

Article Type : Research Article
Date Received : 04.05.2026
Date Accepted : 18.10.2026



 <https://doi.org/10.29029/busbed.1943959>

THE MEDIATING ROLE OF SOCIAL APPEARANCE ANXIETY IN THE RELATIONSHIP BETWEEN MEDIA-DERIVED SOCIOCULTURAL ATTITUDES AND UNDERGOING AESTHETIC SURGERY

Ali ALU¹, Yeter DEMİR USLU²

ABSTRACT

This study was conducted to reveal the effects of media-based sociocultural attitudes and social appearance anxiety on individuals tendency to undergo aesthetic surgery. A research model was developed within the framework of social comparison and objectification theories. The research hypotheses were tested on a sample of 479 participants who applied for aesthetic surgery and received aesthetic surgery treatment. Data were collected using the survey method. The SPSS 26.0 and AMOS 24.0 statistical software packages were used to analyze the hypothesized relationships between the variables. The results, revealed that media-based sociocultural attitudes towards the body had a significant effect on social appearance anxiety and aesthetic surgery status. Social appearance anxiety was also found to have a significant effect on aesthetic surgery status. In addition, social appearance anxiety was found to mediate the relationship between media-based sociocultural attitudes towards the body and aesthetic surgery status. In conclusion, media-based body-related attitudes affect social appearance anxiety and lead individuals to undergo aesthetic surgery.

Keywords: Plastic Surgery, Sociocultural Attitudes, Social Appearance Anxiety, Media, Body

¹ Assistant Prof., Mardin Artuklu University, Faculty of Health Sciences, alialu@artuklu.edu.tr,  <https://orcid.org/0000-0002-7608-2976>

² Prof. Dr, Istanbul Medipol University, Faculty of Health Sciences, yuslu@medipol.edu.tr,  <https://orcid.org/0000-0002-8529-6466>

Makalenin Türü : Araştırma Makalesi
Geliş Tarihi : 04.05.2026
Kabul Tarihi : 18.10.2026



<https://doi.org/10.29029/busbed.1943959>

MEDYA KAYNAKLI SOSYOKÜLTÜREL TUTUMLAR İLE ESTETİK CERRAHİ GEÇİRME DURUMU ARASINDAKİ İLİŞKİDE SOSYAL GÖRÜNÜŞ KAYGISININ ARACILIK ROLÜ

Ali ALU¹, Yeter DEMİR USLU²

ÖZ

Bu çalışma, medyaya dayalı sosyokültürel tutumların ve sosyal görünüş kaygısının bireylerin estetik cerrahiye başvurma eğilimi üzerindeki etkilerini ortaya koymak amacıyla gerçekleştirilmiştir. Sosyal karşılaştırma ve nesneleştirme teorileri çerçevesinde bir araştırma modeli geliştirilmiştir. Araştırma hipotezleri, estetik cerrahiye başvuran ve estetik cerrahi tedavisi gören 479 katılımcıdan oluşan bir örnekleme analiz edilmiştir. Veri toplama yöntemi olarak anket yöntemi kullanılmıştır. Değişkenler arasındaki varsayılan bağlantıların analizinde SPSS 26.0 ve AMOS 24.0 istatistik paket programları kullanılmıştır. Araştırma sonuçlarına göre, bedene yönelik medyaya dayalı sosyokültürel tutumların sosyal görünüş kaygısı ve estetik cerrahi durumu üzerinde anlamlı bir etkisi olduğu belirlenmiştir. Ayrıca, sosyal görünüş kaygısının estetik cerrahi durumu üzerinde anlamlı bir etkisi olduğu da belirlenmiştir. Buna ek olarak, sosyal görünüş kaygısının, medyaya dayalı bedene yönelik sosyokültürel tutumlar ile estetik cerrahi durumu arasındaki ilişkide aracılık etkisi yaptığı bulunmuştur. Sonuç olarak, medyaya dayalı bedene yönelik tutumlar, sosyal görünüş kaygısını etkilemekte ve bireylerin estetik cerrahiye başvurmaya yol açmaktadır.

Anahtar Kelimeler: Plastik Cerrahi, Sosyokültürel Tutumlar, Sosyal Görünüş Kaygısı, Medya, Beden

¹ Dr. Öğr. Üyesi, Mardin Artuklu Üniversitesi, Sağlık Bilimleri Fakültesi, alialu@artuklu.edu.tr, <https://orcid.org/0000-0002-7608-2976>

² Prof. Dr., İstanbul Medipol Üniversitesi, Sağlık Bilimleri Fakültesi, yuslu@medipol.edu.tr, <https://orcid.org/0000-0002-8529-6466>

1. INTRODUCTION

Scientific findings and research reveal that diseases occur not only for physical and biological reasons, but also for social and cultural reasons. Individuals' beliefs, lifestyles, living conditions, socioeconomic status and environmental factors affect their health and disease status (Can, 2019). The sociocultural factors that affect the relationship between health and disease also have a great impact on bodily appearance. In particular, practices in the cosmetics sector and plastic and aesthetic surgery have a great impact on women's perceptions and thoughts about bodily appearance, such as the thinness associated with body image (Açıkgöz, 2022).

The physical appearance of people frequently featured in the media and the aesthetic operations or procedures they have undergone affect the perceptions of people who are not satisfied with their own physical appearance, creating a desire for similar procedures. In addition, rapid developments in the field of plastic and aesthetic surgery, constant changes in aesthetic operation methods, and the reflection of these changing practices on celebrities through movies, TV series, advertisements, social media, etc. also increase the demand for aesthetic operations (Sezgin, 2015).

Various media tools put pressure on people to make changes to their bodies, thus triggering and guiding these changes. As some role models are portrayed in the media as having ideal body sizes and appearances, a desire to achieve these ideal body sizes and appearances emerges in other segments of society. Provoking and creating this desire turns people into passive consumers. People also resort to plastic and aesthetic surgery to achieve a new look and to feel better about themselves (Körpe, 2017).

The change and transformation in the perception of health affects not only the effective and efficient use and management of the resources required to maintain health services, but also many administrative processes, such as health expenditures, human resources planning, and resource planning. Therefore, it is necessary to examine the social factors that directly or indirectly affect the use of health services. This study was designed in line with the World Health Organization's definition of health. In this context, is a study at the intersection of health, sociology and psychology that examines the psychosocial aspect of health in individual health management. The study, was carried out to reveal the effects of media-based sociocultural attitudes towards the body and social appearance anxiety on individuals' tendency to undergo aesthetic surgery.

