

The Impact of Israel's "Models' Law" on Young Women

Michal Cohen¹ & Yael Latzer^{1,2}

¹ School of Social Work, Faculty of Social Welfare and Health Science, University of Haifa, Haifa, Israel

² Eating Disorders Institution, Psychiatric Division, Rambam, Health Care Campus, Haifa, Israel

Correspondence: Yael Latzer, School of Social Work, Faculty of Social Welfare and Health Science, University of Haifa, Haifa, Israel & Eating Disorders Institution, Psychiatric Division, Rambam, Health Care Campus, Haifa, Israel.

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Abstract

Background: The development of eating disorders (EDs) and disordered eating pathology (DEP) is related to a complex interplay of various factors, with the media being a main risk factor. The high comorbidity related to EDs and DEP highlights the importance of preventive interventions and requires additional prevention strategies that create opportunities for policy changes, while targeting media influences. In 2012, Israel initiated the "models' law", setting limits on both the employment of underweight models and the use of photo editing. This study examined the impact of the models' law on body dissatisfaction, DEP, and EDs among young women in Israel. **Methods:** The study included two parts: self-report questionnaires and a telephone interview. The sample of 203 women was divided into two age groups, 81 women aged 18-24 and 122 women aged 25-35-that completed both parts of the study. **Results:** The models' law had significantly higher impact on younger as opposed to older participants. Yet younger participants were found to have higher levels of DEP than the older participants. Additionally, participants who were highly supportive of the law had lower levels of DEP. **Conclusion:** The results indicate that younger participants had higher levels of DEP and were more influenced by the thin ideal and the media. Thus, these results highlight the importance of implementing prevention programs at younger ages and expanding the spectrum of prevention programs to the field of policy change, using legislation.

Keywords: eating disorders, disordered eating pathology, prevention, models' law, Israel

1. Introduction

An increasing body of research during the last 5 decades indicates a dramatic increase in the prevalence of eating disorders (EDs) and related symptoms and behaviors, mainly among female adolescents in Westernized societies (Latzer, Weinberger-Litman, Spivak-Lavi, & Tzischinsky, 2019; Udo & Grilo, 2018). These symptoms comprise a continuum ranging from mild disordered eating behaviors and attitudes to moderate levels of disordered eating pathology (DEP), to full-blown clinical levels of EDs such as anorexia nervosa, bulimia nervosa, and binge eating disorder (American Psychiatric Association, 2013; Hoek, 2016; Latzer, Spivak-Lavi & Katz, 2015; Latzer et al., 2019; Smink, Van Hoeken & Hoek, 2012; Udo & Grilo, 2018). Eating disorders are mental disorders involving thoughts and behaviors that reflect serious problems related to body image and body perception (Latzer et al., 2019) with high medical, psychiatric, and psychological comorbidity and higher mortality rates than any other psychiatric illness (Fairburn & Harrison, 2003; Le, Barendregt, Hay & Mihalopoulos, 2017; Treasure, Claudino & Zucker, 2010). In 2016, the prevalence rate of EDs in Israel was estimated between 6% and 8% in adolescent girls and young women between the ages of 15 and 24 (Blanck, 2016). However, more recent international studies indicated that EDs affect up to 4% of men and 15% of women at some point in their lives (Deloitte Access Economics, 2020; Galmiche, Déchelotte, Lambert, & Tavalacci, 2019; Huryk, Drury, & Loeb, 2021; Micali et al., 2017; Udo & Grilo, 2018). Alongside these rates, it is important to note that the COVID-19 pandemic had a negative impact on people suffering from EDs (Miniati et al., 2021).

Disordered eating pathology is a nonclinical term that refers to moderate levels of disturbed eating patterns such as preoccupation with weight and shape, body image disturbance, and food intake. Caloric restriction, constant dieting, overexercising, and use of diuretics and laxatives are common examples of behavior associated with DEP (Latzer et al., 2015). People showing signs of DEP are at greater risk of developing full-blown EDs if not properly treated, emphasizing the importance of identifying those who are at risk (Latzer et al., 2019; Weinberger-Litman,

Latzer, Litman, & Ozick, 2018). Disordered eating pathology is also related to significant psychiatric and physical comorbidities (Hudson, Hiripi, Pope, & Kessler, 2007; Latzer et al., 2019; Skemp-Arlt, 2006), with high prevalence of body dissatisfaction among young girls despite being at normal weight (Bucchianeri, Arikian, Hannan, Eisenberg & Neumark-Sztainer, 2013).

A similar trend of increased DEP has been observed in Israel. A multicountry study of adolescents by the World Health Organization reported that in the last 5 decades, Israeli youth have been troubled by eating-related disturbances at one of the highest rates of the 34 industrialized nations in the study (Harel, Ellenbogen-Frankovits, Molcho, Abu-Ashas, & Habib, 2002). Approximately, 22% of Israeli adolescent girls displayed symptoms of DEP, with the highest rate found among girls aged 16-18 (Greenberg, Cwikel, & Mirsky, 2007; Latzer et al., 2015; Latzer et al., 2019; Latzer & Tzischinsky, 2003, 2005; Maor, Sayag, Dahan, & Hermoni 2006). These alarming rates and severe complications highlight the need to identify risk and protective factors among the highest risk groups (Latzer et al., 2019) and develop preventive interventions.

The development of both EDs and DEP is related to a complex interplay of genetic, biological, psychological, familial, and sociocultural factors (Hilbert et al., 2014; Latzer et al., 2015; Le et al., 2017; Levine & Smolak, 2009; Stice, Marti, & Durant, 2011). Early adolescence has been identified as a risk period when girls are particularly vulnerable to developing DEP or EDs because of the normative challenges associated with this developmental stage, such as increased desire for peer acceptance, social comparison, and low self-esteem (Latzer et al., 2019; Steinberg, 2002).

Body dissatisfaction and low self-esteem have consistently been shown to be one of the most proximal risk factors for DEP and related mainly to mass media messages promoting the thin ideal (Mitchison & Mond, 2015; Stice, Marti, & Rohde, 2013). Simply said, the media plays a pivotal role and is one of the main risk factors (Brown & Tiggemann, 2016; Jackson & Chen, 2014). Social media transmits unhealthy messages and Western sociocultural values that link thinness with beauty, popularity, happiness, and success and promote the thin ideal (Latzer et al., 2015; McBride, Costello, Ambwani, Wilhite & Austin, 2019), a social construct that describes the ideal female body as unrealistically thin (Meyers, 2018). Studies have shown that exposure to the thin ideal through the media has negative effects on the public, particularly adolescents and young women (Lewis, Peled, & Tal-Or, 2020; Volonté, 2019), and is associated with greater body dissatisfaction, low self-esteem, and higher risk of developing EDs and DEP (Latzer et al., 2015; Volonté, 2019).

