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1                   Body Image Dissatisfaction, Physical Activity and Screen-Time in Spanish Adolescents

2

3   Elizabeth, Añez<sup>a</sup>, Albert Fornieles-Deu<sup>b</sup>, Jordi Fauquet-Ars<sup>b,c</sup>, Gemma López-Guimerà<sup>a</sup>, Joaquim Puntí –  
4   Vidal<sup>d</sup> and David Sánchez-Carracedo<sup>a</sup>

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6   <sup>a</sup>Research Unit on Eating and Weight-related Behaviors. Department of Clinical and Health Psychology.

7   Universitat Autònoma de Barcelona, University Campus, Building B, 08193, Spain.

8   <sup>b</sup> Department of Psychobiology & Methodology of Health Sciences, Universitat Autònoma de Barcelona,

9   Unviersity Campus, Building B, 08193, Spain.

10   <sup>c</sup>IMIM (Hospital del Mar Medical Research Institute). Doctor Aiguader 88, 08003 Barcelona, Spain.

11   <sup>d</sup>Parc Taulí Health Corporation. Parc del Taulí, 1 - 08208 Sabadell, Spain.

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13   Corresponding author: Elizabeth Añez. email: elizabethvirginia.anez@e-campus.uab.cat. Phone/FAx: (+34)

14   935813855

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16

Abstract

17 This cross-sectional study contributes to the literature on whether body dissatisfaction (BD) is a barrier/  
18 facilitator to engaging in physical activity (PA), and to investigate the impact of mass-media messages via  
19 computer-time on BD. High-school students (N=1501), reported their PA, computer-time  
20 (homework/leisure), and BD. Researchers measured students' weight and height. Analyses revealed that BD  
21 was negatively associated with PA, on both genders; whereas computer-time was associated only with girls'  
22 BD. Specifically, as computer-homework increased, BD decreased; as computer-leisure increased, BD  
23 increased. Weight-related interventions should improve body image and PA simultaneously, whilst critical  
24 consumption of mass-media interventions should include a computer component.

25

26 Keywords: sedentary behaviour; body image; physical activity; adolescents; social media

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28                   Body Image Dissatisfaction, Physical Activity and Screen-Time in Spanish Adolescents  
29  
30                   Eating disorders and unhealthy weight control behaviours are major issues of public health concern  
31 (Hudson et al., 2007; WHO, 2005). Worldwide prevalence rates of eating disorders are relatively low (1-5%)  
32 (Treasure et al., 2010), but they are associated with severe physical and psychosocial consequences  
33 (Herpertz-Dahlmann, 2015). One of the strongest predictors of developing an eating disorder is body image  
34 dissatisfaction (Stice, 2002). In a sample of Spanish 12- 17 years old, more than 50% of girls and nearly 50%  
35 of boys reported dissatisfaction with their body image (Valverde et al., 2010). Importantly, body image  
36 dissatisfaction represents a risk factor for the adoption of unhealthy weight control behaviours that are more  
37 common than eating disorders. For instance, it has been shown that adolescents with higher levels of body  
38 dissatisfaction engage more frequently in dieting, unhealthy weight control behaviours and binge eating  
39 (Neumark-Sztainer et al., 2006). The Homeostatic Theory of Obesity and its Circle of Discontent, a system  
40 of feedback loops between body dissatisfaction, negative affect, energy consumption and weight gain, offer  
41 an interactive framework to study this issue (Diclemente and Delahanty, 2016; Marks, 2015, 2016;  
42 Rosenbaum and White, 2016). According to this novel theory, for most people and on most occasions, the  
43 reciprocal relationship between these factors are in equilibrium. However, if any of these factors were to  
44 increase (i.e., high levels of dissatisfaction, negative affect, energy consumption or body weight), the  
45 reciprocity between them forms a vicious circle; a disturbance from equilibrium maintaining problematic  
46 eating behaviors and obesity.  
47                   During adolescence many of these problems emerge because teenagers experience important  
48 physical and psychological changes, strongly influenced by a society focused on body appearance (Smolak,

