

ORIGINAL RESEARCH ARTICLE

Impact of social media on mental health and body image dissatisfaction among Saudi women

DOI: 10.29063/ajrh2025/v29i12s.7

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Abstract

As a pervasive and integral part of modern daily life, social media has profound negative impacts on the mental health and body image of individuals, especially women, by promoting unrealistic standards of beauty through edited images, promotional content, and constant social comparisons. This phenomenon is even more challenging in conservative and traditional societies such as Saudi Arabia, where cultural values, religious norms, and social expectations play key roles in shaping individual identity and social relationships, and can lead to increased anxiety, depression, and dissatisfaction with appearance. The aim of this study was to investigate the effect of social media use on body image dissatisfaction and mental health of women in Riyadh, Saudi Arabia. In this cross-sectional descriptive-analytical study, 384 women aged 18 to 65 years living in Riyadh were selected by simple random sampling. Data were collected using Maziri, Littleton et al. and Goldberg and Hiller questionnaires with a 5-point Likert scale and analyzed by structural equation modeling in LISREL software α . The findings showed that more use of social networks has a positive and significant effect on body image dissatisfaction and a negative and significant effect on mental health, and also dissatisfaction with body image as a mediator that reinforces this negative effect. As a result, excessive use of social networks negatively affects women's mental health through increased body image dissatisfaction, and it is suggested that educational and awareness interventions be designed to reduce the associated negative effects. (*Afr J Reprod Health* 2025; 29 [12s]: 55-64).

Keywords: Social Networks, Mental Health, Body Image Dissatisfaction

Résumé

En tant qu'élément omniprésent et intégral de la vie quotidienne moderne, les médias sociaux ont des impacts négatifs profonds sur la santé mentale et l'image corporelle des individus, en particulier des femmes, en promouvant des standards de beauté irréalistes à travers des images retouchées, du contenu promotionnel et des comparaisons sociales constantes. Ce phénomène est encore plus problématique dans les sociétés conservatrices et traditionnelles comme l'Arabie Saoudite, où les valeurs culturelles, les normes religieuses et les attentes sociales jouent un rôle clé dans la formation de l'identité individuelle et des relations sociales, et peuvent conduire à une augmentation de l'anxiété, de la dépression et de l'insatisfaction corporelle. L'objectif de cette étude était d'étudier l'effet de l'utilisation des médias sociaux sur l'insatisfaction corporelle et la santé mentale des femmes à Riyad, en Arabie Saoudite. Dans cette étude descriptive-analytique transversale, 384 femmes âgées de 18 à 65 ans vivant à Riyad ont été sélectionnées par échantillonnage aléatoire simple. Les données ont été collectées à l'aide des questionnaires de Maziri, Littleton et al. et Goldberg et Hiller avec une échelle de Likert à 5 points et analysées par modélisation par équations structurelles dans le logiciel LISREL α . Les résultats ont montré qu'une utilisation accrue des réseaux sociaux a un effet positif et significatif sur l'insatisfaction corporelle et un effet négatif et significatif sur la santé mentale, et que l'insatisfaction corporelle en tant que médiateur renforce cet effet négatif. Par conséquent, l'utilisation excessive des réseaux sociaux affecte négativement la santé mentale des femmes en augmentant l'insatisfaction corporelle, et il est suggéré de concevoir des interventions éducatives et de sensibilisation pour réduire les effets négatifs. (*Afr J Reprod Health* 2025; 29 [12s]: 55-64).

Mots-clés: Réseaux sociaux, Santé mentale, Insatisfaction corporelle

Introduction

Social networks are considered as the most desirable models of interaction and communication

among different age groups, so that out of 8.1 billion people in the world by 2023, 4.9 billion people (equivalent to 60.49%) will use social media¹. Among them, Saudi Arabia has 35.1 million social

media users who spend three hours a day on social media². Also, research has shown that women use social media slightly more than men³. And this is despite the fact that social media has been described as more addictive than cigarettes and alcohol⁴. Although social networks have been able to transform society, there are concerns about their physical, social, and psychological consequences⁵. Social media has a lot of negative effects. These mediums increase anxiety, depression, negative body image, sleep problems, and cyberbullying, and most importantly, increase social comparison⁶. These platforms often promote ideal and unattainable beauty standards, contributing to body dissatisfaction among users⁷⁻¹³. The results of research conducted inside Saudi Arabia have also shown that the undesirable use of social networks causes dissatisfaction with the body in people.