Furthermore, various prevention programs targeting EDs and DEP should address all identified risk factors (Le et al., 2017; Stice et al., 2021; Wade, Wilksch, Paxton, Byrne, & Austin 2017). The modeling profession is also considered a risk factor (Swami & Szmigielska, 2013), because models are required to maintain an extremely unrealistic and unhealthy thin figure, which can negatively affect their mental and physical health (Bogar & Tury, 2018; Meyers, 2018; Zancu & Enea, 2017).

These alarming risk factors and high-risk groups with psychological and medical complications highlight the need to develop effective preventive interventions (Dakanalis, Clerici, & Stice, 2019; Jackson & Chen, 2014; Latzer et al., 2019; Le et al., 2017; Meyers, 2018; Stice, 2002; Zilberman, 2013). Prevention programs for youth implemented in schools and communities often aim to provide critical media skills and help young people realize that the images portrayed in the media are not realistic, healthy, or feasible for most of the population (Latzer, Adatto, & Neumark-Sztainer, submitted; Stice et al., 2007; Stice & Shaw, 2002). Although these types of preventive interventions are important, the risks and consequences of EDs and DEP for the public require additional prevention strategies that focus on the public's health and create opportunities for policy changes (Austin, 2016; McBride et al., 2019), particularly social policy enactment that targets media influences (Latzer et al., submitted).

Israel has been the first country to tackle the problem of unrealistic and unhealthy images in the media through legislation by initiating and passing a new, innovative law (Gutreich, 2017; Hildesheimer & Gur-Arie, 2015). In 2012, Israel initiated the Law for Restricting Weight in the Modeling Industry, 5772-2012 (the "models' law"), becoming the first country to enact such a law. The models' law focuses on the role and responsibility of the media and the modeling industry in the development of EDs and DEP (Zilberman, 2013) and sets limits on both the employment of underweight models and the use of photo editing. It prohibits the publication of images and advertisements featuring underweight models, whose BMI is below 18.5 (models are required to present medical documentation certifying that they were not underweight), and requires advertisements to include disclaimers noting when images have been graphically manipulated (Gutreich, 2017; Meyers, 2018; Zilberman, 2013).

The models' law of 2012 was enacted after two previous legislative attempts; the Restricting Weight in the Modeling Industry Bill of 2010 and the Restricting Weight in the Modeling Industry Bill of 2011 (Hildesheimer

& Gur-Arie, 2015), and it has received support but also criticism from various parties (Gladstone, 2016; Gutreich, 2017; Hildesheimer & Gur-Arie, 2015; Lewis et al., 2020; Zilberman, 2013). Along with the criticism, questions arose as to the effectiveness of the law (Steinberg & Jotkowitz, 2016), and some argued that alternative approaches might be more effective in the prevention of EDs in the public in general and among models in particular (Gutreich, 2017).

The models' law of 2012 was the first formal recognition that EDs are not a private problem but rather a dangerous social phenomenon (Hildesheimer & Gur-Arie, 2015), and it has raised public awareness about EDs, DEP, and the negative effects of the media and the modeling industry. However, the law is limited in its enactment and enforcement abilities, and it is currently not being enforced. Therefore, further steps are necessary to optimize the existing legislation, regulate the enforcement, and impose sanctions on violators of the law (Gutreich, 2017; Zilberman, 2013). To further optimize the existing legislation, it is important to examine the impact of the models' law on body dissatisfaction, DEP, and EDs among young women in Israel. Therefore, this study focused on the impact of the models' law on the Israeli public, specifically on young women, and it had several aims:

- 1) To examine the participants' familiarity with the models' law, their perceptions of the law and its impact, and their views on the role of images and messages transmitted to the public through the media.
- 2) To examine the rates of DEP and the impact of the models' law on women aged 18-24, as compared with women aged 25-35.
- 3) To examine the relationships between the level of exposure to the law and its impact and the levels of DEP and disturbed body image among women aged 18-24, as compared with those aged 25-35.
- 4) To examine which variables are associated with the level of familiarity with the models' law, level of support for the law, its impact, and its perceived potential.

The importance of this study lies in the attempt to broaden the understanding of the possible methods for preventing EDs in Israel by examining the relationship between the models' law of 2012 and disordered eating and body image. The results of this study may lead to significant conclusions about the law and its impact and help improve the existing methods of prevention enshrined in the current law.

2. Method

The study included two parts; in the first part, participants were asked to sign an informed consent form and answer four questionnaires using Qualtrics. The second part involved answering an additional questionnaire through a phone call (see more details in the Procedure section).

2.1 Participants

A sample of 210 Hebrew-speaking young Israeli women aged 18-35 ($M = 25.19$, $SD = 3.28$) participated in both parts of the study. The participants were divided into two age groups: 122 young women aged 25-35 (60.1%, $M = 27.11$, $SD = 2.53$), who were exposed to the law as adolescents or young adults, and 81 young women aged 18-24 (39.9%, $M = 22.28$, $SD = 1.80$), who mostly heard of it in retrospect. Mean BMI for the total sample was 23.01 ($SD = 4.12$). Among participants aged 18-24, mean BMI was 22.57 ($SD = 3.74$), and among participants aged 25-35, mean BMI was 23.3 ($SD = 4.34$). Seven women participated in the first part of the study only and declined to participate in the second part (for information regarding both parts of the study, please see the Procedure section).

Most participants were born in Israel (98.77% among ages 18-24 and 87.7% among ages 25-35) and were native Hebrew speakers (77.78% and 86.89%, respectively). In addition, most were healthy ("good" health status: 74.07% among ages 18-24 and 74.59% among ages 25-35), single (96.3% and 74.59%, respectively), nonreligious (77.78% and 81.15%, respectively), and lived in cities (80.25% and 86.07%, respectively). Among the younger participants, most had a high school education (86.42%) and were currently university students (54.32%), whereas half of the older participants had a bachelor's degree (50%), 47.54% of older participants were university students, and 43.44% were employed. Moreover, most participants aged 25-35 reported being in the middle class (61.47%), compared to 46.91% of the participants aged 18-24. Additional 48.15% of the younger participants reported being in the higher class, compared to the middle class. Frequencies and percentages of demographic variables are presented in Table 1.

