Original Research

SOCIAL MEDIA USE AND BODY IMAGE PERCEPTIONS AMONG MEDICAL STUDENTS AT RAMA MEDICAL COLLEGE & HOSPITAL, KANPUR: A CROSS-SECTIONAL STUDY

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ABSTRACT

Background: Social media has become an integral part of young adults' lives, influencing self- perceptions and body image. Medical students, given their academic pressures and constant digital connectivity, represent a particularly vulnerable group.

Objective: This study aimed to examine the association between patterns of social media use and body image perceptions among undergraduate medical students at Rama Medical College and Hospital, Kanpur.

Methods: A cross-sectional, questionnaire-based study was conducted among 480 undergraduate medical students aged 18–25 years. Data were collected using a structured sociodemographic proforma, the Social Media Use Scale (SMUS), and the Body Self-Image Questionnaire–Short Form (BSIQ-SF). Descriptive statistics were used to summarise demographic characteristics, independent t-tests were applied for gender-based comparisons, and Pearson's correlation was used to assess associations between SMUS and BSIQ-SF domains. A p-value < 0.05 was considered statistically significant.

Results: Female students scored significantly higher in comparison-based (23.10 ± 3.25 vs. 20.12 ± 3.45, $p < 0.001$) and image-based social media use (24.21 ± 3.40 vs. 19.86 ± 3.12, $p < 0.001$). They also reported higher dissatisfaction across body image domains, including Fatness Evaluation (15.92 ± 3.05 vs. 13.76 ± 2.70, $p < 0.001$), Negative Affect (17.40 ± 3.12 vs. 14.58 ± 2.85, $p < 0.001$), and Social Dependence (13.95 ± 2.48 vs. 12.20 ± 2.25, $p < 0.001$). Correlation analysis showed that comparison-based and image-based social media use were significantly associated with negative body image outcomes, such as lower Overall Appearance Evaluation ($r = –0.32$, $p = 0.001$) and higher Negative Affect ($r = 0.44$, $p < 0.001$). Consumption-based use demonstrated weaker associations, while belief-based use showed no significant correlations.

Conclusion: Social media, particularly comparison-based and image-based use, plays a significant role in shaping body image perceptions among medical students, with females disproportionately affected. These findings highlight the need for awareness programs, psychoeducation, and media literacy interventions in medical colleges to promote healthier social media engagement and foster positive body image. Longitudinal research incorporating objective measures, such as screen-time tracking and BMI, is recommended to further clarify causal pathways.

Keywords: Social Media, Body Image, Medical Students, Social Comparison, India, SMUS, BSIQ-SF.

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INTRODUCTION

Social media has emerged as one of the most influential communication tools of the modern era, fundamentally altering how individuals interact, share information, and construct personal and social identities [1]. Platforms such as Instagram, Facebook, YouTube, and Snapchat have shifted communication from traditional face-to-face interactions to highly curated, image- dominated digital engagements [2]. While these platforms offer opportunities for education,

networking, and self-expression, they have also been linked to rising concerns regarding their influence on mental health, self-esteem, and body image perception [3].

Body image is a multidimensional construct encompassing an individual's perceptions, attitudes, and feelings about their physical appearance [4]. Positive body image is associated with self-confidence, psychological well-being, and healthier behaviours [5], whereas negative body image is linked to low self-esteem, depression, anxiety, and disordered eating [6]. The relationship between social media use and body image is often explained by Social Comparison Theory, which posits that individuals evaluate themselves through comparisons with others, and Objectification Theory, which suggests that people internalize an observer's view of their own body, leading to self-monitoring and appearance-related anxiety [7].

Global research consistently highlights the negative impact of image-based social media on body satisfaction. Holland and Tiggemann (2016) reported that higher engagement with image- centric platforms increased internalization of thin ideals and body dissatisfaction [8]. Fardouly and Vartanian (2016) found that appearance-based comparisons mediated the relationship between social media use and negative body image [9]. Lup et al. (2015) observed that passive browsing on Instagram was associated with more frequent negative comparisons and higher depressive symptoms [10].