Body dissatisfaction is characterized by the disharmony between the person's real body and the ideal body. It is one of the most studied psychological constructs in the body image disorders literature¹⁴. It is noteworthy that the body of available research consistently shows that women generally experience more dissatisfaction with their bodies than men^{15,16}. According to research, about 20 to 40 percent of teenage girls are unhappy with their bodies. Also, body image dissatisfaction increases in late adolescence and early adulthood¹⁷, also, body image dissatisfaction is observed globally, with rates ranging from 33% in China to 73.3% in the United States¹. Body image dissatisfaction is very common among Saudi adult women and is linked to the intensity of social media use^{2,18}.

Studies have shown that body image dissatisfaction has a negative impact on people's mental health^{19,20}. Mental health is a global challenge that affects one in eight people. Young people aged 15 to 24, with 28.9% of cases, are the most affected and require immediate action²¹. Statistics also show that 24.7% of Saudi women have experienced at least one mental disorder in the past 12 months and 35.9% in their lifetime²². Also, around the world, mental disorders such as depression, stress, anxiety, and low self-esteem are more common among women²³.

On the other hand, social media usually presents a positive and idealized representation of users' lives, which makes people mostly confronted with positive information from others. This can lead to unfavorable social comparisons and have a

negative impact on users' mental health²⁴. Social networks such as Facebook, Twitter, Instagram, and TikTok, despite facilitating communication, are associated with negative mental health outcomes such as sleep disturbances, anxiety, and depression^{6,25-28}. Abdul Raheem showed that excessive use of social media, exposure to harmful content, cyberbullying, and misinformation can have negative effects such as feelings of loneliness, stress, anxiety, depression, and even suicidal thoughts³⁰.

This study, is a significant innovation because it is the first study to examine this phenomenon in the unique socio-cultural context of the Saudi capital. The importance of this research lies in shedding light on the disparate effects of social media on women in one of the most modern yet conservative cities in the Middle East, where there is a complex interplay between long-standing traditions and rapid digital transformations. The main innovation of this study is the simultaneous examination of three key factors: the psychological pressures caused by social networks, the perception of body image, and the impact of recent socio-intellectual developments on Riyadh society. This study is important because it can provide a better understanding of the impact of Saudi Arabia's recent policies on women's social freedoms on their mental health online. From an applied aspect, the findings of this study can provide a basis for designing digital mental health promotion programs tailored to the special conditions of women in Riyadh. The study also provides a scientific answer to the fundamental question of how women in a city that is rapidly transitioning from tradition to modernity face body image challenges in the digital age. Therefore, this research is both scientifically and socially important for policymakers, psychologists, and women's activists in Saudi Arabia.

Methods

Study design

This research utilized a cross-sectional descriptive-analytical approach to examine the effects of social media usage on body image dissatisfaction and mental health among women living in Riyadh, Saudi Arabia. The study focused on an estimated target population of around 3,150,000 adult women in Riyadh, according to the 2025 statistics provided

by the Saudi General Authority for Statistics (GASTAT).

Sample size and sampling technique

The sample size was determined using Cochran's formula for finite populations, factoring in a 95% confidence level and a 5% margin of error, which required at least 384 participants. To prepare for potential non-responses, a total of 450 questionnaires were distributed. Simple random sampling was used, and all data collection occurred in person. Questionnaires were handed out at various public locations across multiple districts in Riyadh to ensure broad geographic representation within the city. Out of the 450 questionnaires distributed, 420 were returned, resulting in a response rate of 93.3%. Following data screening, 36 questionnaires were excluded due to containing more than 20% incomplete data, leaving an analytical sample of 384 women. Participants eligible for inclusion were women aged 18–65 years residing in Riyadh, active on social media, and who provided informed consent. Exclusion criteria consisted of individuals younger than 18, pregnant women, those with a documented mental disorder, lack of social media access, or questionnaires with over 20% incomplete responses.

