Received Date: 4 August 2025 I Accepted Date: 1 December 2025

RESEARCH ARTICLE

OPUS Journal of Society Research

Social Media, Aesthetic Surgery, and Psychosocial Factors: A Comparative Study

Selda Mert[1], Özlem Kersu[2]

[1] Asst. Prof. Dr., Kırşehir Ahi Evran University, Faculty of Health Science, Kırşehir/Türkiye
ROR ID: https://ror.org/05rrfpt58
ORCID: 0000-0002-8123-2211
E-Mail: selda.mert@ahievran.edu.tr

[2] Asst. Prof. Dr., Eskişehir Osmangazi University, Faculty of Health Science, Eskişehir/Türkiye
ROR ID: https://ror.org/01dzjez04
ORCID: 0000-0003-3592-2892
E-Mail: ozlem_8420@hotmail.com

Corresponding Author: Selda Mert

November 2025
Volume:22
Issue:6
DOI: 10.26466/opusjsr.1757677

Citation: Mert, S. & Kersu, Ö. (2025). Social media, aesthetic surgery, and psychosocial factors: A comparative study. *OPUS–Journal of Society Research*, 22(6), 1279-1294.

Abstract

This study compared social media use, attitudes toward aesthetic surgery, and psychosocial factors between a social media group (SMG) and an aesthetic surgery group (ECG). This descriptive and comparative study included 120 social media users and 120 individuals planning to undergo aesthetic surgery. The findings indicated that, in both groups, single participants exhibited higher levels of social media addiction and self-esteem. In the SMG, associate degree graduates exhibited higher self-esteem than master's degree graduates (p=0.022), whereas in the ECG, primary school graduates had higher levels of depression than associate degree graduates (p=0.014). Additionally, in the ECG, individuals whose income was lower than their expenses showed higher levels of social media addiction than other income groups (p=0.001; p=0.048). After aesthetic surgery, participants showed increases in social media addiction, the impact of body image on quality of life, positive attitudes toward aesthetic surgery, and body satisfaction, while depression levels decreased compared to pre-surgery levels and social media users (p<0.001). Furthermore, in the ECG, as the positive impact of body image on quality of life increased, the acceptance of aesthetic surgery also increased (p=0.022). These findings underscore the need for community-based initiatives that enhance media literacy, promote positive body image, and bolster self-esteem. They also indicate that individuals considering aesthetic surgery should be evaluated for social media addiction and depressive symptoms.

Keywords: *Aesthetic surgery, body perception, depression, quality of life, self-esteem, social media*

Öz

Bu çalışma, sosyal medya grubu (SMG) ve estetik cerrahi grubu (ECG) arasında sosyal medya kullanımı, estetik cerrahiye yönelik tutumlar ve psikososyal faktörleri karşılaştırmayı amaçlamıştır. Tanımlayıcı ve karşılaştırmalı yöntemle yürütülen araştırmaya, sosyal medya kullanan 120 birey ile estetik cerrahi planlanan 120 birey katılmıştır. Çalışmada, her iki grupta da bekar bireylerin sosyal medya bağımlılığı ve benlik saygısı düzeylerinin daha yüksek olduğu belirlenmiştir. SMG'de önlisans mezunlarının yüksek lisans mezunlarına kıyasla benlik saygısı düzeylerinin daha yüksek olduğu (p=0.022); ECG'de ise ilkokul mezunlarının önlisans mezunlarına göre depresyon düzeylerinin daha yüksek olduğu saptanmıştır (p=0.014). Ayrıca, ECG'de gelirleri giderlerinden düşük olan bireylerde diğer gelir gruplarına kıyasla sosyal medya bağımlılığının daha yüksek olduğu bulunmuştur (p=0.001; p=0.048). Estetik cerrahi sonrası bireylerde, cerrahi öncesine ve sosyal medya kullanıcılarına kıyasla sosyal medya bağımlılığı, beden imgesinin yaşam kalitesine etkisi, estetik cerrahiye yönelik olumlu tutum ve beden doyumu düzeylerinde artış; depresyon düzeylerinde ise azalma gözlenmiştir (p<0.001). Bunun yanı sıra, ECG'de beden imgesinin yaşam kalitesine olumlu etkisi arttıkça estetik cerrahiye yönelik olumlu tutumun da arttığı belirlenmiştir (p=0.022). Bu bulgular, medya okuryazarlığını geliştirmeye ve olumlu beden algısı ile benlik saygısını güçlendirmeye yönelik toplum temelli programların önemini vurgulamakta; estetik cerrahi düşünen bireylerde sosyal medya bağımlılığı ve depresyon düzeylerinin değerlendirilmesini önermektedir.

Anahtar Kelimeler: *Estetik cerrahi, beden algısı, depresyon, yaşam kalitesi, benlik saygısı, sosyal medya*

Review Note: *Evaluated by Double-Blind Peer Review*
Ethical Statement: *Ethical matters may be addressed via editorialoffice@opusjournal.net*

Introduction

In recent years, the rapid proliferation of social media platforms has significantly influenced individuals' perceptions of body image and physical attractiveness, contributing to a growing interest in aesthetic surgical procedures (Okgün-Alcan & Çetin, 2022; Shalmani & Jafari, 2024). An increasing number of studies have highlighted the impact of social media on the demand for aesthetic procedures (ASAPS, 2023). Among the most common aesthetic surgeries are liposuction, breast augmentation, blepharoplasty, abdominoplasty, and rhinoplasty (ISAPS, 2024).

Key psychosocial factors that drive individuals to pursue aesthetic surgery include body image, self-esteem, and body perception.

Body image refers to an individual's perceptions, emotions, and beliefs about their physical appearance (Borujeni et al., 2020; Okgün-Alcan & Canpolat, 2021; Shalmani & Jafari, 2024), while self-esteem reflects the degree of self-respect, self-approval, and perceived self-worth. Body perception refers to how individuals internally visualize and interpret their own bodies (Karaca & Beydağ, 2021). Negative body image is often associated with lower self-esteem (Demirbaş, 2019), and several studies have reported that low self-esteem may increase the likelihood of seeking aesthetic surgical interventions (Heidarzadeh et al., 2019). Furthermore, aesthetic procedures have been shown to positively influence body perception and enhance satisfaction with one's appearance (Demirbaş, 2019).

Beyond improving physical appearance, aesthetic surgery is also associated with psychosocial benefits, including enhanced psychological well-being, increased self-confidence, and overall quality of life (QoL) (Karaca et al., 2017; Spadoni-Pacheco et al., 2018). Evidence demonstrates that aesthetic surgery can improve self-confidence (Asimakopoulou et al., 2020), body image, and self-esteem (Heidarzadeh et al., 2019; Kazeminia et al., 2023), as well as positively affect mental health outcomes, such as reducing anxiety, depression, and dysmorphic concerns, and improve QoL (Demirbaş, 2019; Kazeminia et al., 2023).

Although numerous studies have examined social media use, self-esteem, body perception, depression, QoL, and attitudes toward aesthetic surgery in social media users (Di Gesto et al., 2022; Okgün-Alcan & Çetin, 2022; Özer & Güzel, 2023; Swathi et al., 2023; Tecimer & Balcı, 2023) and individuals undergoing aesthetic surgery (Asimakopoulou et al., 2020; Borujeni et al., 2020; Emüler & Ayhan, 2021; Gajić & Gajić, 2022; Karaca & Beydağ, 2021; Katamanin et al., 2024; Shalmani & Jafari, 2024), there is a notable lack of studies that examine and compare these variables simultaneously across different groups. This gap has been highlighted by Gajić and Gajić (2022) and Okgün-Alcan and Çetin (2022). Therefore, this study compared social media use, attitudes toward cosmetic surgery, and psychosocial factors (self-esteem, body image, depression, and QoL) across both groups. Accordingly, it sought to answer the following research questions:

Research questions

1. Do scale scores differ according to demographic characteristics between participants who use social media and those who have undergone aesthetic surgery?
2. Do scale scores differ between participants who use social media and those who have undergone aesthetic surgery?
3. Are there significant differences in scale scores before and after aesthetic surgery?
4. Which factors influence the acceptance of cosmetic surgery among the groups?