Table 1. Frequencies and percentages of demographic variables ($N = 203$)

Variable	18-24 ($n = 81$) n (%) or M (SD)	25-35 ($n = 122$) n (%) or M (SD)
<i>Health status</i>		
Very good	17 (20.99)	20 (16.39)
Good	60 (74.07)	91 (74.59)
Bad	4 (4.94)	11 (9.02)
Better than last year	24 (29.63)	27 (22.13)
Same as last year	45 (55.56)	80 (65.57)
Worse than last year	12 (14.81)	15 (12.3)
<i>Height, m</i>	1.64 (0.07)	1.63 (0.06)
<i>Weight, kg</i>	60.91 (10.58)	62.19 (12.55)
<i>BMI</i>	22.57 (3.74)	23.30 (4.34)
<i>Language spoken at home</i>		
Hebrew	63 (77.78)	106 (86.89)
Hebrew and other	11 (13.58)	13 (10.66)
Other (Russian or Arabic)	7 (8.64)	3 (2.46)
<i>Marital status</i>		
Married or common-law spouse	3 (3.70)	30 (24.59)
Single	78 (96.30)	91 (74.59)
Other	0 (0.0)	1 (0.82)
<i>Country of birth</i>		
Israel	80 (98.77)	107 (87.70)
Other	1 (1.23)	15 (12.30)
<i>Level of education</i>		
High school	70 (86.42)	41 (33.61)
Tertiary education	2 (2.47)	9 (7.38)
Bachelor's degree	8 (9.88)	61 (50.00)
Master's degree or higher	1 (1.23)	11 (9.02)
<i>Primary occupation</i>		
University student	44 (54.32)	58 (47.54)
Unemployed	9 (11.11)	10 (8.20)
Employed	17 (20.99)	53 (43.44)
Other	11 (13.58)	1 (0.82)
<i>Socioeconomic status</i>		
Higher than middle class	39 (48.15)	35 (28.69)
Middle class	38 (46.91)	75 (61.47)
Lower than middle class	3 (3.70)	10 (8.20)
No answer or don't know	1 (1.23)	2 (1.64)
<i>Place of residence</i>		
Urban	65 (80.25)	105 (86.07)
Rural	12 (14.81)	12 (9.84)
Kibbutz	4 (4.94)	5 (4.10)
<i>Religiosity</i>		
Nonreligious	63 (77.78)	99 (81.15)
Traditional	12 (14.81)	19 (15.57)
Religious	6 (7.41)	4 (3.28)

2.2 Procedure

The current study was a quantitative study. The study received the approval of the Ethics Committee of the Faculty of Social Welfare and Health Sciences at the University of Haifa. Convenience sampling was used, using the participants' phone numbers and Facebook accounts. At the beginning, participants received a general explanation regarding the study's goal and the process of participating through a phone call and were told that participation was voluntary and anonymous. A total of 210 women aged 18-35 agreed to participate in the study, and 203 of them completed both parts of the study. Seven participants declined to participate in the second part.

Participation in the study consisted of two parts: In the first part, participants received a link to four questionnaires using Qualtrics, via WhatsApp, Facebook, or email. Before answering the questionnaires, participants were asked to sign an informed consent form that presented the study and its goal. Participants were asked to declare that they had read and understood the explanation provided in the form, that they were at least 18 years old, and that they were willing to answer the questions. Also, participants received phone numbers and email addresses of organizations and resources in case of distress. After completing these questionnaires, participants were asked to answer another questionnaire through a phone call (Israel's Models' Law Attitudes Questionnaire).

2.3 Measures

2.3.1 Eating Attitudes Test-26 (EAT-26)

The EAT-26 is a self-report questionnaire, developed by Garner & Garfinkel (1979), to examine a wide range of behaviors and attitudes related to EDs. The questionnaire consists of 26 items, each describing a stance or behavior related to EDs, and the participants were asked to grade each item on a 6-level Likert scale ranging from *never* to *always*. The EAT-26 contains a general (sum) score and three subscales. For this study, the total score was used. A higher general score indicates more severe ED symptoms, and scores of 20 or more indicate pathological eating behavior. The EAT-26 is widely used in research on EDs, and its reliability, predictive validity, and internal consistency were found to be very high, making it a useful tool for detecting pathological behaviors related to eating and dieting (Garner, Olmsted, Bohr, & Garfinkel, 1982). The EAT-26 has been translated and validated into Hebrew (Ianuca, 1990). The Hebrew translation of the EAT-26 was found to be valid and reliable (Koslowsky et al., 1992). Internal reliability (Cronbach's α) of the total EAT-26 scale was .81 for men and .88 for women (Garner & Garfinkel, 1979) and .87 in the present study.

2.3.2 Eating Disorder Inventory 2 (EDI-2)

The EDI-2 is a self-report questionnaire, first developed by Garner, Olmsted and Polivy (1983) and updated by Garner (1991), that consists of 91 items rated on a 6-level Likert scale and divided into 11 subscales assessing behavior, symptoms, and personality traits of people who suffer from EDs. Each item is attributed to one subscale only, and each scale's grade is a sum of all items in the scale. The EDI-2 has been found to be a valid and reliable instrument, and Cronbach's α for the subscales has been reported as ranging from .65 to .91 (Garner et al., 1983). The Hebrew translation of the EDI-2 was found to be reliable and valid (Niv, Kaplan, Mitrani, & Shiang, 1998). In the current study, Cronbach's α for the total EDI-2 was .95 and for the subscales as follows: DT- drive for thinness ($\alpha = .90$), BUL- bulimia ($\alpha = .83$), BD- body dissatisfaction ($\alpha = .90$), INE- ineffectiveness ($\alpha = .88$), PER- perfectionism ($\alpha = .72$), IN_D- interpersonal distrust ($\alpha = .73$), IN_A- interceptive awareness ($\alpha = .72$), MF- maturity fears ($\alpha = .78$), ASC- asceticism ($\alpha = .44$), IR- impulse regulation ($\alpha = .75$), and SI- social insecurity ($\alpha = .77$).

2.3.3 Body Shape Questionnaire (BSQ)

The BSQ is a self-report questionnaire (Cooper, Taylor, Cooper, & Fairbum, 1987) assessing body shape concerns, self-depreciation due to physical appearance, and the cognitive experience of feeling fat. The BSQ consists of 34 items rated on a 6-level Likert scale from 1 (*never*) to 6 (*always*). The score ranges from 34 to 204, with a higher score indicting greater body dissatisfaction and a score above 98 indicating negative body image. The BSQ's internal consistency and concurrent and discriminant validity were found to be good, and Cronbach's α was .97 (Cooper et al., 1987). Cronbach's alpha for the current sample: $\alpha = .97$.

2.3.4 Stanford-Washington University Eating Disorders Screen (SWED) 3.0

The SWED (Graham et al., 2019) is a screening tool developed to assess ED behaviors, pathology, and impairment and can be used to identify possible DSM-5 ED diagnoses (Fitzsimmons-Craft et al., 2019). According to their responses, participants are categorized into one of seven possible DSM-5 diagnoses or two risk categories: (a) anorexia nervosa; (b) bulimia nervosa; (c) binge eating disorder; (d) subclinical bulimia nervosa; (e) subclinical binge eating disorder; (f) unspecified feeding or eating disorder; (g) avoidant or restrictive food intake disorder; (h) at risk of an ED; or (i) not at risk of an ED. The SWED was used in past ED research (Fitzsimmons-Craft et al.,

2019), and it has been validated as an ED diagnostic screen for college-age women, with sensitivities ranging from .68 (subclinical bulimia nervosa) to .90 (anorexia nervosa) and specificities ranging from .79 (subclinical binge eating disorder) to .99 (anorexia nervosa) compared to a diagnostic interview (Graham et al., 2019).