Measures

Data were collected using a self-administered questionnaire with a 5-point Likert scale, distributed in person and online to community groups in Riyadh, which was provided in Arabic, and utilized a 5-point Likert scale for most items. Participants were informed about the study's purpose and voluntary nature. The questionnaire included three validated instruments: (1) Maziri Questionnaire (4 items) for assessing social media usage patterns (e.g., "On average, how many hours per day do you spend on social media?")³⁰; (2) Littleton et al. Questionnaire (19 items) for evaluating body image dissatisfaction, covering dimensions such as dissatisfaction/embarrassment with appearance and interference with social functioning³¹; and (3) Goldberg and Hillier Questionnaire (28 items) for assessing mental health status, focusing on subscales of physical symptoms, anxiety/insomnia, social functioning impairment, and depression (e.g., "Have you recently felt constantly under strain?")³². A panel of five experts in psychology and public

health validated the instruments. Reliability analysis revealed strong internal consistency across all scales, with Cronbach's α values as follows: social media use = 0.87, body image dissatisfaction = 0.82, and mental health = 0.85.

Data analysis

Data were analyzed using LISREL software with Structural Equation Modeling (SEM). The analysis began with descriptive statistics to summarize the demographic characteristics. Subsequently, the primary analysis using SEM was conducted to test the hypothesized causal relationships between social media use, body image dissatisfaction, and mental health.

Ethical considerations

The study followed the ethical guidelines set forth in the Helsinki Declaration (2013). Approval from the Research Ethics Committee (REC) at King Khalid University in Abha, Saudi Arabia, was formally obtained on 15 July 2024 (Approval No: REC-2024-045), prior to initiating data collection. Written informed consent was acquired from all participants before their participation. The study protocol emphasized maintaining strict data confidentiality and anonymity, upholding participants' right to withdraw at any time without consequences, and minimizing any potential risks or harm.

Results

Descriptive statistics

Information on the demographic characteristics of the research sample is presented in Table 1.

Inferential statistics

Structural model fitting of research

Since the data distribution does not follow a multivariate normal statistical distribution (which was confirmed using the Kolmogorov-Smirnov test and examining kurtosis and skewness), the use of covariance-based methods (such as AMOS or LISREL) is inappropriate. Therefore, the Smart PLS statistical software is used to fit the structural model of the research. Due to its non-parametric nature, the

Table 1: Demographic characteristics of the study sample (n=384)

Variable	Category	Frequency (n)	Percentage (%)
Age Group (Years)	18-24	77	20.1
	25-34	115	29.9
	35-44	96	25.0
	45-54	58	15.1
	55-65	38	9.9
Marital Status	Single	127	33.1
	Married	221	57.6
	Divorced	23	6.0
	Widowed	13	3.4
Education Level	Less than High School	18	4.7
	High School Diploma	67	17.4
	Associate's Degree	89	23.2
	Bachelor's Degree	162	42.2
	Master's Degree or Higher	48	12.5
Employment Status	Homemaker	148	38.5
	Student	71	18.5
	Employed (Full-Time)	105	27.3
	Employed (Part-Time)	42	10.9
	Unemployed	12	3.1
	Retired	6	1.6
Primary Social Media Platform	Instagram	269	70.1
	TikTok	58	15.1
	Snapchat	31	8.1
	Twitter (X)	15	3.9
	Facebook	7	1.8
	Other/None	4	1.0
Daily Usage Time	Less than 1 hour	48	12.5
	1 to 2 hours	134	34.9
	3 to 4 hours	127	33.1
	More than 4 hours	75	19.5
Motivation: Health/Beauty Content	Yes	211	54.9
	No	173	45.1