The Relationship Between the Body, Social Appearance Anxiety, Aesthetic Procedures and the Media

The media influence on body image is a frequently discussed topic, and the definition and acceptance of the "ideal body" in society are largely shaped by the media. This ideal body is usually based on certain physical criteria and standards, and the media disseminates and promotes it to the masses (Sohn, 2009). Moreover, the body types of celebrities and models constantly shown in the media have a certain effect on audiences, causing some individuals to resort to plastic surgery to resemble these figures (Chopan et al., 2019). In particular, messages about physical appearance emphasize the importance of staying young, looking healthy, and dressing fashionably, creating a sense of urgency in individuals, and thereby reinforcing social pressure (Gerner & Wilson, 2005).

As Scannell points out, mass media not only provide information to a wide audience on various topics, but also help this information become socially internalized, direct the masses in particular ways, and contribute to the formation of new cultures. The media and its tools can easily penetrate our private and intimate spaces with through the cultural content they present and affect individuals' personal lives. This process is reinforced by encouraging individuals to consume, especially through advertising and marketing strategies thus, mass media play an important role in shaping social behavior patterns (Scannell, 2013).

According to Bauman (2010), the secret of modern society lies in the emergence of an artificially produced, subjective sense of inadequacy. This leads to the development of a psychological state in which individuals are not satisfied with what they have and constantly want more. The fact that wealthy individuals in particular display and share their lifestyles, experiences and opportunities through tools such as the media reinforces viewers' sense of inadequacy and dissatisfaction with what they have. As a result, wealth comes to be accepted as a sacred value and becomes the center of social values and desires. Today, an increasing focus on physical health and well-being, especially in the public sphere, has increased interest in the body. Individuals are directed towards a consumer culture through the media and other mass communication tools, and this process brings about phenomena such as overeating and consumerism. As a result, the number of overweight and obese individuals has increased. When individuals in this situation face difficulties such as social exclusion, they seek various ways to reshape their bodies in order to return to their former lifestyles. While diet and exercise programs are generally used to reshape the body, methods such as medication, chemical products and cosmetic surgery are also used.

In a study examining the effects of media images and social comparisons with peers on body dissatisfaction, social comparisons with media images were found to lead individuals to engage in more body checking, which was associated with negative feelings about the body. Similarly, social comparisons with peers were associated with

more body checking and feelings of guilt. Consequently, media images and social comparisons with peers were associated with higher levels of body dissatisfaction and body checking (Ridolfi et al., 2011). Likewise, in a study conducted by Smith, Hames, and Joiner (2013) with female college students, Facebook use was assessed in the context of social comparison over a four-week period, and a relationship was found between this use and body dissatisfaction.

A study conducted by Krones, Stice, Batres, and Orjada (2005) revealed that social comparisons with thin -ideal body images depicted in the media increase individuals' body dissatisfaction. This study shows that the thin body ideal presented in the media triggers individuals' negative perceptions of their bodies, which in turn increases negative affect. In other words, it was concluded that social comparison pressure negatively affects body perception.

According to the results of a study examining the mediating role of body self-consciousness in the relationship between exposure to sexually objectifying media (television and magazines) and two criterion variables, body surveillance partially mediated the relationship between exposure to sexually objectifying television and magazines and body shame, appearance anxiety, and body image self-consciousness during physical intimacy (Aubrey, 2007). Another study, conducted by Vartanian and Dey (2013), examined the relationship between self-concept clarity, internalization of the thin body ideal, appearance-based social comparison tendencies, and body dissatisfaction. The findings revealed that internalization of the thin ideal and social comparison tendencies were related to body dissatisfaction. Self-concept clarity was also found to be negatively related to both internalization of the thin ideal and appearance-based social comparison tendencies. Furthermore, internalization of the thin ideal mediated the relationship between self-concept clarity and body dissatisfaction. These results suggest that a low or unclear self-concept contributes to negative outcomes related to body image.

Body Intervention Practices

Today, under the influence of consumer culture, the inner body has been replaced by the outer body.: "In a consumer society, the aim is to beautify the appearance of the outer body rather than to protect the inner body" (Featherstone, 1982, p. 18). While the focus was on the inner structure of the body in previous periods, the outer body has come to the forefront under the influence of consumer society. According to Featherstone (2010), this situation has also led to the commodification of the body. People have tried to reshape their bodies through practices such as piercing, cutting, burning and binding in order to change their shape and appearance. In addition, the media, which plays an important role in the spread of consumer culture, directs individuals towards body-related consumption through advertising and fashion. Advertising and fashion, in particular, influence people by giving them the message that they should care about their bodies and look after them. This process directs individuals to resort to various surgical and aesthetic practices in order to reach ideal body and beauty standards.

According to Baudrillard, in the postmodern period, the body is being reconstructed in the name of discovery and liberation. This new construction process is fundamentally shaped by the phenomenon of sexuality. Therefore, since the body is intended to be used as an object of consumption in this process, it is not given the role of subject. In this period, the body is regarded as an object of consumption under the discourses of 'physical and sexual liberation'. In addition, this situation has made the body the focus of attention and through the process of 'liberation and discovery of the body'. As a result, the various practices and interventions applied to make the body look healthy and beautiful gradually turn it into an object of consumption. Consumer products, especially those marketed as fashion and beauty products, are offered to individuals who want to beautify their bodies in this process (Baudrillard, 2004).

According to Foucault, the government exerts a strong political and economic influence on elderly and aging bodies in society, because aging bodies are expected to be more actively involved in the consumption process. To achieve this goal, a new wellness industry has emerged that aims to eliminate the physical and social signs of aging. This industry consists of highly profitable sectors, such as medicine, cosmetics, pharmaceuticals, and nutrition. Through these sectors, aging bodies have been transformed into an important means of consumption (Foucault, 2003).

According to Featherstone (2003), old age is portrayed in two different ways in consumer culture. The first, emphasizes an image of old age that always manages to stay young, defies all social and physical signs of aging, is productive and enjoys life. In the second, old age is depicted as a period in which people regress physically, socially and spiritually, lose hope in life, become unhappy, and withdrawn, and spend the last years of their lives waiting for death. By presenting old age in these two ways, the following message is conveyed to people in this period: If you invest in your health and body before or when you getgrow old, you can eliminate the physical and social signs of this period and live a happier and higher -quality life.

