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Original Research Article

Time spent on social media, type of content reviewed, and body image issues among medical undergraduate students in a tertiary care hospital in Navi Mumbai

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ABSTRACT

Background: Body image concerns are an escalating public health issue among medical undergraduate students, a cohort facing intense academic pressure and heightened social scrutiny. Social media exposes this vulnerable group to idealized appearance standards, contributing to body dissatisfaction and detrimental social comparisons.
Methods: A cross-sectional study was conducted among 352 medical students. Data was analysed using Jamovi 2.6. One-way ANOVA, Chi-square tests, and binomial logistic regression was applied.
Results: 60.2% of students reported requiring a break from social media due to mental health impact. ANOVA found that mere usage duration was not a significant predictor of body image perception (p=0.361). Chi-square confirmed strong behavioural links between following influencers and the intention to modify appearance ($\chi^2(2)=47.6$, $p<0.001$). Regression identified photo-editing (aOR=2.90, p<0.001), following influencers (aOR=2.34, p=0.001), and higher BMI (aOR=1.67, p=0.043) as significant positive predictors of body image dissatisfaction. Conversely, following influencers (aOR= 0.50, p=0.015; SCS: aOR=0.40, p=0.003) and photo-editing (aOR=0.39, p=0.001) acted as significant negative predictors of social comparison and body shape concerns, suggesting a complex, paradoxical effect in these domains.
Conclusions: Content quality and active engagement are the primary influences, not duration. High distress prevalence and an observed Gen Z digital literacy paradox highlight the urgent need for colleges to implement targeted digital health literacy and de-stigmatized student wellness programs to foster healthier self-perception.

Keywords: Body image perception, Medical undergraduates, Social comparison, Social media influence

INTRODUCTION

The proliferation of social media platforms has fundamentally transformed how young adults perceive, evaluate, and modify their physical appearance. With over 480 million and 250 million users of Instagram and Snapchat respectively, these platforms have become primary channels for social interaction, self-expression, and identity formation among adolescents and young adults.[1] However, mounting evidence suggests these digital environments may inadvertently promote unrealistic beauty standards through algorithm-curated content that emphasizes physical perfection and lifestyle idealization.[2]

Social comparison theory, first articulated by Festinger in 1954, provides a theoretical framework for understanding how individuals evaluate themselves relative to others.[3] In digital contexts, this process becomes particularly problematic as users encounter endless streams of carefully curated, filtered, and edited images that represent mostly unattainable standards.[4] Meta-analyses have consistently documented positive correlations between social media engagement and body

dissatisfaction, drive for thinness, and disordered eating behaviors across diverse populations.[5-7]

Medical students represent a particularly vulnerable demographic within this digital landscape. They experience significant academic stress, face professional expectations regarding personal health and appearance, and will eventually influence public health messaging as healthcare providers. The intersection of high-stress academic environments with intensive social media exposure may amplify body image concerns, potentially affecting both personal wellbeing and future clinical practice.[8-10] Furthermore, medical training often emphasizes physical and physiological health metrics, potentially intensifying self-scrutiny regarding body weight, fitness, and overall appearance.

Gender differences in social media impact have been consistently reported in international literature. Female users typically demonstrate greater susceptibility to appearance-focused social comparison, internalization of thin ideals, and subsequent body dissatisfaction.[11] However, emerging research suggests males are also increasingly affected, particularly regarding masculine ideologies and performance-enhancing behaviors.[12] These gender-specific patterns require investigation within Indian medical student populations.

Despite extensive international research, Indian data remain scarce, particularly regarding medical student cohorts. In a study of undergraduate medical students in Delhi, 35.4% were found to have abnormal body image perception, but did not quantify digital correlates.[13] This gap is concerning, given India's rapid digital transformation, which is evident in the fact that almost 85.5% of households now own a smartphone, with nearly 98% smartphone ownership among urban youth aged 15-29 (Ministry of Statistics and Program Implementation, Comprehensive Program Survey, 2025).

The current study addressed these knowledge gaps by examining associations between social media usage patterns, content engagement preferences, and body image outcomes among medical undergraduates in a tertiary care hospital in Navi Mumbai. The aim of this study was to assess any association between time spend on social media, the type of content viewed and any body image issues among medical undergraduate students in a tertiary care hospital in Navi Mumbai, Maharashtra. The research questions aim to (a) determine association between the duration of social media use and body image perception among medical undergraduate students (b) to determine association between following beauty and fitness content on social media and attempts to change their appearance due to social media influence and (c) to analyze whether gender, BMI, number of platforms used, type of content viewed and editing pictures of self on social media influences body image perception, social comparison and body shape concerns among medical undergraduates.