Method

Participants

The study is descriptive and comparative in design with two distinct populations. The first population consisted of patients who applied to the Plastic, Reconstructive, and Aesthetic Surgery Clinic at Kocaeli University Hospital for aesthetic surgical procedures between January 2 and June 30, 2023. The sample size for this group was determined through power analysis based on statistical parameters reported in the study by Okgün Alcan and Çetin (2022), titled *"The effect of social media use on*

women's attitudes toward aesthetic surgery." Using a significance level of $\alpha = 0.05$, a power of $1\text{-}\beta = 0.95$, and an effect size of 0.47, the required sample size was calculated as 117. To account for potential attrition, the study was conducted with 120 participants scheduled for aesthetic surgery (ASG). Inclusion criteria included being aged 18–65 years, providing informed verbal and written consent, and having no communication difficulties, psychiatric disorders, or cognitive impairments that could affect comprehension. Exclusion criteria were being under 18, having communication or psychiatric problems, or withdrawing from the study after surgery.

The second population comprised individuals aged 18–65 who were active social media users (SMG). To ensure balanced and homogeneous data distribution between the two groups, the sample size for this population was set at 120 participants, equal to that of the first group. Inclusion criteria for this population included being aged 18–65, regular social media use, and providing informed consent to participate in the study.

Data collection

In the sample group scheduled for aesthetic surgery, data were collected by the researcher (SM) through face-to-face interviews conducted in a quiet environment, free of patients' relatives or visitors, allowing participants to express their feelings comfortably. The data collection forms included the Descriptive Information Form (DIF), the Social Media Addiction Scale–Adult Form (SMAS-AAD), the Acceptance of Aesthetic Surgery Scale (ACSS), the Body Perception Scale (BPS), the Rosenberg Self-Esteem Scale (RSES), the Beck Depression Inventory (BDI), and the Body Image Quality of Life Inventory (BIQLI). Each interview lasted approximately 15–20 minutes.

Two months after the surgical procedure, the same patients were re-contacted either via phone or during their follow-up hospital visits. At this stage, all data collection instruments—except the Personal Information Form—were re-administered by the same researcher (SM).

For the sample group consisting of participants active on social media, data collection forms were prepared using Google Forms and distributed via platforms such as Facebook, Instagram, Twitter, and WhatsApp. The form included a statement indicating that "completion of the questionnaire implies consent to participate in the study," and participant consent was obtained accordingly. To ensure completeness, the forms were structured so that respondents could not proceed to the next question without answering the current one. Additionally, IP tracking was employed to prevent multiple submissions from the same participant.

Data collection tools

Data were collected using the following instruments: DIF, SMAS-AAD, ACSS, BPS, RSES, BDI, and BIQLI.

DIF: Developed by the researchers, the form includes items regarding participants' demographic information (e.g., age, gender, education level, marital status, employment status), social media usage, and prior experience or knowledge related to plastic surgery.

SMAS-AAD: This 20-item scale was developed by Şahin and Yağcı (2017) and consists of 20 items to determine the level of social media addiction (SMA) in adults and to support preventive measures by evaluating the resulting outcomes. The scale comprises two sub-dimensions: Virtual Tolerance (Items 1–11) and Virtual Communication (Items 12–20). Total scores range from 20 to 100, with higher scores indicating a greater risk of SMA. The original reliability analysis reported a Cronbach's alpha of 0.94 for the total scale, 0.92 for the Virtual Tolerance subscale, and 0.91 for the Virtual Communication subscale (Şahin & Yağcı, 2017). In the present study, Cronbach's alpha coefficients were 0.932 for the SMG, 0.925 for the ASG, and 0.927 for the total sample.

ACSS: The scale, developed by Henderson-King (2005) and translated into Turkish by Karaca et al. (2017), is a 15-item, 7-point Likert-type instrument designed to assess individuals' attitudes toward cosmetic surgery. It comprises three sub-dimensions: intrapersonal, social, and consideration. Total scores range from 15 to 105, with higher

scores indicating more favorable attitudes toward aesthetic surgery. The Turkish adaptation demonstrated a Cronbach's alpha of 0.92 (Karaca & Beydağ, 2021). In the present study, Cronbach's alpha coefficients were 0.939 for the SMG, 0.901 for the ASG, and 0.933 for the total sample.

BPS: The scale was originally developed by Secord and Jourard (1953), and its Turkish adaptation was conducted by Hovardaoğlu (1986). It assesses an individual's satisfaction with 40 different body parts or functions. Higher scores indicate greater satisfaction with body perception, whereas scores below the cut-off point suggest dissatisfaction with one's body image. The scale has demonstrated strong internal consistency, with a Cronbach's alpha of 0.91 reported in the original Turkish adaptation (Hovardaoğlu, 1992). In the present study, reliability analysis yielded Cronbach's alpha coefficients of 0.905 for the SMG, 0.893 for the ASG, and 0.918 for the total sample.

RSES: The scale was developed by Rosenberg (1965), and its Turkish adaptation and validation were conducted by Çuhadaroğlu (1986). It is a self-report instrument with 63 multiple-choice items. It includes twelve subcategories, which can be used separately in research if necessary. In the present study, only the first 10 items were used to assess participants' self-esteem levels, yielding a total score ranging from 0 to 30. Scores between 15 and 25 indicate adequate self-esteem, while scores below 15 reflect low self-esteem. The scale's Cronbach's alpha was previously reported as 0.71 (Karaca et al., 2017). In the current study, Cronbach's alpha coefficients were 0.878 for the SMG, 0.718 for the ASG, and 0.828 for the total sample.

BDI: The scale, developed by Beck et al. (1961), is a self-report instrument designed to assess emotional, somatic, cognitive, and motivational symptoms of depression (Beck, 1961). Its Turkish validity and reliability were established by Hisli (1989). The scale includes 21 symptom statements, with total scores ranging from 0 to 63: 0–9 indicating minimal depression, 10–16 mild, 17–29 moderate, and 30–63 severe depression. In the original study, Cronbach's alpha was reported as 0.80 (Hisli, 1989). In the present study, Cronbach's alpha was 0.896 for the SMG, 0.874 for the ASG, and 0.969 for the total sample.

BIQLI: The scale was developed by Cash and Fleming (2002) to assess the effect of body image on an individual's quality of life (QoL) and the extent of this effect. It was adapted into Turkish by Demiralp et al. (2015), who also conducted validity and reliability analyses. The scale is a 19-item, 7-point bipolar instrument, with each item scored from -3 to +3. Total scores range from -57 to +57, with positive scores showing a positive effect of body image on QoL, negative scores reflecting a negative impact, and a score of 0 suggesting no impact. In the original Turkish adaptation, Cronbach's alpha was reported as 0.89 (Demiralp et al., 2015). In the present study, Cronbach's alpha was 0.970 for the SMG, 0.936 for the ASG, and 0.963 for the total sample.

Ethical considerations

Written approval for the study was obtained from the Kocaeli University Non-Interventional Clinical Research Ethics Committee (Date: 22.12.2022, Decision No: KU GOKAEK-2022/21.15) and the relevant hospital. To minimize potential bias, the objectives of the study were not disclosed to participants during recruitment, as prior knowledge could influence their responses. The primary aim of the study was explained to participants only after they had completed the data collection forms. Only data from participants who provided informed consent were recorded. Additionally, permission to use the scales in the study was obtained via e-mail from the responsible authors.

Data analyses

Statistical analyses were performed using IBM SPSS Statistics for Windows, Version 20.0 (IBM Corp., Armonk, NY, USA). The Kolmogorov–Smirnov test was used to assess the normality of data distribution. Numerical variables were presented as median (25th–75th percentile) and fre-

quencies (percentages). Cronbach's alpha coefficients were calculated to evaluate the internal consistency of the scales. The Mann–Whitney U test and Kruskal–Wallis test were used for comparisons of non-normally distributed variables. Differences between measurements were evaluated using the Wilcoxon signed-rank test for continuous variables with non-normal distribution. Additionally, regression analysis was performed to identify factors associated with ACSS scores. A p-value of <0.05 was considered statistically significant.