In the current study, the categories for meeting criteria were divided as following: clinical or subclinical ED, at risk of an ED, and avoidant or restrictive food intake disorder. The SWED was used to categorize the sample of the current study, and it indicated that the sample included a nonclinical population; 13 participants had a clinical or subclinical ED (6.3%), including seven participants (8.6%) at ages 18-24 and six participants (4.9%) at ages 25-35.

2.3.5 Israel's Models' Law Attitudes Questionnaire

The Models' Law Attitudes questionnaire is based on a questionnaire used in a similar study in Quebec (Gauvin & Steiger, 2012), which examined the public's reactions and opinions regarding the Quebec Charter for a Healthy and Diverse Body Image. The questionnaire was translated into Hebrew and several questions were added to optimize its suitability for the Israeli public. The questionnaire consists of 42 questions divided into three subsections. The first subsection includes open and closed questions about the reach, influence, and potential impact of the law. Several questions were added to the Hebrew translation of the questionnaire regarding the law's enforcement. The answers to the open questions were categorized and processed quantitatively. The second subsection consists of six questions, in which participants are asked to rate their level of agreement with "if-then" statements regarding the media's influence on reducing sociocultural pressures toward thinness. The answers range on a 5-point scale (1 = *completely agree* to 4 = *completely disagree*; 5 = *don't know*). The third subsection consists of 20 questions that refer to sociodemographic and anthropometric characteristics. The authors of the questionnaire reported on good internal consistency (Cronbach's $\alpha = .79$ for questions regarding the law's potential impact and $.71$ for questions regarding the media's influence on reducing sociocultural pressures toward thinness (Gauvin & Steiger, 2012).

2.4 Data Analysis

Data were analyzed using SAS 9.4 for Windows, and descriptive and inferential statistics were compiled. Spearman correlation tests were used to examine the connections between the various variables. *T*-tests were conducted to compare participants by their age and level of support for the law. Stepwise logistic regressions were conducted to examine which variables predicted the law's impact, support for the law, and the media's influence.

3. Results

3.1 First Aim: Participants' Familiarity with Israel's Models' Law

In both groups, most participants were familiar with the models' law (71.6% of the participants aged 18-24 and 79.51% of those aged 25-35) at a medium level of familiarity (48.15% and 50.82%, respectively). In addition, 35.8% of the participants aged 18-24 first heard about the law 1-5 years ago, whereas 32.23% of the participants aged 25-35 first heard about the law more than 5 years ago. In both age groups, more than half of the participants heard about the law through the media or social networks (50.6% among ages 18-24 and 58.2% among ages 25-35).

Regarding the law's impact on participants, in both groups, most answered that their beliefs about the influence of images and public messages on body image (54.32% among ages 18-24 and 65.57% among ages 25-35) and the thin ideal and its consequences for health (61.73% among ages 18-24, and 76.23% among ages 25-35) hadn't changed at all since they heard of the law and that the law had no impact on them or their behavior (62.96% among ages 18-24 and 72.13% among aged 25-35).

Moreover, regarding the potential impact of the law, 38.27% of the younger group said the law has moderate potential to influence people to resist extreme thinness and promote healthy body image. In contrast, 31.15% of the older group said the law has high potential. In addition, 44.44% of the younger group and 35.25% of the older group stated that the law has high potential to sensitize and increase people's awareness of the negative health consequences of extreme thinness. However, 34.57% and 46.72% of participants by respective age group also said the law has no potential to sensitize and increase people's awareness of the negative health consequences of disordered eating behaviors.

In both groups, more than 90% of the participants were highly supportive of the law (90.12% among ages 18-24 and 92.62% among ages 25-35). Regarding the law's enforcement, 33.33% of the younger participants said there is a low level of enforcement and 28.4% said the law is not enforced at all. In comparison, 34.43% of the older participants said the law is not enforced. In addition, 93.83% of the younger participants and 89.34% of the older participants, expressed the need for increased enforcement. Moreover, 69.14% (ages 18-24) and 68.03% (ages 25-35) of the participants believed that the law should be fully enforced and expressed the need to enact another

law (51.85% and 54.1%, respectively). Frequencies and percentages of law-related variables are presented in Table 2.

Table 2. Frequencies and percentages of Israel's models' law related variables ($N = 203$)

Variable	181-24 ($n = 81$) n (%)	25-35 ($n = 122$) n (%)
<i>Familiarity</i>		
Familiarity with the law		
Yes	58 (71.6)	97 (79.51)
No	23 (28.4)	25 (20.49)
Level of familiarity		
None	12 (14.81)	18 (14.75)
Low	16 (19.75)	17 (13.93)
Medium	39 (48.15)	62 (50.82)
High	14 (17.28)	25 (20.49)
When did you first hear about the law?		
Never or don't remember	29 (35.80)	51 (42.15)
During the past year	4 (4.94)	7 (5.79)
1–5 years ago	29 (35.80)	24 (19.83)
More than 5 years ago	19 (23.46)	39 (32.23)
How did you hear about the law?		
Never or don't remember	16 (19.8)	24 (19.7)
Media or social networks	41 (50.6)	71 (58.2)
Lectures, at school or academic studies, or in conversations with friends	24 (29.6)	27 (22.1)
<i>Perceived impact</i>		
Change in beliefs about the influence of images and public messages on body image		
Haven't changed at all	44 (54.32)	80 (65.57)
Moderately changed	30 (37.04)	36 (29.51)
Changed a lot	7 (8.46)	6 (4.92)
Change in beliefs about the thin ideal and its consequences for health		
Haven't changed at all	50 (61.73)	93 (76.23)
Moderately changed	21 (25.92)	26 (21.31)
Changed a lot	10 (12.35)	3 (2.46)
Level of impact on participant or her behavior		
None	51 (62.96)	88 (72.13)
Low	17 (20.99)	24 (19.67)
Moderate	6 (7.41)	3 (2.46)
High	7 (8.64)	7 (5.74)
<i>Potential impact</i>		
Potential to influence people to resist extreme thinness and promote healthy body image		
High	27 (33.33)	38 (31.15)
Moderate	31 (38.27)	32 (26.23)
Low	11 (13.58)	27 (22.13)
None	11 (13.58)	25 (20.49)