According to Ritzer, with the change in the perception of time and space, the perception that consumption is specific to certain ages has disappeared, and the perception that a person can be an active part of consumption any age, whether during childhood, adolescence, retirement or even old age, has strengthened. Ritzer explains this situation by stating that the elderly and retirees are not excluded from consumption and that these groups are also an important part of it: "Retirees and the elderly are no longer exempt from consumption. Among other things, they are expected to consume the homes and lifestyles of retirement communities, buy what the shopping malls offer in the morning and try them out the rest of the day. Even the dying are expected to purchase the services of hospitals and nursing homes, and the dead (and their heirs) are consumers in terms of funeral organizations and cemeteries." (Ritzer, 2000).

Medicalization: Medicalization: Individualization and Commercialization of Health

The concept of medicalization entered the social sciences literature in the 1970s, and although it is used with meanings such as "doing medicine" or "medicalizing", it carries broader, more comprehensive and deeper meanings. Conrad (1992) examined this concept from a critical perspective as the over-medicalization of a phenomenon. Szasz's (2007) approach to medicalization, similar to Conrad's, holds that some processes are included in the field of medicine while others are not. Zola (1994) defines medicalization as the way in which people's daily lives come under the influence of medicine, which shapes their behaviors. Illich (2011) describes the transformation of health into a medical concept as the "medicalization of health" (Sezgin, 2017).

According to Conrad (2007), researchers have long drawn attention to the social factors that encourage or provoke medicalization. Among these factors, the decline in the influence of religion, the continued belief in science, reason, and progress, and the increasing prestige and power of the medical profession stand out. In addition, the tendency in America and other Western societies to seek technological solutions to individual problems has also contributed to this process. Although this phenomenon of the past century is not directly explained by medicalization, it has been stated to be related to it. Sociologists point to secularization and the changing status of the medical profession as the main factors that trigger medicalization

In his book *The Usurpation of Health*, Illich emphasizes that after the 1970s many countries, especially the USA and England, significantly increased the share of their budgets allocated to health expenditures. This development led to an increase in health budgets in developed countries, thus raising the salaries paid to physicians and increasing investments in health. These changes also accelerated the marketing of health and its transformation into a source of profit. In addition, the definitions of health and disease changed during this period. In particular, old age, which had previously been considered a natural stage of life, began to be defined as a disease that needed to be treated, which increased the dependence of the elderly on hospitals and drugs. Moreover, the definition of prenatal and postnatal conditions and normal processes related to children as diseases led to the spread of medicalization into many areas of our lives. As a result, those who profited from this process, especially pharmaceutical companies, made huge profits (Illich, 2017).

The increase in average life expectancy due to developments in the field of medicine worldwide has raised individuals' expectations of health services. In this process, through programs and news on life expectancy and healthy living, the media has led many individuals to acquire correct or incorrect information about health and has thus contributed to the increase in demand for health services. This increase in demand has shifted individuals from the position of "patient" to that of "consumer". This new understanding has created an important market for the media and other commercial enterprises together with the health sector. News about health and diseases is particularly widespread in the media. In addition to health and healthy living programs on television, health-related content constantly appears in news bulletins, newspapers, magazines, the internet and many other platforms. In this way, needs are created in individuals through health discourse, and individuals positioned as consumers are directed to consume in the name of healthy living. This situation causes other factors affecting health to be ignored and leads individuals to accept most information without questioning it and to make choices after being exposed to excessive information about health. As a result, this understanding restructures daily life (Sezgin, 2017). In addition, health products, procedures, services (medicines, surgical procedures and other treatments) and programs that promote medicalization in the name of healthy living are presented in the media, directing individuals to consume in the field of health and contributing to the increase in medicalization (Davis, 2006).

The Plastic and Aesthetic Surgery Market

According to the 2023 Global Survey published by the International Society of Aesthetic Plastic Surgery (ISAPS), the number of aesthetic surgical and non-surgical procedures performed worldwide increased significantly compared with the previous year. According to the data presented in the report, Türkiye ranked fifth among the countries with the highest number of aesthetic procedures worldwide. Türkiye also ranked seventh globally for liposuction and eyelid surgery, third for non-surgical hyaluronic acid procedures, and fifth for hair transplantation.

In addition, Türkiye ranked second worldwide in terms of the number of rhinoplasty procedures, with 83,146 procedures performed in 2023 (ISAPS, 2024). The report indicates that the high prevalence of rhinoplasty procedures in Türkiye may be associated with the international recognition of Turkish plastic surgeons' experience and expertise in rhinoplasty. The growing international reputation of Turkish plastic surgeons may contribute to Türkiye becoming an increasingly preferred destination for individuals seeking aesthetic surgical procedures abroad. In this context, a considerable number of international patients travel to Türkiye to receive aesthetic and cosmetic treatments. Moreover, Türkiye is particularly well known as a destination for hair transplantation, and many international patients visit the country specifically for this procedure. ISAPS data also indicate that Türkiye is among the countries receiving a high proportion of foreign patients (ISAPS, 2024).

However, the number of hair transplantation procedures reported in ISAPS statistics may not fully represent the total number of procedures performed in Türkiye. One important reason for this limitation is that hair transplantation procedures in Türkiye are not exclusively performed by plastic surgeons. Such procedures may also be carried out by physicians from other medical specialties and by other healthcare professionals, depending on the applicable regulations and clinical setting. The ISAPS Global Survey is specifically designed to collect data on aesthetic and cosmetic surgical and non-surgical procedures performed by plastic surgeons. Therefore, procedures performed by professionals who are not included within the survey population may not be reflected in the reported statistics (ISAPS, 2024).

Consequently, the actual number of hair transplantation procedures performed in Türkiye may be higher than the figures reported in the ISAPS Global Survey. This limitation should be taken into consideration when interpreting international statistics concerning Türkiye's position in the global hair transplantation market.

