in Section 6 are descriptive, not statistical. Table 1 lists the reviews and meta-analyses that anchor the paper.

Table 1. Reviews and meta-analyses used in this paper

Source	Design	Focus	Main conclusion
Holland & Tiggemann (2016)	Systematic review, 20 studies	Social networking site (SNS) use, body image, disordered eating	SNS use is associated with both outcomes; photo viewing and uploading are especially problematic; appearance comparison mediates
Mingoia et al. (2017)	Meta-analysis, 6 studies, 1,829 females	SNS use and thin-ideal internalization	Positive association, stronger for appearance-related SNS features
Schaefer & Thompson (2018)	Meta-analysis, 53 cross-sectional studies	Self-objectification and disordered eating	Positive association, largest in female samples
Paterna et al. (2021)	Systematic review and meta-analysis	Internalization of body shape ideals and body dissatisfaction	Synthesizes the internalization-dissatisfaction literature
Zhang et al. (2021)	Meta-analysis, 22 studies, 87 effect sizes	SNS use and disordered eating	Small positive association, moderated by BMI, survey method and sample
Saunders et al. (2022)	Systematic review and meta-analysis	Body dissatisfaction and internalized weight stigma	Strong correlation (r = .61), higher in community and college than clinical samples; separate item-level conceptual and measurement overlap
Chauhan (2025)	Systematic review, 20 studies	Social media, body dissatisfaction and disordered eating in young women	Social media is linked to both; self-objectification, comparison and thin-ideal internalization mediate
Stice et al. (2019)	Meta-analysis, 56 trials, 7,808 participants	Dissonance-based prevention programs	Small-to-moderate reductions in risk factors and symptoms
Stice et al. (2021)	Meta-analysis, 15 trials, 5,080 participants	Prevention programs and eating disorder onset	Some program types reduced future onset

4. Evidence on Body Dissatisfaction and Disordered Eating Attitudes

How common the outcomes are. In individual studies, between 11.5% and 22.9% of young women scored at or above the EAT-26 screening threshold: 22.9% in Malaysia (Chin et al., 2020), 13.97% among Emirati students (Dalky et al., 2023) and 11.5% in Ethiopia (Damtie Aserese et al., 2025). These figures are study-specific and are not ranked here. Body image concern was reported in larger proportions in some samples. In North India, about 27% of 555 college women reported moderate-to-severe body shape concern (Soohinda et al., 2019), and in a University of Delhi sample 76.7% showed body image dissatisfaction on a contour-drawing measure (Kapoor et al., 2022). Table 2 summarizes the primary studies.

Do the two go together? The most direct evidence comes from studies that measured both in the same participants. Kapoor et al. (2022) found that body shape concern predicted high-risk eating behavior among Delhi undergraduates, alongside family influences. Cruz-Sáez et al. (2020) reported, in a mixed-sex adolescent sample, a statistical association between body dissatisfaction and disordered eating, both directly and through self-esteem and negative affect. Saunders et al. (2022) identify body dissatisfaction and internalized weight stigma as risk factors for negative outcomes, including eating disorders, but their focus is the conceptual and measurement overlap between the two constructs. Several prevalence studies, by contrast, did not measure body dissatisfaction at all. The Ethiopian study tested BMI, academic department, media exposure and socio-demographic factors, and its authors infer a link to body image from the most-endorsed item, fear of becoming overweight (Damtie Aserese et al., 2025). That inference is plausible but untested in their data.

Related pathways. Syntheses of social media research tell a consistent but modest story. Holland and Tiggemann (2016) found that SNS use was associated with body image concerns and disordered eating, with most evidence correlational. Zhang et al. (2021) pooled 22 studies and found a small association. A meta-analysis of objectification theory found a moderate association between self-objectification and disordered eating (Schaefer & Thompson, 2018).

Table 2. Primary studies of body image and eating attitudes in young women

Study	Setting and sample	Measures	Key findings
Soohinda et al. (2019)	North India (Sikkim, Kanpur), 555 college women	BSQ-8C, Rosenberg self-esteem, Mini-IPIP	About 27% moderate-to-severe body concern; BMI (r_s = .12) and lower self-esteem (r_s = −.22) correlated with dissatisfaction; neuroticism and conscientiousness predicted it
Kapoor et al. (2022)	University of Delhi, 180 female undergraduates	EAT-26, Contour Drawing Rating Scale, BSQ-34, Rosenberg	76.7% body image dissatisfaction; 30.6% body shape concerns; shape concern and family influences predicted high-risk eating behavior

