

The Power Within

Promoting Body Confidence, Self-Esteem, and
Youth Leadership in Canada



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Executive Summary

To support The Power Within initiative by Plan International Canada, Canadian Equality Consulting (CEC) contributed to the work by engaging with young people in Canada and experts to learn about youth experiences relating to body image and self-esteem, and to form actionable recommendations for organizations, experts, caregivers, and youth to improve overall body image and self-esteem for all youth in Canada.

The report examined youth body image and self-esteem through the lens of media and social media (including the impact of advertising), the health care and education sectors, and more personal and “local” impacts, such as the impact caregivers and youth themselves have on body image and self-esteem. While these pillars are not inherently mutually exclusive, this report will provide findings and recommendations aligned to each of the four core pillars, along with more general recommendations for consideration.

In general, our survey, consultations, and literature review highlighted the significant impact body image has on youth well-being and that media, and in particular social media, is a primary source of body image pressure and negative self-esteem.

In reviewing the research that has previously been conducted on youth well-being, body image, and self-esteem, it was apparent that much of the existing research is permeated with anti-fat bias, which results in recommendations, policy direction, and educational curricula being designed with a core thesis that fatness is inherently problematic and the solution to youth body image issues is simply to ensure they conform to socially accepted standards of beauty and attractiveness. This approach continues to place the burden for confidence and “resiliency” on the backs of the youth who are least able to navigate these challenging messages, particularly during a time of significant body changes and development.

This approach, which pathologizes bodies that do not conform to socially accepted standards, is evident in marketing and advertising campaigns, the content that is popularized on social media, and through collective institutions, such as health care research and treatment. They tend to focus on either a) how to ensure kids don't become fat or stop being fat and/or b) how to develop a mental buffer between a society that pathologizes larger bodies, creates beauty ideals based on white and able-bodied traits, and excludes those who do not conform to these specific ideals.

The lack of research into the systemic ways youth are pre-conditioned from a young age to view beauty, their bodies, and their responsibility to conform to a narrow and often exclusionary ideal removes the systems of power from the equation, rather than shining a light directly on these systems.

This report is intended to do just that: to shine a light on the systems that work to create body image shame and dissatisfaction among youth in Canada, rather than to place the burden for change on our kids. In short, this report proposes that youth should not be held responsible for fixing their self-esteem issues that result from narrow conceptions of beauty and body size; rather society should critically examine its role in creating these self-esteem issues in the first place, particularly given that they are founded in harmful anti-fat bias and images of beauty that are centred on a foundation of whiteness and physical, mental, and cognitive well-being.

The recommendations contained in this report are directed at those in positions of power to make real changes that can alter the social dialogue around what “acceptable” bodies are and what “attractiveness” is. This includes governments, beauty industry organizations and representatives, health care providers, educators, coaches and other community leaders, and caregivers. While providing youth with tools to develop resilience and body confidence remains important, it cannot be the only leg of the stool on which confident youth sit.

The findings and recommendations outlined in this report may feel more pointed and direct than past work on this subject has been. That is intentional. The goal of this report is to not only educate, but to fundamentally shift the conversation about where the locus for change ultimately resides.

If these findings and recommendations feel challenging, remember change and growth often come from a place of discomfort. When we are called on to reflect on our own internal biases and to examine the ways these biases support systems of power and oppression, we often find the greatest opportunity for growth. If you find this report challenging, we encourage you to sit with that discomfort and reflect on the ways we can change the national narrative on body image and self-esteem, rather than deflecting our own responsibility due to discomfort.

Based on our findings, we formed 25 distinct and actionable recommendations to support the improvement of body image and self-esteem for all youth in Canada.

INTRODUCTION

In 2020, Plan International Canada launched [The Power Within](#) initiative (TPW), a three-year project, in collaboration with Women and Gender Equality Canada (WAGE) and Unilever Canada. The goal of this three-year project is to reach 1 million young people in Canada, especially girls and gender diverse youth between the ages of 10-14, to provide them with the skills, knowledge and tools they need to develop strong body confidence and self-esteem.

The Power Within initiative seeks to tackle the root causes of low self-esteem and body confidence, including beauty ideals and negative body talk, that too often cause youth to opt out of opportunities to contribute, including leadership opportunities. To address these systemic barriers, we will work alongside youth and leaders in the beauty industry, media and other influential sectors to challenge beauty standards and promote authentic and inclusive representation of all people in Canada.

In its [initial phases](#), this initiative reached over 625,000 young people, parents/caregivers, teachers, and other community members through trainings, workshops, conferences, and other engagements. To support those groups, a series of resources and workshop content was created that could be used by organizations to hold discussions on self-esteem and body confidence with youth across Canada.

The Power Within project has now entered the concluding step in its first phase, during which project organizers, along with [Canadian Equality Consulting](#) (CEC) - a leading national Diversity, Equity, and Inclusion firm - are seeking to better understand the realities of body image, self-confidence, and self-esteem issues in youth in Canada. This section of the project has involved working with CEC to conduct qualitative and quantitative research to better understand body image and self-esteem issues of youth in Canada, and to form actionable recommendations for individuals, caregivers and parents, organizations, activists, industries, business sectors, and governments to support the improvement of such issues.

The ultimate goal of this work is to begin a process of systemic change and present policy recommendations to industry and policy makers to improve how youth in Canada view their bodies and engage with the beauty industry.

The objective of this report is to develop better understandings of youth in Canada's experiences of body image and self-esteem, in tandem creating recommendations to improve the state of youth mental well-being and self-esteem in Canada.

Why Now?

Decades of research show that there is a correlation between self-esteem and body confidence and the achievement of leadership positions later in life. In fact, one study found that on days girls don't feel good about their bodies, 15% stay home, 13% will not give an opinion, 5% will not go to a job interview, and 3% will not go to work. This is supported by our recent research, the main focus of this report which notes that 44% of our survey respondents said that how they feel about their bodies has resulted in isolation or avoidance of social activities.

Body positivity and self-esteem are not only about the future success of youth; they are social justice issues, too. When girls opt out, society misses out on an upcoming generation of women leaders. Their potential for making meaningful contributions to their communities is never realized.

This study and report attempts to fill some of the gaps in the current awareness of youth body image and to question the dominant narrative that pervades much of the academic literature on this subject – that youth are responsible for their self-esteem and that systemic efforts should focus on ensuring youth are able to meet socially accepted measures of “attractiveness” and “beauty” by restricting access to certain foods (i.e., “junk foods”), by using clinical sounding and often hyperbolic language that is not evidence-based around body size (“youth “obesity” epidemic”),¹ and by encouraging youth to “love themselves” in a society that routinely tells those outside the socially accepted norm that they need to change for their own good.

This report also intends to help address gaps in the current knowledge base, particularly in the Canadian context where little data exists. These data gaps grow when we look to find information on self-esteem and body image impacts on youth

¹ The words “overweight” and “obese” are problematic from an equity, inclusion, and body-confidence perspective. These terms pathologize body size and are determined using BMI as the only metric, which is itself problematic (see footnote 2). In fact, “When the American Medical Association declared “obesity” a disease, it overrode a recommendation by its own expert panel, which stated that correlations between “obesity” and morbidity and mortality rates did not establish causality and there was concern that medicalizing “obesity” would lead to further stigmatization and unnecessary treatment.” (Bacon and Severson: 2019) Accordingly, we use the term “larger-bodied” or “fat” throughout this report. In instances where the literature we reference has used “overweight” or “obese” we have used these terms but have added quotes around them to reflect the problematic nature of these terms.

of colour, Indigenous youth, girls and gender diverse youth, queer youth, youth with disabilities, and more.

Finally, the rapidly changing social media and technological environment within which our youth frequently operate coupled with the recent COVID-19 pandemic, which presented youth with a wholly new challenge of navigating a world where access to potentially affirming activities was limited (such as access to clubs, art and music programs, etc.) and time spent on social media in lieu of other activities grew.

While there is never a bad time to reflect on how our world sets youth up for success, recent focus into youth mental health and well-being provides us with an opportunity to take a step back and critically examine how we collectively discuss these issues, the impact media has on youth self-perception, and the sources of body image pressure and to understand our role socially and systemically in changing the collective narrative around body image, beauty, and well-being.



Methodology

The findings and recommendations contained in this report were developed after the completion of a comprehensive literature review, a quantitative survey open to anyone aged eight or over, and a limited number of youth consultations. The following provides a high-level overview of the research and analysis methodology used to complete this report. For a more detailed overview of the methodological approach used for each of the three data collection methods, please see Appendix B.

Literature Review

Researchers identified 182 articles or studies to assess and conduct a preliminary review of. These articles were then grouped into the strategic pillars outlined in this report and the most influential or promising sources were selected for a more comprehensive review, including a review of research methodology, diversity of research subjects, and presence of research bias. In total, 25 studies were reviewed with this level of detail.

While there is a significant body of research available on the topic of youth body image and self-esteem, there are gaps in the focus of this literature. A significant amount of this literature is focused on health and health care, while the role of civic engagement or leadership beyond immediate caregivers (i.e., parents and guardians) is lacking. Further limitations to the body of research were also noted, such as the over-representation of white populations in the USA and UK and the under-representation of those who are trans or genderfluid (such as those who identify as non-binary). Other identity factors are also missing from many studies. Some studies examined the intersection of socioeconomic status, body size, and self-esteem, but other identity factors were largely absent, including research into the impact of disability, neurodivergence, race, etc.

Finally, persistent anti-fat bias can be found through many of the reviewed studies, particularly those falling under the health and health care banner. Studies that focused on education also tended to approach their work through the lens of “obesity” epidemics” and weight loss as the central solution to body-image issues and often relied on metrics of health that are themselves deeply problematic, such as Body Mass Indexes (BMI).²

Survey

A quantitative survey was conducted between June 5 and August 15, 2023. The survey was open to anyone aged 8 and over. In total, 106 valid responses were captured (responses that had a completion rate of 80% or higher). Questions were asked on self-perception, social media usage and impact, body pressure sources, and the impact of body image and self-esteem on mental health and well-being.

Two sets of questions were asked of those who identify as youth (8-21) and those who provide significant caregiving support to youth (e.g., parents, guardians, foster caregivers, significantly involved family members, etc.). Sample sizes for these two groups were 44 and 18, respectively. Accordingly, caution should be used when interpreting this data as the lower sample size, coupled with higher-than-average rates of non-response may present a skewed picture.

Finally, a complete set of demographic questions was posed to respondents, allowing researchers to both understand the demographic make-up of the respondents as well as to conduct cross-tabulations to better understand the unique experiences and perspectives of those who members of various identity groups are. Where relevant, those identity-based experiences have been included in the report’s analysis. The full demographic profile of survey respondents is available in Appendix D.

² BMI has been increasingly critiqued as being an outdated and archaic method of measuring health that is based on height and weight records from a small number of white men from the mid-1800s. BMI ignores a number of variables, such as individual muscle mass, metabolic health, distribution of fat, and differences in body shapes and sizes among various cultures and ethnicities. For more information, please see Harvard T.H. Chan School of Public Health “BMI a poor metric for measuring people’s health, experts say” (October 2022). Accessed online at: [https://www.hsph.harvard.edu/news/hsph-in-the-news/bmi-a-poor-metric-for-measuring-peoples-health-say-experts/#:~:text=Experts%20have%20also%20pointed%20out,\)%2C%20and%20their%20metabolic%20health](https://www.hsph.harvard.edu/news/hsph-in-the-news/bmi-a-poor-metric-for-measuring-peoples-health-say-experts/#:~:text=Experts%20have%20also%20pointed%20out,)%2C%20and%20their%20metabolic%20health)

For additional information on the survey, including a list of all questions asked and the aggregate data, please see Appendix C.

Consultations

We invited youth and experts from across Canada to participate in either virtual or in-person consultations to share their experiences and expertise with body image issues, the ways society affects youth perceptions of their bodies, and to discuss changes the beauty industry and government can make to improve body image and self-esteem for youth in Canada.

Consultations were open to all youth aged 13–21 across Canada, as well as experts identified as key stakeholders, namely being: Representatives from the beauty industry, psychologists, dieticians, teachers, coaches or other sport/activity leaders, policy makers/government officials, and digital media marketers or experts.

There were opportunities for participants to attend either a focus group discussion or a one-on-one interview with a member of the CEC team. Youth and expert engagements were offered in both English and French. Additionally, identity-based focus groups were also offered to youth who wished to share their perspectives of body image and how those have been shaped based on their unique identities. The identity-based focus groups were offered to youth who are youth of Colour, Indigenous, members of the 2SLGBTQIA+ community, or who have a disability. Finally, youth consultations were also offered in-person and virtually to encourage participation in the manner that was most appealing to youth. All expert consultations were to be held virtually. All participants were offered \$30 Visa gift cards to acknowledge the time and effort required to participate in such a study.

Prior to engaging with any youth, a detailed research overview and consent form was provided to all participants to ensure their informed consent prior to participation. The consultation overview and consent form followed best practices in research ethics and included information on the study and researchers, the questions to be asked, the potential risks and benefits of participation, and data collection and usage approaches. Youth under the age of majority in their jurisdiction were required to have a legal guardian approve their participation in addition to their own assent to participation.

Unfortunately, due to a combination of factors, including the necessary timing of the consultations, registration rates were low for both youth and expert engagement.

Accordingly, no data from the expert engagement sessions is included in this report due to insufficient engagement and the researchers' inability to confirm data validity and quality.

A second attempt to engage youth was created with the support of Plan International Canada to ensure there was some degree of youth engagement in the development of this report and recommendations. In total, 15 youth were consulted during the course of this study. These inputs have been added to the report where appropriate.



Strategic Pillars

The findings in this report are aligned to four strategic pillars. 'Strategic pillars' in this context will refer to different sectors of society that are key to creating, depicting, and standardizing body and beauty ideals, which significantly impact and shape youth self-esteem and body image.



Media

Media encompasses materials distributed both virtually and physically, social media, news platforms, art, music, writing and literature, film, and much more. As a pillar, media is crucial to understanding youth in Canada's body image, self-esteem, and self-confidence as the industry that creates and disseminates images and content that inform societal beauty and body norms and standards.

Recognizing the impact that advertising and marketing have on youth, this report will specifically, and critically, examine the production and distribution of advertising and marketing materials. This includes private businesses and their role in creating and maintaining norms through their representation of products, people, and society.



Health Care

Health and Health Care as a pillar comprises the systems and institutions, people, information, and environments that provide, inform, or interact with youth in Canada about matters relating to their mental or physical wellbeing, for instance, hospitals, healthcare providers, doctors or pediatricians, nurses, access to proper health and sex education, health insurance, access to healthcare, and much more.



Education

The Education pillar covers the academic environments of youth in Canada. This includes classrooms, teachers, other school staff, curriculum, classmates, and all scholarly activities. This pillar is meant to consider the people, places, and things that may impact youth in Canada's self-esteem, body image, and self-confidence within their educational journey.



Leadership and Representation

Leadership and representation as a strategic pillar refer to those who are in positions of power, leadership, and/or authority in Canadian society, particularly looking at both larger scale leadership such as government, community, and civic engagement, as well as everyday leaders and authority figures in the lives of youth in Canada,

such as community leaders, coaches, teachers, babysitters, instructors, caregivers, guardians, and parents.

As well as aiming to encompass a broad range of social sectors, the strategic pillars are also intended to capture the most prominent influential areas pertaining to youth in Canada's self-esteem, body image, mental and physical wellness, and confidence.



