



Virtual social networks, body satisfaction and body practices: a study with young adults

Redes sociais virtuais, satisfação corporal e práticas corporais: um estudo com jovens adultos

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ABSTRACT

This was a study conducted from a psychosocial perspective, which sought to relate the body satisfaction of young adults with their body practices and the use they make of virtual social networks. Participants were 207 young people who answered a self-administered online questionnaire, whose responses were treated using descriptive and inferential statistics. Body satisfaction was more present among practitioners of physical activities, and, on the other hand, low body satisfaction was observed among participants more adherent to diets and aesthetic plastic surgeries. Some bodily practices were significantly associated with the use of virtual social networks: practitioners of physical activity access them for less time daily and view content alluding to health; diets and plastic surgery are associated with greater access to content from digital influencers. Thus, body satisfaction and the way young people use virtual social networks can influence their body practices.

Keywords: Body image. Social Representations. Online social networks.

RESUMO

Trata-se de uma pesquisa realizada a partir de uma perspectiva psicossocial, que buscou relacionar a satisfação corporal de jovens adultos com suas práticas corporais e o uso que fazem de redes sociais virtuais. Participaram do estudo 207 jovens, que responderam um questionário *online* autoaplicado, cujas respostas foram tratadas com estatística descritiva e inferencial. Os resultados indicaram que a satisfação corporal é mais presente entre os praticantes de atividades físicas, e, em contrapartida, observou-se menor satisfação corporal entre os participantes mais aderentes a dietas e cirurgias plásticas estéticas. Algumas práticas corporais encontraram associação estatística significativa com o uso das redes sociais virtuais: praticantes de atividade física as acessam por menor tempo diário e visualizam conteúdos alusivos à saúde; dietas e cirurgias plásticas estão associadas ao maior acesso a conteúdos de influenciadores digitais. Assim, a satisfação corporal e a forma como jovens utilizam redes sociais virtuais podem ter influência sobre suas práticas corporais.

Palavras-chave: Imagem corporal. Representações Sociais. Redes sociais online.

INTRODUCTION

The body is the object that is situated on the boundary between the individual and the social¹. All human understanding of the world necessarily passes through the body, an instrument that guarantees mediation between the individual and the environment. In humans, the body mediates social relations², it is not entirely individual, nor entirely social, but the result of symbolic construction full of normative traits that define standards referring to care, beautification, maintenance of physical health, and other bodily practices influenced by culture³. In summary, it is in the web between the individual and the social, biological, and cultural that the human body is sculpted.

Body image is a phenomenon characterized by its subjectivity. Despite the media stipulating normative body standards, for the subject, the body image is built including all the aspects through which they experience the body and define it: physical, mental, and emotional⁴. It is like a drawing created by the mind about itself, the memory, and the identity of the body. Body image is the result of all the individual's experiences and notions, feelings, attitudes, and memories, in short, what they have accumulated about their own body and how they see themselves, which includes figurations and social representations⁵. In this sense, an individual may have a body self-image that is different from that objectively constituted by the body mass index (BMI).

Even though they occur in the private sphere, the meanings attributed to bodily experiences are socially constructed. Throughout history, the body has been the receptacle of values and cultural identities of groups, which demarcated different ways of dressing, bathing, exercising, etc. In each era and culture, images and collective consensus arise about the attributes required to define the size, weight, and proportion of a body considered ideal. Currently, such definitions are conveyed by the media, through advertisements that signal to viewers the standards of an ideal body⁶⁻⁷. Among the contemporary means of communication, virtual social networks constitute spaces of great propagation of body patterns, influencing mainly the younger population⁸.

Studies on young people and the use of virtual social networks have shown that people aged 18 to 25 years, the so-called young adults⁹, are the generation most exposed to virtual social networks¹⁰. This age group tends to attribute greater importance to the evaluation of others about their body image and demonstrates a higher level of body dissatisfaction when compared to older age groups¹¹. Several studies have confirmed the existence of a relationship

between the use of media – including the use of virtual social networks – and its influence on self-image and body-related issues among adolescents and young people⁶⁻⁷. The use of virtual social networks has modulated an increasingly externalized subjectivity, projected in the search for acceptance and approval. There are indications of the existence of great body dissatisfaction among university students when exposed to the media and virtual social networks⁸.