Study	Setting and sample	Measures	Key findings
Chin et al. (2020)	Malaysia, 716 university students (72.6% female)	EAT-26	22.9% of women vs 13.3% of men at or above the EAT-26 cut-off (20); in women, depressive symptoms (β = .214), body size satisfaction (β = −.145) and body appreciation (β = −.101) were correlates
Dalky et al. (2023)	United Arab Emirates, 501 Emirati female students aged 18-21	EAT-26	13.97% at or above the EAT-26 screening threshold; 48.1% dissatisfied with physical appearance; EAT-26 unrelated to age, BMI or meals per day
Damtie Aserese et al. (2025)	Arba Minch University, Ethiopia, 600 female undergraduates	EAT-26	11.5% disordered eating attitudes; overweight vs underweight AOR = 5.83; non-health departments AOR = 2.27
Schaefer et al. (2018)	United States, 880 college women (71.7% White, 15.1% Hispanic, 13.2% Black)	Self-surveillance, body shame, disordered eating	Body shame mediated surveillance and disordered eating in White and Hispanic women, not Black women
Cruz-Sáez et al. (2020)	806 adolescents (61.8% female)	EDI-2 subscales, GHQ-28 anxiety and depression, negative self-beliefs	Body dissatisfaction affected disordered eating directly and via self-esteem and negative affect

5. Mechanisms and Moderators

Thin-ideal internalization and social media. Social networking sites let users post, view and receive feedback on images, which sets them apart from traditional media. Mingoia et al. (2017) found that more SNS use was associated with greater thin-ideal internalization, and that appearance-related activities such as posting or viewing photographs showed a stronger link than general use. Holland and Tiggemann (2016) identified photo viewing, photo uploading and seeking negative feedback as especially problematic activities. Chauhan (2025), reviewing 20 studies of young women, named self-objectification, appearance comparison and thin-ideal internalization as the processes connecting social media to body dissatisfaction and disordered eating.

Objectification and body shame. Self-objectification, the habit of monitoring one's appearance from an outside view, is a plausible bridge between sociocultural pressure and disordered eating. Schaefer and Thompson (2018) found that the association was moderated by gender, ethnicity, sexual orientation and how self-objectification was measured, but not by age, BMI or country of origin. Body shame is the usual mediator, yet ethnicity qualifies the model: in 880 US college women, body shame mediated the path from surveillance to disordered eating among White and Hispanic women but not Black women, who also reported lower surveillance and disordered eating (Schaefer et al., 2018).

Self-esteem, negative affect and personality. Cruz-Sáez et al. (2020) found sequential mediation by self-esteem and negative affect. Among Indian college women, lower self-esteem correlated with greater body shape dissatisfaction and higher neuroticism (P = .01) and conscientiousness (P = .031) predicted it, although the Big Five traits together explained only 2.56% of its variance (Soohinda et al., 2019).

Weight stigma. Saunders et al. (2022) argue that body dissatisfaction and internalized weight stigma are hard to separate empirically, because many body dissatisfaction items, such as those about feeling fat or too large, read like weight-stigma items. This matters for interpretation: an association between body dissatisfaction and disordered eating may partly reflect weight-based self-devaluation.

Body mass index. BMI findings are mixed. In North India, BMI correlated modestly with body shape dissatisfaction (Soohinda et al., 2019). In Ethiopia, overweight women had far higher odds of disordered eating attitudes than underweight women (Damtie Aserese et al., 2025), whereas in the UAE sample BMI was unrelated to EAT-26 scores (Dalky et al., 2023). BMI also moderated the SNS and disordered eating association in the meta-analysis by Zhang et al. (2021).

Social environment. Family influences predicted high-risk eating behavior in Delhi undergraduates (Kapoor et al., 2022). For adolescents, Day et al. (2022) systematically reviewed the impact of teasing and bullying victimization on both disordered eating and body image disturbance, a reminder that risk is often seeded before university.

6. Comparative Analysis

6.1 Comparing pathways

Table 3 lists the pooled associations by size. The comparison is descriptive: each estimate comes from a different meta-analysis with different constructs, samples and study sets, and the coefficients were not estimated in one common model. Three observations follow. First, associations that sit close to the body, such as weight stigma and self-objectification, are larger than the social networking site associations. This should not be read as attenuation along a single causal chain from SNS use through thin-ideal internalization to disordered eating, because those estimates are not successive coefficients from one mediation model. Second, the largest value reflects measurement overlap as well as association: Saunders et al. (2022) reported a higher body dissatisfaction and weight stigma correlation in community and college samples (r = .67) than in clinical samples (r = .52), and separately showed that many body dissatisfaction items load on the weight stigma factor. Third, almost all of these estimates come from cross-sectional designs, so they cannot establish causation.