Table 2: Cronbach's alpha, composite reliability and convergent validity for the existing constructs in the structural model of the research

Structures	Extracted variance (AVE)	Converging narrative (CV)	Combined Elasticity (CR)	Cronbach's alpha
Social Networks	0.737	0.829	0.637	0.530
Dissatisfaction with body image	0.897	0.930	0.529	0.770
Mental Health	0.943	0.953	0.542	0.695

PLS-SEM method does not impose any restrictions on the normality of the data. This feature makes it ideal for real-world data, which is often not normal. To examine the fit of the structural model of the research and the appropriateness of the structural model, criteria such as standard significance coefficients z or t -values, R -square, criterion (Q^2), and GOF goodness of fit index are used in the Smart PLS statistical software.

Cronbach's alpha, composite reliability, convergent and divergent validity, extracted variance

The results of Cronbach's alpha, composite reliability, extracted variance, and convergent validity for each of the constructs in the structural model of the research are given in Table (1) and are also shown in Figures (1), (2), (3), and (4),

respectively. The minimum appropriate value for Cronbach's alpha is 0.7, for composite reliability 0.7, for extracted variance 0.5, and for convergent validity 0.4. As can be seen, for the constructs of social networks, body image dissatisfaction, and mental health, the Cronbach's alpha, composite reliability, and convergent validity criteria, and the extracted variance are higher than the minimum appropriate value determined. It can be concluded that the constructs of the research structural model are in a good state in terms of convergent reliability and validity and the extracted variance. Table 2

In Table (2), it can be seen that the components related to the social network construct have a higher correlation with the social network construct than with the constructs of body image dissatisfaction and mental health. The components related to the body image dissatisfaction construct are more correlated with the body image dissatisfaction construct than with the social

network and mental health constructs. The components related to the mental health construct are more correlated with the mental health construct than with the body image dissatisfaction and social networks constructs. Therefore, the constructs present in the research structural model are in a good position in terms of divergent validity. Table 3

Factor loads and standard coefficients of routes

The minimum standardized factor load for each component in the structural model is usually considered to be 0.5, and if the factor load is less than this value, the component should be removed from the structural model. The results of the factor load of each component and the standard coefficient of the paths in the structural model of the research are shown in Figure (1), as it can be seen that for all components in the structural model, the factor loads are greater than 0.5.

Table 3: Correlation of components with constructs to examine the divergent validity of the constructs present in the structural model

Structure	Compromise	Mental Health	Dissatisfaction with body image	Social Networks
X1		0.568	0.154	0.145
X2		0.831	0.121	0.175
X3		0.499	0.111	0.264
X4		0.527	0.110	0.215
Z1		0.112	0.631	0.145
Z2		0.081	0.808	0.145
Y1		0.119	0.154	0.862
Y2		0.049	0.121	0.569
Y3		0.078	0.111	0.645
Y4		0.123	0.078	0.671

Table 4: Examining the fit of the general

Dissatisfaction with body image	Structures	Mental Health
0.6745	0.6432	Communality
0.482	0.341	R ²
0.412		

$$GOF = \sqrt{R^2 + Communality}$$

The structural model of the research is presented in the environment of Smart PIs statistical software with significant coefficients of Z (t-value values) in Figure (6). As can be seen, for all factor loads in social network constructs, dissatisfaction with body image and mental health, the value of the t-statistic is greater than the critical value of 1.96 (t-value>1.96), i.e., all the factor loads in these

constructs are significant at the error level of 5%, the values of the t-statistic related to the accepted effects of the body image dissatisfaction construct from the construct of social networks are 5.433, which is higher than the value. are critical to 1.96 (t-value>1.96). Also, the t-statistic value related to the accepted effects of mental health construct from social media constructs and body image

dissatisfaction is -4.940 and -8.827, respectively, which is less than the critical value of -1.96 ($t\text{-value} < -1.96$), so it is concluded that all the paths in the structural model of the research are significant at the level of 5% error, which indicates the appropriateness of the structural model of the research.