The Theory of Social Representations (TSR)¹² was used as a theoretical basis for this research. Based on this theory, it is possible to understand how consensual knowledge, elaborated by individuals based on their social relationships, influences body satisfaction and body care practices since social representations (SR) reveal themselves as guides for actions about the world and others¹³. Since the 1960s, studies conducted in France by Denise Jodelet² have shown that the body constitutes a privileged theme for research on social representations. Social representations are involved in the elaboration of the collective knowledge of seeing and experiencing the body, spreading models and behaviors related to it³.

Understanding practices and body care from a psychosocial perspective with the young population is important, as there are indications that this is a population very exposed to normative pressures about the body¹¹. Faced with the great use of virtual social networks by young people, and indications that this use can affect body image, this study aimed to relate the use of virtual social networks by young people with their body satisfaction and body-related practices.

METHODOLOGY

CHARACTERIZATION OF THE STUDY, LOCATION, AND CONTACT

This was a quantitative indirect observation study, cross-sectional, with a non-probabilistic sample, which used measures of association (chi-square) to check for an association between the nominal variables of the following analysis categories: a) body satisfaction of young adults, b) body-related practices, and c) the use they make of virtual social networks.

Data were collected from July to November 2021, with young people enrolled in Federal Institutions of Higher Education located in the state of Santa Catarina. The selection of these institutions is justified by their great capillarity and heterogeneity, both in terms of the programs offered and the socioeconomic level of the students.

Initially, contact was made with the institutions, and, upon authorization, the students were contacted via institutional e-mail and invitations made by the professors in the classroom, requesting participation in the research, complying with ethical guidelines (approved by the Human Research Ethics Committee under opinion number 4.705.550).

DATA COLLECTION INSTRUMENT

Data were collected using closed questions in an online self-administered individual questionnaire, hosted on Google Forms, containing items for sociodemographic characterization of participants and anthropometric data (weight and height for BMI calculation).

The instrument also included a Body Care and Appearance Control Scale in a 6-point Likert scale, constructed by the authors of this study, to assess the emphasis on body care and appearance control based on three dimensions: emphasis on the individual, emphasis on the social, and emphasis on interaction in virtual social networks. Based on the participant's responses, the average of the results for each of the dimensions was calculated. Considering that the midpoint of the scale was 3.5, scores equal to or above the midpoint indicated a greater influence of care focused on the presentation to the other (E.g. failing to post a photo on social networks due to concerns about appearance). On the other hand, scores below 3.5 indicated that body care was more influenced by individual aspects (E.g. taking care of appearance for personal pleasure). Items of this scale can be seen in Table 1.

Participants also answered multiple-choice items about practices related to the body (intention of having aesthetic plastic surgery, having already followed a diet and practicing physical exercises); a question about body satisfaction; and multiple-choice questions about the use of virtual social networks (accessed networks, type of content usually accessed on these networks and daily time of use).

DATA ANALYSIS

Data related to sample characterization variables and other study variables were initially subjected to descriptive statistical analysis (frequency, mean, standard deviation). To identify relationships between categorical variables (characterization, satisfaction, body practices, and

access to content on social networks), the Chi-square association test was adopted in conjunction with Cramer's V, to assess the strength of association between the variables.

Data derived from the Body Care and Appearance Control Scale scores were analyzed using descriptive statistics (mean and deviation of scores), and the Shapiro-Wilk test was applied to determine normal distribution. The non-parametric Kruskal-Wallis test was used to make pairwise comparisons between the results of the Body Care and Appearance Control Scale and the items that measured the participants' assessment of body satisfaction and diet practice. The comparison between the items on the Body Care and Appearance Control Scale and the intention of having plastic surgery and also the time of daily use of social networks was performed using the Mann-Whitney U.

All analyses were run using the Jamovi software (version 2.2.5).