Results

Table 1. Comparison of the groups according to socio-demographic and aesthetic surgery information (median (25th-75th percentile) / n (%)

Characteristics		SMG (n=120)	ASG (n=120)	Total (n=240)	p[a]
		Median (Q1-Q3)	Median (Q1-Q3)	Median (Q1-Q3)	
Age		26.50 (20.00-41.00)	23.00 (21.00-35.75)	24.00 (20.00-39.75)	0.985
		n (%)	**n (%)**	**n (%)**	**p[b]**
Gender	Female	107 (89.2)	84 (70.0)	191 (79.6)	**p<0.001**
	Male	13 (10.8)	36 (30.0)	49 (20.4)	
Education Level	Primary school	0 (0.0)	9 (7.5)	9 (3.8)	**p<0.001**
	Secondary school	3 (2.5)	4 (3.3)	7 (2.9)	
	High school	8 (6.7)	31 (25.8)	39 (16.3)	
	Associate degree	14 (11.7)	73 (60.8)	87 (36.3)	
	Bachelor's degree	69 (57.5)	3 (2.5)	72 (30.0)	
	Post-graduate	26 (21.7)	0 (0.0)	26 (10.8)	
Marital status	Single	70 (58.3)	84 (70.0)	154 (64.2)	0.062
	Married	45 (37.5)	29 (24.2)	74 (30.8)	
	Widowed/divorced	5 (3.8)	7 (5.8)	12 (5.0)	
Employment	Unemployed	53 (44.2)	23 (19.2)	76 (31.7)	**p<0.001**
	Civil servant	48 (40.0)	34 (28.3)	82 (34.2)	
	Working in private sector	5 (4.2)	6 (5.0)	11 (4.6)	
	Retired	0 (0.0)	8 (6.7)	8 (3.3)	
	Housewife	1 (0.8)	45 (37.5)	46 (19.2)	
	Others	13 (10.9)	4 (3.3)	17 (7.1)	
Income level	Income less than expenses	57 (47.5)	32 (26.7)	89 (37.1)	**0.004**
	Income equal to expenses	51 (42.5)	68 (56.7)	119 (49.6)	
	Income more than expenses	12 (10.0)	20 (16.7)	32 (13.3)	
Use of social media	Yes	87 (72.5)	89 (74.2)	176 (73.3)	0.770
	No	33 (27.5)	31 (25.8)	64 (26.7	
Following physicians or centers on social media related to aesthetic surgery	Yes	28 (23.3)	54 (45.0)	82 (34.2)	**0.001**
	No	92 (76.7)	66 (55.0)	158 (65.8)	
Someone around having an aesthetic surgery	Yes	81 (67.5)	70 (58.3)	151 (62.9)	0.142
	No	39 (32.5)	50 (41.7)	89 (37.1)	
Previous aesthetic surgery	Yes	**10 (8.3)**	11 (9.2)	21 (8.8)	1.000
	No	110 (91.7)	109 (90.8)	219 (91.3)	
Most recent plastic surgery	Otoplasty	1 (10.0)	1 (0.8)	2 (1.5)	**p<0.001**
	Mammoplasty	3 (30.0)	10 (8.3)	13 (10.0)	
	Blepharoplasty	3 (30.0)	2 (1.7)	5 (3.8)	
	Rhinoplasty	1 (10.0)	69 (57.5)	70 (53.8)	
	Lip augmentation	2 (20.0)	0 (0.0)	2 (1.5)	
	Liposuction	0 (0.0)	6 (5.0)	6 (4.6)	
	Abdominoplasty	0 (0.0)	4 (3.3)	4 (3.1)	
	Others	0 (0.0)	28 (23.3)	28 (21.5)	
	Total	**10 (100.0)**	120 (100.0)	130 (100.0)	
Expectations from aesthetic surgery	Change in physical appearance	3 (30.0)	73 (60.8)	76 (58.5)	**0.002**
	Improvement of health problems	6 (60.0)	44 (36.7)	50 (38.5)	
	Achieving social gains	1 (10.0)	3 (2.5)	4 (3.0)	
	Total	**10 (100.0)**	120 (100.0)	130 (100.0)	
Satisfaction with aesthetic surgery	Yes	6 (60.0)	115 (95.8)	121 (93.1)	**p<0.001**
	Not sure	2 (20.20)	1 (0.8)	3 (2.3)	
	No	2 (20.0)	4 (3.3)	6 (4.6)	
	Total	**10 (100.0)**	120 (100.0)	130 (100.0)	

SMG: Social Media Group; ASG: Aesthetic Surgery Group

[a]: Mann-Whitney U Testi; [b]: Pearson Chi-Square , Bold faced values are shown as p< 0.05.

Table 2. Comparison of median scale scores between groups according to certain demographic characteristics (n=240) (median (25th-75th percentile))

		SMG (n=120)					
Characteristics		**SMAS-ADD**	**BIQLI**	**ACSS**	**BPS**	**RSES**	**BDI**
Gender	Female (n=107)	53.00 (41.00-63.00)	85.00 (61.00-109.00)	63.00 (49.00-76.00)	88.00 (78.00-98.00	25.00 (20.00-29.00)	32.00 (28.00-42.00)
	Male (n=13)	59.00 (51.50-69.50)	76.00 (66.50-106.00)	59.00 (47.00-96.00)	100.00 (80.50-110.00)	24.00 (21.00-27.50)	33.00 (24.50-37.00)
	p[a]	p=0.179	p=0.949	p=0.785	p=0.144	p=0.966	p=0.803
Marital status	1. Single (n=70)	58.00 (49.00-68.25)	87.50 (62.00-107.25)	61.50 (44.25-75.25)	89.00 (77.75-100.00)	27.00 (21.00-31.25)	33.50 (28.75-42.00)
	2. Married (n=45)	46.00 (33.50-59.50)	85.00 (63.00-112.00)	62.00 (49.00-77.00)	89.00 (79.00-99.00)	24.00 (19.00-25.00)	31.00 (24.00-38.00)
	3. Widowed/divorced (n=5)	50.00 (40.50-59.50)	84.00 (58.00-105.50)	81.00 (57.00-86.00)	79.00 (70.50-97.50)	25.00 (20.00-28.50)	29.00 (29.00-40.00)
	p[c] p[d]	**p=0.001** **1>2*****	p=0.902	p=0.332	p=0.676	**p=0.015** **1>2***	p=0.195
Education Level	1. Secondary school (n=3)	33.00 (33.00- .)	130.00 (84.00- .)	17.00 (17.00- .)	115.00 (79.00- .)	19.00 (19.00- .)	26.00 (26.00- .)
	2. High school (n=8)	55.00 (39.00-68.75)	79.00 (64.75-109.00)	71.00 (49.00-96.00)	92.00 (80.25-106.00)	24.00 (18.50-30.50)	31.50 (30.25-57.00)
	3. Associate degree (n=14)	57.50 (43.75-69.75)	60.00 (45.25-116.50	50.50 (29.75-86.25)	100.00 (72.00-107.25)	28.00 (23.75-32.00)	37.50 (28.75-50.75)
	4. Bachelor's degree (n=69)	57.00 (48.00-64.00)	85.00 (69.00-103.00)	63.00 (49.50-76.00)	88.00 (79.00-97.50)	25.00 (21.00-28.50)	33.00 (29.00-39.00)
	5. Post-graduate (n=26)	48.50 (39.00-57.75)	95.00 (58.00-114.00)	64.00 (52.50-77.00)	84.00 (76.00-94.50)	21.50 (19.00-25.25)	29.00 (24.00-38.00)
	p[c] p[d]	p=0.148	p=0.252	p=0.506	p=0.244	**p=0.028** **3>5***	p=0.255
Income level	Income less than expenses (n=57)	54.00 (40.50-64.50)	93.00 (62.00-113.50)	65.00 (49.00-76.00)	92.00 (77.50-104.50)	24.00 (20.00-29.50)	32.00 (27.00-42.50)
	Income equal to expenses (n= 51)	52.00 (41.00-62.00)	82.00 (66.00-102.00)	58.50 (40.75-78.00)	88.00 (80.00-94.00)	25.00 (19.00-28.00)	31.00 (26.00-40.00)
	Income more than expenses (n=12)	58.50 (51.25-65.75)	80.50 (58.25-98.00)	64.00 (50.50-79.00)	79.50 (74.50-88.00)	28.00 (24.75-29.00)	37.00 (35.00-41.50)
	p[c]	p=0.356	p=0.517	p=0.448	p=0.112	p=0.151	p=0.114
PAS-ASG (n=120)							
Characteristics		**SMAS-ADD**	**BIQLI**	**ACSS**	**BPS**	**RSES**	**BDI**
Gender	Female (n=84)	66.00 (46-.00-75.00)	96.50 (90.00-103.00)	91.50 (82.00-98.00)	90.00 (90.00-90.00)	21.00 (19.00-24.00)	1.00 (0.00-4.00)
	Male (n=36)	69.00 (47.50-72.75)	99.50 90.25-103.00)	88,00 (75.00-94.75)	103.00 (87.00-117.00)	22.00 (19.50-24.00)	0.00 (0.00-3.50
	p[c]	p=0.311	p=0.542	p=0.108	p=0.561	p=0.230	p=0.143
Marital status	1. Single (n=84)	69.00 (64.00-75.00)	97.00 (90.00-103.00)	90.00 (82.25-96.00)	103.50 (91.00-112.75)	22.00 (20.00-24.00)	1.00 (0.00-3.00)
	2. Married (n=29)	41.00 (30.50-53.50)	98.00 (90.50-102.50)	87.00 (64.00-98.00)	100.00 (90.00-118.00)	21.00 (17.50-22.50)	1.00 (0.00-3.50)
	3. Widowed/divorced (n=7)	49.00 (44.00-77.00)	99.00 (82.00-131.00)	82.00 (75.00-96.00)	100.00 (66.00-125.00)	21.00 (21.00-27.00)	7.00 (0,00-13.00)
	p[c] p[d]	**p<0.001** **1>2*****	p=0.872	p=0.241	p=0.697	**p=0.037**	p=0.059
Education Level	1. Primary school (n=9)	49.00 (45.00-57.50)	96.00 (86.00-100.00)	92.00 (71.00-104.50)	95.00 (86.00-97.50)	23.00 (22.00-26.00)	4.00 (2.00-13.50)
	2. Secondary school (n=4)	41.00 (31.25-61.25)	99.00 88.50-102.00)	88.50 (77.75-91.00)	95.00 (86.00-97.50)	23.00 (20.25-25.00)	5.00 (0.00-13.00)
	3. High school (n=31)	63.00 (43.00-71.00)	94.00 (86.00-112.00)	83.00 (77.00-92.00)	105.00 (90.50-114.50)	22.00 (18.00-24.00)	1.00 (0.00-7.00)
	4. Associate degree (n=73)	69.00 (57.00-75.00)	98.00 (91.00-103.00	92.00 (81.00-98.00)	108.00 (94.00-119.00)	21.00 (19.00-24.00)	1.00 (0.00-2.00)
	5. Bachelor's degree (n=3)	76.00 (66.00 - .)	121.00 (128.00-120.00)	99.00 (87.00 - .)	103.00 (83.00 - .)	19.00 (15.00 - .)	0.00 (0.00 - .)
	p[c] p[d]	**p=0.003**	p=0.063	p=0.085	**p=0.019**	p=0.083	**p=0.024** 1> 4*
Income level	1. Income less than expenses (n=32)	72.00 (60.50-78.00)	98.00 (91.00-107.00)	92.00 (90.00-98.00)	94.50 (84,25-109.00)	21.00 (20.00-23.75)	2.00 (0.00-7.00)
	2. Income equal to expenses (n= 68)	64.00 (42.50-71.00)	96.00 (89.25-102.00)	87.50 (78.00-96.75)	107.00 (94.00-119.00)	22.00 (19.25-24.00)	0.50 (0.00-3.00)
	3. Income more than ex-penses (n=20)	67.50 (45.00-71.75)	97.00 (89.50-108.00)	87.00 (65.25-96.00)	101.00 (91.00-117.25)	21.00 (18.25-23.50)	0.50 (0.00-3.00)
	p[c] p[d]	**p=0.001** 1>2**, 1>3*	p=0.653	**p=0.031**	p=0.076	p=0.444	p=0.204