Understanding these relationships is crucial for developing targeted interventions, inclusion of mental wellness curricula in medical education, and preparing future healthcare providers to address similar concerns in their patients while maintaining their own psychological wellbeing.

Objectives

To determine associations between social media usage duration and body image perception; between following beauty and fitness content and appearance-altering behaviours; and to analyse whether gender, BMI, platforms used, content type, and photo editing influence body image outcomes.

METHODS

Study design and setting

This study utilized a cross-sectional, observational design to determine the association between social media usage parameters (time spent and type of content reviewed) and body image issues among the study participants. The research was conducted within a tertiary care hospital and its affiliated medical college in Navi Mumbai, Maharashtra. Data collection took place over a period of four weeks in the month of August 2025, following institutional ethics committee approval.

Study population and sampling

The target population consisted of medical undergraduate students (MBBS) enrolled in the 1st, 2nd, and 3rd academic years at the study institution.

Inclusion criteria

Medical students aged 18-24 years. Active social media users, defined as spending a minimum of 30 minutes per day on any social media platform. Willingness to provide informed consent. Present on the day of data collection.

Exclusion criteria

Non-users of social media.

Sampling technique

A convenience sampling technique was employed, targeting students from the 1st, 2nd, and 3rd MBBS years who met the inclusion criteria and were available during the data collection period.

Sample size calculation

The calculated sample size was 340 students. This was determined a priori using the standard formula for cross-sectional studies: $n=Z^2P(1-P)/d^2$ based on an assumed 33% prevalence of body image issues and a 5% margin of

error.[14] Since this was a cross-sectional study, no attrition rate adjustment was included. Data collection utilized a convenience sampling method across the 1st, 2nd, and 3rd year MBBS batches.

Data collection instrument development and validation

Data collection tool

Data was collected using a self-reported, structured questionnaire developed specifically for this study. The questionnaire was structured into distinct sections to comprehensively assess demographic information, social media usage patterns, content consumption, body image perception, and associated psychological impacts.

Questionnaire development

The questionnaire was constructed by integrating and adapting core elements from established, validated psychological scales, available in the public domain, to ensure scientific rigor:

Social media usage

Items were adapted from the social media engagement questionnaire (SMEQ), to assess duration of use, platform preference, and posting behavior.

Body image perception and concern

Items were primarily adapted from the body shape questionnaire, specifically the BSQ-16 (short version) which uses Likert scales to measure self-consciousness, avoidance behavior, and dissatisfaction.

Social comparison

Items were adapted from the social comparison scale (SCS) to gauge the frequency of comparing one's appearance to others seen on social media.

External validity

Before final deployment, the draft questionnaire underwent content validation by a panel of three experts, including 2 community medicine specialists and a statistician. Face validity was assessed via a pilot test on 30 students who were not included in the final study sample.

Internal validity

The internal consistency and reliability of the multi-item scale sections (sections 4, 5, and 6) were established using Cronbach's Alpha. The data collected from the pilot study was utilized for this purpose.

The responses from the 30 participants were analysed using Microsoft Excel. A Cronbach's Alpha coefficient of $\alpha=0.70$ was pre-determined as the benchmark for acceptable reliability.

If any sub-scale demonstrated a low α value, the inter-item correlation was examined, and items that did not contribute to internal consistency were revised or removed to improve the overall reliability of the instrument before its use in the main study.

Data collection procedure

Following formal ethical approval from the institutional ethics committee for biomedical and health research (IECBH) and necessary administrative permissions, data collection commenced. Informed consent was obtained prior to participation. To ensure candid and truthful responses, the questionnaire was self-administered as a Google form and was completed anonymized, typically taking under 5 minutes for each response.

Data analysis

The collected data was coded, entered, and analysed using Jamovi 2.6. The statistical procedures were selected based on the nature of the data and the study objectives.

Scoring and categorization

Continuous variables like time spent on social media were categorized into four levels: <1 hour/day, 1-2 hours/day, 2-4 hours/day, and >4 hours/day. Composite scores for body image perception and body shape concern were calculated by aggregating Likert scale responses. To ensure directional consistency across the scale, all negatively phrased items assessing body image perception were reverse-coded so that lower the score, better the body image perception. After reverse coding, individual item scores were averaged to generate a composite body image perception score, which was then used for analysis and further statistical tests.