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49 2009). Moreover, there are two health-related behaviours that are relevant during this life period. Whilst  
50 physical activity levels declines drastically during adolescence, rates of screen-time exposure increase  
51 considerably (Currie et al., 2012; Sallis, 2000). Worldwide estimates indicate that almost 80% of youths do  
52 not achieve the public health recommendation of at least 60 minutes per day of moderate-to-vigorous  
53 physical activity (Hallal et al., 2012). Specific to Spain, the WHO-Health Behavior in School- Aged  
54 Children report (WHO-HBSC)(Currie et al., 2012), showed that the proportion of adolescents fulfilling the  
55 physical activity recommendation fell from 27% in 11- years- old boys and 15 % in girls, to 25 % in 15-  
56 years- old boys and 8% in girls, respectively. Furthermore, during adolescence it has been observed a rise on  
57 exposure time to TV, computers and other types of screens, collectively known as screen-time According to  
58 the WHO-HSBC report, the proportion of Spanish adolescents watching TV more than 2 hours daily,  
59 increased from 60% in 11- years-old boys and 54% in girls, to 65% in 15 years-old boys and 63% in girls,  
60 respectively.

61         Aside from the well-known health- related physical benefits of regularly engaging in physical  
62 activity such as improved cardiovascular health, reduced risks of diabetes and metabolic syndrome (Hallal et  
63 al., 2006; Strong et al., 2005), there are also associated psychological benefits. A recent literature review of  
64 works investigating the relationship between exercise and body image concluded that regular exercise has a  
65 positive effect on body image (Hausenblas and Fallon, 2006). Interestingly, reversing the direction of the  
66 association, it has been argued by Heinberg and colleagues (2001), that a certain degree of body image  
67 dissatisfaction may be beneficial to motivate physical activity adherence. This last premise should be taken  
68 with caution because there are several studies showing that low body satisfaction may be a barrier to

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69 engaging in physical activity (Kopcakova et al., 2014; Neumark-Sztainer et al., 2004; Schuler et al., 2004).  
70 For example, it has been reported that people with high social physique anxiety may find wearing sporting  
71 clothes or “exposing” their body in front of other people in a gym, to be quite intimidating (Crawford and  
72 Eklund, 1994; Spink, 1992). Furthermore, it has been reported that among body dissatisfied, at-risk-for-  
73 overweight and obesity children and adolescents, peer victimization represented a barrier to engaging in  
74 physical activity (Storch et al., 2007); and among overweight adults, feeling too fat (and having body image  
75 concerns), also represented a common barrier to exercise (Ball et al., 2000). From an eating disorders and  
76 obesity prevention point of view it is certainly important to provide further evidence on whether a certain  
77 degree of body dissatisfaction might be a barrier or facilitator to engaging in physical activity. To date, there  
78 are no studies looking at this issue in non-Anglo-Saxon, large samples. This fact limits the generalizability of  
79 previous findings in other cultures. Thus the first aim of this study, is to investigate if body dissatisfaction  
80 represents a barrier to engaging in physical activity in a large sample of adolescents from Catalonia, Spain

81 As previously noted, during adolescence, screen-time exposure increases and this is of concern as it  
82 has been identified as an important risk factor for physical and psychological poor health. For example, it  
83 has been linked to weight gain/obesity risk in adulthood, reduced self worth, reduced academic achievement,  
84 depression and as a potential risk factor for eating disorders (Jordan et al., 2008; Thorp et al., 2011;  
85 Tremblay et al., 2011; Vaughan and Fouts, 2003). According to sociocultural models of eating disorders,  
86 mass media messages pressure individuals to conform to the cultural ideals of beauty (Levine and Murnen,  
87 2009; López-Guimerà et al., 2010). Internalization of these ideals results in body dissatisfaction because  
88 attaining these ideals is generally very difficult for most people (Thompson and Stice, 2001). Then, body  
89 dissatisfaction could lead to negative affect and disordered eating, which can lead to eating disorders. Cross-