Findings

Overarching Findings

Prior to assessing the literature and data for each strategic pillar, it is important to contextualize the current state more generally and to fully understand how young people currently perceive their bodies and self-esteem, how body image affects mental well-being, where pressure to adhere to specific body types originates, and how youth and others externalize body image when looking beyond their own selves.

Self-Perceptions and the Sources of Body Image Pressure

Unsurprisingly, according to our survey, 80% of all survey respondents felt social pressure to look a certain way. This pressure comes from many sources, including family, other authority figures, health care professionals, and peers. When asked to identify the sources of pressure to conform to a specific body image, 62% of respondents pointed to their peers, 52% identified their parents/guardians as a source of pressure, and 41% identified other adult family members as a source of body image pressure.

Less influential were adults in other positions of authority, such as coaches, activity leaders, etc. (22%), health care personnel, such as doctors and nurses (17%), and teachers (6%). When provided the opportunity to identify other sources of social pressure, respondents highlighted the impact of social media as well as their own internal perceptions and biases.

When looking at youth under 18 specifically, they were more likely to say their peers were a source of body pressure (72%) as well as to identify their families, both parents and other family members, as sources of pressure (62% and 52% respectively), which is to be expected given the increased time youth spend with peers and family members.

Impact of Body Image on Well-Being

In general, survey respondents were more likely to select terms that correlate with negative self-perceptions such as dissatisfaction, disgust, or resentment (44%) than positively associated terms, such as pride or contentment (31%). This is further supported by survey responses that demonstrated a desire to have a different body (although not necessarily a smaller body), where 84% of respondents said they either agreed or strongly agreed with the question, “I wish my body was different than it is now” (e.g., smaller, more curvy, bigger muscles, etc.).

Digging deeper, 49% of respondents said their weight often or always affects how they feel about their body, while only 12% said it never or rarely affects their self-perception. Finally, when asked how their own feelings toward their body has affected their mental health, 55% of respondents said that their self-perception affects their confidence. Respondents further said their self-perceptions result in feelings of anxiety (52%), shame (50%), and depression (32%), and 44% of respondents said that how they feel about their bodies has resulted in isolation or avoidance of social activities. Most troubling, 17% of respondents said that their own body image perception has resulted in thoughts of suicide. In fact, only 32% of respondents said their self-perception is correlated with acceptance. Other more positive sentiments included 29% of respondents saying their self-perception brings them happiness, pride (23%), and/or joy (13%).



External Perceptions

External perceptions focus on how survey respondents perceive the social benefits that are afforded to individuals of more socially accepted standards of beauty.

These perceptions are not directed toward the respondents' own personal perceptions, but rather how they believe *society* rewards or encourages conformation to a specific standard of attractiveness.

Interestingly, while respondents do believe that attractive people are better liked than unattractive people (77%), that good looking people are more successful (67%), and that being attractive according to the perception of others is important (59%), they do not seem to extend that social benefit back to more individual perceptions. Indeed, when asked if clothes looked better on people who are attractive (with no definition of attractive provided), 55% of respondents agreed; however, those numbers begin to shrink when more specific questions are posed, including whether clothes look better on those who have smaller bodies (45%) or traditionally athletic bodies (41%). When asked if people who have smaller bodies are better looking than those with larger bodies, only 22% of respondents agreed with the statement, while 48% expressed disagreement.

It is interesting to note the disparity between self-perception and social or more general perception. While respondents were very likely to report wanting to change their bodies, or to feel negatively about their body, they are not yet drawing those same conclusions against others, seemingly more willing to see past ideals of beauty to see attractiveness in more than one body type. This finding is consistent with the experiences of fat-liberation experts who work with clients to navigate complex emotions on one's own body. While this certainly reinforces the mantra of "we are our own worst critic," we cannot ignore the impact media, advertising, and authority have on how we perceive ourselves (to be discussed in the following sections).



Overarching Recommendations

Improved Data and Research | Data that is focused on the Canadian experience, and particularly the Canadian experiences of Black, Indigenous, and People of Colour (BIPOC), Indigenous, gender and/or sexually diverse youth, youth with disabilities, and youth from all socioeconomic backgrounds, is largely absent from the research and literature on body image and self-esteem. This results in research that continues to be steeped in colonial, able-bodied, and gender normative conceptions of health, beauty, and mental well-being.

Specific actions to support improved research include:

1. Prioritize research into the intersection of body image and self-esteem with various identities. Research should be undertaken to understand the experiences of BIPOC folks, those with disabilities, trans and genderfluid youth, Indigenous youth, queer youth, and other underrepresented groups to shift the cultural narrative of body image, self-esteem, and “attractiveness” away from white, able-bodied, straight, etc. norms.

Government-Supported Youth Engagement | Given that Millennials and Gen Z are becoming one of the largest growing demographics and that younger communities are facing more vulnerability, it is important to create pathways to better engage their perspectives in public policy and the institutions that affect their lives.

Specific actions to support youth engagement include:

2. Women and Gender Equality (WAGE) Canada to Create ongoing pathways to understand the lived experience of young people on a variety of issues including body confidence and self-esteem at regular intervals in diverse ways which can include in-person forums, online methods, and and engaging areas that engage young people such as reaching out to educators, schools, and youth-serving organizations.

3. Expand the Prime Minister's Youth Council to include a dedicated and appropriately funded project on youth body image and self-esteem to both hear the unique perspectives of youth and to identify further actions governments can take to improve youth body image and self-esteem in Canada.

The federal government should commit no less than \$500,000 per year to support ongoing youth engagement and research into body image and self-esteem.

4. Provincial and territorial governments across Canada are encouraged to either establish or expand youth councils to provide insight and recommendations to government on policy and programming options to support self-esteem, body confidence, and resilience in youth. These councils should be provided with adequate annual funding and dedicated secretariat resources to support regular (at least quarterly) meetings with youth.

Human Rights Protections | Canada has no fundamental Human Rights protections for individuals who exist in larger bodies. This can result in individuals facing not only stigma, but legally protected discrimination based on their body size, which can impact one's ability to access employment, extracurricular activities, and other public spaces.

Specific actions to eliminate body size-based discrimination include:

5. Amend federal, provincial, and territorial Human Rights Acts and Codes to include body size as a prohibited ground for discrimination.³ Provide updated materials and training to all Human Rights Tribunal staff on the intent of this protected ground and assist them in making evidence-informed decisions to complaints that do not further pathologize body size and weight.

³ Michigan has led the way in prohibiting discrimination based on body size, but most other jurisdictions do not include such protections in any of their legislation.

Strategic Pillar 1 | Media

Media encompasses materials distributed both virtually and physically, on social media, news platforms, or other mediums like art, music, writing and literature, film, and much more. As a pillar, media is crucial to understanding youth in Canada's body image, self-esteem, and self-confidence as the industry that creates and disseminates images and content that inform societal beauty and body norms and standards. Considerations within this pillar are matters relating to who is being represented, what norms and ideals are presented, what biases are prevalent within such content, and how the content, industry, and people contribute to youth body image and self-esteem. Given the rates of consumption and the impact social media has on youth perceptions of body image and self-esteem, this report focuses heavily on social media as a key factor in body confidence among youth in Canada. While other media is referenced, these other media forms, such as film, television, and professional sports, are less influential than social media when it comes to the youth experience.

In our survey, literature review, and consultations with youth, it was found that social media had a significant impact on youth's self-perception, body-image, and self-esteem, as well as on pressures to look or act a certain way; findings suggest that the beauty and body standards highlighted in media as the ideal are forceful in their impact over youth's internalized sense of beauty and pressure to conform. Further, there is a sense of immediacy and urgency that is often attached to these unrealistic ideals (e.g., lose weight fast, "fix" your skin overnight, etc.). This should not be surprising, as psychologists have been saying for years, we cannot ever completely disentangle our own self-image and our own concepts of beauty from what society through media tells us is beautiful. (Scheel: 2023) Who and what we find attractive is a product of what imagery we are regularly shown. When we are bombarded on a daily, nearly hourly basis with media and advertising that displays a single body type, a single hair style, a single skin colour, as the pinnacle of attractiveness and therefore attraction, we can become oblivious to the beauty and diversity that is around us. It can be hard to separate ourselves from the images we see on screen and in print and to want to emulate those images. Indeed, that is the point of advertising and media in general: to tell you that if you buy this lipstick, go to this gym, wear this shapewear, eat this food, and generally conform to the images

presented that you will be rewarded with the health, happiness, and love presented in these advertisements. That's the goal of advertising: to encourage you to spend your money on a product that will "make your life better." However, when we look at the impact of media and advertising on youth body image and self-esteem, we see the fallacy in that promise.

Findings

Social media is here. It's part of the everyday lives of youth and non-youth alike. There is no putting the proverbial genie back in the bottle when it comes to social media. Accordingly, understanding how youth use social media and the impact social media has on youth perceptions of body image is the only path forward to addressing the very real concerns that have been raised with the development of the "age of likes, lols, and longing". (Contrera: 2016) However, social media is not just the purview of the young. Indeed, our survey showed social media usage is relatively consistent among respondents, with 68% of respondents using social media for two or more hours per day. While there is some variation in usage rates between the generations, with 78% of Gen Z (those who are roughly under 26) using social media for two or more hours per day compared to 62% of Millennials/Gen X/Boomers (those over 26), the overall use of social media is consistent (only 2% of all respondents said they did not use social media at all).

When it comes to the types of social media people are consuming, Instagram is the most popular social media app across all ages with 85% of all respondents saying they spend time on this app. YouTube (58%), Facebook (44%), and TikTok (32%) round out the top four most used social media apps. Other apps identified in the survey included Snapchat (26%), Twitter/X (21%), and Reddit (12%). Through an open-ended question, respondents also mentioned WhatsApp, Discord, LinkedIn, Tumblr, and Pinterest as frequently used social media platforms.

Based on the above data, the most popular social media apps do not fall into any specific category (i.e., predominantly image-based, text-based, or video content). Accordingly, conclusions as to the impact of various types of social media platforms cannot be drawn and it should therefore be assumed that the impact of social media on the body image and self-esteem of survey respondents is not dependent on the type of media consumed.

Impact of Social Media

Social media is very likely to affect personal perceptions of their bodies and attractiveness, and to result in pressure to conform toward specific body image archetypes. However, whether the impact is positive or negative is less clear-cut. The information gathered from our literature review notes that the reception one's own social media posts receive may have a significant impact on youth self-esteem. Posters

who receive a lot of likes from peers often have improvements in their self-esteem, but that is not a consistent outcome. (McLean, et al.: 2019) However, when youth view the selfies or posts of others, there are consistent negative outcomes and regularly browsing the selfies of others is related to lower body confidence. (McLean, et al.: 2019)

Further research suggests the correlation between social media use is less clearcut, with one study of 725 youth aged 10, 12, and 14 over a four-year period finding that the types of social media engagement may differently affect self-esteem in youth. Liking and commenting on others' posts predicted a reduction in appearance-based self-esteem, while posting your own images and updates had no measurable impact on self-esteem. (Steinsbekk, et al.: 2021)

When examining the results from our own survey, consistently, a majority of survey respondents felt pressure from social media to lose weight (71%), to be "pretty" or "attractive" (84%), to be thin (74%), to have the perfect body (72%), to diet (59%), to exercise (82%), and to change their appearance to be more socially attractive (70%). In total, 67% of respondents agreed or strongly agreed that social media is an important source of information on what it means to be "attractive", and that influencers and other celebrities play a large role in defining those norms (66%).

However, there is less agreement among survey respondents as to who they are influenced by or wish to emulate. For example, music video performers (43%) and sports professionals (41%) are less likely to be sources of pressure than actors or well-known influencers (69%) and to a lesser degree models (59%).

A lot of people
have
insecurities
about what
they believe
are imperfect
parts of
themselves.



As our survey did not capture the perceptions of cisgender men (only 5% of respondents identified themselves as men), we must once again return to the literature to further explore the relationships between social media and gender. In a 2007 study on the internalization of body image ideals and gender (albeit only on a binary man/woman scale), researchers found that girls had higher body dissatisfaction than boys and were more likely to internalize the body ideals as presented in media. Internalized pressure was a larger driver of body dissatisfaction in girls than in boys, who were more prone to body dissatisfaction as a result of external pressure. Further, the ideal body image is different for girls and boys, with girls more likely to experience dissatisfaction if they existed in larger bodies (i.e., there is a pressure to be thin), whereas boys were more likely to seek muscular bodies and experience dissatisfaction if they were not as muscular as the idealized norm. (Knauss, et al.: 2007)

Social Media and the Rise of Aesthetics

It is unsurprising that the rise in social media in general would create more points for regular comparison between users and those who promote ideals of beauty and attractiveness on these platforms; however, the advent of easily accessible apps and software to help youth manipulate their images to present more aesthetically pleasing (i.e., conforming) images has added an additional layer of expectation to teens' social posts.

Our survey asked respondents to identify both how many images they usually took of themselves prior to selecting an image where they felt happy with how they looked and to identify their regular image editing/filtering use. In total, 37% of respondents said they regularly took 2-5 pictures before finding one they are happy with, while another 14% said they took between 5-10 pictures. 17% said they took 10 or more pictures before they were happy with how they looked, while only 8% said they only took one picture.

When asked about filter usage, 17% of all respondents said they "often" or "always" used filters or other editing software to adjust their appearance, while 39% said they sometimes used filters and similar tools. 20% said they never used filters or other software.

A 2018 study by Kleemans, et al. concludes that “exposure to manipulated Instagram photos leads to lower body satisfaction in comparison to exposure to non-manipulated selfies from online peers. This particularly related to girls with a higher tendency to make social comparisons.” (Kleemans, et al.: 2018) This study also noted that while the use of filters and other editing effects was detected by the study subjects, efforts to reshape bodies was not as well detected. (Kleemans, et al.: 2018)

During our engagement with youth, we also heard that the predisposition to promote “perfect” lives on social media further distorts what is normal versus what has been carefully curated as an online persona. This cultivating of a specific image is unattainable for many youth, who not only may not naturally look like various influencers, but who also do not have complete control over their food choices and who are navigating rapidly changing bodies. Given the intersection between high-pressure and unrealistic standards of beauty, the lack of control youth often have over their food, clothing, etc., and the realities of bodies that are changing month-by-month, the pressure to maintain a specific image can become unbearable.

Race and Ability’s Impact on Self-Perceptions

Socially accepted standards of beauty and attractiveness are not created in isolation of other persistent systemic issues, such as racism, ableism, homophobia, etc. Current socially accepted beauty standards are, by and large, founded on privileging features that most closely resemble those of white, able-bodied individuals. Indeed, as highlighted by Jessica Defino in Teen Vogue, “[w]estern beauty standards are the products of a capitalist, colonialist, patriarchal, white supremacist society, contrived to keep us consuming and consumed.” (Defino: 2023) For example, skin lightening products have been prevalent in the beauty industry for decades and further promote the ideal that lighter skin is more beautiful. Similarly, the use of imagery and models that have noticeable disabilities is virtually absent from all advertising prior to the last decade and is even now only sparsely available.