Statistical methods

Descriptive statistics

Frequencies and proportions were utilized to summarize all categorical variables (gender, academic year, BMI category, social media behaviors, and body image responses), while mean and standard deviation (SD) were used for continuous variables.

Inferential statistics

One-way analysis of variance (ANOVA) was employed to compare the mean composite body image scores across the three discrete groups of daily social media usage duration.

Chi-square test of independence (χ^2) was used to analyse the association between two categorical variables, i.e., the relationship between following beauty and fitness influencers and the reported intention to modify one's appearance.

Binomial logistic regression

Three separate models were applied to identify independent predictors for binary outcomes: (a) body image dissatisfaction/perception, (b) body shape concerns, and (c) social comparison tendencies. The models included key independent variables such as gender, BMI category, content following, and photo-editing behavior.

RESULTS

The study involved 352 medical undergraduate students, with a female predominance 65.1% and nearly half the sample 47.8% classified as either overweight or obese (Figure 1).

Table 1: Comprehensive descriptive analysis of participant characteristics, social media engagement, and body image outcomes (n=352).

Variables	Category	Frequency	Percentage
Participant demographics			
Gender	Female	229	65.1
	Male/other	123	34.9
Academic year	1st year MBBS	132	37.5
	2nd year MBBS	92	26.1
	3rd year MBBS	127	36.1
BMI Classification	Normal	143	40.6
	Overweight/obese	168	47.8
	Underweight	40	11.4
	Not Disclosed	1	0.3
Social media usage and engagement			
Daily usage duration	Less than 1 hour	23	6.5
	1-2 hours	127	37.7
	2-4 hours	139	38.2
	4 hours	63	17.6
Checking SM frequency	High frequency (2-5x/day)	181	51.4
	Constantly through day	100	28.4
	Once a day	47	13.4
	Few times a week	24	6.8
Active posting	Yes (frequently/sometimes)	135	38.4
	No (rarely/never)	217	61.6
Use of photo-editing tools	Yes (always/sometimes)	83	23.6
	No (rarely/never)	269	76.4
Following influencers	Yes (regularly/occasionally)	183	52.0
	No (never/rarely)	139	39.5
	Missing	30	8.5
Required mental health break	Yes	212	60.2
	No	140	39.8
Intention to modify appearance	Yes (Often/sometimes)	195	55.4
	No (Never)	129	36.6
	Missing	28	7.9
Body image and psychological impact			
Body image dissatisfaction	High/moderate concern	135	38.4
	Low concern	217	61.6
Body shape self-consciousness	High/moderate concern	162	46.0
	Low concern	190	54.0
Social comparison	High/moderate frequency	173	49.2
	Low frequency	179	50.8
Interested in counselling	Yes/maybe	140	39.8
	No	205	58.2
	Missing	7	2.0

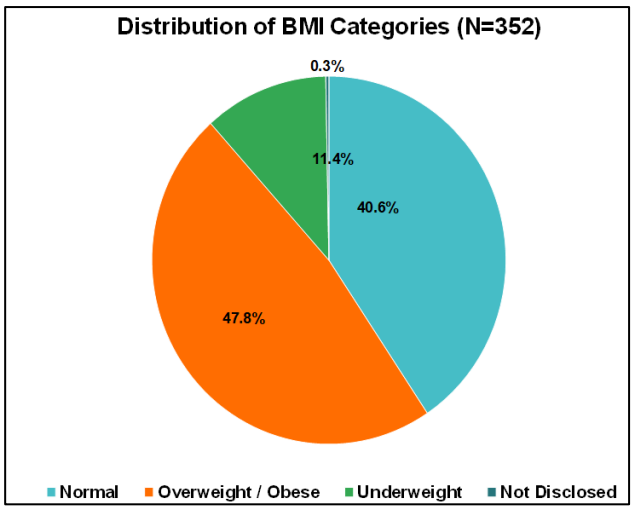

Figure 1: Distribution of body mass index (BMI) categories (n=352).