2. METHOD

2.1. Research Model and Hypotheses

In this study, a research model was developed and tested by examining the relationships between media-based sociocultural attitudes towards the body, social appearance anxiety and aesthetic surgery status. The development of the research model and the determination of the relationships between the variables are based on social comparison and objectification theories. The research was conducted by applying a face-to-face survey to 479 people who applied to the plastic and aesthetic surgery department in Aydın city center in 2022 (Figure 1).

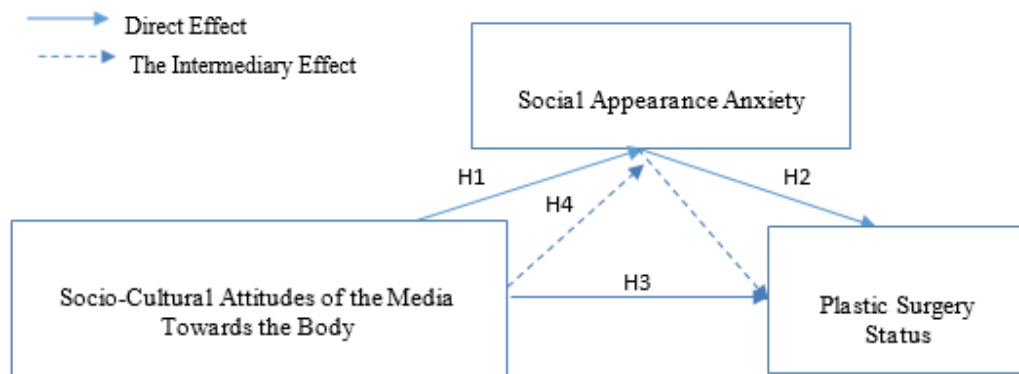


Figure 1. Research model

Research Hypotheses

H1 Media-based sociocultural attitudes towards the body have a significant effect on social appearance anxiety.

H2 Social appearance anxiety has a significant effect on aesthetic surgery status.

H3 Media-based sociocultural attitudes towards the body have a significant effect on aesthetic surgery status.

H4 Social appearance anxiety has a mediating effect on the relationship between media-based sociocultural attitudes towards the body and aesthetic surgery status.

2.2. Scales Used in the Study

A three-part questionnaire was used as the data collection tool in the study. The first part of the data collection tool includes a demographic information form covering the participants' gender, marital status, age, education level, monthly income, the media tools they use, their purpose of media use, and whether they have undergone plastic and aesthetic surgery treatment.

The second part of the questionnaire includes the Sociocultural Attitudes Towards the Body Scale, developed by Heinberg et al. (1995), revised as the SATAQ 3-R by Thompson et al. (2004), and adapted into Turkish by Eşiyok Sönmez through validity and reliability studies, to evaluate sociocultural attitudes towards the body. The scale consists of 52 items rated on a five-point Likert scale (1: strongly disagree, 5: strongly agree). It comprises seven dimensions: traditional media as a source of information, social media as a source of information, perceived pressure from traditional media, perceived pressure from social media, comparison of one's own body with celebrities in the media, attempts to resemble celebrities in the media, and ideal body awareness.

The third part of the questionnaire includes the Social Appearance Anxiety Scale, developed by Hart et al. (2008) and adapted into Turkish by Doğan (2010), through validity and reliability studies, to measure individuals' social appearance anxiety. The scale consists of 16 items in a single dimension, rated on a five-point Likert scale (1: Not at all characteristic of me, 5: Completely characteristic of me).

2.3. Data Analysis

The data were analyzed using the Statistical Package for the Social Sciences (SPSS) 26.0. The participants' socio-demographic characteristics are presented as numbers and percentages, and the scale and factor scores as means and standard deviations. Skewness and kurtosis values were calculated for the numerical variables to assess normality and are shown in Table 1. All skewness and kurtosis values of the scales and sub-factors were within the limits of normal distribution and it was therefore concluded that the data were normally distributed. The reference range was ± 1.96 (Kalaycı, 2018; Büyükoztürk, 2020).

Table 1. Skewness and Kurtosis Values of Media-Based Sociocultural Attitudes Towards the Body, Social Appearance Anxiety, Aesthetic Surgery and Their Sub-Dimensions

Scales and factors	Skewness $\pm$ S.E		Kurtosis $\pm$ S.E	
BİSKTÖ	0,39	0,11	0,09	0,22
• Traditional and social media as information source	-0,06	0,11	-0,54	0,22
• Visual media pressure	0,23	0,11	-0,69	0,22
• Print media pressure	0,70	0,11	0,41	0,22
• Resemblance to celebrities	0,85	0,11	0,49	0,22
• Comparison of own body with celebrities	0,50	0,11	-0,54	0,22
• Ideal body awareness	-0,15	0,11	-0,49	0,22
Social Appearance Anxiety Scal (SGKÖ)	0,41	0,11	0,80	0,22
EC	-0,39	0,11	-1,86	0,22

Note. SE = standard error.

In order to detect extreme values in the research data set, the standardized Z values of the variables were examined. Data above the standardized Z value of ± 2.5 were evaluated as extreme values and were deemed appropriate to be removed from the data set. However, the standardized Z values, which are sensitive to sample size, can be taken as ± 3.29 instead of ± 2.5 for large samples ($N > 200$) (Tabachnick, 2013). The standardized Z values of the research variables were ranked from largest to smallest. The extreme values detected in the data set were removed and the largest Z value in the data set was determined as +3.18 and the smallest Z value as -2.18.

3. FINDINGS

Findings Regarding the Descriptive Characteristics of the Participants

A total of 479 participants participated in the study. The distribution of the participants according to various socio-economic characteristics is shown in Table 2.

Table 2. Findings Regarding the Socio-Demographic Characteristics of the Participants

Descriptive characteristics		f	%
Gender	Female	297	62,0
	Male	182	38,0
Marital status	Single	275	57,4
	Married	204	42,6
Age	18 years and under	36	7,5
	19-24 years	144	30,1
	25-30 years	91	19,0
	31-36 years	95	19,8
	37-42 years	56	11,7
	43-54 years	57	11,9
Education level	Secondary school	43	9,0
	High school	94	19,6
	Associate degree	128	26,7
	Bachelor's degree	148	30,9
	Postgraduate	66	13,8
Monthly income level	Low	209	43,6
	Medium	116	24,2
	High	154	32,2
Body Area Undergoing Aesthetic Surgery	Nose	133	27,8
	Ear	33	6,9
	Face	50	10,4
	Breast	29	6,1
	Chin	18	3,8
	Hip	22	4,6
	None	194	40,5
Total		479	100

In terms of gender distribution, 62% of the participants are female and 38% are male. In terms of marital status, 57.4% of the participants are single and 42.6% are married.