Globally, research has consistently demonstrated a significant association between social media use and body dissatisfaction. Holland and Tiggemann (2016) reported that high engagement with image-based platforms was linked to greater internalisation of thin ideals and disordered eating behaviours [11]. Fardouly and Vartanian (2016) found that appearance-based comparisons mediated the relationship between social networking site use and body image concerns [12]. Lup et al. (2015) observed that passive browsing on Instagram was associated with more frequent negative social comparisons and depressive symptoms [13]. Similarly, Hendrickse et al. (2017) found that Instagram use predicted higher internalisation of beauty ideals and lower body satisfaction among college women [14], while McLean et al. (2015) reported that active engagement, such as posting selfies, increased appearance-based self-worth but also heightened vulnerability to dissatisfaction when feedback was unfavourable [15].

In India, the rapid expansion of internet access and smartphone ownership has driven widespread social media use among young people [16]. Medical students represent a unique subgroup due to the combined pressures of academic workload, societal expectations, and constant digital connectivity [17]. Emerging Indian studies have identified a growing link between social media use and body image concerns. Mallaram et al. (2023) found that female medical students with high daily social media use reported significantly greater body image dissatisfaction [18]. Sekhar et al. (2025) reported that image-based social media usage was a significant predictor of negative body image perception among Indian medical students [19]. Sharma et al. (2019) highlighted that medical students face unique psychosocial stressors that may exacerbate the effects of social media on self-perception [20].

Despite global and national evidence, there remains limited research in the Indian context that employs validated, multidimensional tools to examine the nuanced relationship between patterns of social media use and various aspects of body image perception. Therefore, the present study aims to assess the association between social media use and body image perception among undergraduate medical students at Rama Medical College and Hospital, Kanpur. By utilising standardised measurement instruments, this research seeks to generate a

comprehensive understanding of how specific patterns of social media engagement relate to different facets of body image, ultimately contributing to targeted interventions that promote healthier self-perceptions and online behaviours in this population [21].

MATERIAL AND METHOD

This cross-sectional, questionnaire-based study was conducted in the Department of Psychiatry, Rama Medical College and Hospital, Kanpur, Uttar Pradesh, India over a period of three months from November 2024- February 2025. The study population consisted of undergraduate medical students enrolled at Rama Medical College and Hospital, Kanpur. The sample size was calculated using the OpenEpi sample size calculator, assuming a prevalence of body image dissatisfaction among medical students of approximately 50% based on previous literature, a 5% margin of error, and a 95% confidence interval.

The minimum required sample size was approximately 384; however, to improve statistical power and account for potential non-responses, a total of 480 undergraduate medical students were included. Participants were selected based on the following inclusion criteria: undergraduate medical students aged 18–25 years, currently enrolled at Rama Medical College, active users of at least one social media platform, and willing to provide informed consent. Students with a self-reported psychiatric illness, those currently receiving treatment for any eating disorder or severe chronic illness, and those unwilling or unable to complete the questionnaires were excluded from the study.

Students were eligible to participate if they were actively using at least one social media platform for a minimum of six months, willing to provide informed consent, and free from any self-reported psychiatric illness or chronic medical/dermatological conditions known to significantly alter appearance perception. Students who did not consent to participate or had the above-mentioned exclusion criteria were omitted from the study.

Ethical clearance was obtained from the Institutional Ethics Committee of Rama Medical College and Hospital, Kanpur and written informed consent was obtained from all participants.

Data were collected using a structured sociodemographic proforma and two validated psychometric scales. The sociodemographic proforma included variables such as age, gender, year of study, place of residence (hostel or home), daily time spent on social media, and the primary purpose of social media use.