Don't know	1 (1.23)	0 (0.00)
Potential to sensitize and increase people's awareness of the negative health consequences of extreme thinness		
High	36 (44.44)	43 (35.25)
Moderate	20 (24.69)	20 (16.39)
Low	10 (12.35)	30 (24.59)
None	15 (18.52)	29 (23.77)
Don't know	0 (0.00)	0 (0.00)
Potential to sensitize and increase people's awareness of the negative health consequences of disordered eating and dieting behaviors		
High	24 (29.63)	16 (13.11)
Moderate	15 (18.52)	23 (18.85)
Low	11 (13.58)	25 (20.49)
None	28 (34.57)	57 (46.72)
Don't know	3 (3.70)	1 (0.82)
<i>Support</i>		
Level of support		
High	73 (90.12)	113 (92.62)
Moderate or low	8 (9.88)	9 (7.38)
<i>Enforcement</i>		
Level of enforcement		
High	1 (1.23)	6 (4.92)
Moderate	21 (25.93)	31 (25.41)
Low	27 (33.33)	30 (24.59)
None	23 (28.40)	42 (34.43)
Don't know	9 (11.11)	13 (10.66)
Need of increased enforcement		
Yes	76 (93.83)	109 (89.34)
No	1 (1.23)	6 (4.92)
No answer or don't know	4 (4.94)	7 (5.74)
Required level of enforcement		
Not necessary to enforce	5 (6.17)	14 (11.48)
Partial enforcement	7 (8.64)	7 (5.74)
Full enforcement	56 (69.14)	83 (68.03)
Stricter enforcement and expansion of the law	13 (16.05)	18 (14.75)
Need to enact another law		
Yes	42 (51.85)	66 (54.10)
No	35 (43.21)	49 (40.16)
No answer or don't know	4 (4.94)	7 (5.74)

3.2 Second Aim: Rates of DEP and Impact of Israel's Models' Law

As seen in Table 3, significant differences were observed between the two age groups (18-24 and 25-35) in DEP according to the EDI-2 questionnaire ($t_{(145.59)} = 2.83, p < .01$), with younger participants having higher levels of DEP ($M = 43.86, SD = 31.12$) compared to participants aged 25-35 ($M = 32.14, SD = 25.00$). Additionally, significant differences between the two age groups were found in the levels of body dissatisfaction and disturbed body image, according to the BSQ questionnaire ($t_{(199)} = 2.27, p < .05$), with younger participants reporting higher levels of disturbed body image ($M = 93.87, SD = 36.58$) compared to older participants ($M = 82.84, SD = 31.86$; see Table 3).

Table 3. Comparison between age groups in levels of disordered eating pathology and disturbed body image

	18-24 (<i>n</i> = 81)	25-35 (<i>n</i> = 122)		
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>T</i>	<i>df</i>
Total EDI-2	43.86 (31.12)	32.14 (25.00)	2.83**	145.59
MF	3.54 (3.23)	4.16 (4.04)	-1.14	201
BUL	2.43 (3.85)	0.95 (2.14)	3.15***	113.08
BD	7.67 (7.01)	6.34 (6.66)	1.36	201
INE	2.98 (4.50)	1.92 (3.57)	1.77	144.14
PER	7.42 (3.65)	5.79 (3.93)	2.98**	201
IN-D	1.85 (2.54)	1.33 (2.41)	1.48	201
IN-A	3.96 (4.62)	2.16 (2.57)	3.19**	113.09
DT	6.33 (6.20)	4.92 (5.39)	1.71	201
ASC	2.90 (2.78)	2.01 (1.78)	2.56*	123.51
IR	2.58 (3.80)	1.03 (2.18)	3.32**	115
SI	2.21 (2.88)	1.53 (2.47)	1.79	201
BSQ	93.87 (36.58)	82.84 (31.86)	2.27*	199
EAT-26	14.84 (11.84)	12.42 (8.92)	1.57	138.61

* $p < .05$. ** $p < .01$. *** $p < .001$.

Moreover, a significant difference between the two age groups was observed in the degree of change in beliefs about the thin ideal and its consequences for health following the models' law ($t_{(132.173)} = 2.53, p < .05$), with participants aged 18-24 reporting a higher degree of change in their beliefs ($M = 1.69, SD = 1.05$) compared to participants aged 25-35 ($M = 1.35, SD = 0.74$).

Additionally, a significant difference between the two age groups was observed in the potential of the law to sensitize and increase the awareness of negative health consequences of dieting behaviors ($t_{(149.799)} = -2.19, p < .05$), with younger participants being more optimistic about the law's potential ($M = 2.64, SD = 1.33$) compared to older participants ($M = 3.03, SD = 1.11$). The degree of potential in this variable is in descending order (from high to low). No significant differences were found regarding the rest of the variables (see Table 4).

Table 4. Comparison between age groups on the impact of Israel's models' law ($N = 203$)

	18-24 (<i>n</i> = 81)	25-35 (<i>n</i> = 122)		
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>t</i>	<i>df</i>
Level of familiarity with the law	2.35 (1.46)	2.52 (1.45)	-0.82	201
Change in beliefs about the influence of images and public messages on body image	1.68 (0.92)	1.48 (0.78)	1.69	201
Change in beliefs about the thin ideal and its consequences for health	1.69 (1.05)	1.35 (0.74)	2.53*	132.173
Level of impact on the participant or her behavior	1.62 (0.96)	1.42 (0.80)	1.55	150.377
Potential to influence people to resist extreme thinness and promote healthy body image	2.11 (1.06)	2.32 (1.12)	-1.33	201
Potential to sensitize and increase people's awareness to negative health consequences of extreme thinness	2.05 (1.15)	2.37 (1.19)	-1.90	201
Potential to sensitize and increase people's awareness to negative health consequences of disordered eating and dieting behaviors	2.64 (1.33)	3.03 (1.11)	-2.19*	149.799
Level of support	1.17 (0.63)	1.12 (0.55)	0.60	201
Level of enforcement	3.22 (1.00)	3.20 (1.09)	0.11	201

* $p < .05$. ** $p < .01$. *** $p < .001$.

3.3 Third Aim: Relationships between Level of Exposure to Israel's Models' Law and its Impact and the Levels of DEP and Disturbed Body Image

As seen in Table 5, a significant difference was observed between the levels of support for the law based on the participants' level of DEP according to their score on the EDI-2 questionnaire ($t_{(201)} = -2.35, p < .05$). Participants who were highly supportive of the models' law had lower levels of DEP ($M = 35.43, SD = 28.11$) compared to participants who expressed lower levels of support for the law ($M = 52.00, SD = 24.10$).

In addition, significant differences were found in subscales of the EDI-2 questionnaire: maturity fears ($t_{(201)} = -2.04, p < .05$), body dissatisfaction ($t_{(201)} = -2.11, p < .05$), ineffectiveness ($t_{(201)} = -2.26, p < .001$), and social insecurity ($t_{(17.402)} = -2.84, p < .05$). Participants who were highly supportive of the law had lower levels of DEP, according to these subscales, compared to participants who expressed lower levels of support for the law (for means and standard deviations, see Table 5).