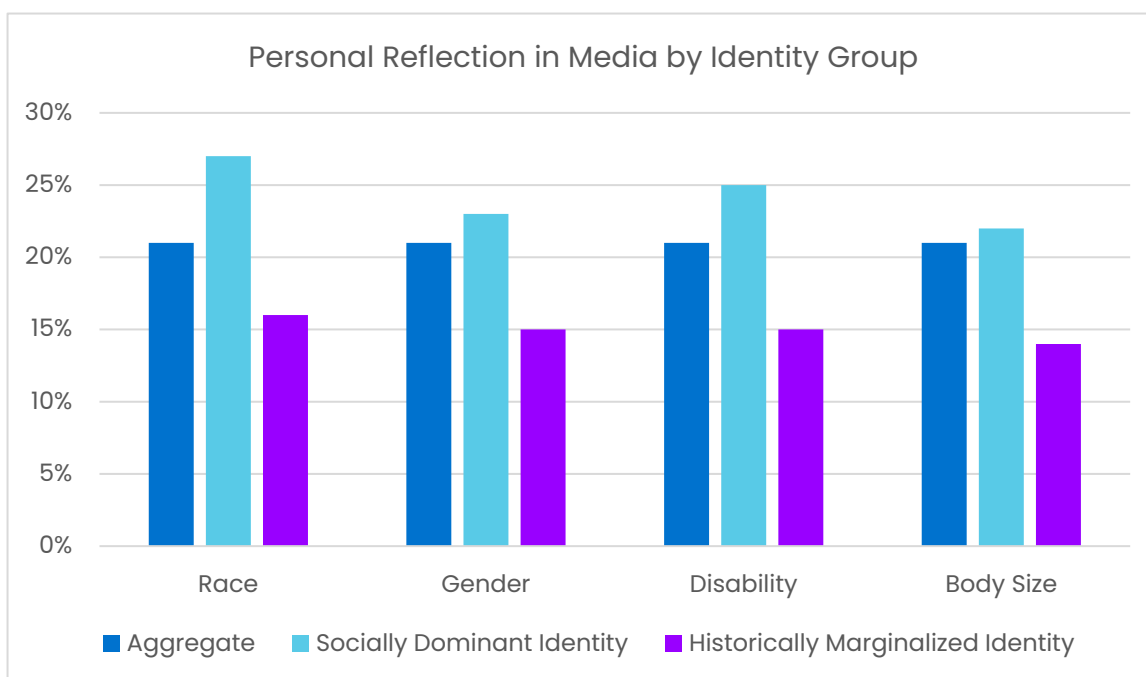
Recognizing the impact race and ability as well as other identity factors can have on individual and social perceptions of attractiveness, and the knowledge of how beauty norms are founded, it is critical to examine the impact of these identity factors and how they are being addressed more broadly. While our survey only touched the surface of these intersections, our survey demonstrated that 55% of respondents have felt pressure to conform to white beauty ideals, such as

straightening or relaxing their hair, not wearing religious clothing such as head coverings, or lightening their skin. Further, 53% of individuals who identified themselves as having a visible disability felt pressure to hide their disability (e.g., hiding hearing aids, mobility aids, etc.) to conform to beauty ideals.

Lack of representation in the media also impacts those who do not inherently meet the standards of white, able-bodied beauty. Only 21% of all respondents said they often or always see people who look like them regularly reflected in media and advertising, while 42% said they never or rarely see people who look like them reflected. These numbers shift when looking at the specific experiences of BIPOC respondents versus those who are racially white. Only 16% of BIPOC respondents said they regularly see themselves represented in media, while 54% responded in the negative (they never or rarely see themselves reflected in media). Conversely, 27% of white respondents said they often or always saw themselves reflected in media, while 29% did not.

Other identity profiles showed similar patterns, with more traditionally dominant identities more likely to see themselves reflected in media as compared to identities facing various forms of oppression.

Chart 1: Personal Reflection in Media by Identity Group



With friends,
you can work
together to
heal your
relationship
with food.



Finally, when caregivers were asked if they had held conversations with the youth in their care about anti-fat bias and the intersection of anti-fat bias with racism and ableism, 50% of respondents said they had *not* had these conversations, while only 17% of respondents said they had discussed these issues.⁴

What Contributes to a Positive Body Image?

Where efforts to improve youth body image were successful, the literature provides the following information.

In a 2009 paper by Grabe and Hyde, body image and self-esteem were positively correlated with confidence in an individual's ability in math (Grabe & Hyde: 2009), while another study from 2012 investigated whether body image "warning labels" were effective in countering media-induced negative body image. In this study, researchers found that a simple "warning label" on images of thin models, providing information on the potential impacts of depictions of a thin body ideal, induced less negative body perceptions in adolescent girls than compared to the use of either warning labels or images alone. (Veldhuis, et al.: 2014) A 2005 study on body image and self-esteem among adolescent girls in the UK found that exposure to ultra-thin or average-sized models lowered body satisfaction and self-esteem. (Clay, et al.: 2005)

Further, through our engagement with youth, we asked questions about what would help youth feel empowered or confident about their body. Youth responded with comments suggesting that community-building and shared experiences can help youth navigate the challenges they are facing. Realizing that others are going through similar issues and that you're not alone can be immensely helpful in combatting both negative external messaging, as well as the internalization of those messages.

⁴ This finding should be taken with caution, as the sample size (n=18) is small and the response rate for this particular question was lower than average (67% response rate).

Advertising & Corporate Sector

The Advertising and Corporate Sector sub-pillar covers the sector of society that produces and distributes advertising and marketing materials. This includes private businesses and their role in creating and maintaining norms through their representation of products, people, and society.

This sub-pillar illustrates the pervasiveness of advertising and marketing products for items related to body image and self-esteem – particularly of products or services for body modification and performing beauty ideals – such as shapewear, cosmetic treatments both surgical and non-surgical, health and “wellness” supplements, and more. Also significant are the products that are targeted towards youth, which inform their perceptions of beauty and body standards. Not only are youth exposed to unrealistic body ideals and beauty standards, but they are also targeted with advertising and products that promote changing their appearance.

Advertising and Corporate Sector Findings

While little research has been done into the impact of advertising specifically on body image and self-esteem – indicative of the need for much more research into the matter – respondents to our survey did note they are likely to see advertising aimed at body modification toward a social norm. Indeed, respondents reported seeing advertising on social media for fitness facilities (61%), shapewear (57%), cosmetic treatments, both surgical and non-surgical (51%), health and “wellness” supplements (43%), and weight loss organizations (42%). Other responses provided through open-ended questions highlighted skin care and makeup advertisements as well as advertisements for workout clothes/activewear.

Our bodies are being treated as fashion items to be attained.



In addition to the heavy use of marketing to encourage young people to spend their limited money on beauty products, youth further identified the lack of diversity and representation in advertising as a further contributor to negative body image and

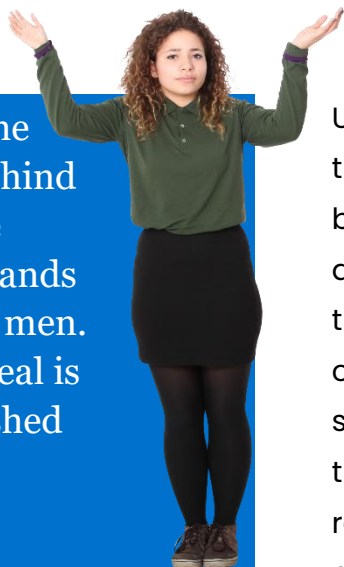
self-esteem. When we don't see people who look like us in media or advertising, we begin to internalize that we are not worthy of profile or that we are somehow not the desired customer. Through our engagement with youth, we heard repeatedly that youth would like to see more representation of all identities, including those with disabilities, BIPOC representations, and people with different appearances, such as acne, vitiligo, etc.

I want to see people who have conditions similar to my own, but I don't see these represented in social media or the beauty industry.



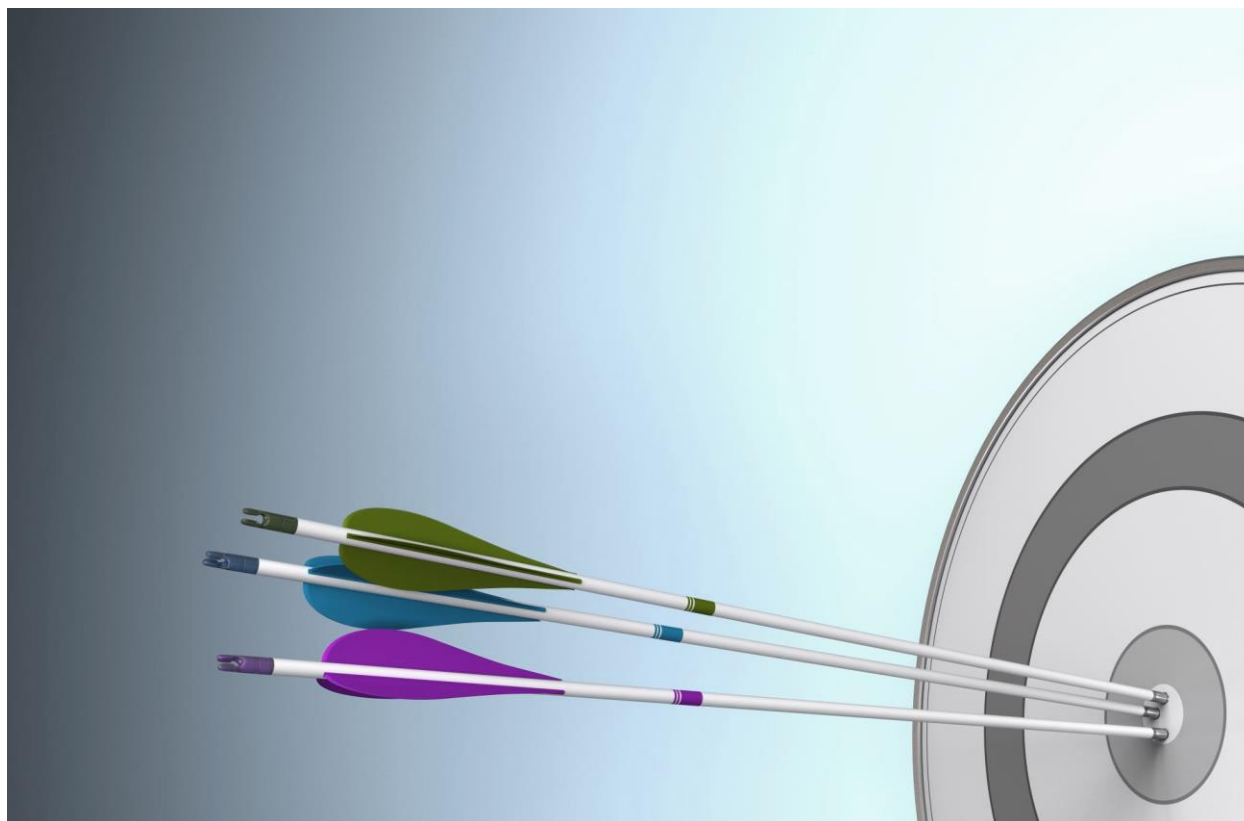
When looking at youth experiences more specifically, research suggests that anatomically unrealistic, yet socially persistent toys, such as Barbie dolls are correlated with lower body esteem and a greater desire for a thinner body shape. (Dittmar, et al.: 2006) These findings further conclude that while the immediate decrease in self-esteem for younger girls exposed to Barbie dolls does not persist in older girls the early exposure of girls to these dolls may epitomize an unrealistic thin body image that may follow them into later years and contribute to more significant challenges, such as disordered eating and weight cycling. (Dittmar, et al.: 2006) Interestingly, following the development of a "curvy" Barbie to help address long-standing body image concerns, a 2019 study found that children as young as 3 were less inclined to play with the "curvy" Barbie and instead preferred the original doll. (Harriger, et al.: 2019) It is unclear what the reason for these children preferring more traditional Barbies is, and conclusions of negative self-image at the young age of 3 should not be immediately assumed, but the role of hyper-thin and unrealistic representations of the female form should be further explored.

Most of the people behind corporate beauty brands are white men. Whose ideal is being pushed on young people??



Unfortunately, many of the studies we examined in this area fall victim to harmful, yet persistent, beliefs that “being fat” is an inherently bad thing and that the solution to anti-fat bias is to reduce the population of fat people, rather than to critically examine the sources of this bias. While setting our kids up for healthy lives is a noble goal, the connection between health and fatness remains deeply problematic and results in experiences and outcomes that are far worse than the “original sin” of being fat. Health as an ideal state is also deeply rooted in ableism,

socioeconomic privilege, and race. We will more closely examine the impact of health, health care, and body image in the next section.





Media & Advertising Recommendations

Advertising Standards & Legislation | The impact media and advertising have on youth is undeniable as outlined in this report. Protecting youth from advertising and marketing that may create unnecessary insecurities, body shame, or attempts to adhere to unreasonable standards of beauty is the first line of defense in changing the culture around beauty and body image.

Specific actions to support marketing and advertising amendments include:

6. Amend the Canadian Code for Advertising Standards as administered by Advertising Standards (Ad Standards) Canada⁵ to include the explicit prohibition against advertising cosmetic treatments, supplements and pills, and weight loss organizations to individuals who are under the age of majority in their province on social media.
7. Introduce and pass federal legislation that would prevent the marketing and advertising of cosmetic treatments, supplements and pills, and weight loss organizations to individuals under the age of majority in their province or territory.
8. Amend Part VII.1 of Canada's Competition Act (Deceptive Marketing Practices) to require all advertising and marketing products to disclose the use of photo editing software (including body modifications and the use of filters or other enhancements) on all marketing products. Disclosure should be clearly visible on all materials, written in plain language, and explain the types of modifications undertaken (e.g., body shape has been adjusted, skin has been touched up to remove blemishes, etc.).

⁵ Ad Standards Canada is a non-profit, self-regulatory advertising organization in Canada. Their mission is to ensure advertising in Canada is truthful, fair, and accurate.

9. Review existing legislation and amend as necessary to include social media and other online influencers within the parameters of said legislation. Ensure all online/social media influencers who receive compensation for promotional material are required to adhere to the same standards as above.

Diversity in Media and Advertising | Recognizing the impact that the consumption of predominantly white, able-bodied, and thin advertising has on self-esteem, advertisers and the beauty industry have a responsibility to ensure their advertising and marketing campaigns do not cause further undue harm to youth in Canada.

Specific actions to support diversity in advertising include:

10. Publicly commit to the diversification of representation within marketing and advertising media. Representation should be true representation that covers a wide range of identities, including models that exist beyond traditional concepts of diversity (e.g., plus-size models should be representative of the bodies of *real* plus size people and should not simply be upper-end straight-size models).