SMG: Social Media Group; ASG: Aesthetic Surgery Group
PAS: Post Aesthetic Surgery PAS: Post Aesthetic Surgery, BPS: Body Perception Scale; BDI: Beck Depression Inventory; BIQLI: the Body Image Quality of Life Inventory ACSS: Acceptance of Aesthetic Surgery Scale; RSES: the Rosenberg Self-Esteem Scale; SMAS-ADD: the Social Media Addiction Scale-Adult Form
[a]: Mann-Whitney U Test [c]: Kruskal-Wallis Test;
[d]: Multiple Comparison Test, Bold faced values are shown as
** p < 0.05, **p < 0.01, ***p<0.001*

The comparison of the groups based on socio-demographic characteristics and aesthetic surgery information is presented in Table 1.

In the SMG, single participants had significantly higher median scores for SMAS-AAD (p<0.001) and RSES (p=0.011) than the married participants. In the ASG, single participants also had higher median SMAS-AAD scores than married participants (p<0.001).

Additionally, in the ASG, significant relationships were observed between educational status and the median scores of SMAS-AAD (p=0.003), BPS (p=0.019), and BDI (p=0.024) related to aesthetic surgery. A significant difference was also found between marital status and post-surgery RSES scores (p=0.037). The median BDI score was higher among primary school graduates than associate degree graduates (p=0.014). Moreover, participants with income less than expenses had higher median SMAS-AAD scores than those with income equal to expenses (p=0.001) and those with income more than expenses (p=0.048). A significant difference was also found in the median post-surgery ACSS scores according to income status (p=0.031, Table 2).

As for the scores between the SMG and ASG, the post-surgery median scores for SMAS-AAD, BIQLI, ACSS, and BPS were significantly higher in the ASG than in the SMG (p<0.001), while the median scores for RSES and BDI were significantly lower (p<0.001).

Table 3. Comparisons of pre and post aesthetic surgery median scale scores between SMG and ASG (n=240) (median (25.-75th percentile))

Scales and subscales	SMG	ASG (PAS)		ASG		
				PRAS	**PAS**	
	Median (Q1-Q3)	Median (Q1-Q3)	p[a]	Median (Q1-Q3)	Median (Q1-Q3)	p[c]
SMAS-AAD	54.00 (42.00-63.00)	69.50 (46.00-73.75)	**p<0.001**	63.00 (46.00-73.00)	69.50 (46.00-73.75)	**p<0.001**
BIQLI	85.00 (62.00-108.75)	97.00 (90.00-103.00)	**p<0.001**	76.00 (71.00-89.00)	97.00 (90.00-103.00)	**p<0.001**
ACSS	63.00 (49.00-76.00)	90.00 (80.00-97.00)	**p<0.001**	83.00 (69.25-90.00)	90.00 (80.00-97.00)	**p<0.001**
BPS	89.00 (79.00-99.00)	103.00 (90.00-114.75)	**p<0.001**	77.00 (76.00-88.00)	103.00 (90.00-114.75)	**p<0.001**
RSES	26.00 (20.25-29.00)	24.00 (22.00-26.00)	**p<0.001**	22.00 (19.00-24.00)	24.00 (22.00-26.00)	**p<0.001**
BDI	32.00 (27.25-40.00)	1.00 (0.00-3.75)	**p<0.001**	4.00 (2.00-7.00)	1.00 (00.00-3.75)	**p<0.001**

SMG: Social Media Group; ASG: Aesthetic Surgery Group
PRAS: Pre Aesthetic Surgery; PAS: Post Aesthetic Surgery
BPS: Body Perception Scale; BDI: Beck Depression Inventory
BIQLI: the Body Image Quality of Life Inventory
ACSS: Acceptance of Aesthetic Surgery Scale
RSES: the Rosenberg Self-Esteem Scale
SMAS-ADD: the Social Media Addiction Scale-Adult Form
[a]: Mann-Whitney U test; [c]: Wilcoxon Signed Ranks Test
Bold faced values are shown as p< 0.05.

Furthermore, within the ASG, comparisons of pre- and post-surgery scores showed that post-surgery median scores for SMAS-AAD, BIQLI, ACSS, BPS, and RSES were significantly higher (p<0.001), while the median BDI score was significantly lower (p<0.001, Table 3).

In the ASG, the "social" and "consider" sub-dimensions of the ACSS, along with the "effect of body image on QoL" from the BIQLI, were positively associated with ACSS scores. In other words, as the scores for "social," "consider," and the impact of body image on QoL increased, the acceptance of aesthetic surgery also increased (Table 4).