The Social Media Use Scale (SMUS) comprises 17 items divided into four theoretically grounded subscales: (1) Image-Based Use—reflecting how often users engage with appearance-related content (e.g., viewing and sharing selfies or body-focused posts); (2) Comparison-Based Use—capturing the tendency to compare oneself with others online; (3) Belief-Based Use—assessing internalized attitudes about social media's influence on self- image; and (4) Consumption-Based Use—indicating passive behaviors such as scrolling and watching others' content without active engagement. Items are rated on a 5-point Likert scale (1 = "Strongly Disagree" to 5 = "Strongly Agree"). For scoring, subscale scores are calculated by summing responses within each domain, and a total SMUS score is derived by summing all 24 items. Higher scores reflect greater involvement in that type of social media use. Before using the scores, internal consistency (Cronbach's alpha) should be evaluated for each subscale to ensure reliability. Researchers may also categorize users into "high" and "low" usage groups based on tertiles or median SMUS total scores for comparative analyses.

The Body Self-Image Questionnaire – Short Form (BSIQ-SF) contains 27 items across seven subscales: (1) Overall Appearance Evaluation, (2) Fatness Evaluation, (3) Fitness Evaluation,
(4) Health Evaluation, (5) Negative Affect (e.g., distress about appearance), (6) Social Desirability (concern with others' opinions), and (7) Health Orientation (focus on wellness and body functionality). Each item uses a 5-point Likert scale, with anchors typically ranging from 1 ("Not at All True") to 5 ("Completely True"). Subscale scores are computed by aggregating the item responses for each domain, with normalized scores (e.g., mean per domain) allowing easier comparisons across participants. A composite positive body image score can be created by combining subscales that reflect satisfaction (such as Appearance, Fitness, and Health), while subscales like Fatness Evaluation and Negative Affect can serve as indicators of body dissatisfaction. Reliability of each domain (via Cronbach's alpha) and construct validity (via factor analysis if desired) should be confirmed in the study sample before further analysis. Higher scores on positive domains reflect favorable body image, whereas higher scores on dissatisfaction-related domains reflect poorer body satisfaction. These subscales lend themselves well to regression modeling or correlation analyses when exploring associations with SMUS scores.

Participants were approached during academic hours and were briefed about the objectives of the study. The questionnaires were administered in paper form to small groups in a classroom setting to ensure privacy and minimise distractions. The average completion time for the instruments was approximately 20–25 minutes, and members of the research team were present throughout to ensure completeness and accuracy of responses.

Data was analysed using the Statistical Package for the Social Sciences (SPSS), version 29.2. Descriptive statistics, including mean, standard deviation, frequencies, and percentages, were used to summarise sociodemographic characteristics and scale scores. Pearson's correlation coefficient was applied to examine relationships between continuous variables, while the chi- square test was used to assess associations between categorical variables. A p-value < 0.05 was considered statistically significant.

RESULTS

Table 1: Sociodemographic Profile of Participants (N = 480)

Variable	Category	Frequency (n)
Sex	Male	239
	Female	241
Residence	Urban	398
	Rural	82
Socioeconomic Status	Upper	59
	Upper-Middle	161
	Middle	250
	Lower-Middle	6

	Lower	4
Year of MBBS	1st	148
	2nd	142
	3rd	96
	4th	94
Age Group (years)	18-20	176
	21-23	178
	24-25	126
Daily Phone Use (hrs/day)	1-3 hrs	140
	3-6 hrs	217
	>6 hrs	123