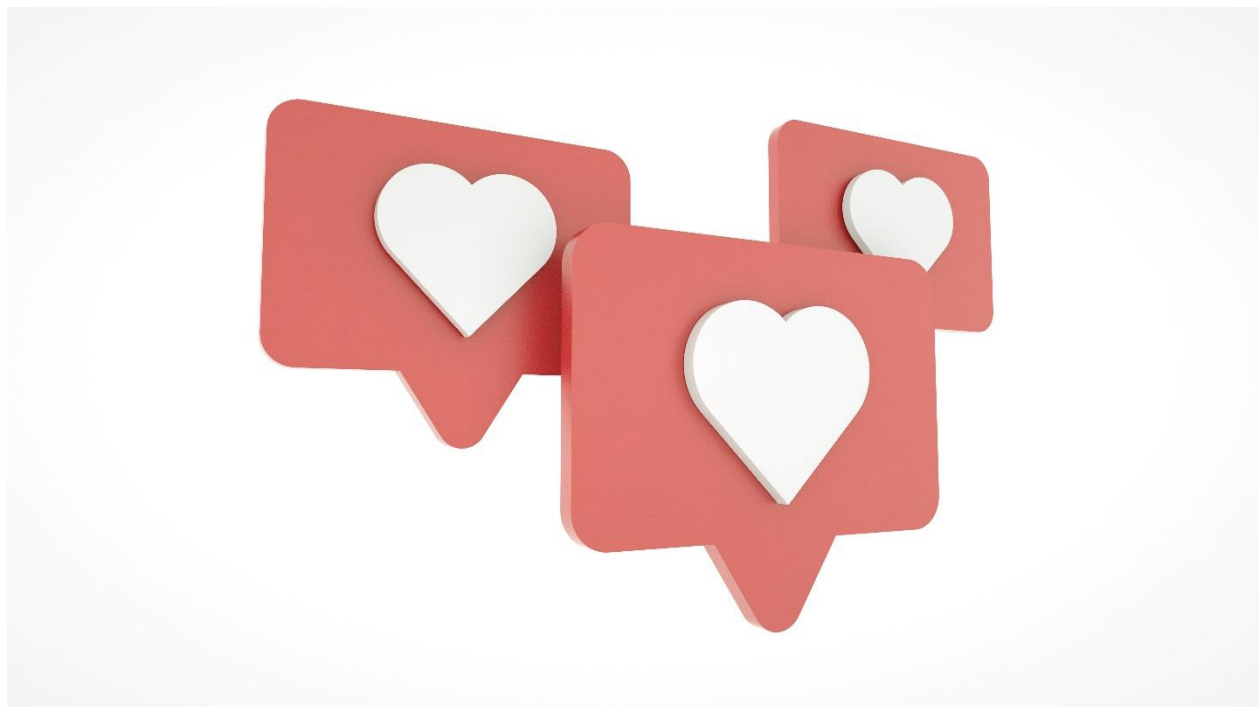
Provide information in corporate annual reports on efforts to improve the diversity within marketing products to ensure accountability to the public.

11. Ensure any government funding provided to private sector businesses, such as grant programs to support business development, includes a requirement to ensure diversity and inclusion of various identities in any public marketing products if those products are reasonable expected to be of interest or marketed to youth. Include these requirements in all funding and reporting agreements.

Improved Research into Consumption, Advertising, and Body Image | Our comprehensive literature review could find no high-quality studies that explore the connections between consumerism, consumption, and advertising and body image and self-esteem, particularly in youth. While our survey scratched the surface of this topic, more in-depth and dedicated research is required.

Specific actions to support a better understanding of the intersection between consumption and body image include:

12. Create a community of practice among beauty industry organizations to research and publicly report on the connection between media consumption, advertising, and body image. Ensure the findings of this study are made public following a process of peer review by body image and mental health professionals who specialize in youth self-esteem.



Strategic Pillar 2 | Health and Health Care

Health and Health Care as a pillar comprises the systems and institutions, people, information, and environments that provide, inform, or interact with youth in Canada about matters relating to their mental or physical wellbeing, for instance, hospitals, healthcare providers, doctors or pediatricians, nurses, access to proper health and sex education, health insurance, access to healthcare, and much more.

This pillar examined themes including health care as a source of body image pressure, implicit and overt anti-fat bias in health care, and the risk of medical neglect when coupled with this persistent bias.

Findings

When asked to identify sources of pressure to conform to a specific appearance of body type, 17% of our survey respondents identified health care providers, such as doctors and nurses, as a source of this pressure.

Anti-Fat Bias in Health Care

Multiple studies have documented the long-standing and persistent problem of weight-bias and stigma among medical professionals toward individuals who are fat. And while the problem is not new, it may be getting worse. A 2006 study in the American Medical Association's Journal of Ethics finds that weight discrimination had increased by 66% between 1996 and 2006 and was on par with incidences of racial discrimination, particularly among fat women. (Puhl & Brownell: 2006)

A more recent study (2015) looked at a number of papers discussing stigma and bias in the health care sector and conducted a narrative analysis of the data. The researchers found that "[m]any health care providers hold strong negative attitudes and stereotypes about people with "obesity." (Phelan, et al.: 2015) This study further found the experiences or expectation of poor treatment by health care professionals may cause stress, avoidance of care, mistrust of doctors, and poor adherence to treatment plans. This stigma can reduce the quality of care for fat patients. (Phelan, et al.: 2015)

Finally, a study undertaken in 2022 in Australia shows that this bias is not receding with the new generation of doctors. When studying 900 health care students across

39 Australian universities, the researchers found students demonstrated both implicit and explicit weight bias, often as a result of being exposed to that bias through their role models and lower exposure to individuals who are themselves fat.

(Jayawickrama, et al. 2023)

In our own survey of the source of body image pressure, those with higher weight body types report health care professionals as a source of pressure (29%) more frequently than straight-sized⁶ respondents (15%).

Body Image Pressure and Identities

While it is no surprise that those who are fat experience weight bias from health care professionals, the experiences of other identity groups are also worth examining. These differences in experiences point to and corroborate other documented experiences of bias and pressure from health care professionals, particularly from those who do not conform to socially accepted, white, and able-bodied standards of physical attractiveness.

Youth under 18 were less likely to point to health care workers as a source of pressure (10%) compared to those over 18 (21%). When examining the responses of those who identified as racially non-white (i.e., Black, Indigenous, or other People of Colour), these individuals were more likely to note health care providers as a source of pressure (20%) than their white counterparts (16%).

Respondents who identified as members of the 2SLGBTQIA+ community were slightly more likely to identify health care providers as a source of pressure (20%) than straight respondents (17%). Interestingly, respondents who identified as trans or genderfluid were no more likely to point to health care professionals as a source of pressure than their cisgender counterparts. While this may be due to Trans and Genderfluid respondents accessing more progressive and accepting health care providers, the low sample size (n=13) of those who identified as Trans and Genderfluid makes drawing any concrete conclusions challenging.

⁶ Straight-size refers to individuals who are generally able to find clothing in an appropriate size at the majority of domestic clothing stores. This generally, although not exclusively equates to women's size 00-16, men's sizes 32-40, or unisex sizing from XS-XL. This is in contrast to those who are considered "plus-size" by the fashion industry.

Of those who identified themselves as having a physical disability, 57% said health care providers were a source of pressure, compared to 16% of respondents who said they did not have any disability. Of those who identified as having any disability (cognitive, physical, or mental health-related) 20% said health care providers were a source of body image pressure.

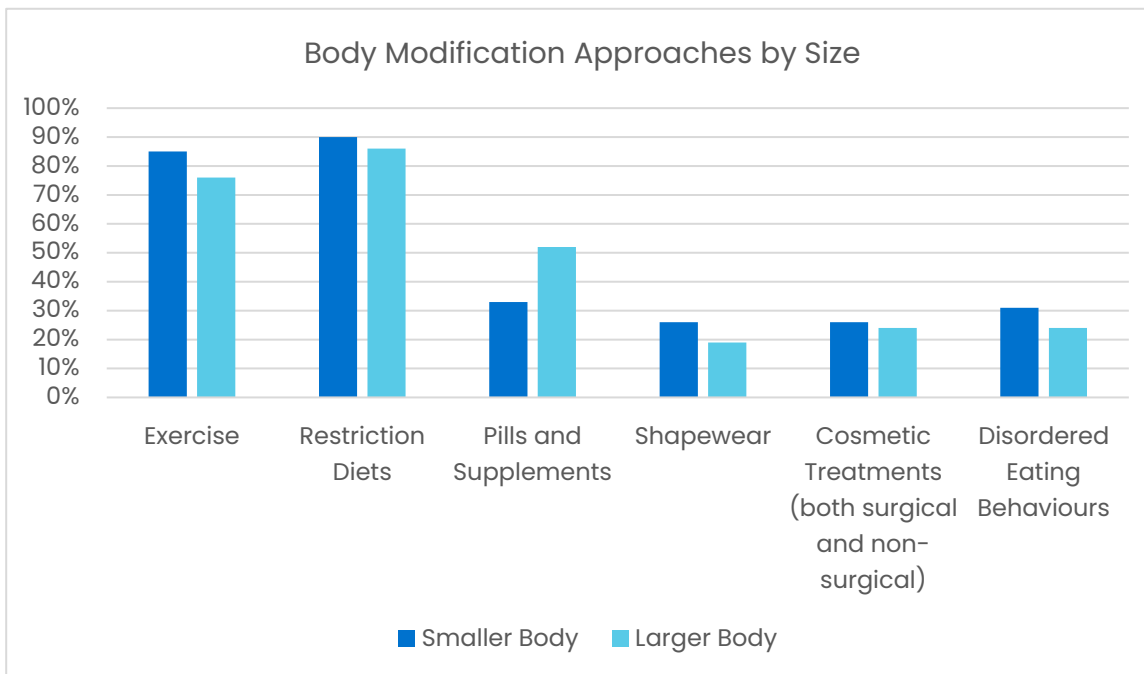
Anti-Fat Bias in Research

Most of the literature in this space (i.e., health care and body image) has consistently drawn the conclusion that youth who are fat have worse body image and that therefore they should simply stop being fat. There is a very limited body of research which examines the roots of this anti-fat bias; instead, conventional literature focuses more on trying to change the individual variable (body size) rather than the systemic one (social perceptions of fatness). Indeed, studies may even present the narrative that kids have made themselves a target by being fat in the first place.

While it is true that a social bias against higher weights persists, and that this social bias is generally correlated with lower body image, including higher rates of eating disorders, the historic and current narrative remains that we should address instances of poor body image caused by sizeism by helping those individuals to conform to socially accepted standards, rather than truly addressing the harms that this sizeism and anti-fatness has on everyone, not just those who are “fat.”

Indeed, our own survey suggests that body image issues and sizeism is not limited to those who are already fat. When asked during our survey if and how they had tried to modify their bodies in the past year, both smaller and larger bodied respondents highlighted a range of methods with no significant difference between the body types. This data is summarized in the chart below.

Chart 2: Body Modification Approaches by Body Size



Addressing anti-fat bias in health care is not just important for those who are currently fat, or for overall health benefits. Research has also shown that poor body image is negatively correlated with academic performance (Florin, Sjulst, & Stettler: 2011), social and academic relationships (Reulbach, et al.: 2013) (Lovegrove: & Rumsey: 2005), athletic performance, regardless of someone’s actual body size. (Eke, et al.: 2020) Approaches that build body compassion and focus on “Health at Every Size[®]” (HAES) or intuitive eating approaches are far more likely to result in positive outcomes for youth beyond the merely physical.



Health Care Recommendations

Body Positive Professional Standards | Given the important role health care professionals and the broader health care system has on body image, professional standards should be amended to ensure more positive interactions with health professionals, regardless of an individual's body size, ability, race, gender, or sexual orientation.

Specific actions to support the development of a more welcoming and accessible health care system include:

13. Direct Federal/Provincial/Territorial Minister of Health to work in cooperation with the Forum of Labour Market Ministers (FLMM) and appropriate curricula-developing and regulatory bodies (such as the Royal College of Physicians and Surgeons, Canadian Medical Association, etc.) to review and revise health professional curricula that identifies and corrects historic biases against individuals who do not meet a narrow definition of "health" which is largely based on colonial and scientifically unsupported notions of health and well-being. New curricula should be grounded in fat liberation theory and provide specific training to all medical professionals on diagnostic criteria that minimizes the impact of body weight on treatment options.

Priority professions for curricula review and revision include students completing family medicine residencies, endocrinology residencies, obstetrical and gynecological residencies, orthopedic residencies, nursing practicums, and dietician or other nutrition-based practicums. A multi-year plan to address the curricula of other health professionals should be developed and made public within one year.

Progress toward the development and implementation of new curricula should be communicated annually through the FPT Ministers' of Health and FLMM meeting communiques.

14. Amend Professional Standards and Codes of Conduct to prohibit body size discrimination in health care by ensuring medical professionals do not deny treatment based on weight alone. Require doctors to conduct diagnostic testing on individuals regardless of their weight or body size when that test would otherwise be ordered to support an individual's course of treatment (i.e., if a test would be ordered on an individual presenting a similar issue but in a smaller-body, that test shall be ordered for the larger-bodied patient). Further eliminate "weight-loss" as the only or primary form of treatment or medical advice when concerns are presented.

To support patient well-being, create associated reporting, investigation, and remediation procedures to quickly address any instances of medical neglect or mistreatment based on an individual's body shape, size, or weight. Ensure the reporting process is readily available and accessible to individuals of various identities.

Eliminating Anti-Fat Bias in Research | The majority of health-based research into body image, body size, or self-esteem has focused on reducing the number of "fat" people rather than changing the biases that see fat people as inherently less desirable. To create a culture shift where all bodies are accepted and celebrated, government-supported research should be free from anti-fat biases or thesis statements.

Specific actions to ensure new health-based research is not steeped in anti-fat biases include:

15. Proactively fund research into the intersection of anti-fat bias, self-esteem, and medical neglect, and the role that non-weight centered health care can play in remedying this long-standing bias. Research into body size, body image, or self-esteem that is grounded in fat-liberation theory or "Healthy at any Size"® theory should make up an increasing portion of all research funding with a goal of shifting the narrative on body size and weight over the next 10 years.

Government-sponsored funding, including through major granting bodies, such as the [Social Sciences and Humanities Research Council](#) (SSHRC) or similar provincial/territorial research bodies, should critically examine the impact of anti-fat bias in research on the well-being of patients, particularly youth patients, when making funding decisions.

16. Under the auspices of the [Canadian Institutes of Health Research](#) (CIHR), fund a new stream of research under Research Priority C: Promoting a healthier future through preventative action, to examine the intersection between body image, self-esteem, youth well-being, and mental health. Provide research funding of no less than 1% of the annual budget for research priorities (for 2024/25 fiscal year, this would equal approximately \$1.3 million) to target research into weight stigma and eating disorder prevention in youth.

Strategic Pillar 3 | Education

The Education pillar encompasses the academic environments of youth in Canada, including the classrooms, teachers, school staff, curriculum, classmates, and any other scholarly activities. This pillar covers the people, places, and things that may impact youth in Canada's self-esteem, body image, and self-confidence within their educational journey.

In our literature review and survey, the Education pillar captured elements such as the role of schools and teachers in reinforcing body and beauty standards of youth, and in building or impacting youth's self-esteem, self-confidence, and body acceptance. Youth peers and classmates also have a significant impact on each other's sense of pressure to change their appearance. As such, the educational sector requires significant attention to how it produces pressures and norms that are highly impactful of youth's self-esteem, body image, and mental health.

If you tease yourself, the bullies will laugh with you and not at you. This becomes the voice in your head.



Findings

Impact of Teachers on Body Image

Given the amount of time youth spend in educational settings, the impact teachers and other educators can have on the self-esteem of youth cannot be ignored. And while only 6% of respondents identified teachers as a source of body pressure, only 34% of respondents who identified themselves as "youth aged 8-21" and completed the youth-only questions on the survey (n=44) said they had learned about positive body image in school, with 48% saying they had not. This finding is confirmed by our engagement with youth on this topic, with youth reporting that their schools did not actively discuss body positivity, but that school remains a significant source of body image pressure due to the day-to-day interactions with peers and body appearance comparisons that get made across social groups.

The role educators play in guiding and forming the self-esteem of youth, particularly young youth (under age 13) provides an opportunity to support the development of self-esteem and body confidence before social media influences can take hold.

You go into school comparing yourself to others, during a time when your body is changing so much.