Table 4. Regression analysis for the scores of ACSS and other scales in ASG and SMG

			Coefficients[g]				
	Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
			B	Std. Error	Beta		
SMG (n=120)	1	(Constant)	13,198	4,066		3,246	0.002
		Self-esteem	-,373	,198	-,174	-1,884	0.062
		Daily life	,243	,254	,095	,958	0.340
		Interaction with opposite sex	-,306	,385	-,090	-,794	0.429
		Intrapersonal	2,477	,122	,895	20,243	**p<0.001**
			Coefficients[h]				
	Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
			B	Std. Error	Beta		
ASG (PAS) (n=120)	1	(Constant)	4,939	3,049		1,620	0.108
		Daily life	-,035	,139	-,009	-,251	0.802
		Interaction with opposite sex	-,231	,224	-,052	-1,031	0.305
		Behavior/Attitude	-,174	,157	-,036	-1,114	0.268
		Social	1,112	,052	,531	21,226	**p<0.001**
		Consider	1,458	,065	,568	22,593	**p<0.001**
		BIQLI	,192	,083	,165	2,326	**0.022**

SMG: Social Media Group; ASG: Aesthetic Surgery Group
PAS: Post Aesthetic Surgery
ACSS: Acceptance of Aesthetic Surgery Scale
BIQLI: the Body Image Quality of Life Inventory
[g]: Dependent Variable: ACSS; [h]: Dependent Variable: ACSS (PAS)
Bold faced values are shown as p< 0.05.

Discussion

In the present study, social media use, attitudes towards aesthetic surgery, and psychosocial factors, including self-esteem, body perception, depression, and quality of life were compared between social media users and individuals who had undergone aesthetic surgery. The main findings are presented in the following sections.

Comparison of scale scores between groups according to certain demographic characteristics

Social media platforms, where users can present their lives as they wish, may encourage social comparisons that impact self-esteem (Lisa et al., 2025). Research indicates that SMA and self-esteem are influenced by certain sociodemographic factors, with marital status playing a particularly significant role (Kabar, 2024; Kaya, 2025; Özer & Güzel, 2023; Tecimer & Balcı, 2023). In the studies by Özer and Güzel (2023) and Kabar (2024), single participants had significantly higher levels of social media/internet addiction than married individuals. Kaya (2025) reported that single women who use social media placed greater importance on how they appear on these platforms than married women. In the study by Tecimer and Balcı (2023), internet and social media addiction levels were higher among single individuals, whereas their self-esteem levels were lower than those of married participants. In the present study, single participants in both the SMG and the ASG demonstrated higher levels of social media addiction and self-esteem, consistent with the findings of Özer and Güzel (2023), Kabar (2024), and Kaya (2025). Additionally, Valkenburg et al. (2006) noted that individuals with higher self-esteem tend to be more active on social media. Based on these findings, it seems that single individuals tend to spend more time on social media, and the positive feedback they receive from these platforms may further boost their self-esteem. However, this increased engagement may also contribute to higher social media addiction and potential psychosocial risks. Therefore, it is important to closely examine how social media use affects both self-esteem and addiction levels, particularly among single individuals.

One of the important sociodemographic factors affecting an individual's self-esteem is their education level. The literature indicates that higher education levels may be associated with increased self-esteem, which in the long term can contribute to the development of individuals with high self-esteem (Öner Altıok et al., 2010; Saygılı et al., 2015). For example, in a study conducted by Saygılı et al. (2015) with students, it was found that self-esteem scores increased in parallel with higher levels of education. Similarly, Öner Altıok et al. (2010) reported that students enrolled in faculties or four-year programs had higher self-esteem levels than those attending two-year vocational colleges. In

contrast, in the present study, it was observed that associate degree graduates in the SMG had higher levels of self-esteem than postgraduate graduates. Although this finding contradicts previous literature, it suggests that the relationship between education level and self-esteem may be influenced not only by individual factors but also by temporal and environmental factors (Kaya, 2021; Tecimer & Balcı, 2023; Özer & Güzel, 2023). In particular, the widespread use of social media today, variations in platform usage according to education level, and responses to social feedback may have reshaped its effects on self-esteem. These results indicate that self-esteem research should consider not only sociodemographic characteristics but also social, environmental, and cultural contexts.

This study examined the relationship between educational level and social media addiction, body satisfaction, and depression in individuals undergoing aesthetic surgery, and the findings were generally consistent with the literature. Higher educational levels were associated with increased social media addiction and body satisfaction, as well as lower levels of depression, suggesting that education plays a significant role in psychosocial variables. In this study, associate degree graduates had higher levels of social media addiction than other educational groups, supporting previous findings that "social media use increases with educational level" (Gökkaya et al., 2020; Özer & Güzel, 2023). This indicates that as education level rises, individuals may be more exposed to appearance-focused content, which could influence their motivation to undergo aesthetic surgery. However, education alone may not be protective against the effects of social media; thus, mindful usage is important. Regarding body satisfaction, educational level can significantly influence individuals' perceptions (Austin et al., 2009; Cheung et al., 2011). The literature shows a complex relationship: some studies report a positive association between higher education and body image (Gören Yılmaz, 2016; Rosenqvist et al., 2024), while others report a negative association (Ashgar, 2023; Austin et al., 2009; Gökkaya et al., 2020). Our findings suggest that more educated individuals can evaluate their body image more consciously and make aesthetic decisions on a more rational basis. Concerning depression, the literature indicates that higher education is generally associated with lower risk and severity of depression (Cohen et al., 2020; Magakwe et al., 2025; Xiong et al., 2024). In our study, primary school graduates had significantly higher levels of depression than associate degree graduates, suggesting that increased education, along with better problem-solving skills, health literacy, and access to psychosocial resources, may have a protective effect against depressive symptoms. In conclusion, educational level is an influential factor in social media addiction, body satisfaction, and depression among individuals undergoing aesthetic surgery. These findings highlight the importance of considering educational level in preoperative psychosocial assessments.

Aesthetic surgery, which was previously accessible primarily to high-income groups, is now sought by individuals across different income levels (Gürler, 2018; Okumus, 2021). The literature indicates that the inclination toward aesthetic surgery varies according to income level; some studies highlight the middle-income group (Alharethy, 2017), while others emphasize high-income individuals (Ahmadi et al., 2022; Bidkhori et al., 2021), and Okgün-Alcan and Çetin (2022) found no significant effect of economic status, suggesting that income level may be related not only to cost but also to self-perception, social interactions, and social media experiences. The relationship between income level and social media addiction also shows varied findings. Özer and Güzel (2023) reported that lower-income groups exhibit higher levels of social media addiction; Stockdale and Coyne (2020) indicated that individuals experiencing financial stress use social media as a coping mechanism, which may increase the risk of problematic use. Chen et al. (2025) and Sun et al. (2021) emphasized that lower-income individuals use social media more intensively as an escape, for entertainment, and for social comparison. Consistent with this literature (Chen et al., 2025; Özer & Güzel, 2023; Stockdale & Coyne, 2020; Sun et al., 2021), the present study found that participants whose income was less than their expenses exhibited higher social media addiction and more positive attitudes toward cosmetic surgery than other

groups. These findings suggest that economic stress and daily life challenges may lead lower-income individuals to use social media more frequently, and exposure to idealized body images and individuals who have undergone aesthetic procedures may reinforce positive attitudes toward cosmetic surgery (Fardouly & Vartanian, 2016; Verduyn et al., 2020). Therefore, it is recommended to strengthen media literacy programs for lower-income groups, support body-positive content on social media, and expand awareness initiatives regarding the psychosocial aspects of aesthetic surgery. Additionally, healthcare professionals should comprehensively assess social media influence, economic vulnerability, and psychosocial risks among individuals seeking aesthetic procedures.