Table 3. Comparison of pooled associations by pathway

Pathway	Source	Evidence base	Effect size	Reading
Body dissatisfaction and internalized weight stigma	Saunders et al. (2022)	48 studies, 42,128 participants	r = .61 (95% CI .57 to .65)	Large; partly construct overlap

Pathway	Source	Evidence base	Effect size	Reading
Self-objectification and disordered eating	Schaefer & Thompson (2018)	53 cross-sectional studies, 73 effect sizes	r = .39	Moderate
SNS use and thin-ideal internalization	Mingoia et al. (2017)	6 studies, 10 effect sizes, 1,829 females	r = .18	Small to moderate
SNS use and disordered eating behaviors	Zhang et al. (2021)	22 studies, 87 effect sizes	r = .09 (95% CI .06 to .11)	Small

Method also changes the answer. Zhang et al. (2021) found a positive SNS and disordered eating association in paper-and-pencil surveys (r = .114) but a slightly negative one in online surveys (r = −.055), so some heterogeneity is methodological rather than substantive.

6.2 Comparing settings

Table 4 compares the five non-Western primary studies by what each measured and what stood out. The clearest gap is design: only the Delhi study paired dedicated body image scales with the EAT-26 in the same women, while the Malaysian and Emirati studies added a small number of body image items. Elsewhere, the link between the two has to be inferred from separate studies. Fear of becoming overweight was the most frequently endorsed EAT-26 statement among Emirati students (13.6%) and the most frequently agreed item within the dieting subscale in the Ethiopian sample (Dalky et al., 2023; Damtie Aserese et al., 2025). This suggests that weight-focused fear may feature in disordered eating attitudes in both settings, but item-level endorsement does not show that it was participants' overall main concern. BMI is less consistent, being unrelated to eating attitudes in the UAE, strongly related in Ethiopia and modestly related to body shape dissatisfaction in North India.

Table 4. Cross-setting comparison of what was measured and what stood out

Setting	Body image measured	Eating attitudes measured	Distinctive pattern
India, Delhi (Kapoor et al., 2022)	Yes (contour drawing, BSQ-34)	Yes (EAT-26)	Shape concern and family influences predicted high-risk eating
India, North (Soohinda et al., 2019)	Yes (BSQ-8C)	No	Dissatisfaction tied to BMI, low self-esteem and neuroticism
Malaysia (Chin et al., 2020)	Partly (body size satisfaction, body appreciation)	Yes (EAT-26)	Women more often at or above the EAT-26 cut-off than men
United Arab Emirates (Dalky et al., 2023)	Partly (satisfaction with weight and appearance)	Yes (EAT-26)	Fear of overweight was the most frequently endorsed item; BMI unrelated

Setting	Body image measured	Eating attitudes measured	Distinctive pattern
Ethiopia (Damtie Aserese et al., 2025)	No	Yes (EAT-26)	Overweight women at higher odds; fear of overweight was the most frequently agreed item in the dieting subscale

6.3 Comparing measurement approaches

How body dissatisfaction is measured changes how common it appears. Among Indian college women, a Body Shape Questionnaire threshold flagged roughly 27% (Soohinda et al., 2019) to 31% (Kapoor et al., 2022) as having moderate-to-severe concern or shape concern, a self-reported appearance item flagged 48.1% of Emirati students (Dalky et al., 2023), and a contour-drawing discrepancy flagged 76.7% of Delhi students (Kapoor et al., 2022). A current-ideal figure discrepancy can be endorsed by many respondents, whereas a questionnaire cut-off targets more severe concern; a single sample estimate of 76.7% does not show that such a discrepancy is near-universal. The same caution applies to EAT-26 prevalence. Chin et al. (2020) and Damtie Aserese et al. (2025) both used a score of 20 or above, but the cut-off used by Dalky et al. (2023) could not be confirmed from the accessible article page. Because different cut-offs can materially change prevalence estimates, the 11.5% to 22.9% range is presented as a set of study-specific figures and not as a like-for-like comparison. Measurement validity also matters: in a factor-structure study of 1,084 Malaysian undergraduates (68.1% female), Wider et al. (2023) reported poor fit for the EAT-26 (CFI = .662) and advised cultural adaptation of the instrument.

6.4 Comparing groups

In Malaysia, women more often scored at or above the EAT-26 threshold than men (22.9% vs 13.3%; Chin et al., 2020), and the self-objectification association was largest in female samples (Schaefer & Thompson, 2018). Within women, ethnicity matters: Black women reported lower surveillance and disordered eating, and body shame did not carry the path to disordered eating as it did for White and Hispanic women (Schaefer et al., 2018). A mixed-sex adolescent sample shows a similar association between body dissatisfaction and disordered eating (Cruz-Sáez et al., 2020), but Saunders et al. (2022) found weaker overlap between body dissatisfaction and weight stigma in youth samples, which may indicate that the constructs are less entangled earlier in life.