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90 sectional studies have found positive associations between media use (TV and magazines), body  
91 dissatisfaction and disordered eating behaviour among adolescents (López-Guimerà et al., 2010; Vaughan  
92 and Fouts, 2003). Likewise, experimental studies have shown that exposure to thin-ideal images causes an  
93 increase in body dissatisfaction (Levine and Murnen, 2009; López-Guimerà et al., 2010). However, the  
94 majority of these studies have focused on the impact of the TV and magazines, and in spite of a growing  
95 interest during the past years on investigating the impact of being exposed to the Internet (mainly social  
96 networks, such as Facebook), little is known about the broader role of computers on body dissatisfaction  
97 (Bair et al., 2012; Fardouly and Vartanian, 2015; Fardouly et al., 2015; Mabe et al., 2014; Meier and Grey,  
98 2014; Tiggemann and Miller, 2010; Tiggemann and Slater, 2013a, 2013b; Williams and Ricciardelli, 2014).  
99 According to the 2011 Survey on Information and Communication Technology more than half of the  
100 individuals in the European Union use Internet everyday or almost every day (Seybert and States, 2012). In  
101 2014, in Spain, nearly 75% of households reported having Internet access and at least one computer (Instituto  
102 Nacional de Estadísticas, 2014). Interestingly, in a recent study of adolescents from several countries of the  
103 European Union, Spanish adolescents between 14 and 17 years-old are the group with the highest percentage  
104 of daily use of social networks in Europe (91.6%) and 39.2% recognised spending more than two hours in  
105 these websites, daily (Tsitsika et al., 2013). The growth in recent years in accessibility to this technology  
106 highlights the importance of researching the relationship between computer-use and body dissatisfaction.  
107 Thus, the second aim of this study is to add to the existing literature on the impact of TV and magazines on  
108 body dissatisfaction, by investigating the association of computer time exposure and body dissatisfaction.

109 **Method**

110 **Participants**

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111 Data for the present study was drawn from baseline assessments of the MABIC project, a study on  
112 the prevention of eating and weight-related problems conducted in the Barcelona area, Spain (Sánchez-  
113 Carracedo et al., 2016). The study sample was compromised by 1,501 adolescents attending 11 secondary  
114 schools. Mean participant age was 14.2 years (SD= 1.1; range 13-17 yrs); and participants were roughly  
115 equally distributed across genders (47.6% girls) and grades. The self-reported racial/ethnic background of  
116 participants was as follows: 71.7% Spanish, 12.8% Latin-American, 2.2% from other European countries,  
117 5.6% African and 8.0% of mixed or unknown origin. Socioeconomic status (SES), according to parents'  
118 educational level and occupational status (Hollingshead, 1975), was predominantly middle-class (medium  
119 low=38.5%; medium=26.5%; medium-high= 16.3%). The study was approved by the Animal & Human  
120 Experimentation Ethics Committee of the Universitat Autònoma de Barcelona. Parents were informed  
121 about the study via the school administration and could opt out if they disagreed with participation of their  
122 child. Participation rate was high (85.5%), whilst main reasons for lack of participation were: absenteeism at  
123 the assessment day (10.1%), no parental consent (3.6%) and unwillingness to participate/medical conditions  
124 (0.8%).

#### 125 **Measures and Procedures**

126 Participants completed a paper and pencil booklet with a battery of validated questionnaires that  
127 included measures on body image, physical activity, screen-time exposure, and demographic and  
128 sociocultural identified in the literature to affect physical activity, body dissatisfaction and screen-time.  
129 Factors that have been shown to predict declines in physical activity are being female, increasing age during  
130 adolescence, being of low SES and from non-Caucasian ethnicity (Bauman et al., 2012). Factors associated

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131 with higher body dissatisfaction are being female, having a higher BMI, having a high internalization of the  
132 beauty ideal and being susceptible to sociocultural pressures (Smolak, 2009; Thompson and Stice, 2001;  
133 Williams and Ricciardelli, 2014). Factors that have been found to correlate with increased levels of screen-  
134 time exposure in adolescence are less conclusive, but gender, SES and BMI are generally controlled for in  
135 the literature (Dumith et al., 2012; Van der Horst et al., 2007).

136 The booklet was completed individually during regular class time, whilst height and weight were  
137 taken in a private room near the area of booklet administration. Completion of the questionnaires coupled  
138 with anthropometric assessments lasted approximately 60 minutes. Assessments took place between January  
139 and March 2011.

140 **Body image dissatisfaction (BD).** It was assessed with the body dissatisfaction subscale of the  
141 Eating Disorders inventory-3 (EDI-3) (Garner, 2004), in its Spanish validated version (Elosua et al., 2010).  
142 This is a ten-item scale that measures satisfaction with different parts of the body with response options on a  
143 six-point Likert scale from "0= Never" to "5= Always". Higher scores on the scale indicate greater  
144 dissatisfaction with one's body. The EDI-3 is well validated in female populations and its validity in male  
145 populations has also been reported in a sample of adolescent boys (Spillane et al., 2004). In the present study,  
146 the internal consistency of the EDI- BD subscale was found to be acceptable for both genders (Cronbach's  
147 alpha=.85 for girls and.81 for boys).