R-square criterion R^2

In the structural model, the R^2 criterion or coefficient of determination expresses how much of the variation in the dependent variables is explained by the independent variables in the structural model, with values of 0.19, 0.33, and 0.69 being considered weak, moderate, and strong R^2 values. The R^2 value for explaining the changes in the social network variable was 0.341, which is approximately equal to the average criterion (0.33). The R^2 value for explaining changes in the mental health variable is 0.482, which is higher than the average value (0.33). Therefore, considering the R^2 values, it can be concluded that the structural model of the research has a good fit.

Q² Criteria

The Q^2 criterion or the Stone-Geisser test is also used to examine the appropriateness of the structural model fit of the research, where a value of 0.02 indicates weak strength of the structural model, 0.15 indicates moderate strength of the structural model, and a value of 0.35 and above indicates strength in predicting endogenous constructs (latent dependent variables). It should be noted that this criterion is not calculated for variables that play a mediating role in the model, but only for endogenous latent (dependent) variables. The Q^2 value for the structural model for predicting mental health was 0.379, which is higher than the strong value of the Q^2 criterion (0.35). Therefore, the Q^2 criterion also confirms the appropriateness of the research structural model.

Impact size criterion (f^2)

In order to determine the intensity of the relationship between the constructs of the structural model, the effect size criterion is used, where the values of 0.19, 0.33, and 0.670 indicate the small, medium, and large effect sizes of one construct on another, respectively. For this purpose, to calculate

the effect size, the R^2 value of the endogenous construct is first calculated. Then, the exogenous construct is removed from the model, the model is run without this construct, and the R^2 value of the endogenous construct is calculated. Then it is put into Cohen's formula, according to which the size of the effect of X on Y is equal to:

$$F^2(x \rightarrow y) = \frac{R^2y(x \text{ included}) - R^2y(x \text{ excluded})}{1 - R^2y(x \text{ included})}$$

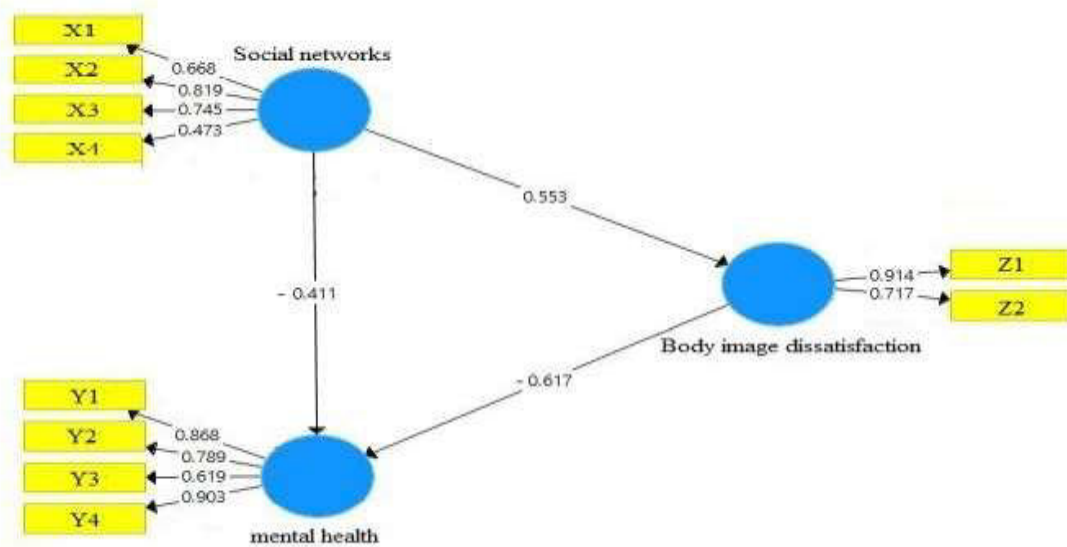
The obtained values of F^2 indicate that the effect size of social networks on body image dissatisfaction and mental health is 0.441 and 0.386, respectively, and the effect size of body image dissatisfaction on mental health is 0.519, which is higher than the average effect size (0.330). Therefore, the effect size criterion (F^2) shows that the structural model of the research has a good fit.