RESULTS

CHARACTERIZATION OF PARTICIPANTS

A total of 207 young university students participated in the study. Of these, 68.1% were female, 29% male, and 2.9% non-binary. Age ranged between 18 and 25 years old (mean=21 years old; SD=2.03). About race/color, 81.6% declared themselves white, 8.2% chose the other option, followed by 7.7% black and 2.4% yellow. Most participants (96.1%) did not declare having a disability or atypical condition. Concerning the programs, there was heterogeneity among the respondents: 31% participants were students in the area of Education (degrees in general); 21.8% were students from the Agricultural area (Agronomy and Veterinary Science); 13.1% from the Health area (Nursing, Medicine, Psychology); 10.7% from the Technology area (Computer Science, Systems Analysis, Computer Engineering and the like); 9.7% from the Engineering area (Electronics, Mechanics, and others); 6.8% from other programs (Law, Logistics, Tourism) and 6.3% from the Design area (Graphics, Product, Fashion).

BMI was calculated from the self-reported anthropometric measurements, which had a mean of 24 (SD = 4.78) and ranged between 16.8 and 46.7. Most participants (61.4%) had the index considered within the eutrophic range, indicated as ideal by the World Health Organization (WHO)¹⁴, while 31.4% were in the index considered above ideal (19.8% overweight, 11.6% obesity) and 7.2% were in the index considered as underweight.

BODY SATISFACTION

When questioned about their satisfaction with their bodies, 44.9% participants stated they were satisfied or very satisfied, while 40.5% indicated that they were dissatisfied or slightly satisfied. In turn, 14.5% expressed neutrality, saying they were neither satisfied nor dissatisfied.

Body satisfaction was statistically associated with BMI ($\chi^2=24.1$; $p<0.001$; $V_{\text{cramer}}=0.241$). Half of the obese people and 68.3% of overweight people expressed dissatisfaction with their bodies, unlike eutrophic and underweight people, of whom 30.7% and 33.3%, respectively, expressed dissatisfaction. In summary, a significant relationship was found between high BMI and body dissatisfaction. Statistically, no significant relationships were detected between body satisfaction and other research variables.

BODY-RELATED PRACTICES

Participants were asked about body practices: dieting, physical exercise, and plastic surgery for aesthetic purposes. Such responses were statistically related to variables characterizing the participants and body satisfaction. As a result, associations were found between these practices and the variables gender, relationship, income, and BMI. Although Cramer's V results indicated that the strength of association between the variables was weak, significant associations were found between body satisfaction and all three body-related practices, described below. The associations between the participants' characterization, body satisfaction, and body practices are illustrated in Figure 1.

As for having plastic surgery for aesthetic changes, only 5.8% participants indicated that they had already had it. However, 32.9% reported that they want to have some type of procedure in the future. Although the majority indicated that they did not want to have plastic surgery, there was a significant increase in the percentage of participants intending to undergo surgery compared to those who had already had it. Among those who showed an intention to undergo plastic surgery, the results indicated a statistical association between the female public and people dissatisfied with their bodies (Figure 1).

Dieting was the body practice with the highest adherence among the participants. Most (58%) reported that they had already gone on a diet at least once, with 22.2% having done this practice many times. The participants who went on diets the most were women, people who

have romantic partners, people with a higher BMI, and people dissatisfied with their bodies (Figure 1).

Regarding the practice of physical exercises, 49.8 % participants stated that they performed physical activity regularly (at least twice a week), 24.6% practiced sporadically and 25.6% did not practice. The regular practice of physical activity was more related to participants with higher income, with eutrophic BMI, and people who expressed greater body satisfaction (Figure 1).