148 **Moderate-to- vigorous physical activity (MVPA).** It was assessed with two items that asked  
149 participants to report the number of hours on a typical week (7 days) that they spent on vigorous physical  
150 activities ('heart beats rapidly') and moderate physical activities ('not exhausting'), separately. Each type of  
151 activity was exemplified with a list of activities to aid comprehension. Examples of vigorous physical



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152 activities were intense cycling, running, swimming, aerobic dancing, skating, football, basketball; examples  
153 of moderate physical activities were fast walking, light cycling, weight lifting, dancing, volleyball). These  
154 items were taken from the EAT Project Inventory (Neumark-Sztainer et al., 2012). Responses were on a 9-  
155 point scale ranging from “0 hours to 7 or more hours”. For the analyses first, we re-coded responses to  
156 correspond to number of hours; the response “7 hours or more” was coded simply as 7 hours; and then  
157 created a score by adding up responses to the moderate and vigorous scores to form a total time score spent  
158 in MVPA (score range=0-14). This score was created in line with the public health recommendation for  
159 adolescents that suggests attaining at least 60 minutes per day of moderate-to-vigorous physical activity  
160 (Hallal et al., 2012).

161 **Screen-time exposure.** It was assessed with six questions from the EAT Project Inventory  
162 (Neumark-Sztainer et al., 2012) that asked participants to report the number of hours on a typical school-day  
163 (Monday- Friday) that they watch TV; use a computer for doing homework (computer-homework), and use a  
164 computer for leisure (computer-leisure). Participants were also asked to report the number of hours spent on  
165 these three activities (i.e., TV, computer-homework, computer-leisure) on a typical day of the weekend  
166 (Saturday –Sunday). Response options were on a 7-point scale ranging from “0, 0.5, 1, 2, 3, 4 to “5 hours or  
167 more”. To facilitate interpretation of results, for the analyses, we re-coded responses to correspond to hours.  
168 The response “5 hours or more” was coded simply as 5 hours (Neumark-Sztainer et al., 2004).

169 **Sociocultural pressures and internalization of the beauty ideal.** They were assessed with the  
170 Sociocultural Attitudes Towards Appearance Questionnaire-3 (SATAQ-3) (Thompson et al., 2004), in its  
171 Spanish validated version (Sánchez-Carracedo et al., 2012). It consists of 4 subscales: “Internalization-  
172 General” to evaluate the internalization of the general beauty ideal transmitted by TV and magazines;

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173 “Internalization-Athlete” that assesses the internalization of athletic models; “Information” which assesses  
174 the belief that the mass media is an important source of information about appearance, and “Pressures” which  
175 assesses feelings of pressure from media messages to modify one’s appearance. Participants respond on a 5-  
176 point Likert scale from “completely disagree” to “completely agree”. In the current study the reliability  
177 estimates for the four subscales were .93, .83, .91 and .93, respectively.

178 **Body Mass Index (BMI).** Researchers measured participant’s body weight in light clothing and no  
179 shoes to the nearest 0.1 kg using digital scales (SECA- model 872), and height to the nearest 0.1 cm with a  
180 wall-mounted stadiometer (Seca-model 214). Weight values were later corrected by subtracting 0.9 kg from  
181 the boys and 0.7 kg from the girls, which are average values estimated after weighing several sets of clothes  
182 similar to those worn at the time of assessment. BMIz scores were calculated using WHO 2007 growth  
183 reference criteria (Onis et al., 2007).

#### 184 **Statistical Analyses**

185 Statistical analyses were performed with STATA13 (StataCorp.2013, 2013) and the level of  
186 significance was set at 0.05. There are well established gender differences in body satisfaction and physical  
187 activity (both higher in boys than in girls, especially in adolescents) (Grunbaum et al., 2002; Neumark-  
188 Sztainer et al., 2002) hence to facilitate interpretation of results all analyses were conducted separately for  
189 boys and girls. Independent t-tests were performed to compare main variables included in the analyses across  
190 gender groups. To assess the association between body dissatisfaction and physical activity on one hand, and  
191 screen-time variables and body dissatisfaction on the other hand, linear mixed effects (LME) regression  
192 models with random intercepts were used. The LME model was used since adolescents within the same  
193 schools are likely to display similar correlated values in several variables, so that school was used as a cluster

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194 variable in the model. In the first model, body dissatisfaction was treated as the independent variable and  
195 MVPA as the dependent variable; in the second model, body dissatisfaction was treated as the dependent  
196 variable and all six screen-time variables as independent variables. Both LME regression models were  
197 adjusted, with sociodemographic variables (ethnicity, age, BMI z scores and SES) and sociocultural variables  
198 (SATAQ-3 variables).