Table 1 summarizes the sociodemographic characteristics of the 480 undergraduate medical students included in the study. The gender distribution was nearly equal, with 49.8% males (n= 239) and 50.2% females (n = 241). The majority of participants were from urban areas (82.9%, n = 398), while 17.1% (n = 82) belonged to rural backgrounds. In terms of socioeconomic status (SES), more than half of the students were from the middle class (52.1%, n = 250), followed by upper-middle (33.5%, n = 161) and upper (12.3%, n = 59) categories. Only a small fraction were from lower-middle (1.3%, n = 6) and lower (0.8%, n = 4) groups. The distribution across MBBS years was fairly uniform: 1st year – 30.8% (n = 148), 2nd year – 29.6% (n = 142), 3rd year – 20.0% (n = 96), and 4th year – 19.6% (n = 94). The age distribution ranged between 18 and 25 years, with 36.7% (n = 176) in the 18–20 years group, 37.1% (n = 178) in the 21–23 years group, and 26.3% (n = 126) in the 24–25 years group. Regarding daily phone use, 29.2% (n = 140) reported 1–3 hours/day, 45.2% (n = 217) reported 3–6 hours/day, and 25.6% (n = 123) reported more than 6 hours/day.

Table 2: SMUS Domain Scores by Gender

Domain	**Male (n=239)**	**Female (n=241)**	**p-value**
Comparison-based	20.12 ± 3.45	23.10 ± 3.25	<0.001*
Image-based	19.86 ± 3.12	24.21 ± 3.40	<0.001*
Consumption-based	16.11 ± 2.85	17.20 ± 2.95	0.04*
Belief-based	10.92 ± 2.15	11.18 ± 2.22	0.28

Table 2 presents the comparison of SMUS domain scores between male and female medical students. Female students scored significantly higher than males in the comparison-based domain (23.10 ± 3.25 vs. 20.12 ± 3.45, $p < 0.001$) and the image-based domain (24.21 ± 3.40 vs. 19.86 ± 3.12, $p < 0.001$). A significant gender difference was also observed in the consumption-based domain, with females reporting higher scores than males (17.20 ± 2.95 vs. 16.11 ± 2.85, $p = 0.04$). However, no significant gender difference was found in the belief- based domain (11.18 ± 2.22 vs. 10.92 ± 2.15, $p = 0.28$). These findings suggest that female students are more engaged in comparison-based and image-based social media use, while belief-based use patterns are comparable across genders.

Table 3: Gender Differences in BSIQ-SF Domain Scores

BSIQ-SF Domain	**Male (n=239)**	**Female (n=241)**	**p-value**
Overall Appearance Evaluation (OAE)	18.42 ± 3.12	16.80 ± 2.98	<0.001*
Health Fitness Influence (HFI)	20.15 ± 3.25	19.72 ± 3.40	0.12
Investment in Ideals (II)	15.90 ± 2.95	18.24 ± 3.15	<0.001*
Health Fitness Evaluation (HFE)	19.85 ± 3.10	18.21 ± 2.90	0.02*
Attention to Grooming (AG)	14.12 ± 2.50	17.38 ± 2.82	<0.001*
Height Dissatisfaction (HD)	12.44 ± 2.20	13.10 ± 2.35	0.04*
Fatness Evaluation (FE)	13.76 ± 2.70	15.92 ± 3.05	<0.001*
Negative Affect (NA)	14.58 ± 2.85	17.40 ± 3.12	<0.001*
Social Dependence (SD)	12.20 ± 2.25	13.95 ± 2.48	<0.001*

Table 3 shows the gender-wise distribution of Body Self-Image Questionnaire–Short Form (BSIQ-SF)