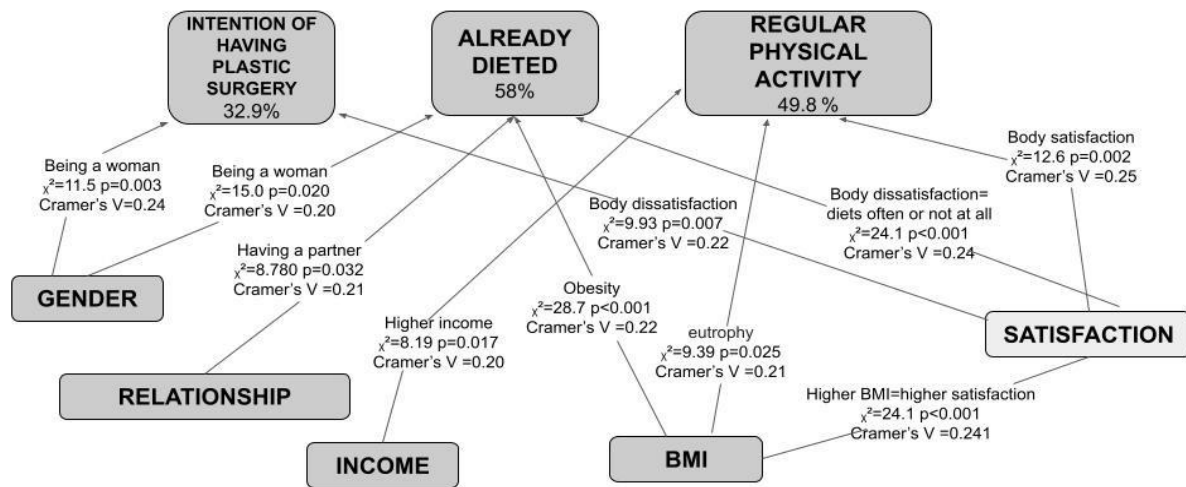


Figure 1. Relationships between body satisfaction and body-related practices. Source: prepared by the authors from the raw data.

BODY CARE AND APPEARANCE CONTROL

Based on the results of the items related to the participant's responses to the body care and appearance control scale, the overall mean of the concordance scores with the items of the three emphases was 3.18. This result, just below the midpoint, suggests that the participants' emphasis on body care and appearance was more influenced by individual aspects than by pleasing others (Table 1).

Table 1. Body care and appearance control scale

Item	Mean*	S.D.
Emphasis on the individual – Shapiro-Wilk p= < 0.001	2.34	0.95
If I take care of my appearance, it is primarily for personal pleasure.	2.01	1.07
If I take care of my appearance, it is out of dignity and self-respect.	1.93	1.11
I like my body in its most natural state.	3.07	1.49
Emphasis on social – Shapiro-Wilk p= 0.001	3.31	1.19
I need to take care of my appearance out of respect for others.	1.96	1.32
Presenting myself well is a way to be accepted by others.	3.88	1.60
Taking care of my appearance makes it easier to relate to other people	4.08	1.53
Emphasis on interaction in virtual social networks – Shapiro-Wilk p < 0.001	3.90	1.20
I take care of my appearance to make a good impression in the photos and selfies I post on social media	2.99	1.44
I have already stopped posting photos on virtual social networks because I was not satisfied with my appearance	4.81	1.51
I am happy if I get a lot of likes when I post selfies or photos of my body	3.90	1.62
Overall scale (all emphases) - Shapiro-Wilk p= 0.143	3.18	0.83

*Midpoint of the scale = 3.5; When the mean value ≤ 3.5 , it indicates stronger individual influence; when the mean value > 3.5 , it indicates social influence)

Analyzing each of the emphases in Table 1, the mean value obtained in the “emphasis on the individual” was the lowest among the three, followed by “emphasis on the social”, both with a value below the midpoint. Items with “emphasis on the use of virtual social networks” presented the highest scores in the three dimensions, and the mean value was above the midpoint. This suggests that the use of virtual social networks makes the influence of the other’s gaze more salient about the participants’ body care. The latter is the dimension of most interest in this study, and for this reason, it was related to body satisfaction and body-related practices to check for relationships between them. A relationship was found between the intention of having plastic surgery and adherence to diets, in addition to significant differences in terms of body satisfaction related to the dimension of care with an emphasis on the use of social networks.