Education Programs and Body Image

The impact of body image on educational outcomes in youth is a largely travelled topic by researchers, but the key findings do not always align with the recommendations for action. Indeed, one from 2011 notes that youth who perceived themselves as “overweight” (even if they were not “overweight” by current, albeit deeply problematic, standards of measurement) had lower academic performance than those who did not perceive themselves in this way. (Florin, et al.: 2011) However, the same report then proceeds to focus its recommendations on nutrition and physical education, rather than tackling the source of the disparity, which is that poor self-image is correlated with lower academic performance. Providing kids with more education on how not to be fat seems a curious conclusion given the researchers’ own findings that actual measures of fatness are immaterial to academic performance; rather self-perception is the critical variable.

However, not all research has taken the same approach. A 2022 study reviewed the evidence on the content and effectiveness of physical education-based body image programs. This research study overcame one of the major pitfalls of past studies: using a lens and language that is not rooted in anti-fat bias. The study also recognizes that the body of research that surrounds body image from a non-weight loss perspective is limited, and that additional research is required. However, this study does conclude that fitness-based programs were generally effective in improving body image, although more discussion on the intersection of these programs and sociocultural perspectives is warranted. (Kerner, et al.: 2022)



Education Recommendations

Creating Inclusive Spaces in Education | While teachers and educational settings were not significant sources of pressure on body image for youth in Canada, they also were not sources of body confidence or resilience. Additional efforts can be made to support positive body image and self-esteem in the education system where youth spend a significant portion of their time.

Specific actions that can be taken to ensure youth have access to positive body image messages in schools include:

17. Review and revise K-12 curricula for health and physical education programs to include discussion on self-esteem, body confidence, and self-acceptance that is body positive in nature and critically examines anti-fat bias and addresses social standards of beauty and attractiveness through an intersectional lens, particularly as it relates to race and ability. Curricula should be developed with age-appropriate language and content and should advance students' knowledge and understanding of these concepts throughout all grades.
18. As part of their ongoing professional development, require all educators to take training on anti-fat and anti-ableism bias and developing self-esteem in youth. Training should cover how to identify anti-fat bias, how to disrupt biases, and approaches for creating psychologically safe conversations and spaces where all bodies are celebrated. Training should be provided by relevant authorities, such as local school boards, and should be funded through provincial and territorial funding plans.

Educational Policy Amendments | Ensuring policies do not inadvertently reinforce concepts of body shame or anti-fat bias is critical to creating the systems that are necessary to support body confidence and self-esteem in youth.

Specific actions that can be taken to create inclusive educational systems include:

19. To support all youth who may be navigating body image issues in conjunction with their gender and/or sexuality, enshrine the right of all students to choose the name and pronouns they wish to go by in their school environment, without requiring the consent of a student's parents. Ensure students have the opportunity to change their name and/or pronouns as required to support their social and mental well-being.

20. Require all schools who receive government funding to eliminate dress codes for students and educators and replace them with statements on inclusion and commitments to preventing discrimination and harassment. This prohibition should be codified in funding agreements between governments and school authorities.

Dress codes, in all circumstances, are inherently problematic as they have historically been based on a narrow and unnuanced view of what is "appropriate" with little consideration for different body types, disabilities, or socioeconomic status, or for cultural expression. In particular, the experiences of BIPOC and queer youth, as well as youth with disabilities or varying socioeconomic statuses are often at best ignored, or in many cases pathologized or "criminalized" by dress codes. Schools can maintain student safety by continuing to prohibit clothing that promotes hate or discrimination but should not police the bodies of young people in Canada.

Strategic Pillar 4 | Leadership and Representation

Leadership and Representation as a strategic pillar refers to those who are in positions of power, leadership, and/or authority in society, particularly looking at both larger scale leadership such as government, community, and civic engagement and



representation, as well as everyday leaders and authority figures in the lives of youth in Canada, such as community leaders, coaches, teachers, babysitters, instructors, caregivers, guardians, and parents.

Leaders and representation are impactful to youth's self-esteem and body image as they create policies, reinforce values, fund initiatives, as well as being positioned as role models for youth, providing youth with guidance, knowledge, and support, and much more.

Findings

Body Image Development in Community

While youth spend a considerable portion of their time at their places of learning, they also engage with the broader community and will internalize negative or positive messages about their bodies and appearance depending on what they have been exposed to. Indeed, extracurricular sports are an avenue for youth to develop both healthy habits and body confidence when addressed proactively, consistently, and positively. Unfortunately, only 14% of respondents to our survey who identified themselves as "youth aged 8-21" said they had learned about positive body image through their involvement in sports, with 75% saying they had not. This is an oversight that can easily be corrected through the development of body-positive resources and association commitments to developing body awareness, strength, and self-love through sports.

Other out-of-school opportunities, such as art, music, or community-building activities while less directly connected to body image than sports may be, also provide opportunities to reinforce messages of self-love, self-esteem, and body confidence. In fact, and in contrast to sports, 48% of survey respondents said they had learned about positive body image through these clubs, lessons, etc. Again, the development of resources and association commitments to self-esteem and resilience could improve that number and ensure youth are engaging in personally affirming activities both inside and outside of school.

Body Image Development at Home

Reflecting back on sources of appearance pressure, we are reminded that parents, caregivers and other family members are significant sources of said pressure. Additionally, a minority of youth (43%) said they had learned about positive body image at home, with half (50%) confirming they had not.

When caregivers were asked to respond to a series of questions, additional insight can be gleaned (although low sample size, n=18, means drawing firm conclusions from this data is challenging).

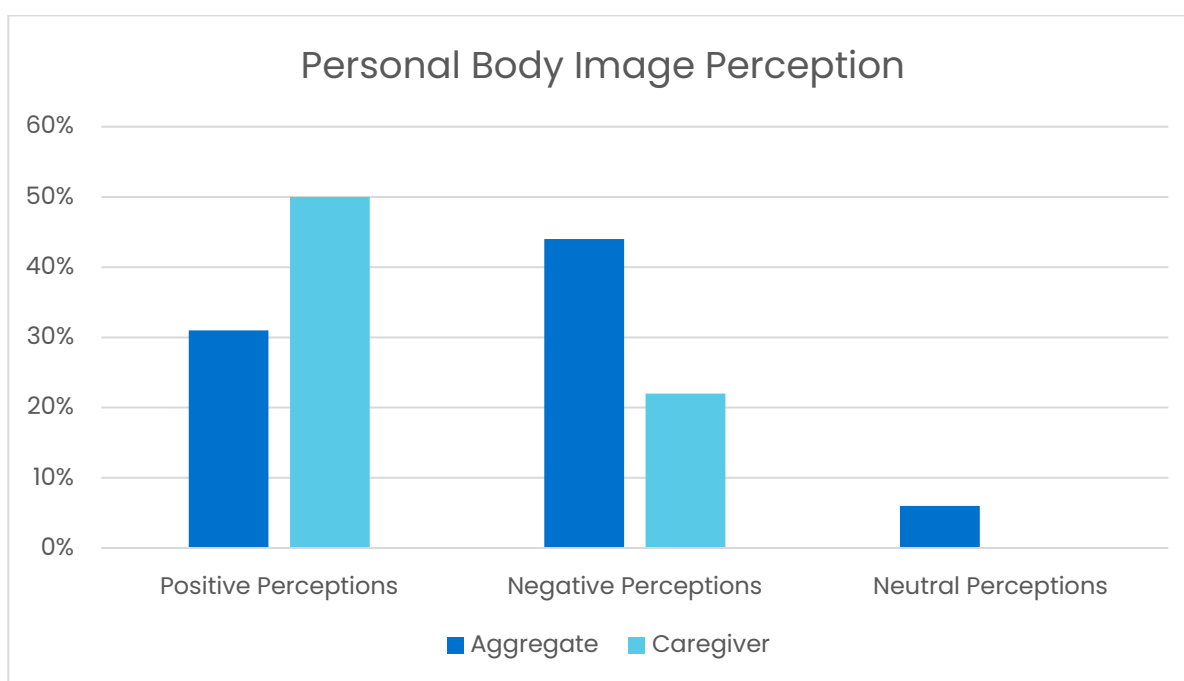


To all decision-makers:
Do not make these conversations seem like a novelty or something that is far removed from your role and your work.

While only 22% of respondents said they had openly spoken about wanting to lose weight or modify their bodies to be more socially attractive, and even fewer said they'd had these conversations in the presence of those under 18 (6%), most caregivers are also not engaging in proactive discussions on the impact of social media (28% of respondents said they were having these conversations often or always, while 33% of respondents said they never or rarely have these conversations). Further, 39% of respondents said they never or rarely had conversations with youth about anti-fat bias while 50% said they had not held conversations about anti-fat bias and the intersection with racism and ableism. However, response rates for these questions were low (44% and 67% respectively).

Why caregivers are not engaging in these conversations is unclear and cannot be definitively ascertained from this data. One possible explanation is that caregivers are more likely to believe that youth feel more positively about their bodies than the aggregate data would suggest. When asked about how they think youth perceive their bodies, 50% of caregivers chose positive words, such as pride and contentment, while only 22% believed youth felt predominately negative about their bodies (22% of caregivers chose words such as dissatisfaction, disgust, and resentment). This is in contrast to the aggregate responses which were 31% positive vs. 44% negative.

Chart 3: Personal Body Image Perception



As noted above, while it is challenging to draw firm conclusions from this data, one explanation may be that caregivers aren't proactively engaging in these discussions because they simply don't understand the impact body image has on the well-being of youth. This is particularly apparent when asked to identify how body image affects youth mental health. While 24% of youth under age 18 said their body image has resulted in suicidal thoughts, only 11% of caregivers identified suicidal thoughts as an impact resulting from body image and self-esteem. This underestimation of the impact body image and self-esteem issues can have on youth and their mental

well-being may result in longer-term harms, particularly when coupled with significant expectations about appearance that are coming directly from caregivers. However, if parents are able to have these conversations our research suggests that parents, as strong communicators of sociocultural pressures and expectations, (Rodgers & Chabro: 2009) can be a powerful source of support when proactively engaging in conversations about body image. These conversations can be as simple as watching TV with children and then discussing what was seen, or as formal as a sit-down conversation, specifically on the topic. Ensuring parents are addressing their own internal anti-fat biases, recognizing the impact media and culture can have on body image, and providing parents the skills necessary to hold these sometimes-challenging conversations is a bulwark against the social pressure youth will face when away from the security of their home.





Leadership & Representation Recommendations

Supporting Caregivers and Adults | Ensuring youth have a positive and resilient sense of self and their bodies begins at home. Children as young as 4 have picked up on anti-fat sentiments from their parents (Damiano, SR: 2015); therefore, parents require support to both engage in these conversations more regularly and to better understand the impact of neglecting this component of raising health and happy children. Other caregivers or adults in positions of authority, such as coaches or other activity leaders, can also support the development of a positive self-image during their interactions with youth.

Specific actions that can be taken to support caregivers and other adults in positions of authority include:

21. Create government-sponsored and funded body positive and anti-fat aware resources for parents and primary caregivers to support them in reducing body image stigma within their homes and engage youth in conversations on positive self-image and body confidence.

These resources should be created with a view to supporting parents and caregivers at all ages of youth development and should be provided to parents as part of federal, provincial, and territorial new parent packages and then at subsequent wellness visits or routine vaccination appointments.

Resources should target elementary-aged youth, young teens, older teens, and young adults.

This initiative should be led by the Federal/Provincial/Territorial Ministers of Health and should provide similar information and messaging regardless of the jurisdiction. Funding for this initiative should come from contributions by all FPT governments through the FPT Health Ministers' Forum. Progress toward the development of these resources should be communicated following FPT Ministers' of Health annual conference. Resource creation and launch should be targeted for the 2025/2026 fiscal year.

22. Create resources specifically targeted at youth in sports to promote healthy body image, build self-esteem, and break down biases that lead to anti-fat sentiment and appearance shame. Resource development should be led and funded through the FPT Ministers' Responsible for Sport, Physical Activity, and Recreation. Resources should be made available to local and provincial sport associations and their use should be required in any government-supported funding agreements.

23. Similar to resources for sport-engaged youth, develop resources to support other community-based programs to support the development of youth self-esteem and body confidence. Working through the FPT Ministers' of Health forum, create a national campaign and toolkits that youth-serving associations can adopt and promote to support body confidence and resilience in youth. The national campaign should be funded by contributions from all FPT governments at an amount not less than \$1 million over a 3-year period.



Supporting Youth | Youth are not without agency and have a tremendous ability to influence the culture around them. Ensuring youth are armed with information and resources to engage in a process of self or group engagement on issues relating to body image and body confidence will directly address the main source of non-media body image pressure – their peers.

Specific actions that can be taken to support youth include:

24. Women and Gender Equality Canada, in cooperation with the FPT Ministers Responsible for the Status of Women, create a youth advocate and mentorship pilot program to support youth to speak to their peers, schools, and communities on issues relating to body confidence and self-esteem.

Using the aforementioned youth engagement opportunities, seek youth from across Canada and who represent a diversity of identities who can serve as body confidence ambassadors. These youth should be provided with facilitation training, education and resources on body confidence and self-esteem, and financially supported to attend school assemblies, community events, or other places where youth gather to both educate youth on the harms of unattainable beauty standards, the colonial and ableist history of current beauty standards, and the impacts of anti-fat bias on long-term well-being, both physical and mental, as well as to gather input from youth on how to best overcome systemic and cultural concepts of beauty that have proved harmful.

The first cohort of youth ambassadors should be prepared to engage in advocacy work beginning in the 2025–2026 fiscal year. Funding for this initiative should come from contributions to the FPT Ministers Responsible for the Status of Women forum and should cover materials development, training, travel costs, and honoraria for the youth ambassadors. An annual report detailing the advocacy actions and input received from youth across the country should be made publicly available.

Conclusion

The research conducted for this project was effective in painting certain parts of the picture pertaining to our understanding of youth in Canada and their body image, self-esteem, and mental well-being, though there remain significant gaps in our findings and in the wider ecosystem of research on this subject area.

The findings presented within this report highlight the significance of social media as a driver of youth body image pressure. In addition to the impact of peers, caregivers, and other adults in positions of authority cannot be ignored.

When youth struggle with their body image or self-esteem, the consequences of that struggle are more negative than many adults and caregivers assume, which, when coupled with the reality that few caregivers appear to be engaging in a series of proactive discussions on healthy body image, may result in the effects of media and negative self-image being more pronounced than they may need to be.

Body image issues in youth are further compounded by research into this field that is steeped in anti-fat bias and often returns conclusions or recommendations that put the onus to address body image on the individual rather than on society collectively. Significant effort is required to realign these research frameworks to encourage more intersectionality and body positive-focused research and conclusions.

The recommendations contained within this report should be seen as foundational elements to creating a social and cultural shift around what we consider beautiful, attractive, or desirable. By shifting this narrative, we can remove the burden of body image resiliency from youth and place the burden back where it belongs – on outdated, ableist, and colonial conceptions of beauty.

At the end of the day, the future of this work must recognize that the solution to youth body-image issues is not simply for youth and others to “not be fat,” but rather, to change the societal pressures and norms that deeply impact youth self-esteem and body image, which contribute to mental health issues, social isolation, and even self-harm and suicidality – especially for youth who experience forms of systematic oppression such as racism, homophobia, sexism, ableism, or others.

The work begun in this report is nowhere near concluded, and additional efforts must be made to further understand the individual and systemic challenges at play.