Table 5. Comparison between levels of support for the law based on levels of DEP and disturbed body image ($N = 203$)

	High support ($n = 186$) $M (SD)$	Moderate or low support ($n = 17$) $M (SD)$	t	df
EDI-2	35.43 (28.11)	52.00 (24.10)	-2.35*	201
MF	3.75 (3.64)	5.69 (4.82)	-2.04*	201
BUL	1.54 (3.05)	1.59 (2.83)	-0.07	201
BD	6.57 (6.88)	10.18 (5.14)	-2.11*	201
INE	2.15 (3.94)	4.41 (4.08)	-2.26*	201
PER	6.34 (3.83)	7.47 (4.52)	-1.14	201
IN-D	1.5 (2.51)	1.94 (2.01)	-0.70	201
IN-A	2.77 (3.67)	4.06 (2.99)	-1.40	201
DT	5.35 (5.79)	6.97 (5.30)	-1.11	201
ASC	2.31 (2.24)	3.00 (2.55)	-1.21	201
IR	1.56 (2.96)	2.65 (3.64)	-1.42	201
SI	1.59 (2.46)	4.12 (3.59)	-2.84*	17.402
BSQ	86.03 (34.18)	101.8 (31.71)	-1.78	199
EAT-26	13.16 (9.85)	15.82 (13.86)	-0.77	17.508

* $p < .05$. ** $p < .01$. *** $p < .001$.

3.4 Fourth Aim: Variables Associated with the Level of Familiarity with Israel's Models' Law, Level of Support for the Law, its Impact, and its Perceived Potential

Stepwise logistic regression was conducted to predict the participants' support for the models' law. Results indicate that the participants' level of social insecurity (one of the characteristics of DEP in the EDI-2 questionnaire) was associated with support for the law ($\chi^2_{(1)} = 11.89, p < .001$); as the participants' level of social insecurity increased, the probability they would be highly supportive of the law decreased ($OR = 0.77, p < .001$). The area index of the ROC curve was .764; therefore, the diagnostic capacity of the model was moderate.

Additional stepwise logistic regression was conducted to predict the probability that the participants' beliefs about the thin ideal and its consequences for health haven't changed at all. The results show that the levels of maturity fears and bulimia (characteristics of DEP in the EDI-2 questionnaire) were associated with the degree of change in the participants' beliefs about the thin ideal and its consequences for health ($\chi^2_{(2)} = 12.72, p < .01$). As the level of maturity fears increased, the probability that the participants' beliefs about the thin ideal and its consequences for health hadn't changed also increased ($OR = 1.15, p < .05$). Moreover, as the participants' level of bulimia increased, the probability that their perceptions hadn't changed decreased ($OR = 0.85, p < .01$). The area index of the ROC curve was .654; therefore, the diagnostic capacity of the model was low to moderate.

In addition, stepwise logistic regression also was conducted to predict the participants' familiarity with the models' law. Results indicate that the participants' age, level of DEP (according to scores on the EAT-26 questionnaire), and risk of developing EDs were associated with familiarity with the law ($\chi^2_{(3)} = 15.33, p < .01$). As the participants' age increased, the probability they hadn't heard of the law decreased ($OR = 0.87, p < .05$). In

addition, as the participants' score on the EAT-26 questionnaire increased, the probability they hadn't heard of the law decreased ($OR = 0.93, p < .05$). Moreover, if participants were at risk of developing EDs, the probability they hadn't heard of the law increased ($OR = 9.91, p < .01$). The area index of the ROC curve was .674; therefore, the diagnostic capacity of the model was low to moderate.

Results also show that age and level of asceticism (a characteristic of DEP in the EDI-2 questionnaire) were associated with the participants' level of familiarity with the law ($\chi^2_{(2)} = 11.08, p < .01$). As the participants' age increased, the probability they would have lower levels of familiarity with the law decreased ($OR = 0.87, p < .01$), and as their level of asceticism increased, the probability they would have lower levels of familiarity with the law also decreased ($OR = 0.86, p < .05$). The area index of the ROC curve was .650; therefore, the diagnostic capacity of the model was low to moderate. However, it is important to note that Cronbach's alpha for the subscale of asceticism for this sample was low ($\alpha = .44$).

Furthermore, additional stepwise logistic regression was conducted to predict the probability that the models' law had no impact on the participants or their behavior. Results showed that age was associated with the law's impact on participants and their behavior ($\chi^2_{(1)} = 5.97, p < .05$); as the participants' age increased, the probability that the law would have no impact on them or their behavior increased as well ($OR = 1.13, p < .05$). Therefore, the law had less impact on older women. The area index of the ROC curve was .588; therefore, the diagnostic capacity of the model was low.

Additional stepwise logistic regression was conducted to predict the potential of the models' law to influence people to resist extreme thinness and promote healthy body image. Results indicated that both the participants' age and level of drive for thinness (a characteristic of DEP in the EDI-2 questionnaire) were associated with the law's potential to influence people to resist extreme thinness and promote healthy body image, in the participants' opinion ($\chi^2_{(2)} = 15.54, p < .001$). As the participants' age increased, the probability they would think the law has moderate to high potential decreased ($OR = 0.89, p < .05$). In addition, as the participants' level of drive for thinness increased, the probability they would think the law has moderate to high potential impact also decreased ($OR = 0.91, p < .001$). The area index of the ROC curve was .668; therefore, the diagnostic capacity of the model was low to moderate. All stepwise logistic regression results are presented in Table 6.

Table 6. Stepwise logistic regression ($N = 203$)

Predictors	χ^2	df	OR	ROC
<i>Support</i>				
Social insecurity	11.89***	1	0.77***	0.764
<i>Degree of change beliefs about the thin ideal and its consequences for health</i>				
Maturity fears	12.72**	2	1.15*	0.654
Bulimia			0.85**	
<i>Familiarity</i>				
Age	15.33**	3	0.87*	0.674
DEP			0.93*	
ED risk			9.91**	
<i>Level of familiarity</i>				
Age	11.08**	2	0.87**	0.650
Ascetism			0.86*	
<i>Impact on participant and her behavior</i>				
Age	5.97*	1	1.13*	0.588
<i>Perceived potential to influence people to resist extreme thinness and promote healthy body image</i>				
Age	15.54***	2	0.89*	0.668
Drive for thinness			0.91***	

* $p < .05$. ** $p < .01$. *** $p < .001$.

4. Discussion

During the last 5 decades, the prevalence of EDs and related symptoms and behaviors has increased dramatically, mainly among female adolescents in Westernized societies (Hoek, 2016; Latzer et al., 2015; Latzer et al., 2019; Smink et al., 2012; Udo & Grilo, 2018). A similar trend has been observed in Israel (Harel et al., 2002).