In terms of age, the largest age group is 19-24 years (30.1%), and the smallest is 18 years and under (7.5%). The ages are distributed over a wide range, and the 25-30 (19.0%) and 31-36 (19.8%) age groups are also notable.

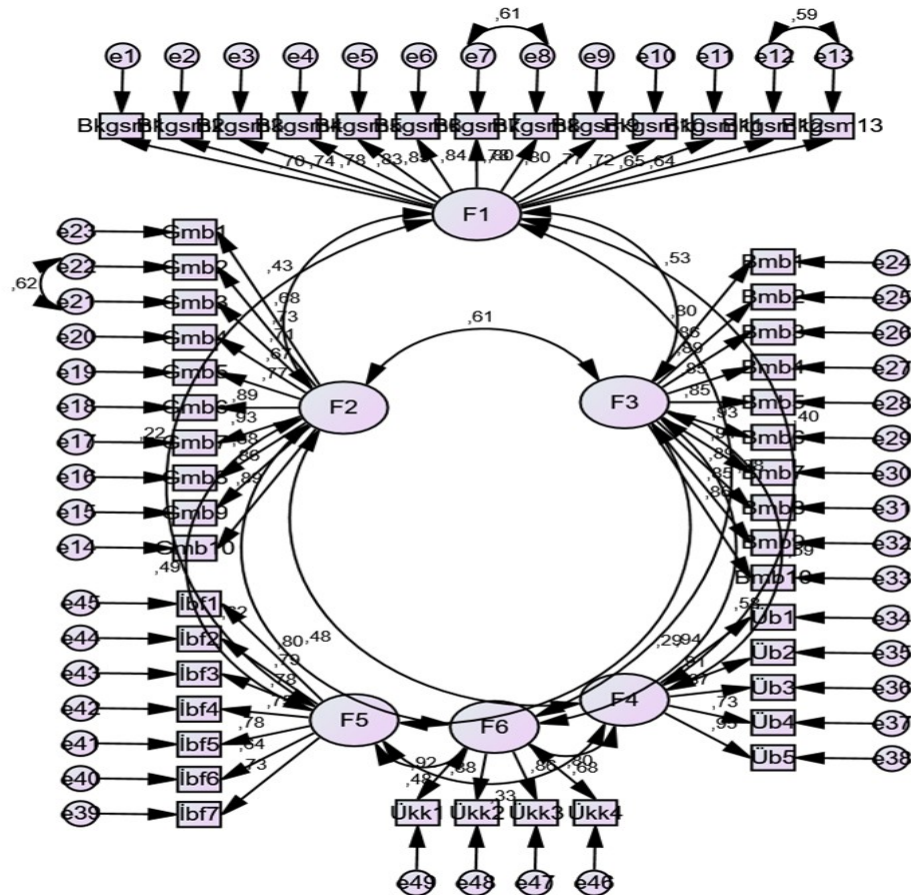
In terms of education level, the majority of the participants hold a bachelor's degree (30.9%) or an associate degree (26.7%). The other education levels are high school (19.6%), postgraduate (13.8%) and secondary school (9.0%). In terms of monthly income level, 43.6% of the participants had a low income, 24.2% had a medium income, and 32.2% had a high income.

Confirmatory Factor Analysis (CFA)

In the confirmatory factor analysis, modification correction was made between e7 and e8, e12 and e13, and e21 and e22. As a result of the confirmatory factor analysis, it was seen that the Chi Square ($\chi^2=4674.25$, degrees of freedom (sd)=1109, $p=0.000$) ratio was $\chi^2/sd=4.215$, RMSEA=0.082, CFI=0.852 and SRMR=0.073. The Chi Square degrees of freedom ratio being less than 5, RMSEA and SRMR values being between 0.05 and 0.08, and CFI values being greater than 0.85 indicate acceptable goodness of fit (Gürbüz, 2021). Accordingly, it can be said that the six-dimensional structure related to the Socio-Cultural Attitudes Scale Derived from the Body Environment (BİMK_SKTÖ) is appropriate. The standardized beta values (item factor loadings) calculated through confirmatory factor analysis are presented in Figure 2.

Factor analysis results show the relationships of certain items with certain factors and their estimated factor loadings. It was observed that the factor loadings of the items under the traditional and social media information source factor varied between 0.638 and 0.852, the factor loadings of the items under the visual media pressure factor varied between 0.671 and 0.920, the factor loadings of the items under the print media pressure factor varied between 0.798 and 0.926, the factor loadings of the items under the celebrity similarity factor varied between 0.725 and 0.938, the factor loadings of the items under the celebrity self-comparison factor varied between 0.804 and 0.916, and the factor loadings of the items under the ideal body awareness factor varied between 0.641 and 0.796, and these factor loadings were found to be significant ($p<0.05$).

In the confirmatory factor analysis, modification correction was made between e6 and e7, e11 and e12 and e13 and e14. As a result of the confirmatory factor analysis, it was seen that the Chi Square ($\chi^2=404.289$), degrees of freedom (sd=74, $p=0.000$) ratio was $\chi^2/sd=5.463$; RMSEA=0.097; CFI=0.921 and SRMR=0.050. A Chi Square degrees of freedom ratio of less than 5, RMSEA and SRMR values between 0.05 and 0.08, and CFI values greater than 0.85 indicate acceptable goodness of fit (Gürbüz, 2021). In this context, although the RMSEA goodness of fit value of the Social Appearance Anxiety Scale (RMSEA=0.097) is above acceptable fit values, some researchers have reported that the RMSEA value between 0.08-0.10 is an acceptable value, even if it is at a moderate level (MacCallum, 1996). In this context, although some parameters related to the single-factor structure of the Social Appearance Anxiety Scale are at values close to the border, the scale was evaluated to be generally appropriate.