### 199 **Results**

200 Table 1 summarizes descriptive statistics and results of independent t-tests to compare main variables  
201 included in the regression models between gender groups. Noteworthy, only 1.9% of adolescents met the  
202 screen-time recommendation (a maximum of 2 hours of total screen-time, daily) and only 22.1% reached the  
203 physical activity guidelines. For informative purposes, in the Supplementary Files section (available at:  
204 <http://hpq.sagepub.com/>), we provide a table of correlations between BD and the six screen-time-related  
205 variables and MVPA by gender group.

206 [Insert Table 1 here]

### 207 **Body Dissatisfaction and Physical Activity**

208 LME regression model examining the associations between body dissatisfaction and MVPA after  
209 adjusting for control variables were significant for girls (total explained variance=9.49%, Wald  $\chi^2$  (9)  
210 =56.307,  $p<0.001$ ) and boys (total explained variance= 11.10%, Wald  $\chi^2$  (9) = 60.69,  $p<0.001$ ). School was  
211 not a significant factor affecting the relation between body dissatisfaction and MVPA on any gender group  
212 (girls:  $p= 0.802$ ; boys:  $p=0.889$ ). In particular, body dissatisfaction was significantly associated with lower

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213 rates of MVPA in girls:  $B=-.04$ ,  $SE=0.02$ ,  $p=0.011$ , 95% CI [-0.08, -0.01] and boys:  $B=-.07$ ,  $SE=0.02$ ,  
214  $p<0.001$ , 95% CI [-0.10, -0.03].

### 215 **Screen-time and Body Dissatisfaction**

216 Table 2 illustrates the LME regression model results of the association between the screen-time  
217 variables and body dissatisfaction after adjusting for control variables. School was a significant factor for the  
218 model ran for boys ( $p=0.009$ ), but not for girls ( $p=0.889$ ). The models were statistically significant in both  
219 gender groups, (girls: total variance explained= 45.08%, Wald  $\chi^2(14) = 563.99$ ,  $p<0.001$ ; boys; total variance  
220 explained=43.83%, Wald  $\chi^2(14) = 99.65$ ,  $p<0.001$ ), but we observed significant associations of certain  
221 screen-time variables and body dissatisfaction only in girls. Specifically, body dissatisfaction decreased as  
222 the number of computer-homework hours increased ( $B=-.70$ ,  $p=0.003$ ), and body dissatisfaction increased as  
223 the number of computer-leisure hours increased ( $B=.56$ ,  $p=0.01$ ). There were no statistically significant  
224 associations between body dissatisfaction and TV hours in any gender group.

225 [Insert Table 2 here]

### 226 **Discussion**

227 In line with global trends, our findings in a large sample of Spanish adolescents showed that a large  
228 proportion of adolescents are generally inactive (77.9%), have a screen-time exposure way above the  
229 recommended levels (98.9%), and express some degree of dissatisfaction with their body image (65.9%). All  
230 these variables are of concern and put them at higher risk of developing physical and psychological distress.  
231 Particularly, the present study explored first, whether a certain degree of body dissatisfaction was negatively

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232 associated to regularly engaging in physical activity and second, whether screen-time exposure was  
233 associated to body dissatisfaction.

234           There is a wealth of evidence showing that regular engagement in physical activity is beneficial for  
235 improving body satisfaction (Hausenblas and Fallon, 2006). However, evidence on whether high levels of  
236 body dissatisfaction may be a barrier to engaging in MVPA or not, is mixed. It has been proposed that certain  
237 degree of body dissatisfaction may motivate individuals to engage in physical activity (Heinberg et al.,  
238 2001). On the other hand, past research, has found that social physique anxiety, weight-related peer  
239 victimization, feelings of being “too fat” and high levels of body dissatisfaction can represent a barrier to  
240 physical activity engagement, both in girls and boys (Ball et al., 2000; Crawford and Eklund, 1994; Focht  
241 and Hausenblas, 2004; Kopcakova et al., 2014; Neumark-Sztainer et al., 2004, 2006; Schuler et al., 2004;  
242 Spink, 1992; Storch et al., 2007). Our data seem to support this last premise, although the cross- sectional  
243 nature of our study does not allow us to establish the exact direction of the relationship between body  
244 dissatisfaction and physical activity. Nonetheless, this finding is important for future interventions in eating  
245 and weigh-related problems, which should aim to improve body image and physical activity levels together,  
246 and do not rely on that body dissatisfaction will motivate people to increase physical activity.