These alarming rates and severe complications highlight the need to develop preventive interventions. Prevention programs for youth implemented mainly in schools often aim to provide media literacy skills to help them realize that the images portrayed in the media are not realistic, healthy, or feasible for most of the population (Latzer et al., submitted; Stice et al., 2007; Stice & Shaw, 2002; Wade et al., 2017). Although these types of preventive interventions are important and somewhat effective, the risks and consequences of EDs and DEP for adolescents require additional prevention strategies that focus on the public's health and create opportunities for policy changes (Austin, 2016; McBride et al., 2019).

Israel has been the first country to tackle the problem of unrealistic and unhealthy images in the media through legislation by initiating and passing a new, innovative law (Gutreich, 2017; Hildesheimer & Gur-Arie, 2015). In 2012, Israel initiated the Law for Restricting Weight in the Modeling Industry, 5772-2012 (the models' law). The models' law focuses on the role of the media and the modeling industry in the development of EDs and DEP (Zilberman, 2013) and sets limits on both the employment of underweight models and the use of photo manipulation (Gutreich, 2017; Meyers, 2018; Zilberman, 2013).

However, the impact of Israel's models' law on body dissatisfaction, DEP, and EDs among young women in Israel had not been examined. Therefore, this study aimed to examine the impact of the models' law on the Israeli public, specifically on young adult women from two age groups: 18-24 and 25-35.

The current research results show that most participants from both age groups had heard of the models' law and were highly supportive. These findings are interesting, because the younger participants (aged 18-24) were very young during the legislative process itself and thus, most of them were not exposed to the law but only heard of it in retrospect. It seems that the models' law has an impact over time—it is still present in the public discourse, regardless of age, and may have social influence, which continues to arouse great interest.

Most participants heard of the models' law through the media or social networks, but many others heard of it during lectures, at school, during academic studies, or during conversations with friends. For example, one participant said that she heard of the law *“as a scout, during the ninth grade, when the photographer Adi Barkan (an Israeli fashion photographer and model agent, who participated in the initiation of the models' law) was invited to lecture all the scouts, and he told us about the initiative for the law and about his work.”* Other participants said that they have heard of the law *“at high school, during a lecturer given by a model photographer”* or *“when I was in middle school or school, the teacher talked to us about eating, eating disorders, and body image and mentioned the law.”* Another example is: *“Adi Barkan came to the military base where I served to give a lecture.”* The fact that different organizations noticed great value in conducting discourse or a lecture on the subject may also indicate the law's impact and the importance of emphasizing the law to the younger generation.

Results also indicate that even though many participants had heard of and highly supported the models' law, most of them reported that the law had little or no impact on them, neither cognitively nor emotionally or behaviorally. However, a partial impact of the law and a change in beliefs regarding the influence of images and public messages on body image were more common among the younger participants as compared to the older participants (37.04% vs. 29.51%, respectively). In addition, 25.92% of the younger participants reported a moderate change in their beliefs about the thin ideal and its consequences for health, compared to 21.31% of the older participants.

A possible explanation for these results is that the models' law had a slightly higher impact and had been more internalized in the younger group. In fact, several participants, especially from the older group, said that *“the law cannot affect me directly, because it was enacted when it was already too late for me”* or *“there is no impact on me, but maybe there is on younger women. The body image is developed among young girls, and I was 24 when the law was enacted, so in my opinion it did not affect me. When you know about the law from a young age, it has a greater effect.”* These results are in line with the prevention literature and emphasize that prevention programs should focus on younger populations (Latzer et al., submitted), because adolescence might be a risk factor for EDs and DEP (Latzer et al., 2019; Le et al., 2017).

In addition, most participants in both age groups (71.6% among ages 18-24 and 57.38% among ages 25-35) said that the models' law has moderate to high potential to influence people to resist extreme thinness and promote healthy body image. Also, many participants (44.44% among ages 18-24 and 35.25% among ages 25-35) said the law has high potential to sensitize and increase people's awareness of the negative health consequences of extreme

thinness, but it has no potential (34.57% and 46.72%, respectively) to sensitize and increase people's awareness of the negative health consequences of disordered eating and dieting behaviors. This result may be related to the internalization of the thin ideal and Western values at an early age, which might create higher risk of the development of EDs and DEP (Latzer, 2016); therefore, participants might not think the law can have much influence on the Israeli public.

It is interesting to note that the younger participants said the law has greater potential impact, compared to the older participants. For example, 38.27% of the younger group said the law has moderate potential to influence people to resist extreme thinness and promote healthy body image, compared to 26.23% of the older participants. Additionally, 44.44% of the younger participants said the law has high potential to sensitize and increase people's awareness of the negative health consequences of extreme thinness, compared to 35.25% of the older participants. Finally, 29.63% of the younger participants believe that the law has high potential to sensitize and increase people's awareness of the negative health consequences of disordered eating behaviors, compared to 13.11% of the older participants.

Although the differences are not necessarily significant, it seems that the older participants were not only less affected by the law, but also felt it has less potential impact. This may indicate that younger women can be more affected by the law and as a result, believe it has more potential impact. Mantilla & Birgegård (2015) examined the self-perception of patients with eating disorders aged 16-18 and 19-25 and found that the strongest correlation between perceptions and feelings toward the self and symptoms of eating disorders occurred among the younger participants and that the correlation's strength decreased as age increased. Among the younger participants, feelings of lack of self-acceptance and self-blame seemed to be the strongest. Moreover, research has indicated that at ages 16-18, the influence of physical appearance on self-esteem is the strongest among all stages of adolescence and that self-esteem tends to stabilize as age increases, with the most significant change in self-esteem occurring during the first decade of adulthood (Paxton, Wertheim, Pilawski, Durkin, & Holt, 2002).

It is possible that the participants in this study, aged 18-35, have already internalized the thin ideal and other sociocultural values associated with the development of EDs and therefore, the models' law had little or no impact on them. However, there was slightly more impact on the younger participants, possibly due to their younger age, which affected their perceptions and may have influenced them more.

Furthermore, most participants had heard of and highly supported the law, even though the law is not enforced. Maybe if the law had been enforced, it would have had a greater impact on the public. Moreover, most participants in both age groups expressed the need for increased enforcement and said that the law should be fully enforced. The participants seemed to be hoping for change and requested that actions be taken at the governmental and national level. Many participants also expressed the need for additional legislation, with some proposing to include issues related to EDs and body image in the school curriculum.

According to *t*-test results, the younger participants had significantly higher levels of DEP, body dissatisfaction, and disturbed body image. Also, 25.93% of the younger participants were found to be at risk of developing DEP and EDs, according to the cutoff point on the EAT-26 questionnaire, compared to 18.03% of the older participants. These findings are in line with the existing literature, according to which the prevalence of EDs and DEP is higher among adolescents and young adults, placing younger participants at higher risk (Latzer et al., 2019; Le et al., 2017). Perhaps even at the young ages of 18-24, it might already be too late to prevent EDs and DEP.