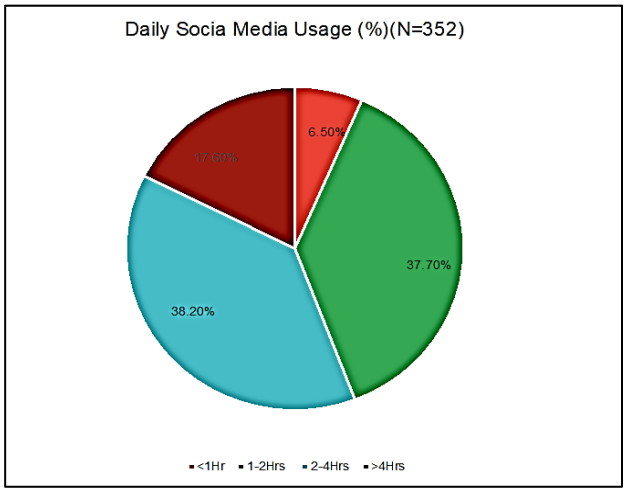

Figure 2: Daily social media usage.

Daily social media usage was high, with almost 56% of participants spending more than 2 hours daily on social media (Figure 2), and frequent checking throughout the day. Appearance-based engagement was prevalent; 55.4% of students reported considering appearance modification due to social media influence, and a significant 60.2% of the cohort reported needing a break from social media due to its negative impact on mental health due to self-image (Figure 3).

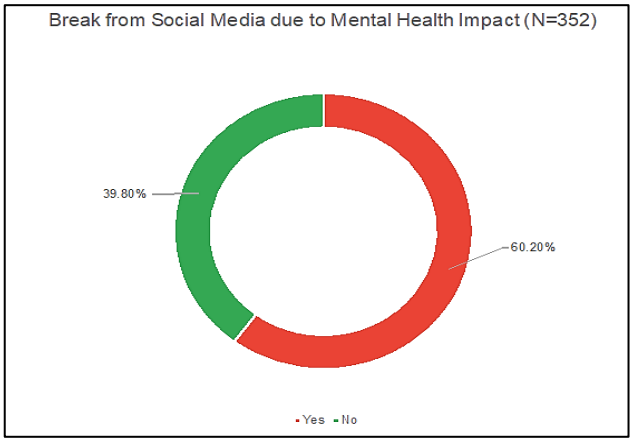

Figure 3: Prevalence of students requiring a break from social media due to its effect on mental health and self-image (n=352).

Specific factors of body image concerns

Duration of usage

One-way ANOVA revealed o significant difference in mean body image composite scores across groups based on social media usage duration (F (3, 76.6) =1.08, p=0.361). This suggests screen time alone is not the primary risk factor (Table 2).

Table 2: Comparison of body image composite scores by social media usage (n=352).

Hours of social media usage	N	M	SD	SE
<1 hour	21	3.18	0.416	0.0907
1-2 hours	122	3.21	0.314	0.0285
2-4 hours	124	3.17	0.274	0.0246
>4 hours	57	3.25	0.322	0.0426

Table 3: Association between following fitness and beauty influencers and the intention to modify their appearance (n=352).

Following	Never	Follows diets/cosmetic procedures	Sometimes follows diets/cosmetic procedures	Total
No	50	59	96	205
Yes	84	10	53	147
Total	134	69	149	352

One-way ANOVA revealed no statistically significant difference in mean body image composite scores across the four daily usage groups, indicating that mere screen time duration is not the primary predictor of body image perception.

Modification of appearance

Chi-square analysis showed a significant association between following beauty and fitness influencers and the intention to modify one's appearance ($\chi^2(2, N=352) = 47.6$, $p<0.001$), confirming a behavioural link between content exposure and action (Table 3).

The significant result indicates that the pattern of appearance modification is strongly dependent on whether the student follows beauty and fitness influencers.

Independent predictors for body image outcomes

Body image dissatisfaction

Predictors for dissatisfaction were higher BMI (AOR=1.67, p=0.043), Following Influencers (AOR=2.34, p=0.001), and use of photo-editing tools (AOR=2.90, p<0.001). This indicates that students who edit their photos were almost three times more likely to report overall body image dissatisfaction (Table 4).

Table 4: Regression analysis 1-body image perception/dissatisfaction model (n=352).

Model	Deviance		AIC			R^2_{McF}	
1	394		404			0.0848	
		95% confidence interval					
Predictor	Estimate	Lower	Upper	SE	Z	P	Odds ratio
Intercept	-0.520	-1.0448	0.00500	0.268	-1.941	0.052	0.595
BMI	0.508	0.0114	1.00449	0.253	2.005	0.045*	1.662
Social media platform	0.193	-0.3729	0.75905	0.289	0.669	0.504	1.213
Following influencers	0.846	0.3311	1.36126	0.263	3.220	0.001*	2.331
Editing photos	1.090	0.5611	1.61965	0.270	4.038	<.001*	2.975

Note. Model estimated using a sample size of n=352. AIC = Akaike Information Criterion; R^2_{McF} = McFadden's pseudo-R^2. Estimates represent the log odds of BIP_Binary = 1 versus BIP_Binary = 0. CI = confidence interval; SE = standard error.