Pairwise comparisons evidenced a significant difference in body care and appearance scores related to the use of virtual social networks between the body-satisfied and dissatisfied groups (Kruskal-Wallis $W = -3.607$; $p = 0.029$). That is, the group of participants defined as dissatisfied had a higher score for body care and appearance related to the use of virtual social networks.

As for going on diets about body care and appearance, with emphasis on the use of virtual social networks, the pairwise indicated a significant difference between the group that never went on a diet and the one that went on a diet many times (Kruskal-Wallis $W = -4.211$; $p = 0.015$), which points to adherence to diets related to the presentation on social networks.

The group that intended of having plastic surgery showed higher scores ($M = 4.51$) for body care with an emphasis on the use of virtual social networks than the group that did not intend of having plastic surgery ($M = 3.60$) (Mann-Whitney $U = 2.586$, $DF = 146$, and $p < 0.001$). The large difference in means between the groups is outstanding, with the highest scores in the group that intends of having plastic surgery. This shows a greater propensity to have plastic surgery linked to exposure to virtual social networks.

USE OF VIRTUAL SOCIAL NETWORKS

In addition to questions about the body, participants also answered questions about virtual social networks and their use. All participants were registered in at least one virtual social network. The most popular network among participants was Instagram, in which 91.3% participants had an account, and it was the most used by 56.5% participants. As for the number of registered users, YouTube (74.9% participants) and Facebook (70% participants had a registration, but only 4.8% indicated it as the most used). As the main reason for accessing virtual social networks, 75.4% participants indicated leisure/entertainment. Then communication (11.6%), news/information (6.3%), study/work (3.4%), celebrity updates (1%), and others (2.5%).

As for the time of daily use, 58% participants accessed virtual social networks less than three hours a day, while 42% accessed more than three hours a day. The daily access time to these networks was found to be related to body and appearance care, specifically in the scale referring to items indicating the use of virtual social networks. This dimension showed significant differences between the group that accessed virtual social networks for more than three hours a day ($M = 4.14$; $SD = 1.77$) and the group that accessed for less than three hours a day ($M = 3.73$; $SD = 1.17$). The mean difference between both was -0.33 , whose Mann-Whitney U was equal to 4.134, with a $DF = 186$, and $P = 0.010$. The highest score for the group that used social networks for a longer period indicates that the longer they access these networks, the more care and control over their bodies and appearance related to the use of virtual social networks are aimed at meeting the social norm.

By associating the daily access time with the practices, a significant association was found with physical activity ($\chi^2=8.40$ $p=0.004$; $V_{\text{cramer}} = 0.197$). People who spent more time accessing social networks were, for the most part, those who practiced less physical activity. Of those who accessed these networks for less than three hours a day, 58.3% practiced physical activity periodically, on the other hand, 62.1% participants who accessed the networks for more than three hours a day reported sporadic or non-practice.

RELATIONSHIP BETWEEN BODY SATISFACTION, BODY PRACTICES, AND ACCESS TO CONTENT ON VIRTUAL SOCIAL NETWORKS

In this topic, bodily practices and the body satisfaction of the participants are presented, with the contents about the body they indicated to access in the virtual social networks. Figure 2 shows that people with greater body satisfaction tended to access more content about beauty. More specifically, 59.3% participants who accessed content about beauty were satisfied with their bodies, while only 39.9% of those who did not access this type of content were satisfied. Body satisfaction was also found to be related to access to content about fitness and physical activity, and was more accessed by dissatisfied people (of the people who accessed this type of content, 54.2% declared themselves dissatisfied, 40.7% satisfied, and 5.1% neutral).

As for bodily practices, the results indicated that the intention of having plastic surgery was more noticeable in participants who accessed content from digital influencers. Going on a diet was the practice most associated with access to content on virtual social networks. Participants who adopted diet practices tended to access content from digital influencers, fitness/physical activity content; well-being; food/nutrition, and fashion. The practice of physical exercises was associated with access to fitness/physical activity content; food/nutrition; and health. Among those who accessed these three contents, a greater number of those who regularly performed physical activities (79.7%; 60.6%, and 60.0%, respectively) than among those who did not access them.