GOF goodness index

To measure the overall fit of the model, the GOF index is used, which is a number between zero and one. Three values have been considered for the evaluation of the GOF index: between 0.10 and 0.25 (weak), between 0.25 and 0.36 (moderate), and above 0.36 (strong). As can be seen in Table (4), the GOF value for the structural model for predicting mental health is 0.68, which is higher than (0.36), so the GOF criterion also confirms the suitability of the structural model of the research. Table 4

Testing the research hypotheses

The research hypotheses were tested using the structural and conceptual research model in the Smart PLS statistical software environment, structural equation modeling (SEM), and the Bootstrapping command. The results are presented in Table (4) based on Figures (1) and (2), which show the path coefficients and t-values, respectively. As can be seen, the standard coefficient of the path of the effect of social networks on body image dissatisfaction is 0.553, which is greater than the critical value of 1.96 ($t\text{-value} > 1.96$). This means that at a 5% error level, social networks have a positive and significant effect on body image dissatisfaction.



Z-significance coefficients (t-value values)

Figure 1: Research structural model in standard estimation mode

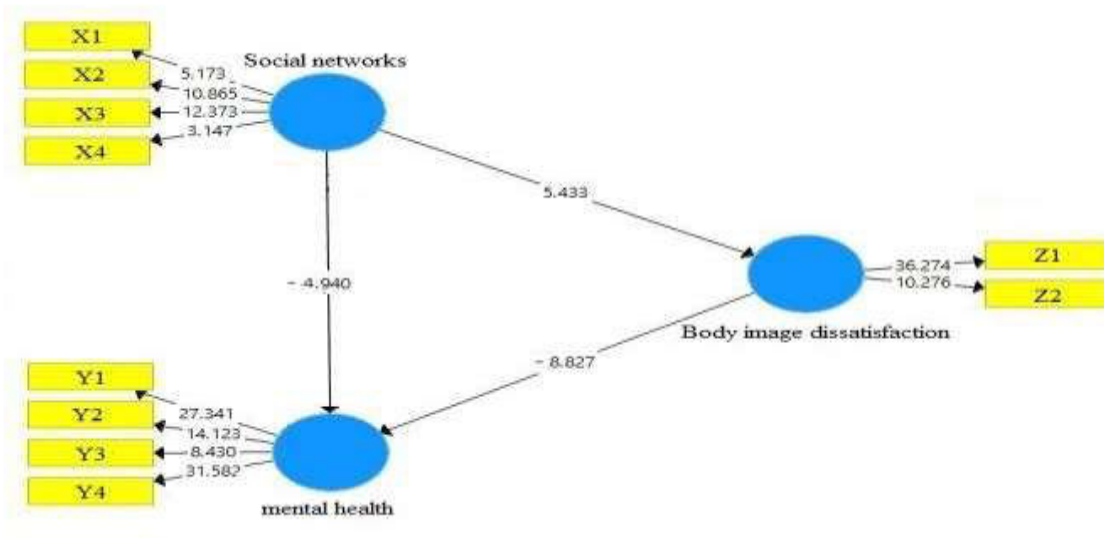


Figure 2: The structural model of the research in the case of the significance of the coefficients of paths and factor loads

Table 5: Results of Estimation of Parameters in Structural Equation Modeling to Test Research Hypotheses

Path	Standard path coefficient	t
The Effect of Social Networks on Body Image Dissatisfaction	0.553	5.433
The Impact of social media on Mental Health	- 0.411	- 4.940
The Effect of Body Image Dissatisfaction on Mental Health	- 0.617	- 8.827
The Impact of social media on Mental Health due to the mediating role of Body Image Dissatisfaction	- 0.341	-