CMIN=4674,247; DF=1109; $p=,000$; CMIN/DF=4,215, RMSEA=,082; CFI=,852; SRMR=,073

Figure 2. Confirmatory factor analysis results of the body-related media-based sociocultural attitudes scale (BİMK_SKTÖ)

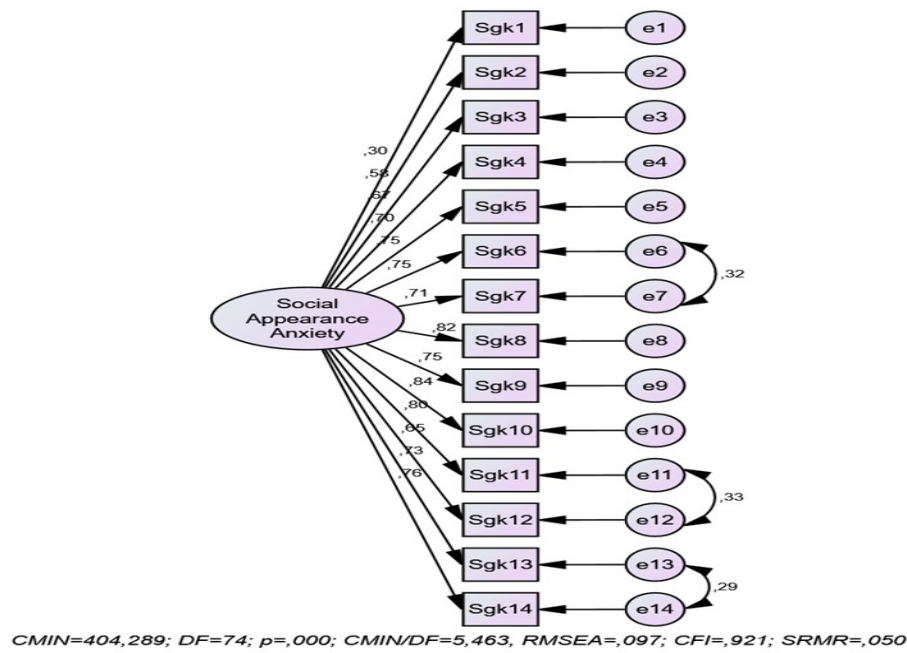


Figure 3. Confirmatory factor analysis results of the social appearance anxiety scale (SAAS)

The factor loadings of the items of the Social Appearance Anxiety Scale ranged from 0.305 to 0.842, and all of these factor loadings were significant ($p < 0.05$).

Descriptive Statistical Findings of the Media-Based Sociocultural Body Attitudes Scale (BİMK-SKTÖ) and the Social Appearance Anxiety Scale (SGKÖ) Applied to the Participants

Descriptive. The descriptive statistics of the Media-Based Sociocultural Body Attitudes Scale (BİMK-SKTÖ) and the Social Appearance Anxiety Scale (SGKÖ) applied to the participants are shown in Table 3.

Table 3. Descriptive Statistical Findings of the Media-Based Sociocultural Body Attitudes Scale (BİMK-SKTÖ) and Social Appearance Anxiety Scale (SGKÖ) Applied to the Participants

Scales and sub-factors	Mean	S.D.	Min.	Max.
Body-Related Sociocultural Attitudes Scale (BİMK_SKTÖ)	2,58	0,70	1,04	4,79
Traditional and social media as information source	2,73	0,86	1,00	5,00
Visual media pressure	2,76	0,99	1,00	5,00
Print media pressure	2,28	0,87	1,00	5,00
Resemblance to celebrities	2,17	0,91	1,00	5,00
Comparing own body with celebrities	2,43	1,03	1,00	5,00
Ideal body awareness	3,09	0,97	1,00	5,00
Social Appearance Anxiety Scale (SGKÖ)	2,68	0,69	1,13	5,00

Avg.: Mean, SD: Standard Deviation, Min.: Minimum, Max.: Maximum

The general average score of the Socio-Cultural Body Attitudes Scale (BATS) applied to the participants is 2.58. The average scores of the sub-dimensions of the Body Attitudes Scale (BATS), which are information sources, traditional and social media, visual media pressure, printed media pressure, celebrity resemblance, comparing own body with celebrity and ideal body awareness, are 2.73; 2.76; 2.28; 2.17; 2.43; 3.09, respectively. The average score of the Social Appearance Anxiety Scale (SAA) applied to the participants is 2.68. The average scores of the participants between 0.00 and 2.49 indicate low participation level, average scores between 2.50 and 3.49 indicate medium participation level, and average scores between 3.50 and 5.00 indicate high participation level. According to these results; Participants' media-based socio-cultural attitudes towards the body, traditional and social media as a source of information, visual media pressure, ideal body awareness and social appearance anxiety scores indicate a moderate level of participation, while written media pressure, resemblance to celebrities and comparing one's own body with celebrities scores indicate a low level of participation.

Table 4. Distribution of Participants' Socio-Demographic Characteristics According to Their Status of Having Undergone Aesthetic Surgery

Socio-demographic characteristics		Status of having undergone aesthetic surgery				Test statistic
		No		Yes		
		Number	%	Number	%	
Gender	Female	111	57,2	186	65,3	$\chi^2=2,840$
	Male	83	42,8	99	34,7	p=0,092
Marital status	Single	123	63,4	152	53,3	$\chi^2=4,383$
	Married	71	36,6	133	46,7	p=0,036*
Age	18 years and under	22	11,3	14	4,9	$\chi^2=16,988$
	19–24 years	71	36,6	73	25,6	p=0,005**
	25–30 years	30	15,5	61	21,4	
	31–36 years	31	16,0	64	22,5	
	37–42 years	21	10,8	35	12,3	
	43–54 years	19	9,8	38	13,3	
Education level	Secondary	17	8,8	26	9,1	$\chi^2=6,658$
	High school	42	21,6	52	18,2	p=0,155
	Associate degree	61	31,4	67	23,5	
	Bachelor's degree	50	25,8	98	34,4	
	Postgraduate	24	12,4	42	14,7	
Monthly income level	Low	96	49,5	113	39,6	$\chi^2=4,818$
	Medium	40	20,6	76	26,7	p=0,190
	High	58	29,9	96	33,7	
Television viewing frequency	Low	0	0,0	193	67,7	$\chi^2=254,023$
	Medium	132	68,0	92	32,3	p=0,000**
	High	62	32,0	0	0,0	
Newspaper reading frequency	Low	0	0,0	275	96,5	$\chi^2=439,021$
	Medium	177	91,2	10	3,5	p=0,000**
	High	17	8,8	0	0,0	
Magazine reading frequency	Low	0	0,0	259	90,9	$\chi^2=384,857$
	Medium	178	91,8	26	9,1	p=0,000**
	High	16	8,2	0	0,0	
Social Media media use frequency	Low	0	0,0	18	6,3	$\chi^2=431,345$
	Medium	12	6,2	267	93,7	p=0,000**
	High	182	93,8	0	0,0	

* $p<0.05$, ** $p<0.01$, χ^2 : Chi-square test

No significant differences were observed in the distributions of gender, educational level, and income level according to participants' status of having undergone aesthetic surgery ($p > 0.05$).