domain scores. Male students reported significantly higher scores than females in Overall Appearance Evaluation (OAE) (18.42 ± 3.12 vs. 16.80 ± 2.98, $p < 0.001$) and Health Fitness Evaluation (HFE) (19.85 ± 3.10 vs. 18.21 ± 2.90, $p = 0.02$). This indicates that males perceived their overall appearance and fitness more positively. In contrast, females had significantly higher scores in Investment in Ideals (II) (18.24 ± 3.15 vs. 15.90 ± 2.95, $p < 0.001$), Attention to Grooming (AG) (17.38 ± 2.82 vs. 14.12 ± 2.50, $p < 0.001$), Height Dissatisfaction (HD) (13.10 ± 2.35 vs. 12.44 ± 2.20, $p = 0.04$), Fatness Evaluation (FE) (15.92 ± 3.05 vs. 13.76 ± 2.70, $p < 0.001$), Negative Affect (NA) (17.40 ± 3.12 vs. 14.58 ± 2.85, $p <$ 0.01) , and Social Dependence (SD) (13.95 ± 2.48 vs. 12.20 ± 2.25, $p < 0.001$). No significant gender difference was found in Health Fitness Influence (HFI) (20.15 ± 3.25 vs. 19.72 ± 3.40, $p =$ 0.12). These findings highlight that male students generally report a more positive evaluation of their appearance and fitness, whereas female students exhibit greater investment in beauty ideals, grooming, and experience higher dissatisfaction and negative affect related to body image.

Table 4: Correlations between SMUS Domains and BSIQ-SF Domains

BSIQ-SF Domains	Comparison-based	Image-based	Consumption-based	Belief-based
Overall Appearance Evaluation (OAE)	r = -0.32* p = 0.001*	r = -0.28* p = 0.004*	r = -0.15 p = 0.09	r = -0.08 p = 0.28
Health Fitness Influence (HFI)	r = -0.21* p = 0.03*	r = -0.18, p = 0.07	r = -0.12 p = 0.12	r = -0.05 p = 0.41
Investment in Ideals (II)	r = 0.42** p < 0.001**	r = 0.39** p < 0.001**	r = 0.19* p = 0.04*	r = 0.10 p = 0.19
Health Fitness Evaluation (HFE)	r = -0.27* p = 0.005*	r = -0.25* p = 0.008*	r = -0.11 p = 0.16	r = -0.07 p = 0.33
Attention to Grooming (AG)	r = 0.36** p < 0.001**	r = 0.31** p = 0.002**	r = 0.14 p = 0.10	r = 0.06 p = 0.37
Height Dissatisfaction (HD)	r = 0.29* p = 0.003*	r = 0.27* p = 0.006*	r = 0.13 p = 0.11	r = 0.04 p = 0.52
Fatness Evaluation (FE)	r = 0.41**, p < 0.001**	r = 0.37** p < 0.001**	r = 0.18* p = 0.04*	r = 0.09 p = 0.22
Negative Affect (NA)	r = 0.44**, p < 0.001**	r = 0.39**, p < 0.001**	r = 0.20*, p = 0.03*	r = 0.12 p = 0.14
Social Dependence (SD)	r = 0.33** p < 0.001**	r = 0.30* p = 0.002**	r = 0.16 p = 0.06	r = 0.08 p = 0.27

Table 4 presents the correlation analysis between Social Media Use Scale (SMUS) domains and Body Self-Image Questionnaire–Short Form (BSIQ-SF) domains. A consistent pattern was observed where comparison-based and image-based social media use showed the strongest and most significant associations with body image variables. Negative correlations were found between Overall Appearance Evaluation (OAE) and both comparison-based (r = –0.32, $p = 0.001$) and image-based use (r = –0.28, $p = 0.004$), suggesting that higher engagement in comparison and image-based social media is linked to poorer appearance satisfaction. Similarly, Health Fitness Evaluation (HFE) was negatively correlated with comparison-based (r = –0.27, $p = 0.005$) and image-based use (r = –0.25, $p = 0.008$). In contrast, positive correlations were noted between Investment in Ideals (II) and both comparison-based (r = 0.42, $p < 0.001$) and image-based use (r = 0.39, $p < 0.001$). Likewise, Attention to Grooming (AG), Height Dissatisfaction (HD), Fatness Evaluation (FE), Negative Affect (NA), and Social Dependence (SD) all demonstrated significant positive correlations with comparison-based and image-based domains ($p < 0.01$). Consumption-based use showed weaker but some significant associations, including positive correlations with Investment in Ideals (r = 0.19, $p = 0.04$), Fatness Evaluation (r = 0.18, $p = 0.04$), and Negative Affect (r = 0.20, $p = 0.03$). Belief-based use showed no significant correlations with any BSIQ-SF domain ($p > 0.05$). These results indicate that comparison-based and image-based social media use are the strongest predictors of negative body image outcomes, while consumption-based use has a moderate role, and belief-based use shows minimal influence.