Comparison of scale scores between SMG and ASG

Although studies directly comparing the psychosocial characteristics of individuals who have undergone cosmetic surgery with those who have not are limited, the available literature indicates that variables such as self-esteem, body image, quality of life, social media addiction, anxiety, and depression may be influenced differently in individuals who undergo cosmetic procedures. (Di Mattei et al., 2015; Heidarzadeh et al., 2019; Spadoni-Pacheco & Carvalho, 2018). While the findings are not entirely consistent, there is a growing research interest in the potential effects of cosmetic surgery on individuals' psychosocial well-being. For example, Heidarzadeh et al. (2019) found no significant differences in self-esteem, body image, or psychological problems between those who had undergone cosmetic surgery and those who had not. Spadoni-Pacheco and Carvalho (2018) reported that older women who underwent cosmetic surgery did not show significant improvements in self-esteem or quality of life compared to those who did not; however, improvements in social interactions and reductions in anxiety and depression were observed. Di Mattei et al. (2015) found that individuals not interested in cosmetic surgery were less satisfied with their body image than those who were interested. Öztürk et al. (2020) reported higher social media addiction scores in individuals who had undergone rhinoplasty than in a non-surgical control group. Our study findings align with those of Spadoni-Pacheco and Carvalho (2018), Di Mattei et al. (2015), and Öztürk et al. (2020). In this study, social media addiction, the impact of body image on quality of life, positive attitudes toward cosmetic surgery, and body satisfaction were higher in the ASG, while self-esteem and depression levels were lower. These results suggest that individuals who undergo cosmetic surgery may exhibit a more positive psychosocial profile. Improving self-esteem has been identified in the literature as one of the main motivations for seeking cosmetic surgery (Spadoni-Pacheco & Carvalho, 2018).

In our study, the lower self-esteem scores in the ASG than the SMG suggest that individuals may be more vulnerable in terms of self-esteem prior to surgery. However, the observed increase in self-esteem following cosmetic surgery supports the positive effect of surgery in this domain. This finding is consistent with numerous studies indicating that cosmetic surgery can enhance self-esteem (Borujeni et al., 2020; Kazeminia et al., 2023; Spadoni-Pacheco & Carvalho, 2018).

Social media use has emerged as an important factor shaping attitudes toward cosmetic surgery (Hermans et al., 2022; Okgün-Alcan & Çetin, 2022). The increase in cosmetic surgery-related content on social media has recently contributed to a rise in demand for these procedures (Arab et al., 2019; Okumus, 2021). Individuals who undergo surgery tend to have higher levels of social media addiction (Gürkan & Çakmak, 2025; Kaya, 2025; Okumus, 2021; Özer & Güzel, 2023; Reshadi Mohammadi et al., 2023; Sorice et al., 2017; Türk & Bayrakcı, 2019). For example, Sorice et al. (2017) reported that patients widely use social media when selecting a surgeon, and Özer and Güzel (2023) found positive associations between social appearance anxiety, social media addiction, and the perceived likelihood of undergoing cosmetic procedures. In our study, the ASG also exhibited higher social media addiction scores, with the group classified within the "highly addicted" category (Table 3). Furthermore, 45% of individuals in the ASG were found to

follow social media accounts of physicians or clinics related to cosmetic surgery (Table 1). Taken together, these findings suggest that the increase in visual content and information sharing about cosmetic surgery on social media may influence individuals' aesthetic perceptions and body image awareness, potentially increasing the time spent on social media and elevating addiction levels. Therefore, social media use may play a significant mediating role both in the inclination toward cosmetic surgery and in psychosocial outcomes. This underscores the importance of considering the effects of social media use in cosmetic surgery planning and in the postoperative period.

Comparison of preoperative and postoperative scale scores before and after aesthetic surgery

The literature has widely demonstrated that aesthetic surgery has positive effects on body image, psychological well-being, and social functioning (Asimakopoulou et al., 2020; Borujeni et al., 2020; Demirbaş, 2019; Karaca & Beydağ, 2021; Kazeminia et al., 2023; Spadoni-Pacheco & Carvalho, 2018). For example, Karaca and Beydağ (2021) reported that women who underwent cosmetic surgery experienced high levels of satisfaction with their body image, while Spadoni-Pacheco and Carvalho (2018) found that it improved quality of life and reduced anxiety and depression levels. Similarly, Katamanin et al. (2024) and Borujeni et al. (2020) showed that surgery positively affects body image, self-esteem, and overall psychosocial well-being. Consistent with the literature, our study found that following aesthetic surgery, body satisfaction, self-esteem, and quality of life increased, whereas depression levels decreased, confirming the beneficial psychosocial effects of the procedure. However, the observed increase in social media addiction scores after surgery is noteworthy. Previous studies have indicated that increased exposure to social media among individuals who undergo cosmetic surgery may be associated with heightened interest in physical appearance (Kaya, 2025; Türk & Bayrakcı, 2019). These findings suggest that while aesthetic surgery supports psychosocial well-being and quality of life, it may also influence individuals' digital behaviors, highlighting the need for a more comprehensive evaluation of social media use in the postoperative period.

Factors affecting aesthetic surgery acceptance in the groups

The expected outcome of aesthetic surgery is not only an improvement in physical appearance but also an enhancement in the psychosocial aspects of an individual's life (Borujeni et al., 2020; Karaca et al., 2017). Postoperative expectations often include increased psychological well-being, self-confidence, and quality of life (Karaca et al., 2017). Various studies have shown that aesthetic surgery can improve quality of life (Asimakopoulou et al., 2020; Demirbaş, 2019; Kazeminia et al., 2023; Spadoni-Pacheco & Carvalho, 2018). Additionally, some research emphasizes that quality of life serves as an important motivating factor in seeking aesthetic interventions (Demirbaş, 2019). In line with the literature, our study found that in the ASG, as the positive impact of body image on quality of life increased, acceptance of cosmetic surgery also rose, indicating that aesthetic surgery not only improves physical appearance but also supports individuals' overall quality of life. Specifically, the postoperative enhancement of quality of life related to body image increases individuals' interest in and acceptance of cosmetic surgery. This finding suggests that aesthetic interventions are not merely aesthetic choices but also factors that enhance quality of life and strengthen psychosocial well-being. Furthermore, it supports the notion highlighted in the literature that "quality of life is an important motivating factor in seeking aesthetic procedures" and underscores the importance of considering patients' expectations and quality-of-life–oriented motivations during surgical planning. In other words, decisions to undergo aesthetic surgery are influenced not only by concerns about physical appearance but also by expectations regarding psychosocial well-being and overall quality of life.

Conclusions and Recommendations

This study compared social media use, attitudes toward aesthetic surgery, and psychosocial variables (self-esteem, body image, depression, and quality of life) between social media users and individuals who underwent aesthetic surgery. The findings indicate that there are certain demographic differences in social media addiction, self-esteem, depression, body satisfaction, and attitudes toward cosmetic surgery. In both the SMG and ASG groups, single individuals exhibited higher levels of social media addiction and self-esteem. Within the SMG group, associate degree graduates had higher self-esteem than postgraduate graduates, whereas in the ASG group, primary school graduates showed higher levels of depression than associate degree graduates. Additionally, participants in the ASG group whose income was lower than their expenses demonstrated higher social media addiction and more positive attitudes toward cosmetic surgery than those with other income levels. Between-group comparisons revealed that, compared to the SMG group, the ASG group exhibited higher post-surgery social media addiction, greater impact of body image on quality of life, more positive attitudes toward cosmetic surgery, and higher body satisfaction, while self-esteem and depression levels were lower. Pre- and post-surgery comparisons showed increases in social media addiction, the impact of body image on quality of life, positive attitudes toward cosmetic surgery, body satisfaction, and self-esteem, alongside a decrease in depression levels following surgery. Furthermore, in the ASG group, as the positive effect of body image on quality of life increased, acceptance of cosmetic surgery also increased. Based on these findings, it is recommended that awareness programs be developed for individuals with high social media use and those considering cosmetic surgery; psychological support should be provided before and after surgery; personalized interventions should be planned, taking demographic differences into account; future studies should investigate the causes and long-term effects of social media addiction and inclination toward cosmetic surgery; and healthcare institutions should develop informative guidelines and ethical standards

Declarations

Funding: No funding was received for conducting this study.

Conflicts of Interest: The authors declare no conflict of interest.

Ethical Approval: Written approval was obtained from the Kocaeli University Non-Interventional Clinical Research Ethics Committee (22.12.2022; Decision No: KU GOKAEK-2022/21.15) and from the relevant hospital/clinic administration. Permission to use the measurement scales was obtained from the respective scale authors via e-mail.

Informed Consent: Informed consent was obtained from all participants. For the aesthetic surgery group, consent was obtained verbally and in writing prior to data collection; for the social media group, consent was obtained electronically via the online questionnaire.