247           In the last few years, there has been a burgeoning interest in study in the relation between computer  
248 use and body image. The majority of them focus on the use of the Internet, more specifically on social  
249 network sites (e.g., Facebook), on computer-based publicity, and on the impact of pro-anorexia-web pages  
250 (Bair et al., 2012; Fardouly and Vartanian, 2015; Fardouly et al., 2015; Holland and Tiggemann, 2016; Mabe  
251 et al., 2014; Meier and Grey, 2014; Tiggemann and Miller, 2010; Tiggemann and Slater, 2013a,  
252 2013b). Importantly, the vast majority of these studies investigated the relationship in girls only. To our

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253 knowledge this study is one of the few evaluating the impact of computer time on adolescent girls and boys'  
254 body dissatisfaction. First, we found a significant association for girls but not for boys. In particular we found  
255 that a greater number of hours of computer use for leisure were associated with higher scores of body  
256 dissatisfaction, but that greater number of hours of computer use for doing homework was associated with  
257 lower scores of body dissatisfaction. Without information about the content of the material viewed, it is  
258 difficult to interpret the findings, and so the differences between boys and girls. However, there is evidence  
259 that the influence of media on body dissatisfaction seems to be higher for girls than for boys (Calado et al.,  
260 2011; Swami et al., 2010). Internalization of the thin beauty ideal (extensively promoted by Western media)  
261 is thought to directly promote body dissatisfaction because it is unattainable for most women (Homan, 2010).  
262 Hence, we may hypothesize that when girls use computers for surfing the Internet or social networking in  
263 their leisure time, they are exposed to messages around the beauty ideal, which in consequence negatively  
264 affect their body image. This finding is in line with the predictions of sociocultural models and previous  
265 studies that have demonstrated the mediating role of internalization of the thin-beauty ideal, in the relation  
266 between body dissatisfaction and the use of Internet-based social network sites such as Facebook  
267 (Tiggemann and Miller, 2010; Tiggemann and Slater, 2013a, 2013b).

268 An original aspect of the present study is that it not only focused on computer time during  
269 adolescents' leisure time, but also explored the relationship between computer time for doing homework and  
270 body image. Specifically, we found that girls who spend more hours with computers doing homework have a  
271 more positive body image, possibly, because they are not being exposed to beauty ideal messages. In  
272 addition, they may derive a positive self-evaluation from attributes of their personality other than their  
273 physical appearance (e.g., cognitive abilities, school achievement) (Booth and Gerard, 2013; Marsh et al.,

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274 2005). For example in a correlational study, undergraduate girls with higher academic achievement reported  
275 lower concern with their physical appearance (Miles, 2009). Certainly this is an issue worth investigating in  
276 the future. More research is granted to investigate why this connection may exist.

277         Several studies have shown the negative impact that TV exposure has on body image (Levine and  
278 Murnen, 2009; López-Guimerà et al., 2010). In our study the number of raw hours exposed to TV was not  
279 statistically significantly associated to body dissatisfaction. Our measure was quite crude and did not ask  
280 about the type of programs or content. This global measure may not be sufficient to capture the well-  
281 documented impact of TV on body dissatisfaction. Another possible explanation may be related to a change  
282 in screen “types” usage. When we compare in our sample, the number of hours that adolescents spend  
283 watching TV or using computers for leisure activities, the latter is higher. This is consistent with trends in  
284 developed countries. In 2015, US adolescents between 12-17 years-old was the age group with the least  
285 weekly TV hours and noteworthy, in the space of 4 years, almost one-third of this age group’s traditional TV  
286 viewing time has migrated to other activities (Marketing Charts, 2015). In Catalonia, trends are similar with  
287 people between 15 and 29 years old, being the age group with the lowest percentage of average TV time  
288 (after the 65+ age group) (Institut d'Estadística de Catalunya, 2006). It seems that in the past TV has been a  
289 big source of information, but with the advent of Internet and new technologies, the focus has shifted to other  
290 type of media (i.e., computers, tablets, Smartphones, Facebook, Instagram, Tweeter, etc.). This is a valuable  
291 finding for future interventions oriented to the critical consumption of mass media pointing to the necessity  
292 of including these new media component in addition to TV and magazines.