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Appendices

Appendix A: Summary of Recommendations by Recipient

Recommendations for Governments

1. Women and Gender Equality (WAGE) Canada to Create ongoing pathways to understand the lived experience of young people on a variety of issues including body confidence and self-esteem at regular intervals in diverse ways which can include in-person forums, online methods, and and engaging areas that engage young people such as reaching out to educators, schools, and youth-serving organizations. (Federal Government)
2. Expand the Prime Minister's Youth Council to include a dedicated and appropriately funded project on youth body image and self-esteem to both hear the unique perspectives of youth and to identify further actions governments can take to improve youth body image and self-esteem in Canada. The federal government should commit no less than \$500,000 per year to support ongoing youth engagement and research into body image and self-esteem. (Federal Government)
3. Provincial and territorial governments across Canada are encouraged to either establish or expand youth councils to provide insight and recommendations to government on policy and programming options to support self-esteem, body confidence, and resilience in youth. These councils should be provided with adequate annual funding and dedicated secretariat resources to support regular (at least quarterly) meetings with youth. (Provincial/Territorial Governments)
4. Amend federal, provincial, and territorial Human Rights Acts and Codes to include body size as a prohibited ground for discrimination. Provide updated materials and training to all Human Rights Tribunal staff on the intent of this protected ground and assist them in making evidence-informed decisions to complaints that do not further pathologize body size and weight. (Federal, Provincial, and Territorial Governments)

5. Amend the [Canadian Code for Advertising Standards](#) as administered by Advertising Standards (Ad Standards) Canada⁷ to include the explicit prohibition against advertising cosmetic treatments, supplements and pills, and weight loss organizations to individuals who are under the age of majority in their province on social media. (Federal Government & Industry)
6. Introduce and pass federal legislation that would prevent the marketing and advertising of cosmetic treatments, supplements and pills, and weight loss organizations to individuals under the age of majority in their province or territory. (Federal Government)
7. Amend Part VII.1 of Canada's [Competition Act](#) (Deceptive Marketing Practices) to require all advertising and marketing products to disclose the use of photo editing software (including body modifications and the use of filters or other enhancements) on all marketing products. Disclosure should be clearly visible on all materials, written in plain language, and explain the types of modifications undertaken (e.g., body shape has been adjusted, skin has been touched up to remove blemishes, etc.). (Federal Government)
8. Review existing legislation and amend as necessary to include social media and other online influencers within the parameters of said legislation. Ensure all online/social media influencers who receive compensation for promotional material are required to adhere to the same standards as above. (Federal Government)
9. Ensure any government funding provided to private sector businesses, such as grant programs to support business development includes a requirement to ensure diversity and inclusion of various identities in any public marketing products if those products are reasonable expected to be of interest or marketed to youth. Include these requirements in all funding and reporting agreements. (Federal, Provincial, and Territorial Governments)

⁷ [Ad Standards Canada](#) is a non-profit, self-regulatory advertising organization in Canada. Their mission is to ensure advertising in Canada is truthful, fair, and accurate.

10. Direct Federal/Provincial/Territorial Minister of Health to work in cooperation with the Forum of Labour Market Ministers (FLMM) and appropriate curricula-developing and regulatory bodies (such as the Royal College of Physicians and Surgeons, Canadian Medical Association, etc.) to review and revise health professional curricula that identifies and corrects historic biases against individuals who do not meet a narrow definition of “health” which is largely based on colonial and scientifically unsupported notions of health and well-being. New curricula should be grounded in fat liberation theory and provide specific training to all medical professionals on diagnostic criteria that minimizes the impact of body weight on treatment options.

Priority professions for curricula review and revision include students completing family medicine residencies, endocrinology residencies, obstetrical and gynecological residencies, orthopedic residencies, nursing practicums, and dietician or other nutrition-based practicums. A multi-year plan to address the curricula of other health professionals should be developed and made public within one year.

Progress toward the development and implementation of new curricula should be communicated annually through the FPT Ministers’ of Health and FLMM meeting communiques. (Regulatory Bodies and Federal, Provincial, and Territorial Governments).

11. Amend Professional Standards and Codes of Conduct to prohibit body size discrimination in health care by ensuring medical professionals do not deny treatment based on weight alone. Require doctors to conduct diagnostic testing on individuals regardless of their weight or body size when that test would otherwise be ordered to support an individual’s course of treatment (i.e., if a test would be ordered on an individual presenting a similar issue but in a smaller-body, that test shall be ordered for the larger-bodied patient). Further eliminate “weight-loss” as the only or primary form of treatment or medical advice when concerns are presented.

To support patient well-being, create associated reporting, investigation, and remediation procedures to quickly address any instances of medical neglect or mistreatment based on an individual’s body shape, size, or weight. Ensure

the reporting process is readily available and accessible to individuals of various identities. (Regulatory Bodies and Federal, Provincial, and Territorial Governments)

12. Proactively fund research into the intersection of anti-fat bias, self-esteem, and medical neglect, and the role that non-weight centered health care can play in remedying this long-standing bias. Research into body size, body image, or self-esteem that is grounded in fat-liberation theory or “Healthy at any Size”[®] theory should make up an increasing portion of all research funding with a goal of shifting the narrative on body size and weight over the next 10 years.

Government-sponsored funding, including through major granting bodies, such as the [Social Sciences and Humanities Research Council](#) (SSHRC) or similar provincial/territorial research bodies should critically examine the impact of anti-fat bias in research on the well-being of patients, particularly youth patients, when making funding decisions. (Federal, Provincial, and Territorial Governments, Post-Secondary Institutions, Granting Bodies, and Researchers)

13. Under the auspices of the [Canadian Institutes of Health Research](#) (CIHR), fund a new stream of research under Research Priority C: Promoting a healthier future through preventative action, to examine the intersection between body image, self-esteem, youth well-being, and mental health. Provide research funding of no less than 1% of the annual budget for research priorities (for 2024/25 fiscal year, this would equal approximately \$1.3 million) to target research into weight stigma and eating disorder prevention in youth. (Federal government, Researchers)
14. Review and revise K-12 curricula for health and physical education programs to include discussion on self-esteem, body confidence, and self-acceptance that is body positive in nature and critically examines anti-fat bias and addresses social standards of beauty and attractiveness through an intersectional lens, particularly as it relates to race and ability. Curricula

should be developed with age-appropriate language and content and should advance students' knowledge and understanding of these concepts throughout all grades. (Provincial and Territorial Governments)

15. As part of their ongoing professional development, require all educators to take training on anti-fat and anti-ableism bias and developing self-esteem in youth. Training should cover how to identify anti-fat bias, how to disrupt biases, and approaches for creating psychologically safe conversations and spaces where all bodies are celebrated. Training should be provided by relevant authorities, such as local school boards, and should be funded through provincial and territorial funding plans. (Provincial and Territorial Governments)
16. To support all youth who may be navigating body image issues in conjunction with their gender and/or sexuality, enshrine the right of all students to choose the name and pronouns they wish to go by in their school environment, without requiring the consent of a student's parents. Ensure students have the opportunity to change their name and/or pronouns as required to support their social and mental well-being. (Provincial and Territorial Governments)
17. Require all schools who receive government funding to eliminate dress codes for students and educators and replace them with statements on inclusion and commitments to preventing discrimination and harassment. This prohibition should be codified in funding agreements between governments and school authorities.

Dress codes, in all circumstances, are inherently problematic as they have historically been based on a narrow and unnuanced view of what is "appropriate" with little consideration for different body types, disabilities, or socioeconomic status, or for cultural expression. In particular, the experiences of BIPOC and queer youth, as well as youth with disabilities or varying socioeconomic statuses are often at best ignored, or in many cases, pathologized or "criminalized" by dress codes. Schools can maintain student safety by continuing to prohibit clothing that promotes hate or discrimination

but should not police the bodies of young people in Canada. (Provincial and Territorial Governments and School Authorities)

18. Create government-sponsored and funded body positive and anti-fat aware resources for parents and primary caregivers to support them in reducing body image stigma within their homes and engage youth in conversations on positive self-image and body confidence.

These resources should be created with a view to supporting parents and caregivers at all ages of youth development and should be provided to parents as part of federal, provincial, and territorial new parent packages and then at subsequent wellness visits or routine vaccination appointments. Resources should target elementary-aged youth, young teens, older teens, and young adults.

This initiative should be led by the Federal/Provincial/Territorial Ministers of Health and should provide similar information and messaging regardless of the jurisdiction. Funding for this initiative should come from contributions by all FPT governments through the FPT Health Ministers' Forum. Progress toward the development of these resources should be communicated following FPT Ministers' of Health annual conference. Resource creation and launch should be targeted for the 2025/2026 fiscal year. (Federal, Provincial, and Territorial Governments)

19. Create resources specifically targeted at youth in sports to promote healthy body image, build self-esteem, and break down biases that lead to anti-fat sentiment and appearance shame. Resource development should be led and funded through the FPT Ministers' Responsible for Sport, Physical Activity, and Recreation. Resources should be made available to local and provincial sport associations and their use should be required in any government-supported funding agreements. (Federal, Provincial, and Territorial Governments; Sport and Activity Associations)

20. Similar to resources for sport-engaged youth, develop resources to support other community-based programs to support the development of youth self-esteem and body confidence. Working through the Ministers' Responsible for Social Services (MRSS) forum, create a national campaign and toolkits that youth-serving associations can adopt and promote to support body confidence and resilience in youth. The national campaign should be funded by contributions from all FPT governments at an amount not less than \$1 million over a 3-year period. (Federal, Provincial, and Territorial Governments; Youth-Serving Organizations)

21. Women and Gender Equality Canada, in cooperation with the FPT Ministers Responsible for the Status of Women, create a youth advocate and mentorship pilot program to support youth to speak to their peers, schools, and communities on issues relating to body confidence and self-esteem. Using the aforementioned youth engagement opportunities, seek youth from across Canada and who represent a diversity of identities who can serve as body confidence ambassadors. These youth should be provided with facilitation training, education and resources on body confidence and self-esteem, and financially supported to attend school assemblies, community events, or other places where youth gather to both educate youth on the harms of unattainable beauty standards, the colonial and ableist history of current beauty standards, and the impacts of anti-fat bias on long-term well-being, both physical and mental, as well as to gather input from youth on how to best overcome systemic and cultural concepts of beauty that have proved harmful.

The first cohort of youth ambassadors should be prepared to engage in advocacy work beginning in the 2025-2026 fiscal year. Funding for this initiative should come from contributions to the FPT Ministers Responsible for the Status of Women forum and should cover materials development, training, travel costs, and honoraria for the youth ambassadors. An annual report detailing the advocacy actions and input received from youth across the country should be made publicly available. (Federal, Provincial, and Territorial Governments and Youth)

Recommendations for Industry Leaders

1. Amend the [Canadian Code for Advertising Standards](#) as administered by Advertising Standards (Ad Standards) Canada⁸ to include the explicit prohibition against advertising cosmetic treatments, supplements and pills, and weight loss organizations to individuals who are under the age of majority in their province on social media. (Federal Government & Industry)
2. Publicly commit to the diversification of representation within marketing and advertising media. Representation should be true representation that covers a wide range of identities, including models that exist beyond traditional concepts of diversity (e.g., plus-size models should be representative of the bodies of *real* plus size people and should not simply be upper-end straight-size models). (Industry)
3. Provide information in corporate annual reports on efforts to improve the diversity within marketing products to ensure accountability to the public. (Industry)
4. Create a community of practice among beauty industry organizations to research and publicly report on the connection between media consumption, advertising, and body image. Ensure the findings of this study are made public following a process of peer review by body image and mental health professionals who specialize in youth self-esteem. (Industry)

Recommendations for Researchers, Post-Secondary Institutions & Granting Bodies

1. Prioritize research into the intersection of body image and self-esteem with various identities should be undertaken to understand the experiences of BIPOC folks, those with disabilities, trans and genderfluid youth, Indigenous youth, queer youth, other to shift the cultural narrative of body image, self-esteem, and “attractiveness” away from white, able-bodied, straight, etc. norms. (Body Image and Mental Health Researchers)

⁸ [Ad Standards Canada](#) is a non-profit, self-regulatory advertising organization in Canada. Their mission is to ensure advertising in Canada is truthful, fair, and accurate.

2. Proactively fund research into the intersection of anti-fat bias, self-esteem, and medical neglect, and the role that non-weight centered health care can play in remedying this long-standing bias. Research into body size, body image, or self-esteem that is grounded in fat-liberation theory or “Healthy at any Size”[®] theory should make up an increasing portion of all research funding with a goal of shifting the narrative on body size and weight over the next 10 years.

Government-sponsored funding, including through major granting bodies, such as the [Social Sciences and Humanities Research Council](#) (SSHRC) or similar provincial/territorial research bodies should critically examine the impact of anti-fat bias in research on the well-being of patients, particularly youth patients, when making funding decisions. (Federal, Provincial, and Territorial Governments, Post-Secondary Institutions, Granting Bodies, and Researchers)

3. Under the auspices of the [Canadian Institutes of Health Research](#) (CIHR), fund a new stream of research under Research Priority C: Promoting a healthier future through preventative action, to examine the intersection between body image, self-esteem, youth well-being, and mental health. Provide research funding of no less than 1% of the annual budget for research priorities (for 2024/25 fiscal year, this would equal approximately \$1.3 million) to target research into weight stigma and eating disorder prevention in youth. (Federal Government, Researchers)

Recommendations for Professional and Regulatory Bodies

1. Direct Federal/Provincial/Territorial Minister of Health to work in cooperation with the Forum of Labour Market Ministers (FLMM) and appropriate curricula-developing and regulatory bodies (such as the Royal College of Physicians and Surgeons, Canadian Medical Association, etc.) to review and revise health professional curricula that identifies and corrects historic biases against individuals who do not meet a narrow definition of “health” which is largely based on colonial and scientifically unsupported notions of health and

well-being. New curricula should be grounded in fat liberation theory and provide specific training to all medical professionals on diagnostic criteria that minimizes the impact of body weight on treatment options.

Priority professions for curricula review and revision include students completing family medicine residencies, endocrinology residencies, obstetrical and gynecological residencies, orthopedic residencies, nursing practicums, and dietician or other nutrition-based practicums. A multi-year plan to address the curricula of other health professionals should be developed and made public within one year.

Progress toward the development and implementation of new curricula should be communicated annually through the FPT Ministers' of Health and FLMM meeting communiques. (Regulatory Bodies and Federal, Provincial, and Territorial Governments).

2. Amend Professional Standards and Codes of Conduct to prohibit body size discrimination in health care by ensuring medical professionals do not deny treatment based on weight alone. Require doctors to conduct diagnostic testing on individuals regardless of their weight or body size when that test would otherwise be ordered to support an individual's course of treatment (i.e., if a test would be ordered on an individual presenting a similar issue but in a smaller-body, that test shall be ordered for the larger-bodied patient). Further eliminate "weight-loss" as the only or primary form of treatment or medical advice when concerns are presented.

To support patient well-being, create associated reporting, investigation, and remediation procedures to quickly address any instances of medical neglect or mistreatment based on an individual's body shape, size, or weight. Ensure the reporting process is readily available and accessible to individuals of various identities. (Regulatory Bodies and Federal, Provincial, and Territorial Governments)

Recommendations for Civil Society, Caregivers, & Youth

1. Create government-sponsored and funded body positive and anti-fat aware resources for parents and primary caregivers to support them in reducing body image stigma within their homes and engage youth in conversations on positive self-image and body confidence.