Physical activity differed from other practices regarding access to content on virtual social networks, as it was the only one associated with access to health content (in addition to food/nutrition and fitness/physical activity, which can also be health-oriented), while the other two practices (plastic surgery and diet) was significantly related to access to content from digital influencers.

The significant relationships can be seen in Figure 2.

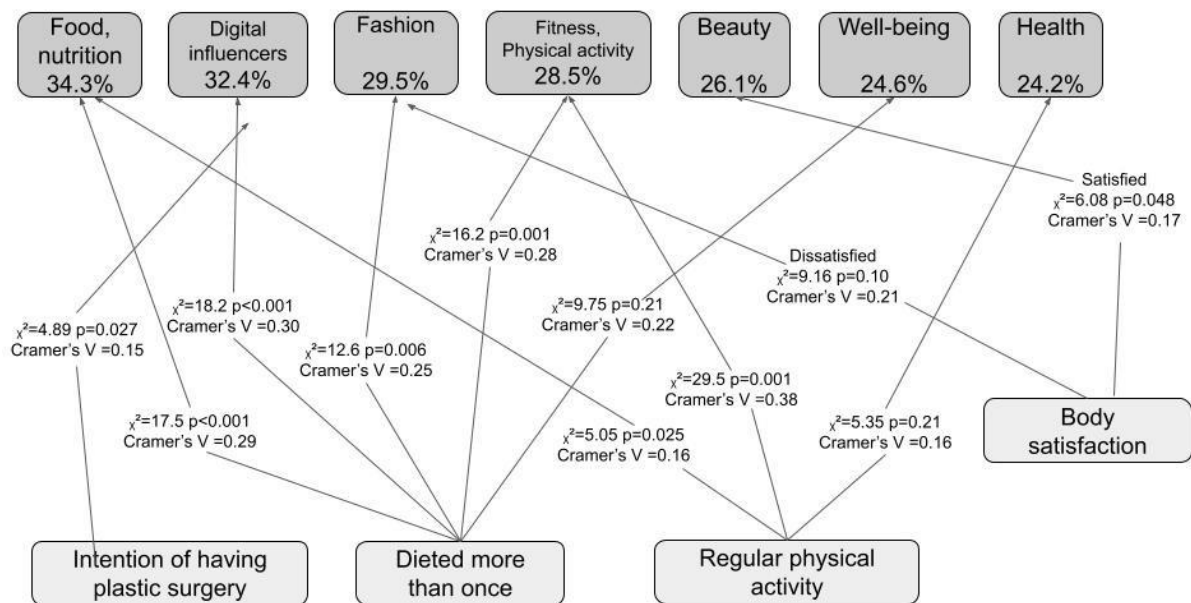


Figure 2. Content accessed on virtual social networks and relationships with research variables and bodily practices. Source: prepared by the authors from the raw data.

DISCUSSION

This study sought to relate the use of virtual social networks by young people with their body satisfaction and body-related practices. At first, the results indicated that, for the study participants, being within the norm implies greater body satisfaction. This materializes in the relationship between body satisfaction and BMI, as young people with eutrophic BMI reported greater body satisfaction. This can be seen in other studies³⁻¹⁵ since there is strong social pressure to value the lean body as being more aesthetically suited to social norms.

The association between body satisfaction and BMI was evidenced in adherence to body-oriented practices. This relationship has already been found in other studies¹⁶⁻¹⁷. The results showed that lower satisfaction implied a greater intention of having plastic surgery and that higher BMI is statistically related to body dissatisfaction and adherence to diets. In contrast, the lowest BMI was significantly related to body satisfaction and adherence to physical exercises. Despite the statistical treatment used here not allowing the establishment of causal relationships, the distribution of results indicates that body satisfaction is a social phenomenon linked to norms, which establish the lean body as the aesthetic standard valued in today's society³.