293         We acknowledge a number of limitations. Self-reported measures were used to report physical  
294 activity and screen-time. Objective measures such as the use of accelerometers would have been preferable.

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295 However, the use of these tools was not feasible in a sample of this scale. Notwithstanding, all the measures  
296 used have been previously validated. In addition, there are biological factors, especially relevant during  
297 adolescence such as biological maturity, which may influence physical activity adherence (Machado  
298 Rodrigues et al., 2010). Particularly to adolescent girls, there is evidence of a negative association between  
299 levels of physical activity and biological maturity, being mediated by self-concept (Cumming et al., 2011). In  
300 future studies investigating the impact of body dissatisfaction on physical activity engagement, it may be  
301 worth including a measure of biological maturity, to shed further light on this relationship. Another limitation  
302 is that at the time of doing data collection the use of tablets and Smartphones was not as widespread as it is  
303 today in Spain. It is possible that if we had included some questions about these types of technologies, we  
304 would have found stronger effects on body image. The most important limitation is that because of the cross-  
305 sectional design of this study, we are unable to establish causal relationships between physical activity,  
306 computer-time and body dissatisfaction.

307 The current study has also a number of important strengths. The large and diverse sample in terms  
308 of ethnicity and socioeconomic status increase the generalizability of the findings. Importantly, we  
309 contributed to the literature in the field within a Spanish sample. This is of great value because the majority  
310 of studies examining this theme have been conducted in Anglo-Saxon cultures, mainly USA. Even though  
311 Spain shares a number of characteristics of Western culture such as the general ideal of beauty and unhealthy  
312 messages of weight control strategies, Spain, along with other European countries has its own cultural  
313 traditions and eating patterns, which may be protective from developing disordered eating behaviours. For  
314 example, Spain involves the Mediterranean diet, seen as one of the healthiest; in the Spanish society, family  
315 meals are still common; and although in recent years there has been an increase in the number of fast food



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316 restaurants, they still are poorly frequented compared to the more traditional establishments, where the  
317 cuisine is similar to the Mediterranean diet (Davidson and Gauthier, 2010; López-Guimerà et al., 2013;  
318 Marin-Guerrero et al., 2008). Moreover, the instruments used to measure key variables were all validated  
319 measures within Spanish samples and the objective assessment of height and weight reduced any self-report  
320 bias. Noteworthy, we investigated the role of computer-use on body dissatisfaction, an area which certainly  
321 in the near future will grow considerably. Future research may explore the quality of programs/ messages that  
322 are transmitted in TV versus computers, tablets, Smartphones, as well as the impact of new technologies on  
323 body dissatisfaction and physical activity. Future studies on body image may explore the impact of specific  
324 uses of new technologies (i.e., mainly for email; mainly social networking; mainly for work; computer  
325 gaming, downloading movies, music videos, etc.).

### 326 **Conclusions**

327 The present study showed within a large sample of Spanish adolescents that body dissatisfaction can  
328 work as a barrier and not a motivator to physical activity adherence. Importantly, it was found that the use of  
329 computers during leisure time was negatively associated with girls' body image. Findings of the present  
330 study along with previous research findings have implications for the development of programs aimed at  
331 preventing the broad spectrum of weight related disorders with a focus on improving body satisfaction and  
332 physical activity simultaneously, as well as the critical consumption of messages delivered via new  
333 technologies.

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519 Table 1 Descriptive and test statistics of variables included in analyses by gendergroup