These resources should be created with a view to supporting parents and caregivers at all ages of youth development and should be provided to parents as part of federal, provincial, and territorial new parent packages and then at subsequent wellness visits or routine vaccination appointments. Resources should target elementary-aged youth, young teens, older teens, and young adults.

This initiative should be led by the Federal/Provincial/Territorial Ministers of Health and should provide similar information and messaging regardless of the jurisdiction. Funding for this initiative should come from contributions by all FPT governments through the FPT Health Ministers' Forum. Progress toward the development of these resources should be communicated following FPT Ministers' of Health annual conference. Resource creation and launch should be targeted for the 2025/2026 fiscal year. (Federal, Provincial, and Territorial Governments & Civil Society Organizations)

2. Create resources specifically targeted at youth in sports to promote healthy body image, build self-esteem, and break down biases that lead to anti-fat sentiment and appearance shame. Resource development should be led and funded through the FPT Ministers' Responsible for Sport, Physical Activity, and Recreation. Resources should be made available to local and provincial sport associations and their use should be required in any government-supported funding agreements. (Federal, Provincial, and Territorial Governments; Sport and Activity Associations)
3. Similar to resources for sport-engaged youth, develop resources to support other community-based programs to support the development of youth self-

esteem and body confidence. Working through the Ministers' Responsible for Social Services (MRSS) forum, create a national campaign and toolkits that youth-serving associations can adopt and promote to support body confidence and resilience in youth. The national campaign should be funded by contributions from all FPT governments at an amount not less than \$1 million over a 3-year period. (Federal, Provincial, and Territorial Governments; Youth-Serving Organizations)

4. Women and Gender Equality Canada, in cooperation with the FPT Ministers Responsible for the Status of Women, create a youth advocate and mentorship pilot program to support youth to speak to their peers, schools, and communities on issues relating to body confidence and self-esteem.

Using the aforementioned Youth Symposium as a kick-off, seek youth from across Canada and who represent a diversity of identities who can serve as body confidence ambassadors. These youth should be provided with facilitation training, education and resources on body confidence and self-esteem, and financially supported to attend school assemblies, community events, or other places where youth gather to both educate youth on the harms of unattainable beauty standards, the colonial and ableist history of current beauty standards, and the impacts of anti-fat bias on long-term well-being, both physical and mental, as well as to gather input from youth on how to best overcome systemic and cultural concepts of beauty that have proved harmful.

The first cohort of youth ambassadors should be prepared to engage in advocacy work beginning in the 2025-2026 fiscal year. Funding for this initiative should come from contributions to the FPT Ministers Responsible for the Status of Women forum and should cover materials development, training, travel costs, and honoraria for the youth ambassadors. An annual report detailing the advocacy actions and input received from youth across the country should be made publicly available. (Federal, Provincial, and Territorial Governments and Youth)

Appendix B: Methodology Details

The following is a detailed summary of the methodology employed to conduct the survey and literature review.

Survey

Data Collection

A quantitative survey was conducted between June 5 and August 15, 2023. The survey was open to anyone aged 8 and over and was promoted on social media using both organic and paid promotions.

The survey included closed-ended questions as well as opportunities to provide additional information on core topics. The survey was hosted on [Qualtrics](#), using an anonymous link for distribution. No identifying data was collected to further ensure respondent anonymity.

Prior to beginning the survey, participants were provided with information on the data collection process and data use parameters. All respondents were asked to confirm their consent to participate in the survey prior to accessing the questionnaire. Responses that were not accompanied by clear consent were removed from the aggregate data, regardless of whether they completed the remainder of the survey.

In total, 106 valid responses were captured (responses that had a completion rate of 80% or higher). Questions were asked on self-perception, social media usage and impact, body pressure sources, and the impact of body image and self-esteem on mental health and well-being.

The survey was designed in four parts: part one were general questions that all respondents would see and respond to; part two included questions that were only shown to respondents who identified as “youth “(aged 8-21); part three included questions that were only shown to respondents who identified as “caregivers” of a youth person; and part four was a demographic collection section which was again presented to all respondents. Sample sizes for parts two and three were significantly lower than for the aggregate portions of the survey. Youth respondents equaled 44, while caregiver respondents equaled only 18. Further comments on the validity of this data are provided in the following section on data analysis.

Data Analysis

Data analysis was completed between August 16–25, 2023. Data analysis was conducted using Excel tables and calculations to capture the aggregate data. Further analysis was undertaken of all questions to understand the differences in experiences between various identity groups. This analysis was performed on the following identity groupings:

1. Age | Under 18; 18–25; 26–40; & over 40
2. Gender | Cisgender Men, Cisgender Women, Trans and Genderfluid people
3. Sexual Orientation | Heterosexual & members of the 2SLGBTQIA+ community
4. Race | white and BIPOC respondents
5. Disability Status | Physical Disability, Cognitive Disability, Mental Health Disability, Disordered Eating, and those with no disability
6. Religion | Those who follow no religion or belief system, those who participate in Christian religions, and those who follow other religions.
7. Body Size | Those who fall into the category “straight size” and those who are considered “plus size.”

When examining the differences in responses by identity-based groupings, statistical testing was completed to help researchers understand the statistical significance of any differences in experience. To determine variance, a two-sample F-Test was completed on all identity pairings. F-Tests were performed and analyzed using the one-tail p-value associated with the test for equality of variance. Unequal variance was assumed at a level of $P < .05$. Following the determination of variances, a two-tail T-Test was performed to confirm or reject the null hypothesis. A returned P-value of less than .05 was considered to be evidence to reject the null hypothesis or equal means.

While statistical testing was completed to ensure research rigor, the small sample size returned very few identity-based differences that were considered “statistically significant.” However, the absence of statistical significance should not be taken to mean the absence of significance in experiences. While the experiences of BIPOC and White folks may not be “statistically significant” in terms of T-tests, they are significant in the lives of those who are experiencing these differences day-in and day-out. Accordingly, to not over-state the importance of statistical testing and to ensure the experiences of all respondents are validated and reflected in this

research, identification of which differences are statistically significant versus those that are not, has not been included in this report. For more information on the limits and cautions of “statistical significance,” please see Frank, et al. (2021).

When analyzing the results of the questions posed specifically to youth and caregivers (caregivers includes parents, guardians, foster caregivers, significantly involved family members, etc.) caution should be used. The lower sample size, coupled with higher-than-average rates of non-response may present a skewed picture and where possible, conclusions drawn from this data are bolstered by data and conclusions from other literature reviewed during the course writing this report.

Demographic Data Collection and Analysis

A complete set of demographic questions was posed to respondents, allowing researchers to both understand the demographic make-up of the respondents as well as to conduct cross-tabulations to better understand the unique experiences and perspectives of those who are members of various identity groups.

Demographics were collected with detailed options from which respondents could choose. In addition, respondents could choose to provide responses using the “Other” option. All questions included a “Prefer Not to Answer” option for those who were not comfortable with identifying some or all of their demographic information.

Demographic information is presented in this report in a format designed to both protect respondents’ privacy as well as ensure sufficient sample sizes for analysis. For example, while information was collected on sexual orientation at a detailed level, the data presented in this report has been rolled-up to reflect the differences in experience between straight and queer respondents.

Literature Review

Preliminary Search

All literature searches were conducted using Google Scholar and articles were then reviewed through direct access to the journal in question or through various academic databases. The initial search for literature was to establish a baseline understanding of the available research associated with the identified search terms, such as “self-esteem + adolescent” and “adolescent + body confidence.” This generated the preliminary list of literature on generalized topics around youth and self-esteem.

Once the pillars were conceptualized (Media, Advertising, and the Corporate Sector, Health and Health Care, Education, & Leadership and Representation) the search was expanded to include terms such as “youth body image consumerism” and “adolescent body image civic engagement.” Searches were limited to the previous 20 years, 2003 and onwards to ensure the relevance of the academic research.

In total, 102 search terms were included in this beginning stage of the literature review and following a screening process, a total of 182 articles were included for further review. Literature was chosen for additional review if the source met the following criteria:

1. Literature about children, youth, or adolescents
2. Talks about body image or self-esteem or related phenomena.
3. From 2003 and later
4. From a reliable source (and published versus prospective)
5. Published in English

The literature that met the above criteria was collected then scanned and assessed for alignment with the four strategic pillars.

Secondary Review

From each pillar five (5) sources were chosen for a full review (with Media and Advertising treated as separate pillars for the purposes of ensuring comprehensiveness), totaling twenty-five (25) papers moving to the next stage of review.

Detailed Review

The last stage of the literature review saw the identified 25 articles reviewed in detail and rated on a scale from A - D assessing a number of elements to identify the overall contribution to the topic as well as the quality of the research methodology. The detailed review provided an overall assessment of the literature and its contributions to the topic area. Literature was classified as having made:

- A. Significant contributions to the topic area
- B. Good contributions to the topic area
- C. Moderate contributions to the topic area
- D. Minimal contributions to the topic area

To further determine the quality of the literature, ratings were given on the following topics which rating was appropriate each source was assessed on the following factors:

1. Diversity of Research Subjects, including:
 - Gender
 - Race
 - Disability Status
 - Neurodivergence
 - Body Size
 - Immigration Status
 - Socioeconomic Status
 - Geographic Location
2. Study size and sample approach
 - Probability sample, where every individual in the population has the same chance of being included; or
 - Representative sample, where the study participants accurately represent the characteristics of a larger population.
3. Length of study, if applicable
4. Validity and Reliability to ascertain replicability of research findings.
5. Process of peer review
6. Presence of stigmatizing language or conclusions
7. Author conflict of interest, either real or perceived

Limitations of Literature Review

Each pillar returned varying amounts of research from which to draw conclusions from. The health and healthcare pillar returned the majority share of literature with 37% (n= 68) of the sources falling under that category. Media was the second largest section, with 13% (n=25) of the returned results. Leadership and Representation was the most challenging pillar to find literature with most research covering the influence of parents and teachers, but little else on the role of others within civil society, such as coaches or other activity leaders.

The majority of the literature reviewed focused on white populations in the USA and the United Kingdom (UK) and was more likely to feature girls versus other genders. Only one study mentioned the existence of people beyond the gender binary; aside from this all the studies reinforced the gender binary and were silent on gender diversity and the impact that may have on body image and self-esteem.

While some studies did mention study participants' socio-economic status, body size (using the discriminatory BMI scale), or education levels, no other identity factors were considered within the existing body of research, such as disability, neurodiversity, immigration status, race, etc.

Anti-fat bias was a consistent theme through much of the research, especially within the Health and Healthcare pillar. Research focusing on body image and Education also tended to focus more on “obesity” and the harms of the “obesity epidemic” where conclusions were focused on reducing children’s weight rather than addressing systemic anti-fat bias. Anti-fat bias was also prevalent under the Media pillar, with studies focusing on how advertising “makes” children fat versus the harms of diet advertisements and thin ideation.

A summary of all sources by pillar is included below:

- Media - 25 (13.7%)
- Advertising & Corporate Sector - 15 (8.2%)
- Health and Health Care - 68 (37.3%)
- Education - 13 (7.1%)
- Leadership & Representation - 22 (12.08%)

The following search terms were used to identify the literature for review.

| | | |
|---|--|--|
| self esteem + adolescent | adolescent body image poor | youth civic body image (2003 - 2023 - and all below) |
| obesity + adolescent + self esteem | adolescent body image low income | youth body image leadership |
| self esteem + adolescent + media | body confidence adolescence (2013 - 2023) | youth body image activism |
| adolescent + body confidence | body image Adolescence fatphobia (2013 - 2023) | youth body image representation |
| self esteem + adolescent + bmi | body image adolescence weight bias (2013 - 2023) | youth body image parent |
| adolescent confidence self esteem | body image adolescence anti fat bias (2013 - 2023) | youth body image coach |
| adolescent self esteem and body image | child body image (2013 - 2023) | youth body image teacher |
| adolescent body image | childhood body image (2013 - 2023) | youth body image politics |
| adolescent confidence disability | children body image (2013 - 2023) | youth body image civic engagement |
| adolescent body confidence disability | youth body image (2013 - 2023) | adolescent civic body image |
| adolescent body confidence transgender | youth body image consumerism | adolescent body image leadership |
| adolescent body image transgender | adolescent body image consumerism | adolescent body image activism |
| adolescent body image black | adolescent body image marketing | adolescent body image representation |
| adolescent body image race | youth body image marketing | adolescent body image parent |
| adolescent body image disability | youth body image purchase | advertising weight loss youth |
| adolescent body image beauty advertisements | adolescent body image purchase | advertising weight loss adolescent |
| youth body image beauty advertisements | adolescent body image celebrity | advertising diet adolescent |
| youth body image makeup | youth body image celebrity | advertising diet youth |

| | | |
|--|---|--|
| adolescent body image makeup | adolescent body image coach | advertising weight watchers youth |
| adolescent body image corporate | adolescent body image teacher | advertising weight watchers adolescents |
| youth body image corporate | adolescent body image politics | advertising kurbo adolescents |
| youth body image consumer | advertising body image youth | advertising kurbo youth |
| adolescent body image consumer | advertising body image adolescent | advertising weight loss body image adolescent |
| adolescent body image shopping | body image health care provider youth | advertising weight loss body image youth |
| how doctor can help body image adolescent | body image health care provider adolescent | advert weight loss body image youth |
| how doctor can help body image youth | how doctor can harm body image youth | how doctor can harm body image adolescent |
| healthcare body image adolescent | healthcare body image youth | healthcare system body image youth |
| healthcare system body image adolescent | therapy system body image adolescent | therapy system body image youth |
| psychology system body image youth | psychology system body image adolescent | what causes poor body image adolescent |
| what causes poor body image youth | health body image youth | health body image adolescent |
| youth group body image | youth leader body image | government body image youth |
| government body image adolescent | government body image | caregiver body image youth |
| caregiver body image adolescent | parent body image adolescent | parent body image youth |
| family body image youth | family body image adolescent | dove body image adolescent |