Moreover, *t*-test results also indicate that participants who were highly supportive of the models' law were found to have lower levels of DEP compared to participants who were less supportive of the law, specifically in characteristics such as maturity fears, bulimia, body dissatisfaction, ineffectiveness, and social insecurity. A possible explanation for these results is that the participants with higher levels of DEP already had more symptoms and therefore, they were less supportive of the law and had less faith in its ability to effect change, because it did not help them or prevent them from developing DEP symptoms. When symptoms are more severe, the chances of recovery decrease (Latzer, 2007), which may lead to lower support of various treatment and prevention options, such as this law. Moreover, research has indicated that effective prevention programs focus on risk factors known to predict onset of DEP (Stice, South, & Shaw, 2012), and in this case, the participants already had DEP symptoms, which might also have led to lower support of prevention options. It is also possible that universal prevention, such as the models' law, is more effective among low-risk populations, whereas selective prevention programs are more effective among high-risk groups (Latzer et al., submitted; Stice et al., 2012).

Additional *t*-test results show that compared to the younger group, older participants reported a lower degree of change in beliefs about the thin ideal and its consequences for health and that the law has lower potential to sensitize and increase awareness of the negative health consequences of dieting behaviors. Furthermore, logistic

regression showed that the models' law had less impact on older women and that older age and higher levels of drive for thinness were associated with lower levels of perceived potential of the law to influence people to resist extreme thinness and promote healthy body image. These findings support the results of the descriptive statistics and are in line with the existing literature (Mantilla & Birgegård, 2015; Paxton et al., 2002).

4.1 Strengths, Limitations, and Further Research

Research regarding the models' law and its impact is scant, and this study revealed important information on the subject. The main strength of this study is that it is the first to examine the impact of the law on the Israeli public, specifically young women.

However, the study also has several limitations, which need to be addressed. First, the study sample represented a relatively homogeneous population; most participants were from a similar socioeconomic status of middle class or higher. Also, many participants reported being university or college students. Thus, it is difficult to generalize these results to the entire Israeli population, which is quite diverse. Participation in the study was also voluntary. However, EDs and DEP usually occur at a higher rate among middle- and high-class populations compared to the lower class, and it is possible that people who are more engaged in the subject of EDs and DEP, due to these socioeconomic statuses, may experience higher motivation to participate in such studies (Treasure et al., 2010).

In addition, although the measures of DEP used in the study are among the most widely used, the data were collected exclusively through self-report questionnaires and therefore, cannot be used for diagnostic purposes.

Further research on prevention of EDs and DEP should be conducted and expanded to the field of legislation, and future studies should continue to examine the impact of the models' law, including among adolescent girls younger than 18. Also, it is recommended to conduct further research in about a decade to examine the impact of the law on the younger generation.

In addition, it is important to examine the impact of the models' law on models themselves, addressing the topics of work conditions and requirements, law enforcement, and development of EDs. It is recommended that the samples in these studies include both models who were working in the fashion industry when the law was enacted and those who started working as models after enactment of the law.

Prevention of EDs and DEP through legislation might be controversial; therefore, it is of great importance to conduct further research and examine the efficiency of the models' law, which may also encourage and promote the enforcement of the law. Also, the law is not being enforced these days, which further increases the importance of future studies on the subject, which may lead to the enforcement of the law.

4.2 Theoretical and Practical Implications

The prevention of EDs and DEP is of great importance, and it is important to design additional prevention programs that focus on the public's health and create opportunities for policy changes (Austin, 2016; McBride et al., 2019); particularly social policy enactment that targets media influences, which are known to be one of the main risk factors for DEP and EDs (Latzer et al., submitted). The models' law is not enforced, and it is necessary to optimize the existing legislation, regulate enforcement, and impose sanctions on violators of the law (Gutreich, 2017; Latzer et al., submitted; Zilberman, 2013). The findings of this study add important information to the existing literature and highlight the importance of full enforcement of the models' law. Enforcement might increase the law's impact on the public, particularly adolescent girls and young women, and may help prevent or reduce the rates of EDs and DEP.

Furthermore, in preventing EDs and DEP, it is important to address both risk and protective factors (Latzer et al., submitted; Loth et al., 2014; Neumark-Sztainer et al., 2007). Many studies indicated that the most effective interventions and prevention programs are those targeting people at risk of developing EDs and DEP (Levine, 2019; Stice et al., 2012), and because the prevalence of EDs and DEP is higher among female adolescents and young adults, age itself might be a risk factor (Latzer et al., 2019; Le et al., 2017).

This study found that the models' law had more impact on younger women. This important finding, alongside the participants' suggestion to include issues related to EDs and body image in the school curriculum, support the existing literature on prevention of EDs and DEP, according to which effective prevention programs broadly implemented during adolescence might reduce the prevalence of EDs (Stice, Onipede, & Marti, 2021), while also highlighting the importance of designing prevention programs for adolescence and even earlier ages.

However, focusing only on age as a risk factor is not enough. Effective prevention programs also focus on risk factors known to predict onset of EDs and DEP, such as body dissatisfaction, negative affect, dieting, higher media exposure, thin-ideal internalization, and reduced self-esteem relating to body shape and weight (Latzer et al.,

submitted; Latzer et al., 2015; Latzer et al., 2019; Loth et al., 2014; McBride et al., 2019; Neumark-Sztainer et al., 2007; Stice, 2002; Stice et al., 2012).

In this study, participants with higher levels of DEP were less supportive of the law. This finding adds an interesting perspective to the existing literature on prevention of EDs and raises an important question regarding the level of risk and severity of symptoms at which universal prevention can be effective. This suggests that universal prevention programs, such as the models' law, might be more effective among low-risk populations, compared to selective prevention programs that might be more effective among higher-risk groups (Latzer et al., submitted; Stice et al., 2012).

5. Conclusions

In conclusion, despite difficulties regarding the law's enforcement and even though most participants reported that the law did not affect them directly, most of them saw great value of the law in preventing DEP and disturbed body image and emphasized the importance of implementing and enforcing the law. Moreover, results indicate that the law's degree of impact is higher among younger women, regarding both its direct and potential impact.

The results of this study highlight the importance of designing prevention programs and interventions for adolescent and preadolescent girls, who are at high risk of developing EDs and DEP, before they internalize the thin ideal and other sociocultural values that cause EDs and DEP, alongside the importance of implementing universal prevention programs that might also help populations with low risk. Moreover, the study deepened our understanding of the importance of expanding the spectrum of prevention options to the field of legislation and ensuring implementation at a young age (Latzer et al., submitted), while also highlighting the need for increased law enforcement.

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