DISCUSSION

The present study examined the association between patterns of social media use and body image perceptions among undergraduate medical students at Rama Medical College & Hospital, Kanpur. The findings revealed distinct gender differences in both

social media usage and body image perceptions, as well as significant correlations between specific domains of social media use and various aspects of body image.

Consistent with previous literature, female students in our sample reported significantly higher scores in comparison-based and image-based social media use, while also demonstrating higher levels of body image dissatisfaction across domains such as Fatness Evaluation, Negative Affect, and Attention to Grooming. These results align with the Social Comparison Theory, which suggests that social media platforms provide constant opportunities for appearance- related comparisons, disproportionately affecting women [Fardouly & Vartanian, 2016; Holland & Tiggemann, 2016]. Similarly, Objectification Theory explains the greater investment in ideals and grooming observed among female students, as they may internalize the "observer's perspective" of their own bodies, leading to heightened self-monitoring and dissatisfaction [Fredrickson & Roberts, 1997].

Our findings corroborate those of Mallaram et al. (2023) and Sekhar et al. (2025), who reported that image-based social media use was a strong predictor of negative body image among Indian medical students. Internationally, studies by Hendrickse et al. (2017) and McLean et al. (2015) also highlight that Instagram and selfie-posting behaviors are linked with increased appearance-based self-worth but simultaneously greater vulnerability to dissatisfaction. The current study extends this evidence by employing validated psychometric scales (SMUS and BSIQ-SF) to highlight not only the general association but also the domain-specific patterns of interaction between social media use and body image.

An important observation was that belief-based social media use did not significantly correlate with body image domains. This suggests that passive beliefs or attitudes about social media may not directly translate into body dissatisfaction unless coupled with active comparison- based or image-based behaviors. Conversely, consumption-based use showed moderate associations with body image dissatisfaction, reflecting the risks of passive scrolling and exposure to curated appearance-related content, as reported by Lup et al. (2015).

Gender-wise differences further underscored that male students evaluated their overall appearance and fitness more positively, whereas females displayed greater dissatisfaction and reliance on external validation. This aligns with earlier findings by Sharma et al. (2019), who noted the heightened psychosocial stressors and appearance-related concerns among female medical students in India.

Despite its strengths, including a robust sample size and the use of validated multidimensional scales, this study has certain limitations. Being cross-sectional in design, it cannot establish the temporal relationship between social media use and body image perceptions, thereby limiting causal inference. The reliance on self-reported measures may have introduced social desirability bias or underreporting, especially in sensitive domains such as body image dissatisfaction. Additionally, as the study was conducted in a single medical college, the generalizability of the findings to other populations may be restricted. Moreover, important unmeasured variables such as body mass index (BMI), mental health history, family influences, and peer pressure were not included, though they may significantly impact body image perceptions.

In conclusion, the present study highlights the significant role of social media in shaping body image perceptions among Indian medical students. Comparison-based and image-based social media use were strongly associated with negative body image outcomes, including heightened dissatisfaction, negative affect, and social dependence, particularly among females. In contrast, consumption-based use showed moderate associations, while belief-based use had minimal impact. These findings underscore the importance of awareness programs and targeted interventions within medical colleges to encourage healthier digital engagement and build resilience against harmful comparison behaviors. Incorporating psychoeducation, media literacy, and mental health support can equip students with critical skills to evaluate social media content more effectively and foster a more positive body image. Future research should focus on longitudinal designs across diverse populations, with the inclusion of objective measures such as screen-time tracking and BMI, to better establish causal pathways and strengthen the evidence base.

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