Table 5: Regression analysis 2-social comparison model (n=352).

Model	Deviance		AIC			R^2_{McF}	
1	321		333			0.0712	
		95% confidence interval					
Predictor	Estimate	Lower	Upper	SE	Z	P	Odds ratio
Intercept	-0.8112	-1.535	-0.0876	0.369	-2.197	0.028	0.444
Gender	0.3193	-0.285	0.9241	0.309	1.035	0.301	1.376
BMI	0.2892	-0.266	0.8444	0.283	1.021	0.307	1.335
Social media platform	0.0819	-0.542	0.7062	0.319	0.257	0.797	1.085
Following influencers	-0.9265	-1.547	-0.3061	0.317	-2.927	0.003*	0.396
Editing photographs	-0.9502	-1.530	-0.3699	0.296	-3.209	0.001*	0.387

Note. Model estimated using a sample size of n=352. AIC = Akaike Information Criterion; R^2_{McF} = McFadden's pseudo-R^2.

Table 6: Regression analysis 3-body shape concern model (n=352).

Model	Deviance			AIC		R2McF	
1	352			364		0.0676	
			95% confidence interval				
Predictor	Estimate	Lower	Upper	SE	Z	P	Odds ratio
Intercept	-1.923	-2.7167	-1.129	0.405	-4.748	<0.001	0.146
Gender	1.073	0.4474	1.699	0.319	3.362	<0.001	2.924
BMI	0.474	-0.0460	0.993	0.265	1.787	0.074	1.606
Social media platform	0.415	-0.1597	0.990	0.293	1.415	0.157	1.515
Following influencers	-0.691	-1.2460	-0.135	0.283	-2.438	0.015	0.501
Editing Photos	-0.194	-0.7796	0.392	0.299	-0.648	0.517	0.824

Note. Model estimated using a sample size of n=352. AIC = Akaike Information Criterion; R^2_{McF} = McFadden's pseudo-R^2.

Social comparison

This model also yielded unexpected findings: following influencers (AOR=0.40, p=0.003) and use of photo-editing tools (AOR=0.39, p=0.001) were both found to reduce the odds of being classified as having high social comparison tendencies (Table 5). This finding was further strengthened by the fact that 50.9% respondents had low

(never/rarely) social comparison tendencies (25.3% were moderate).

Body shape concerns

Female gender was a strong positive predictor (AOR=2.92, p<0.001). However, Following Influencers demonstrated an unexpected negative association (AOR=0.50, p=0.015), suggesting that following these accounts reduced the odds of reporting high body shape concerns (Table 6). This is also corroborated with the descriptive statistics which suggested that 54% respondents reported low (never/rarely) body shape concerns and self-consciousness.

These results collectively indicate that the type of content consumed and the manner of active engagement are influential, though the direction of effect varies significantly. The negative association between active engagement and social comparison and body shape concerns suggests a more complex relationship than a simple linear effect, possibly reflecting that for some individuals, these behaviors may be a form of adaptation or coping rather than a primary cause of high distress. The descriptive data also confirms that only a minority of students fall into the 'high concern' categories for body shape concerns and social comparison. This provides context for the unexpected AORs, suggesting that for the average student, engagement behaviors like following influencers are not inherently harmful, but rather, adaptive-perhaps through conscious content curation. However, the strong positive correlation with Intention to Modify Appearance confirms that the content still exerts a powerful, undesirable behavioural influence even when acute distress may be low.

DISCUSSION

This study investigated the complex relationship between social media use and body image concerns among medical undergraduates, a group subject to both intense digital exposure and high academic stress. Our overall findings challenge the simplistic notion that merely spending more time on social media is detrimental. Instead, we reveal that the type of content consumed and the nature of active digital engagement are the primary sources of psychological risk.

Our core statistical results emphasize a critical distinction: the simple duration of social media use was not a significant predictor of body image dissatisfaction (ANOVA: p=0.361). This aligns with contemporary research suggesting that digital media's harm lies less in screen time and more in the quality and context of engagement.[16,17] However, the high prevalence of distress-a substantial 60.2% students reported needing a social media break, confirms the profound negative effect the platforms are having on mental health and self-image in this cohort.