Significant differences were observed in the distributions of marital status, age, level of television viewing, newspaper reading, magazine reading frequency, and frequency of social media use according to participants' status of having undergone aesthetic surgery ($p < 0.05$). These results showed that the percentages of married and older participants were higher among those who had undergone aesthetic surgery, whereas the levels of television viewing, newspaper reading, magazine reading frequency, and frequency of social media use were higher among participants who had not undergone aesthetic surgery.

Examining the Relationships Between Sociocultural Attitudes About Towards the Body and Social Appearance Anxiety

The relationships between sociocultural attitudes towards the body and social appearance anxiety are shown in Table 5

Table 5. Analysis Correlations Between Sociocultural Attitudes Towards the Body and Social Appearance Anxiety

Scales and sub-factors	Coefficient	1. BİSKTÖ	2. BKGSM	3. GMB	4. BMB	5. ÜB	6. ÜKK	7. İBF	8. SGKÖ	9. EC
1. Socio-cultural Attitudes Towards the Body Scale	r	1								
	p									
2. Traditional and social media	r	,646**	1							
	p	0,000								

as a source of information									
3. Visual media pressure	r	,832**	,468**	1					
	p	0,000	0,000						
4. Printed media pressure	r	,789**	,518**	,659**	1				
	p	0,000	0,000	0,000					
5. Resemblance to celebrities	r	,769**	,398**	,500**	,571**	1			
	p	0,000	0,000	0,000	0,000				
6. Comparison of own body with celebrities	r	,820**	,362**	,618**	,540**	,648**	1		
	p	0,000	0,000	0,000	0,000	0,000			
7. Ideal body awareness	r	,633**	,226**	,470**	,294**	,347**	,462**	1	
	p	0,000	0,000	0,000	0,000	0,000	0,000		
8. Social Appearance Anxiety Scale	r	,230**	,094*	,217**	,125**	,171**	,226**	,184**	1
	p	0,000	0,040	0,000	0,006	0,000	0,000	0,000	
9. Aesthetic surgery status	r	,131**	0,052	,090*	,105*	,104*	,156**	0,077	,183**
	p	0,004	0,259	0,049	0,022	0,023	0,001	0,093	0,000

* $p < 0.05$, ** $p < 0.01$, r : Correlation coefficient

A moderate and high level positive relationship was observed between socio-cultural attitudes and traditional and social media as a source of information about the body, visual media pressure, printed media pressure, resemblance to celebrities, comparing oneself with celebrities and ideal body awareness factors ($p < 0.05$). In addition, a low level positive relationship was observed between socio-cultural attitudes towards the body and social appearance anxiety and having cosmetic surgery ($p < 0.05$). According to these results; it was seen that as the participants' socio-cultural attitude scores towards the body increased, the participants' social appearance anxiety and the rate of having cosmetic surgery would increase.

A low positive relationship was observed between using traditional and social media as an information source and social appearance anxiety ($p < 0.05$). These results, indicate that as the participants' scores on using traditional and social media as an information source increased, their social appearance anxiety scores also increased. In addition, no relationship was found between using traditional and social media as an information source and ideal body awareness or aesthetic surgery status ($p > 0.05$).

A low Low positive relationships were observed between visual media pressure, written media pressure, resemblance to celebrities, comparing oneself with celebrities and ideal body awareness and social appearance anxiety and having plastic surgery ($p < 0.05$). According to these results; it was seen that as the participants' visual media pressure, written media pressure, resemblance to celebrities, comparing oneself with celebrities and ideal body awareness scores increased, the participants' social appearance anxiety and plastic surgery rates would increase.

A low positive correlation was observed between social appearance anxiety and aesthetic surgery status ($p < 0.05$). These results indicate that as the participants' social appearance anxiety scores increased, their likelihood of having undergone aesthetic surgery also increased.

Path Analysis for the Multivariate Model

A research model with three observed variables was created. The model, specifies relationships between sociocultural attitudes towards the body, social appearance anxiety and aesthetic surgery status. The four hypotheses proposed in this three-variable model are presented below.

- Media-based sociocultural attitudes towards the body have a significant effect on social appearance anxiety (H1).
- Social appearance anxiety has a significant effect on aesthetic surgery status (H2).
- Media-based sociocultural attitudes towards the body have a significant effect on aesthetic surgery status (H3).
- Social appearance anxiety has a positive mediating effect on the relationship between media-based sociocultural attitudes towards the body and aesthetic surgery status (H4).

The standardized path diagram with three observed variables is given in Figure 4, and the estimated values for the model are given in Table 6. The path analysis, showed that the path coefficients between some variables were quite low (Figure 4).