Data Availability: The datasets generated and/or analyzed during the current study are not publicly available due to ethical and privacy restrictions. De-identified data may be made available by the corresponding author upon reasonable request and with appropriate approvals.

AI Disclosure: Artificial intelligence tools (e.g., ChatGPT by OpenAI) were used solely for translation purposes. No AI tools were used for data analysis, interpretation, or substantive manuscript writing.

Author Contributions: Both authors contributed equally to all aspects of the study, including conceptualization, data analysis, interpretation, and manuscript preparation. Both authors have read and approved the final version of the manuscript.

References

Ahmadi A, Shahmohammadipour P, Heidarzadeh A, Dehghan, M., Forouzi, M. A., & Esmaeili, M. (2022). Attitudes toward cosmetic procedures: a comparative study. *Journal of Aesthetic*

Nursing, Journal of Aesthetic Nursing, 11(6), 258-263. https://doi.org/10.12968/joan.2022.-11.6.258

Akman-Dömbekci, H., & Öztürk, Y. E. (2021). Social factors affecting rhinoplasty operations and mecicalization of rhinoplasty. *EKEV Academy Journal,* 87, 217-240.

Alharethy, S. E. (2017). Trends and demographic characteristics of Saudi cosmetic surgery patients. *Saudi Medical Journal*, 38(7), 738–41. https://doi.org/10.15537/smj.2017.7.18528

American Society for Aesthetic Plastic Surgery (ASAPS) (2023). Available at: https://www.-plasticsurgery.org/plastic-surgery-statistics (accessed 22 November 2024).

Arab, K., Barasain, O., Altaweel, A., Alkhayyal, J., Alshiha, L., Barasain, R., … & Alshaalan. H. (2019). Influence of social media on the decision to undergo a cosmetic procedure. *Plast Reconstr Surg Glob Open*, 7(8), e2333. https://doi.org/10.1097/GOX.0000000000002333

Ashgar, R.I. (2023). Body image satisfaction as a psychological reaction to age-related developmental changes among middle-aged women in Saudi Arabia. *AHSR,* 67, 35–45. https://doi.org/10.2991/978-94-6463-248-4_5

Asimakopoulou, E., Zavrides, H., & Askitis, T. (2020). Plastic surgery on body image, body satisfaction and self-esteem. *Acta chirurgiae plasticae,* 61(1-4), 3-9.

Austin, S.B., Haines, J., & Veugelers, P.J. (2009). Body satisfaction and body weight: gender differences and sociodemographic determinants. *BMC Public Health*, 9, 313. https://doi.org/10.1186/1471-2458-9-313

Beck, A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives Of General Psychiatry*, 4, 561-71. https://doi.org/10.1001/archpsyc.1961.01710120031004

Borujeni, L. A., Pourmotabed, S., Abdoli, Z., Ghaderi, H., Mahmoodnia, L., Sedehi, M., & Hasanpour Dehkordi, A. (2020). A comparative analysis of patients' quality of life, body ımage and self-confidence before and after aesthetic rhinoplasty surgery. *Aesthetic Plastic Surgery,* 44(2), 483-490. https://doi.org/10.10-07/s00266-019-01559-3

Bidkhori, M., Yaseri, M., Akbari Sari, A., & Majdzadeh, R. (2021). Relationship between socioeconomic factors and ıncidence of cosmetic surgery in Tehran, Iran. *Iran J Public Health*, 50(2), 360-368. https://doi.org/10.18502/ijph-.v50i2.5351

Cash, T. F., & Fleming, E. (2002). The impact of body image experiences: Development of the body image quality of life inventory. *International Journal of Eating Disorders,* 31(4), 455-460. https://doi.org/10.1002/eat.10033

Chadha, L., Sharma, P., Kaur, R., Arya, I., & Sharma, P. (2025). The impact of social media addiction on self-esteem and life satisfaction among married couples. *Journal of Family Medicine and Primary Care*, 14(4), 1494-1501. https://doi.org/10.4103/jfmpc.jfmpc_1808_24

Chen, W., Gao, Y., Ren, R., Bi, Y., & Liao, Y. (2025). Socioeconomic status and internet addiction: double-mediated moderation. *BMC Public Health*, 25(1), 48. https://doi.org/10.1186-/s12889-024-21153-w

Cheung, Y.T., Lee, A.M., Ho, S.Y., Li, E.T., Lam, T.H., …& Yip, P.S. (2011). Who wants a slimmer body? The relationship between body weight status, education level and body shape dissatisfaction among young adults in Hong Kong. *BMC Public Health*, 11, 835. https://doi.org/10.1186/1471-2458-11-835

Cohen, A.K., Nussbaum, J., Weintraub, M.L.R., Nichols, C.R., & Yen, I.H. (2020). Association of adult depression with educational attainment, aspirations, and expectations. *Preventing Chronic Disease,* 17, E94. https://doi.org/10.5888/pcd17.200098

Çuhadaroğlu, F. (1986). Adolesanlarda benlik saygısı. Uzmanlık Tezi, Hacettepe Üniversitesi Tıp Fakültesi, Ankara, p. 1-50.

Demiralp, M., Demiralp, B., Sarıkoç, G., İyigün, E., Açıkel, C., & Başbozkurt, M. (2015). Turkish version of the Body Image Quality of Life Inventory (BIQLI): a validity and reliability study. *Anatolian Journal of Psychiatry, 16*, 82-90.

Demirbaş, H. (2019). Why do people desire aesthetic interventions? Motivation behind on. *The Journal of Academic Social Science*, 7(99), 81-91. https://doi.org/10.29228/ASOS.39458

Di Gesto, C., Nerini, A., Policardo, G. R., & Matera, C. (2022). Predictors of acceptance of cosmetic surgery: instagram images-based activities,

appearance comparison and body dissatisfaction among women. *Aesthetic Plastic Surgery*, 46(1), 502-512. https://doi.org/10.1007-/s00266-021-02546-3

Di Mattei, V., Bagliacca, E., Lavezzari, L., Pierro, R., Carnelli, L., Zucchi, P., Preis, F., & Sarno, L. (2015). Body image and personality in aesthetic plastic surgery: A case-control study. *Open Journal of Medical Psychology*, 4, 35-44. https://doi.org/10.4236/ojmp.2015.42004

Emüler, D. S., & Ayhan, M. S. (2021). Social media behavior in plastic surgery practice in Turkey. *Turkish Journal of Plastic Surgery*, 29(4), 218-24. https://doi. org/10.4103/tjps.tjps_11_21

Fardouly, J., & Vartanian, L. R. (2016). Social media and body image concerns: Current research and future directions. *Current Opinion in Psychology*, 9, 1–5. https://doi.org/10.1016/j.-copsyc.2015.09.005

Gajić, L. D., & Gajić, M. (2022). The relationship between depression, anxiety, stress, and symptoms of body dysmorphic disorder and mediating role of self-esteem in cosmetic surgery. *Hrvatski časopis zdravstvenih znanosti*, 2(1), 39-46. https://doi.org/10.48188/hczz-.2.1.7

Gökkaya, F., Deniz, İ., & Gedik, Z. (2020). The relationship of social media addiction with need for social approval and body satisfaction. *Journal of Clinical Psychology Research,* 4(2), 94-105. https://doi.org/10.5455/kpd.26024438m-000023

Gören-Yılmaz, Ş. (2016). Evaluation of body image and self-esteem before and after the surgery in patients operated in plastic surgery. *Mehmet Akif Ersoy University Journal of Health Sciences Intitute*, 4(2), 61-73.

Gürkan, Y.D., & Çakmak, R. (2025). The relationship between perceptions of cosmetic surgery, social media addiction and social desirability and the influencing factors. *Current Psychology,* 44, 15962–15970. https://doi.org/10.10-07/s12144-025-08326-5

Gürler, G. (2018). A field study on ındividuals who have undergone aesthetic surgery. *Journal of Sociology*, 38, 141-172.

Heidarzadeh, A., Shahmohammadipour, P., Azzizadeh Forouzi, M., Dehghan, M., & Khorasani, Z. (2019). Body image, self-esteem, and psychological problems among applicants and non-applicants of cosmetic surgery. . *Journal of Practice in Clinical Psychology*, 7(1), 33-42.