The effect of social networks on mental health is -0.411, which is less than the critical value of -1.96 (t-value < -1.96). This means that at the 5% error level, social networks have a negative and significant effect on mental health, and the effect of body image dissatisfaction on mental health is -0.617, which is less than the critical value of -1.96 (t-value < -1.96). This means that at the 5% level of error, body image dissatisfaction has a negative and significant effect on mental health. The results also show that at a 5% level of error, social networks have a negative and significant impact on the mental health of women in Saudi Arabia by increasing body image dissatisfaction. This means that body image dissatisfaction plays a mediating role in the relationship between social networks and mental health, so the research hypotheses were confirmed with 95% confidence. Table 5

Discussion

The results of data analysis showed that the use of social networks has a negative effect on mental health due to the mediating role of body image dissatisfaction among women in Riyadh ($\beta = -0.341$, $p < 0.05$). In justification of this finding, it can be said that according to social comparison theory, women compare themselves to unrealistic standards by seeing idealized and filtered images, which leads to an increase in BID and a decrease in self-esteem. From an object-oriented perspective, this leads women to focus excessively on appearance and negative self-evaluation, which is associated with depression, anxiety, and other mental disorders. In Riyadh, this impact is exacerbated by the interplay between traditional culture and global media pressures: on the one hand, increased access to social networks after recent reforms (such as women's driving and employment) has increased exposure to Western beauty standards, and on the other hand, family expectations and local norms (such as the hijab) may increase psychological tension.

The results of data analysis showed that the use of social networks has a negative effect on the mental health of women in Riyadh ($\beta = -0.411$, $p < 0.05$). This is consistent with the findings of other researchers^{6, 25-28}. In justifying this finding, it can be said that the use of social networks can negatively affect the mental health of women in Riyadh due to the conflict of traditional criteria with the aesthetic

standards presented in these networks, the increase in access to social networks after the recent reforms in Saudi Arabia, the mechanism of self-concept disorder (decreased self-esteem, the creation of a distorted mental image of the body, the increase in negative self-evaluations).

The results of data analysis showed that the use of social networks has a positive effect on dissatisfaction with women's body image in Riyadh ($\beta = 0.553$, $p < 0.05$). This is consistent with the findings of other researchers⁷⁻¹³. In justification of this finding, it can be said that the use of social networks can cause a person to feel inadequate and dissatisfied with their appearance due to the high social comparison and internalization of unrealistic beauty criteria.

The results of data analysis showed that dissatisfaction with body image has a negative effect on the mental health of women in Riyadh ($\beta = -0.617$, $p < 0.05$). This is consistent with the findings of other researchers^{19, 20}. In justification of this finding, it can be said that dissatisfaction with body image through a set of factors such as decreasing self-esteem and increasing self-criticism and social isolation reduces mental health in the individual.

Study strengths and limitations

This study is innovative in exploring the interplay between social media use, body image dissatisfaction, and mental health amid Riyadh's socio-cultural shift from tradition to modernity. Employing validated questionnaires (e.g., Maziri, Littleton et al., Goldberg and Hillier) and robust structural equation modeling in Smart PLS ensures methodological rigor, with strong model fit and predictive relevance. However, the cross-sectional design limits causal inferences, as temporal relationships cannot be established. Sampling was confined to Riyadh, potentially reducing generalizability to other regions in Saudi Arabia. Self-reported data may introduce response bias, and the study did not account for specific platform usage (e.g., Instagram vs. Twitter) or cultural moderators such as religiosity.

Implications for policy and practice

These findings highlight the need for targeted interventions in Saudi Arabia. Policymakers should

integrate media literacy programs into national health initiatives, such as those under Vision 2030, to educate women on realistic body standards and digital well-being. Mental health professionals can develop culturally sensitive counseling services focusing on BID, incorporating Islamic perspectives on self-acceptance. Social media platforms could implement features like content warnings for idealized images. Future research should employ longitudinal designs, expand to diverse regions, and explore protective factors like social support to mitigate these effects.

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