7. Prevention and Clinical Implications

Dissonance-based prevention. Programs such as the Body Project ask young women to critique the thin ideal in verbal, written and behavioral exercises, on the theory that publicly arguing against the ideal weakens their own commitment to it. Stice et al. (2019) meta-analyzed 56 trials of 68 such programs. Table 5 shows effects relative to minimal-intervention controls and to credible alternative interventions. All effects favored the programs, but they were small to moderate and shrank against credible alternatives. The authors also noted, unexpectedly, that effects were larger when participants were compensated.

Table 5. Effect sizes (Cohen's d) of dissonance-based programs, Stice et al. (2019)

Outcome	Versus minimal-intervention control	Versus credible alternative
Thin-ideal internalization	0.57	0.31
Body dissatisfaction	0.42	0.18

Outcome	Versus minimal-intervention control	Versus credible alternative
Dieting	0.37	0.17
Negative affect	0.29	0.21
Eating disorder symptoms	0.31	0.13

Delivery format. In a trial of 680 young women, clinician-led groups, peer-led groups and an Internet version of the Body Project all outperformed an educational video. The group formats beat the Internet version on risk-factor reduction, and peer-led groups had lower eating disorder onset than the Internet version over seven months (Stice et al., 2017). This single trial suggests that peer-led delivery may be a feasible option, but one trial does not establish viability across settings or populations.

Onset prevention. Across 15 trials with 5,080 participants, healthy lifestyle modification and dissonance-based programs reduced future eating disorder onset by 54% to 77% in multiple trials, and a self-esteem and self-efficacy program did so in a single trial, whereas psychoeducational, cognitive behavioral, behavioral weight gain, interpersonal and family-therapy-based programs did not (Stice et al., 2021). Awareness campaigns alone, as recommended in the Emirati study (Dalky et al., 2023), may therefore be insufficient without an active component.

Screening and services. Damtie Aserese et al. (2025) recommend routine EAT-26 screening with counseling in university health services. Because the EAT-26 is a screen rather than a diagnosis, positive results need follow-up assessment. In Indian samples, family influences and self-esteem emerged as correlates (Kapoor et al., 2022; Soohinda et al., 2019), so programs there might usefully pair thin-ideal critique with self-esteem work and family engagement. This is a hypothesis for testing, not a tested recommendation.

8. Limitations and Future Directions

Limitations of the evidence. Six constraints recur. First, most designs are cross-sectional, and Holland and Tiggemann (2016) concluded that more longitudinal and experimental work was needed to establish direction. Second, measures and cut-offs differ widely (Section 6.3), and body dissatisfaction scales overlap with weight stigma scales (Saunders et al., 2022). Third, samples are mainly university women recruited by convenience, and Soohinda et al. (2019) acknowledge selection and self-report bias. Fourth, the evidence base centers on cisgender women; a recent systematic review of transgender and gender diverse populations notes that explanatory models integrating risk and protective factors specific to those groups remain limited (Laveway et al., 2026). Fifth, in the non-Western primary studies reviewed here, only one paired dedicated body image scales with eating attitudes (Table 4). Sixth, one included sample is mixed-sex and adolescent (Cruz-Sáez et al., 2020), so not all evidence is specific to young women.

Limitations of this review. The search was targeted, not exhaustive, and may favor freely accessible publications. No bibliographic database was searched systematically and no search record was kept, so the search cannot be reproduced; requiring a DOI was an administrative restriction that may have excluded relevant work. Screening was not duplicated, risk of bias was not formally appraised, and no data were pooled. Effect sizes in Table 3 come from different constructs, samples and metrics, so their ranking is indicative.

9. Conclusion

Across the 2016 to 2026 literature, body image dissatisfaction is consistently associated with disordered eating attitudes in young women, although the association is neither uniform nor fully separable from related constructs, and, given the largely cross-sectional evidence, its causal direction cannot be inferred. In descriptive comparison, pathways close to the body, such as weight stigma and self-objectification, show larger pooled associations than distal social media routes. Prevalence estimates depend heavily on instruments and cut-offs. Settings differ on correlates such as

BMI, yet several EAT-26 studies report frequent endorsement of items on fear of becoming overweight. Meta-analytic evidence shows that dissonance-based prevention programs produce small to moderate reductions in thin-ideal internalization, body dissatisfaction and eating disorder symptoms, and a single trial suggests that peer-led delivery may be feasible.

For practice, the evidence reviewed here tentatively suggests that universities could consider combining screening with active prevention rather than relying on awareness campaigns alone; the narrative, targeted design of this review, with no formal risk-of-bias appraisal, does not support a firmer recommendation. For research, the priority is longitudinal, culturally adapted and inclusive studies that measure body image and eating attitudes together with harmonized instruments.

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