Henderson-King, D., & Henderson-King, E. (2005). Acceptances of cosmetic surgery: Scale development and validation. *Body Image,* 2, 137–49. https://doi.org/10.1016/j.bodyim.2005-.03.003

Hermans, A.M., Boerman, S.C., & Veldhuis, J. (2022). Follow, filter, filler? Social media usage and cosmetic procedure intention, acceptance, and normalization among young adults. *Body Image*, 43, 440-449. https://doi.org/10.1016-/j.bodyim.2022.10.004

Hisli, N. (1989). Beck depresyon envanterinin üniversite öğrencileri için geçerliği, güvenirliği. *Psikoloji Dergisi*, 7(23), 3-13.

Hovardaoğlu, S. (1992). Vücut algısı ölçeği. *Psikiyatri, Psikoloji, Psikofarmakoloji (3P) Dergisi,* 1(1), 11–26.

International Society of Aesthetic Plastic Surgery (ISAPS) (2024) ISAPS International Survey on Aesthetic / Cosmetic Procedures Performed in 2024. Available at: https://www.isaps.org/media/rxnfqibn/isaps-global-survey_2023.pdf (accessed 21 December 2024).

Kabar, P. (2024). Our masks in the virtual world: Relationship between virtual identity, self-esteem and internet addiction. *Journal of Dependence,* 25(3), 244-253. https://doi.org/10.51-982/bagimli.1365492

Karaca, E., & Beydağ, K. D. (2021). The correlation between body image and self-esteem among women undergoing plastic surgery. *Sağlık ve Toplum,* 31(2), 181.194.

Karaca, S., Karakoç, A., Onan, N., & Kadıoğlu, H. (2017). Validity and reliability of the Turkish version of the acceptance of cosmetic surgery scale (ACSS). *Journal of Psychiatric Nursing,* 8(1), 17-22. https://doi.org/10.14744/phd.20-17.72692

Katamanin, O., Saini, S., & Jafferany, M. (2024). Psychological implications and quality of life after cosmetic rhinoplasty: a systematic review. *Discover Psychology,* 4, 16. https://doi.org/10.-1007/s44202-024-00126-5

Kaya, S. (2025). Examining the ideal appearance perceptions of women using social media in terms of various variables. *International Journal of Social Sciences,* 9(1), 159-177.

Kazeminia, M., Salari, N., Heydari, M., Akbari, H., & Mohammadi, M. (2023). The effect of cosmetic surgery on self-esteem and body image: a systematic review and meta-analysis of clinical trial studies. *European Journal of Plastic Surgery,* 46, 25–33. https://doi.org/10.1007/s00238-022-01987-6

Magakwe, T.S.S., John, E.E., Daniel-Nwosu, E., Ogiemudia, O.M., Ike, O.O., Ogbonna, G.O., … & Osuagwu, U.L. (2025). Association between educational attainment and mental health conditions among Africans working and studying in selected African countries. *Scientific Reports,* 15(1), 20578. https://doi.org/10.1038/s41598-025-05831-2

Okgün-Alcan, A., & Canpolat, N. (2021). What do Turkish men think about cosmetic surgery? *Osmangazi Journal of Medicine,* 43(6), 654-61. https://doi.org/10.20515/otd.928280

Okgün-Alcan, A., & Çetin, S. (2022). The effect of social media use on women's attitudes towards aesthetic surgery. *Osmangazi Journal of Medicine*, 44(4), 554-62. https://doi.org/10.20515/otd.927753

Okumus, A. (2021). How does socioeconomic level change women's perspectives and preferences on aesthetic applications?. *Turkish Journal of Plastic Surgery,* 29(2), 121-127. https://doi.org/10.4103/tjps.tjps_43_19

Öner Altıok H., Ek, N., & Koruklu, N. (2010). Investigating the variables that related with self esteem of the university students. *Faculty of Education Journal of Educational Sciences*, 1(1), 99-120.

Özer, P., & Güzel, Ş. (2023). The relationship of social appearance anxiety and social media addiction and the perception of aesthetic procedure. *Süleyman Demirel University Visionary Journal,* 14(40), 1412-1432. https://doi.org/10.21076/vizyoner.1258228

Öztürk, G., Albayrak, Y., & Beyazyüz, M. (2020). Social media addiction among ındividuals who underwent rhinoplasty: Myth or reality? *Facial Plastic Surgery & Aesthetic Medicine,* 22(5), 336-341. https://doi.org/10.1089/fpsam.2020.0101

Reshadi Mohammadi, A., Hafezi, F., & Hooman, F. (2023). The Influence of Social Media Addiction and Emotion Regulation on Body Image and Cosmetic Surgery Desire in Women. *Journal of Otorhinolaryngology and Facial Plastic Surgery,* 9(1), 1–8. https://doi.org/10.22037/orlfps.v9i1.46078

Rosenqvist, E., Konttinen, H., Berg, N., & Kiviruusu, O. (2024). Development of body dissatisfaction in women and men at different educational levels during the life course. *International Journal of Behavioral Medicine,* 31(5), 718-729. https://doi.org/10.1007/s12529-023-10213-x

Saygılı, G., Kesecioğlu, T. İ., & Kırıktaş, H. (2015). The effect of educational level on self-esteem. *Journal of Research in Education and Teaching,* 4(2), 210-217.

Secord, P. F., & Jourard, S. M. (1953). The appraisal of body-cathexis: body-cathexis and the self. *Journal of Consulting and Clinical Psychology,* 17(5), 343-7.

Shalmani, R.S., Jafari, F. (2024). Study of the relationship between social anxiety of negative evaluation and negative body image with the tendency of cosmetic surgery in women. *Health Science Monitor,* 3(1), 11-18.

Sorice, S. C., Li, A. Y., Gilstrap, J., Canales, F. L., & Furnas, H. J. (2017). Social media and the plastic surgery patient. *Plastic and Reconstructive Surgery Journal,* 140(5), 1047-1056. https://doi.org/10.1097/PRS.0000000000003769

Spadoni-Pacheco, L. M., & Carvalho, G. A. (2018). Quality of life and self-esteem in elderly patients who did or did not have cosmetic surgery. *Revista Brasileira De Cirurgia Plástica*, 33(4), 528–535. http://www.dx.doi.org/10.5935/2177-1235.2018RBCP0174

Stockdale, L. A., & Coyne, S. M. (2020). Bored and online: Reasons for using social media, problematic social networking site use, and behavioral outcomes across the transition from adolescence to emerging adulthood. *Journal of Adolescence*, 79(1), 173–183. https://doi.org/10.1016/j.adolescence.2020.01.010

Sun, X., Duan, C., Yao, L., Zhang, Y., Chinyani, T., & Niu, G. (2021). Socioeconomic status and social networking site addiction among children and adolescents: Examining the roles of parents' active mediation and ICT attitudes. *Computers & Education, 173,* Article 104292. https://doi.org/10.1016/j.compedu.2021.104292

Swathi, K. S., Darsan, R. & Sampathila, N. (2023). Examination of the relationship between social media usage, anxiety, and depression: a cluster analysis. *Trends in Psychology*. https://doi.org/10.1007/s43076-023-00337-0

Şahin, C., & Yağcı, M. (2017). Social media addiction scale - adult form: The reliability and validity study. *Ahi Evran University Journal of Kırşehir Education Faculty (KEFAD),* 18(1), 523-538.

Tecimer, B., & Balcı, S. (2023). Self-esteem, social media and internet addiction regarding adult individuals. *International Journal of Educational Research Review,* 8(4), 697-715. https://doi.org/10.24331/ijere.1254681

Türk, G.D., & Bayrakcı, S. (2019). Social media and perception of changing aesthetic operation in society. *AJIT-e*, 10(39), 155. https://doi.org/10.5824/ajit-e.2019.04.005

Verduyn, P., Ybarra, O., Résibois, M., Jonides, J., & Kross, E. (2017). Do social network sites enhance or undermine subjective well-being? A critical review. *Social Issues and Policy Review,* 11(1), 274–302. https://doi.org/10.1111/sipr.12033

Xiong, X., Hu, R. X., & Ning, W. (2024). The relationship between educational attainment, lifestyle, self-rated health, and depressive symptoms among Chinese adults: a longitudinal survey from 2012 to 2020. *Frontiers in Public Health*, 12, 1480050. https://doi.org/10.3389/fpubh.2024.1480050