Appendix C: Survey Questions and Aggregate Data

| Aggregate (n=106) | | | | | | | | |
|--|---------------------------|--------------------|--------------|---|---------------|-------------|--|--|
| | Do Not Use Social Media | | <2 Hours/Day | | 2-4 Hours/Day | | 5+ Hours/Day | |
| How much time do you spend on social media in an average day? | 1.89% | | 30.19% | | 51.89% | | 16.04% | |
| | Instagram | Facebook | TikTok | Snapchat | YouTube | Reddit | Twitter | Other |
| What social media platforms do you spend time on? Please select all that apply | 84.91% | 44.34% | 32.08% | 26.42% | 57.55% | 12.26% | 20.75% | WhatsApp, Discord, LinkedIn, Tumblr, Pinterest |
| | Weight Loss Organizations | Fitness Facilities | Shapewear | Cosmetic Treatments (surgical and non-surgical) | | Supplements | Other | |
| What advertisements do you see regularly on social media (regularly means more than once per browsing session)? Please select all that apply | 42.45% | 61.32% | 56.60% | 50.94% | | 42.45% | Make-up and Skincare products, workout clothes | |

| | One | 2-5 Pictures | 5-10 Pictures | 10+ Pictures | Do Not Post Online | |
|---|----------|--|------------------------|--------------|--|---------------------------------|
| When taking pictures of yourself to share on social media, how many times do you retake pictures of yourself (selfies or other) before you are happy with how you look? | 8.49% | 36.79% | 14.15% | 16.98% | 23.58% | |
| | Never | Sometimes | Often | Always | | |
| When posting pictures of yourself on social media, how often do you use filters or other image editing software to adjust your appearance? | 19.81% | 38.68% | 9.43% | 7.55% | | |
| | Exercise | Restriction Diet (including Cleanses and Fasting) | Pills & Supplements | Shapewear | Cosmetic Treatments (Surgical or Non- Surgical) | Disordered Eating Behaviours |
| In the past year, have you or your friends considered changing your appearance through any of the following actions? Please select all the apply | 80.19% | 85.85% | 35.85% | 22.64% | 24.53% | 28.30% |

| Please select your level of agreement with the following statements | Agree (Agree and Strongly Agree) | Disagree (Disagree and Strongly Disagree) | Neutral |
|---|----------------------------------|---|---------|
| TV programs and movies are an important source of information about fashion and “being attractive.” | 51.89% | 26.42% | 19.81% |
| Music videos/performances are an important source of information about fashion and “being attractive.” | 40.57% | 30.19% | 27.36% |
| Pictures online and on social media are an important source of information about fashion and “being attractive.” | 66.98% | 18.87% | 12.26% |
| Celebrities, influencers, and actors are an important source of information about fashion and “being attractive.” | 66.04% | 16.04% | 15.09% |
| I’ve felt pressure from media (including social media) to lose weight. | 70.75% | 21.70% | 6.60% |
| I’ve felt pressure from media (including social media) to look pretty or attractive. | 83.96% | 6.60% | 8.49% |

| | | | |
|---|--------|--------|--------|
| I've felt pressure from media (including social media) to be thin. | 73.58% | 13.21% | 11.32% |
| I've felt pressure from media (including social media) to have a perfect body. | 71.70% | 14.15% | 10.38% |
| I've felt pressure from media (including social media) to diet. | 58.49% | 23.58% | 16.04% |
| I've felt pressure from media (including social media) to exercise. | 82.08% | 8.49% | 8.49% |
| I've felt pressure from media (including social media) to change my appearance. | 69.81% | 19.81% | 9.43% |
| I've felt pressure to conform to white beauty ideals (e.g., straightening/relaxing hair, not wearing religious clothing, such as head coverings, lightening skin, etc.) | 54.72% | 19.81% | 24.53% |

| | | | |
|---|--------|--------|--------|
| I have felt pressure to hide my disability to conform to beauty ideals (e.g., hearing aids, mobility aids, etc.) *Note: % represent those who identified with having a relevant disability (n=39). | 52.50% | 30.00% | 15.00% |
| I would like my body to look like the people who are on TV, in movies, or are popular on social media (i.e., celebrities and influencers). | 68.87% | 12.26% | 17.92% |
| I would like my body to look like the models who appear in magazines or in commercials. | 51.89% | 32.08% | 15.09% |
| I wish I looked like the models in music videos. | 43.40% | 33.96% | 20.75% |
| I wish my body was different than it is now (e.g., smaller, more curvy, bigger muscles, etc.). | 83.96% | 8.49% | 5.66% |
| I try to look like the people on TV, in movies, in music videos, or on social media (i.e., celebrities and influencers). | 35.85% | 38.68% | 23.58% |

| | | | |
|---|--------|--------|--------|
| I wish I looked as athletic as the people in media (including social media). | 65.09% | 12.26% | 19.81% |
| I wish I looked as athletic as sports stars. | 40.57% | 32.08% | 24.53% |
| I try to look like sports athletes. | 24.53% | 54.72% | 17.92% |
| I compare my body and appearance to the bodies of TV and movie stars, or those who are popular on social media (i.e., influencers). | 59.43% | 16.98% | 19.81% |
| Clothes look better on people who are attractive. | 54.72% | 23.58% | 19.81% |
| Clothes look better on people who have smaller bodies. | 45.28% | 31.13% | 20.75% |
| Clothes look better on people who have a traditional athletic body. | 40.57% | 27.36% | 30.19% |
| Attractive people are better liked than unattractive people. | 77.36% | 11.32% | 8.49% |
| People who have smaller bodies are better looking than people who have larger bodies. | 21.70% | 48.11% | 27.36% |

| | | | | | | | | | | |
|--|--------------------------------------|--------|------------|--------------------|------------|------------|---|--------|--------|-------------------|
| People who have a traditionally athletic bodies are better looking. | 35.85% | | | 33.96% | | | 28.30% | | | |
| Good looking people are more successful. | 66.98% | | | 14.15% | | | 15.09% | | | |
| Being attractive (according to other people's perceptions) is important. | 59.43% | | | 18.87% | | | 18.87% | | | |
| Attractive people are happier. | 26.42% | | | 40.57% | | | 29.25% | | | |
| | Positive Perception (Proud, Content) | | | Neutral Perception | | | Negative Perception (Dissatisfied, Shame, Disgust, or Resentment) | | | |
| How do you currently feel about your body? Please select the choice that most closely reflects your current feelings. | 31.13% | | | 6.60% | | | 44.34% | | | |
| | Never or Rarely | | | Sometimes | | | Often or Always | | | |
| Does your weight affect the way you feel about yourself? | 12.26% | | | 6.60% | | | 49.06% | | | |
| | Yes | | | No | | | Don't Know | | | |
| Do you feel social pressure to look a certain way? | 80.19% | | | 11.32% | | | 7.55% | | | |
| | Anxiety | Shame | Depression | Isolation | Acceptance | Confidence | Happiness | Pride | Joy | Suicidal Thoughts |
| Has the way you feel about your body affected your mental health in any of the following ways? Please select all the apply | 51.89% | 50.00% | 32.08% | 44.34% | 32.08% | 52.83% | 29.25% | 22.64% | 13.21% | 16.98% |

| | Primary Caregivers | Other Family | Teachers | Other Adult Authority | Health Care | Peers | Other |
|---|--------------------|--------------|-----------|-----------------------|-------------|-----------------|-------------|
| Where does the pressure to look a certain way come from? Please select all the apply | 48.11% | 40.57% | 5.66% | 21.70% | 16.98% | 62.26% | Self, Media |
| | Never or Rarely | | Sometimes | | | Often or Always | |
| Do you see yourself or people who look like you regularly reflected in images in media and advertising? | 41.51% | | 4.72% | | | 20.75% | |

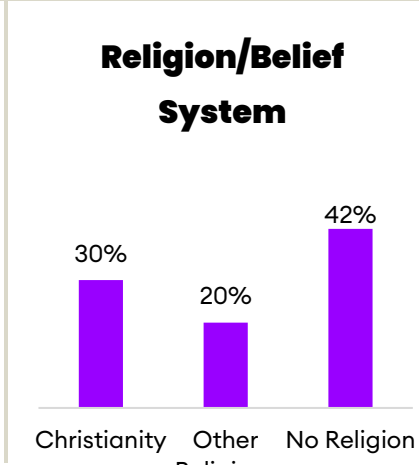
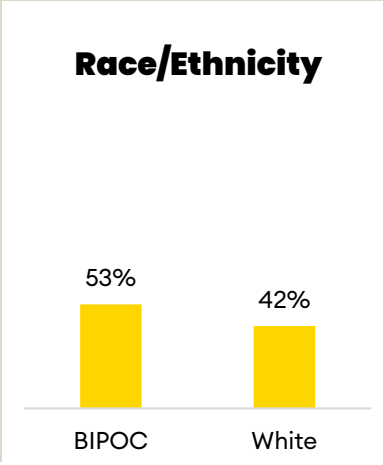
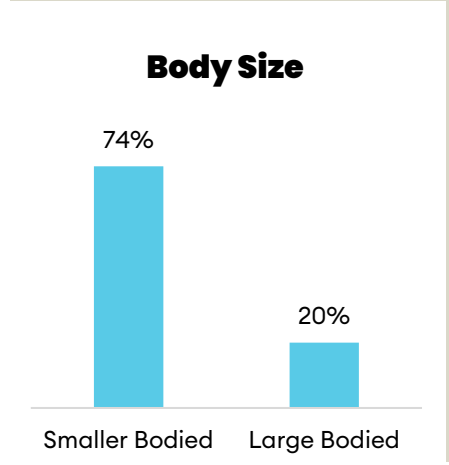
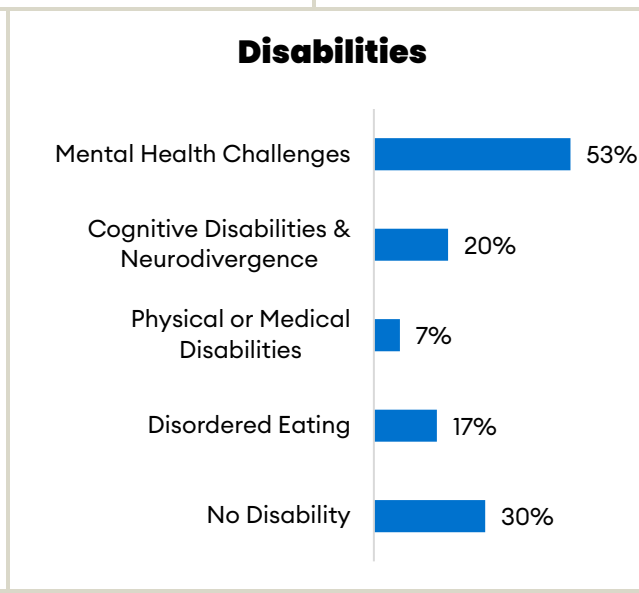
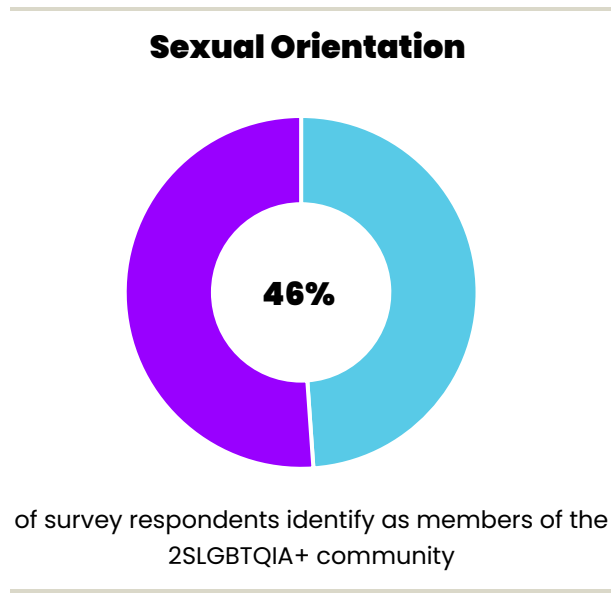
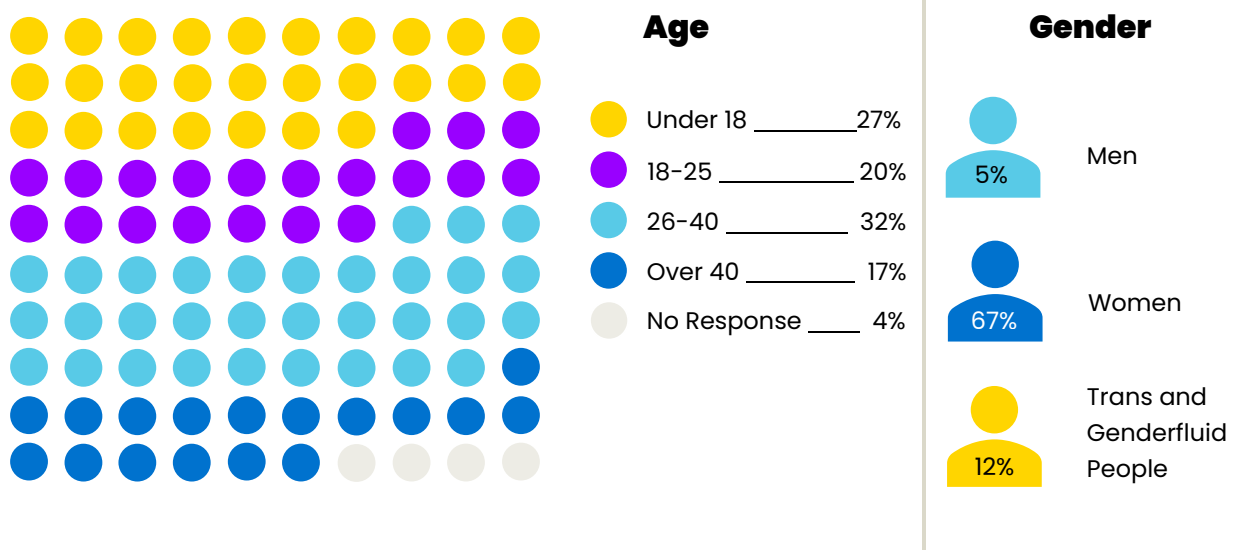
| Youth-Only Questions (n=44) | | | |
|---|--------|--------|------------|
| | Yes | No | Don't Know |
| Have you learned about positive body image in school? | 34.09% | 47.73% | 18.18% |
| Have you learned about positive body image in sports? | 13.64% | 75.00% | 11.36% |
| Have you learned about positive body image in other out-of-school activities? | 47.73% | 36.36% | 15.91% |
| Have you learned about positive body image at home? | 43.18% | 50.00% | 6.82% |

| Caregiver-Only Questions (n=18) | | | |
|---|-----------------|-----------|-----------------|
| | Never or Rarely | Sometimes | Often or Always |
| In the past year, how often have you spoken openly about wanting to lose weight or modify your body to be more socially attractive? | 55.56% | 0.00% | 22.22% |
| When speaking about weight loss or modifying your body to more closely align with beauty ideals, how often did you have these conversations in the presence of youth under aged 18? | 77.78% | 0.00% | 5.56% |
| In the past year, have you spoken about modification that doesn't necessarily align with common social beauty ideals (e.g., piercings, tattoos, top surgery, other gender affirming care, etc.) | 66.67% | 0.00% | 16.67% |
| In the past year, how often have you discussed the impact of media and social media on young people's body image and self-esteem? | 33.33% | 5.56% | 27.78% |

| | Comfortable | | Uncomfortable | |
|--|--------------------------------------|--------------------|---|--|
| How comfortable are you with discussing puberty and the effects of puberty with the child(ren) in your care? | 94.44% | | 5.56% | |
| | Never or Rarely | Sometimes | Often or Always | |
| In the past year, have you engaged in conversations with, or around, youth about anti-fat bias? | 38.89% | 0.00% | 5.56% | |
| In the past year, have you engaged in conversations with, or around, youth about anti-fat bias? | 50.00% | 0.00% | 16.67% | |
| | Positive Perception (Proud, Content) | Neutral Perception | Negative Perception (Dissatisfied, Shame, Disgust, or Resentment) | |
| When thinking about the children in your care, how do you think they feel about their body? | 50.00% | 0.00% | 22.22% | |
| | Never or Rarely | Sometimes | Often or Always | |
| Have any of the youth in your care ever expressed any dissatisfaction with their bodies? | 44.44% | 0.00% | 16.67% | |

| | Anxiety | Shame | Depression | Isolation | Acceptance | Confidence | Happiness | Pride | Joy | Suicidal Thoughts |
|--|---------|--------|------------|-----------|------------|------------|-----------|--------|--------|-------------------|
| Have the ways the youth feel about their bodies affected their mental health in any of the following ways? Please select all the apply | 27.78% | 16.67% | 16.67% | 11.11% | 33.33% | 27.78% | 33.33% | 22.22% | 22.22% | 11.11% |

Appendix D: Survey Respondent Demographic Profile



The Power Within



Prepared by Canadian Equality Consulting for Plan International Canada

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