Brazilian studies show that social representations of the body are fundamentally organized around two axes: aesthetics and health¹⁻¹⁸⁻¹⁹. These two axes may present different

elements and aspects according to the context, but they were recurrently observed in different studies, audiences, and times¹⁻³⁻¹⁸⁻¹⁹⁻²⁰⁻²¹⁻²². Bodily practices can be guided by social representations of the body, which vary according to the historical-social context. In this way, social representations of the beauty and health axes interfere with social practices related to the body and have a strong relationship with each other¹⁹. There are indications that social representations of beauty are associated with slenderness and aesthetic care. Considering that health is one of the structuring elements of the social representation of the beautiful body, it appears that the social images of a beautiful body and a healthy body are similar. Nevertheless, in the context of health, the body is thought of from the point of view of individuality, being the bearer of existence, care, and well-being²², while in the context of aesthetics, the idea of the body is anchored in the individual's interaction with the world, the body is a social object, subjected to standards¹⁻¹¹.

Currently, several procedures are performed or sought to adapt the body to aesthetic standards: cosmetic surgeries, diets, and physical exercises. Adherence to these interventions on the body can be understood through the role of socially shared beliefs and values and are related to norms and social representations about the body²³. Studies show the existence of a relationship between social representations and the adoption of body care behaviors³⁻²⁰⁻²¹⁻²⁰⁻²³⁻²⁴. Having a desirable body in the eyes of others implies being guided by the path of social normalization, responding to the media appeals of the cult of the body. These norms mainly focus on the female audience³⁻²³. In Brazil, research on the social representations of the body has shown that the female public is more pressured in relation to body norms and standards, as well as showing greater body dissatisfaction compared to the male³⁻⁵. In the present study, it was possible to notice that women go on more diets and want to have more plastic surgeries than men, indicating a greater submission of the female body to the socially accepted norm, due to the greater normative pressure on their bodies.

Our findings converge with those of previous studies, adding to the discussion the use of virtual social networks. The use of these networks, in contemporary times, is an important form of interaction between the individual and the world, and, therefore, a space for subjecting the body to standards, often resulting in body dissatisfaction⁸⁻²⁵. This can be evidenced by the statistical relationship between body satisfaction and the dimension of the use of social networks in body and appearance care. Concerning these (Table 1), virtual social networks can contribute to submission to the social norm, when used. Such submission is evidenced in greater care with appearance in the dimension related to the use of virtual social networks than in

dimensions of individual and social emphasis. Users of social networks are careful with the image to be shown, and the importance of external validation through “likes” is highlighted. The selection of what to display on the networks is conditioned to the eye that watches and likes²⁶, corroborating the idea of the body’s submission to social standards in the context of aesthetics.

Also, each of the body-related practices is associated with access to different content on virtual social networks by the participants, more focused on aesthetics or more focused on health. The contents accessed serve as a basis for the formation of social representations about this object. They constitute anchoring elements for the construction of representations¹². Therefore, the visualization of certain contents is induced by the axis through which the subject predominantly organizes their representations about the body (beauty or health), at the same time that such content structures or reinforces these representations. Thus, access to certain types of content can help build representations that are more focused on one or another aspect, and have an impact on practices. The relationship between bodily practices and access to certain content can be explained based on the Jodelet’s theory¹³, in which social representations serve as guides for action. In this sense, it can be assumed that they do not determine human actions, but guide social practices, giving them a meaning that can be socially shared.

The content of digital influencers, accessed by more than 30% participants, has among its viewers the participants who have gone on diets the most and who have a positive attitude towards plastic surgery for aesthetic purposes. Both practices, especially surgeries, have a direct impact on body aesthetics. These two practices are statistically associated with female participants and people who are dissatisfied with their bodies, which may indicate a dissatisfaction directed towards the search for adequacy to the norm. In a study with adolescents⁸, the media, including social networks, are associated with body image dissatisfaction in adolescent girls. The findings of that study indicated that the chance of being dissatisfied increased, respectively, between 6.57 and 4.47 times in adolescents with access to Facebook and Instagram more than 10 times a day.