|       | Females |      | Males |      | 95% CI of the difference | <i>t</i> | <i>p</i>        |
|-------|---------|------|-------|------|--------------------------|----------|-----------------|
|       | Mean    | SD   | Mean  | SD   |                          |          |                 |
| Age   | 14.05   | 1.03 | 14.18 | 1.1  | (-0.23. -0.02)           | -2.28    | <b>0.04</b>     |
| BMI   | 21.22   | 3.65 | 20.93 | 4.01 | (-0.10. 0.68)            | 1.45     | <b>0.02</b>     |
| SES   | 6.13    | 1.46 | 6.29  | 1.49 | (-0.31. -0.01)           | -2.05    | 0.46            |
| STQIG | 18.91   | 9.82 | 14.41 | 6.89 | (3.64. 5.37)             | 10.24    | <b>&lt;.001</b> |
| STQIA | 7.61    | 4.01 | 9.24  | 4.54 | (-2.07. -1.20)           | -7.31    | <b>&lt;.001</b> |
| STQP  | 12.21   | 6.55 | 9.93  | 4.83 | (1.69. 2.86)             | 7.61     | <b>&lt;.001</b> |
| STQI  | 21.4    | 9.7  | 18.01 | 8.6  | (2.46. 4.33)             | 7.13     | <b>&lt;.001</b> |
| WDTV  | 1.98    | 1.4  | 2.09  | 1.4  | (-0.26. 0.03)            | -1.58    | 0.96            |
| WDC-H | 2.04    | 1.29 | 1.59  | 1.22 | (0.32. 0.57)             | 6.84     | 0.59            |
| WDC-L | 2.43    | 1.61 | 2.28  | 1.61 | (-0.01. 0.31)            | 1.82     | 0.31            |
| WETV  | 2.51    | 1.49 | 2.5   | 1.46 | (-0.14.0.16)             | 0.13     | 0.43            |
| WEC-H | 1.87    | 1.25 | 1.43  | 1.11 | (0.33. 0.57)             | 7.28     | <b>0.01</b>     |
| WEC-L | 2.97    | 1.62 | 2.85  | 1.65 | (-0.04. 0.29)            | 1.44     | 0.47            |
| BD    | 12.34   | 9.19 | 7.89  | 7.27 | (3.61. 5.30)             | 10.34    | <b>&lt;.001</b> |
| MVPA  | 4.12    | 3.08 | 5.88  | 3.49 | (-2.06. -1.40)           | -10.23   | <b>&lt;.001</b> |

*Note:* CI: confidence interval; SD: standard deviation; BMI= Body Mass Index; SES=Socio economic Status; STQIG= Internalization-General; STQIA= Internalization Athletic Ideal; STQP= Pressures; STQI= Information; WDTV= weekday TV; WDC-H= weekday computer-homework; WDC-L= weekday computer-leisure; WETV=weekend TV; WEC-H= weekend computer-homework; WEC-L=weekend computer-leisure; BD= Body Dissatisfaction; MVPA= moderate-to-vigorous activity. Significant p-values in bold. N for females were between 696 and 713; N for males were between 765 and 784

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521 Table 2 LME regression model of the association between body dissatisfaction and screen-time variables by  
 522 gender group

| Variables     | Females  |          |              |                     | Males |      |              |               |
|---------------|----------|----------|--------------|---------------------|-------|------|--------------|---------------|
|               | B        | SE       | <i>p</i>     | 95%CI               | B     | SE   | <i>p</i>     | 95%CI         |
| WDTV          | -0.04    | 0.25     | 0.886        | (-0.53, 0.46)       | -0.07 | 0.21 | 0.748        | (-0.50, 0.36) |
| WDC-H         | -0.69    | 0.26     | <b>0.009</b> | (-1.21, -0.18)      | -0.06 | 0.23 | 0.781        | (-0.52, 0.39) |
| WDC-L         | -0.04    | 0.22     | 0.872        | (-0.49, 0.41)       | -0.16 | 0.2  | 0.431        | (-0.56, 0.24) |
| WETV          | 0.11     | 0.24     | 0.658        | (-0.36, 0.57)       | -0.18 | 0.21 | 0.385        | (-0.60, 0.23) |
| WEC-H         | 0.34     | 0.26     | 0.196        | (-0.18, 0.86)       | 0.09  | 0.24 | 0.705        | (-0.39, 0.57) |
| WEC-L         | 0.57     | 0.23     | <b>0.013</b> | (0.12, 1.02)        | 0.05  | 0.19 | 0.78         | (-0.33, 0.44) |
| Random effect |          |          |              |                     |       |      |              |               |
| <i>School</i> | 3.06e-11 | 2.13e-10 | 0.889        | (3.53e-17; 2.65e-5) | 0.91  | 0.35 | <b>0.009</b> | (0.43,1.92)   |

*Note:* LME: linear mixed effects; SE: standard error; WDTV= weekday TV; WDC-H= weekday computer-homework; WDC-L= weekday computer-leisure; WETV=weekend TV; WEC-H= weekend computer-homework; WEC-L=weekend computer-leisure.

Model adjusted for Age, Ethnicity, SES, BMI z-score, Internalization-General, Internalization-athlete, Pressures and Information. Significant p-values in bold

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