The binomial logistic regression models provided critical predictive insights into the specific drivers of dissatisfaction:

Harmful drivers (positive association)

Higher BMI (AOR=1.67, p=0.043) and the creation of idealized digital images via photo-editing tools (AOR=2.90, p<0.001) emerged as the strongest drivers of overall body image dissatisfaction. This is consistent with findings from other Indian studies.[2,17] The discrepancy between social media ideals and a student's actual BMI (overweight/obese) significantly increases their body dissatisfaction. Furthermore, photo-editing implies the pursuit of an unattainable digital self-ideal, trapping individuals in a chronic cycle of self-judgment.

Gender and behavior

Consistent with global trends, the female gender was a strong predictor of body shape concerns (AOR=2.92, p<0.001), reflecting a heightened societal and media-driven internalization of thin ideals.[17] The Chi-square result further demonstrates the behavioural outcome: following influencers is strongly associated with active attempts to modify appearance $\chi^2(2)=47.6$, p<0.001).

Nuanced protective associations (negative association)

In contrast to the BIP model, the models for body shape concerns and social comparison showed that following influencers (AOR=0.50 and AOR=0.40, respectively) and Photo-Editing (AOR=0.39 for SCS) were significantly protective (AOR<1). This unexpected finding challenges the simplistic notion of universal harm and may corroborate the growing theories and hypothesis about the GenZ paradox. This is a cohort that possess a very high degree of native digital literacy and is also quite sceptical regarding social media authenticity. For them, active engagement may not be harmful. This finding is highly plausible given the descriptive data: only a minority of students fall into the "high concern" categories for body shape concern and social comparison scale. Students may be selectively curating their feeds to include body-positive, function-focused content; or they may use editing as a form of emotional control that minimizes the reported self-consciousness.

Hence, contrary to widespread popular belief, this active social media literacy may render them less vulnerable to the mere presence of fitness and beauty ideals, as compared to their counterparts in different or older age brackets.

The main limitations include the cross-sectional design, which only shows associations and not cause-and-effect. Additionally, our reliance on self-reported data for social media use and psychological state means we could not use objective phone/mobile device data. This lack of objective measurement makes the findings vulnerable to

recall and social desirability bias. This strongly suggests that future research must incorporate longitudinal methods to track changes over time and use technology to objectively measure usage.

CONCLUSION

This study successfully established the association between specific social media engagement patterns and body image issues among medical undergraduate students. The core finding is that simple duration of use is not a significant predictor of concern. Instead, risk is driven by active appearance-focused behaviours like the use of photo-editing and is amplified by higher BMI. However, the unexpected negative association found between active engagement and high comparison suggests a GenZ digital literacy paradox: for a substantial portion of this digitally native cohort, engagement may function as a protective coping mechanism against general psychological distress, possibly through strategic content curation by following more body-image positive influencers.

The primary contribution of this research is the provision of evidence-based direction for institutional policy. The high prevalence of distress, i.e., needing a mental health break, highlights an urgent need for medical colleges to shift focus from generic advice on reducing screen time to implementing targeted digital health literacy. A robust, de-stigmatized student wellness programs that address the complex and nuanced challenges that come with the realm of being chronically online is essential for fostering a healthier self-perception among future healthcare professionals.

Recommendations

Integrate digital literacy and mental health in curriculum: incorporate a dedicated module on digital health and body image into the existing community medicine or professional development curriculum, particularly in the 1st and 2nd years (before peak clinical stress). Education should explicitly address the psychological impact of highly-visual platforms (like Instagram/Snapchat) and teach students to critically evaluate edited images, promoting a "healthy professional body image" that focuses on function and well-being rather than aesthetic ideals.

Enhance institutional psychological support: implement proactive, confidential psychological support, moving beyond reactive counselling. Given the strong resistance to seeking help (58.4% were against receiving counselling, while 29.5% were "open" to it), annual anonymous screening should identify high-risk groups (e.g., those with higher BMI or reported editing use) for targeted outreach.

Wellness environment: the college should actively promote functional, non-appearance-based health e.g., continuing yoga in for all years of medical education and not just restricting to the 1st year, promoting sports and physical activity and enhancing nutritional education. Furthermore, a culture that actively discourages body-shaming and appearance-based commentary should be enforced to create a supportive, non-judgmental professional environment.

Future research focus: conduct multi-institutional, longitudinal research to track the causal pathway between digital engagement habits. Moreover, future studies must specifically categorize the content consumed by students (e.g., "body-positive" versus "thin-ideal" accounts) to empirically test the GenZ digital literacy hypothesis regarding the protective effects of selective content consumption.

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