Digital influencers use virtual social networks to deal with various subjects, and, especially in content aimed at the female audience, they address makeup tutorials, “beauty secrets”, fashion, and weight loss tips, in addition to promoting body-oriented products and procedures. In other words, content that propagates compliance with standards²⁷. Thus, the propensity to have plastic surgery, when combined with access to this type of content, has an aesthetic connotation and adequacy to standards, especially considering that women are more

likely to have plastic surgery for aesthetic purposes, and the greater conformation of the female body to the social norm.

The statistical association between the access to content from digital influencers with greater acceptance and desire for plastic surgery for aesthetic purposes is supported by a recent and worrying phenomenon: plastic surgery, especially facial surgery, with emphasis on rhinoplasty, aiming at an appearance equal to that people post on social networks using filters²⁸. The International Society of Aesthetic Plastic Surgery - ISAPS²⁸ reports a significant increase in the search for aesthetic procedures, especially by young patients, attributed to the increased time of exposure to virtual social networks in the period of isolation due to the COVID-19 pandemic. Another study, from the American Academy of Facial Plastic and Reconstructive Surgery - AAFPRS²⁹, showed that 72% member surgeons were sought out, in 2019, by people looking for aesthetic procedures to improve their appearance in selfies. The results of this research, with regard to the care and control of the body and appearance, confirmed the concern with the image transmitted through selfies. This is also shown in the statistical association between the intention of having plastic surgery with the relationship between body care and appearance. The greater propensity to adhere to this procedure is related to exposure to social networks: when showing oneself on networks, there is a greater desire to modify the body, possibly to adapt it to such exposure.

Going on diets, the most adhered to by the participants, had a statistical association with both contents focused on aesthetics (influencers, fashion) and content more focused on health (food/nutrition, fitness/physical activity, well-being). Dieting can be considered the practice located at the intersection between health and aesthetics. Even so, it is important to pay attention to its relationship with the content of digital influencers, since the use of social networks can negatively influence body image, and even have repercussions on dysfunctional eating⁸. It is also necessary to take into account the adherence to this practice associated with the female sex, reinforcing its normative aspect³⁻²¹.

The practice of physical activity was the only one with a statistical association with access to specific health content, in addition to fitness/physical activity and food/nutrition content. This also showed a statistical association with the daily access time to virtual social networks, which are inversely proportional. The shorter access time to social networks was associated with greater adherence to the practice of physical activity. It is no coincidence that the practice of exercises is associated with greater body satisfaction by research participants, as demonstrated by Flores et al.¹⁷. Importantly, the majority of regular practitioners of physical

activity have a BMI within the eutrophic range, and the practice of exercises is allied to the maintenance of this BMI. This finding is in line with a study in which physical activity is central in the social representations of the body, but peripheral in social representations of health, suggesting the practice of physical activity aimed at aesthetics, and that, therefore, this practice may be motivated by care for health and aesthetic concerns²⁰. Regarding the type of content accessed on virtual social networks and the time spent accessing it, the social representations of those who perform physical activity the most are organized around the health axis, and thus body satisfaction can also come from greater overall well-being provided by the practice, and not necessarily of a body aesthetically suited to social norms.

An association was also registered between the practice of physical activity and the participants' income: participants with higher incomes have greater adherence to physical activity. This can be problematized from a discussion on the barriers to performing physical activities, which can contribute to people becoming physically inactive³⁰. Thus, the body is a sign of power and social status, body image is also a marker of class. Not only the practice of physical activity but also adequate nutrition, rest, and leisure time are basic conditions for dignity, health, and well-being.

CONCLUSION

This study allowed to find relationships between the use of virtual social networks, body satisfaction, and body-related practices. Thus, our results suggest that body satisfaction and the way young people use virtual social networks can influence their bodily practices. As a limitation of the study, the difficulty of pairing the participants stands out. However, this study brings subsidies to update research on the body from a psychosocial perspective, exploring the influence of the media, including new forms of social interaction through virtual social networks. Given the importance and growth of interactions and consumption of content through virtual social networks, further studies on their impacts on satisfaction and body practices are recommended, with other age groups and in other contexts, to expand the field of study. Also, future studies to understand the role of digital influencers in the dissemination of aesthetic models, influencing more or less invasive bodily practices, are suggested.

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