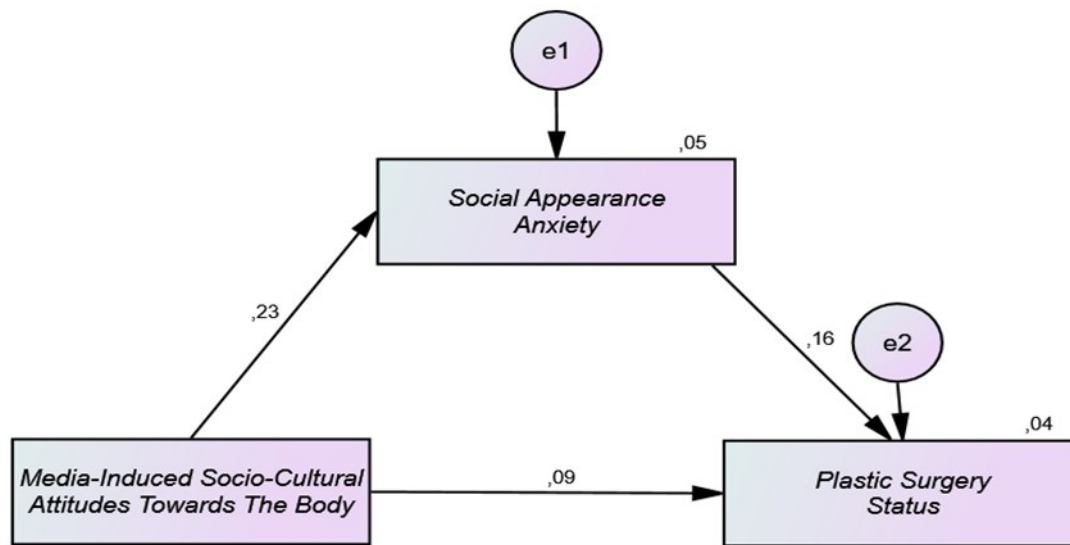


Figure 4. Standardized path diagram of the model

Table 6. Estimated Values of the Model

Faktor	Path	Faktor	B	S.E.	β (Beta)	CR	p
SGK	<---	BİSKTÖ	0,24	0,05	0,23	5,16	0,000**
EC	<---	BİSKTÖ	0,07	0,03	0,09	2,05	0,04*
EC	<---	SGK	0,11	0,03	0,16	3,51	0,000**
Indirect effect or mediating effect							
BİSKTÖ→SGK→EC			$\beta=0,037$, 95 GA (0,014 - 0,066)				

B: Unstandardized path coefficient, β (Beta): Standardized path coefficient, * $p<0.05$, ** $p<0.01$

Proportion of variance explained in the dependent factors: SGK $R^2=0.05$, EC $R^2=0.04$

CI: Confidence interval; values in parentheses are the lower and upper limits of the confidence interval. Bootstrap resampling=5000

According to these results, the variance explained is 5% for social appearance anxiety and 4% for aesthetic surgery status.

Media-based sociocultural attitudes towards the body significantly affect social appearance anxiety ($\beta=0.23$; $p<0.05$) Accordingly, hypothesis H1 was accepted.

Social appearance anxiety significantly affects aesthetic surgery status ($\beta=0.16$; $p<0.05$). Accordingly, hypothesis H2 was accepted.

edia-based sociocultural attitudes towards the body significantly affect aesthetic surgery status ($\beta=0.09$; $p<0.05$) Accordingly, hypothesis H3 was accepted.

Standardized indirect effects, which form the basis of indirect or mediating effects, were examined. According to the bootstrap results, the indirect effect of media-based sociocultural body attitudes on aesthetic surgery status via social appearance anxiety was significant ($\beta = 0.037$, 95% CI [0.014–0.066]). This result, demonstrates that social appearance anxiety mediates the relationship between media-based sociocultural body attitudes and aesthetic surgery status. Hypothesis H4 was therefore accepted.

4. DISCUSSION

In this study, a research model was developed and tested by considering the relationships between media-based sociocultural attitudes towards the body, social appearance anxiety and aesthetic surgery status. To test the research model and hypotheses, path analysis was conducted with the AMOS program to examine the direct and indirect

relationships between the participants media-based sociocultural attitudes towards the body, social appearance anxiety and aesthetic surgery status, and to test the measurement model. The analyses, showed positive and significant relationships between all the variables included in the study.

Media-based sociocultural attitudes towards the body were found to have a significant effect on social appearance anxiety ($\beta=0.23$; $p<.05$). Different studies in the literature have reached similar results. This finding suggests that the negative body image arising from media influence leads to an increase in social appearance anxiety. There are many studies in the literature supporting this result. Tiggemann and Slater (2014) found that as the time spent on the internet, especially on social media, increases, body surveillance increases, which decreases body satisfaction and thus increases body image concerns. According to Bauman (2010) the fact that wealthy people particular display and share their daily experiences and opportunities through various media tools causes those who see this to be dissatisfied with what they have and to see themselves as inadequate. In the study conducted by Vartanian and Dey (2013), a relationship was found between self-concept clarity, internalization of the thin ideal, appearance related social comparison tendencies and body dissatisfaction. Based on these findings, H1 was supported.

Social appearance anxiety was found to have a significant effect on aesthetic surgery status ($\beta=0.16$; $p<.05$). The negative body image or perception that emerges in individuals leads them to undergo aesthetic surgery. Featherstone (2013) found that body appearances shown in the media affect individuals' perceptions of their social appearance and lead them to various aesthetic procedures. Tiggemann and Williams (2012) found that the objectification of physical appearance through various media tools eventually causes individuals to feel ashamed of their bodies. Moradi and Huang (2008) found that women exposed to sociocultural objectification of their bodies experience mental, psychological, and social problems. Vandebosch et al. (2015) found that exposure to sexualized images on television contributes to the objectification of body perception. H2 was supported these findings

Media-based sociocultural body attitudes were found to significantly affect aesthetic surgery status ($\beta=0.09$; $p<.05$). This finding suggests that the negative body image arising from media influence prompts individuals to seek plastic and aesthetic surgery. According to Chopan et al. (2019), the body shapes of celebrities and models are constantly shown in the media, and people exposed to them are influenced by this and feel compelled to undergo various surgeries or body procedures in order to resemble these models and celebrities. Stewart et al. (2012) state that health-related programs in the media make plastic surgery attractive. There are many similar studies in the literature. Swanson (2012), found that the satisfaction of patients who had undergone liposuction and abdominoplasty increased, which directly affected their quality of life. According to Rohrich et al. (2021), posts by plastic and aesthetic surgery specialists, especially on social media, seriously affect individuals' interest in and demand for plastic surgery. These results support H3.

The standardized indirect effects that form the basis of indirector mediating effects were examined. According to the bootstrap results, the indirect effect of media-based sociocultural body attitudes on aesthetic surgery status through social appearance anxiety was significant ($\beta=0.037$, 95% CI [0.014-0.066]). This finding means that social appearance anxiety mediates the relationship between media-based sociocultural attitudes towards the body and aesthetic surgery status. In other words, body shapes presented as the ideal body through various media tools affect individuals' body perceptions and, as individuals compare their own bodies with this ideal body, evoke negative feelings such as deficiency and inadequacy regarding their bodies. Therefore, individuals feel compelled to make an effort to beautify their bodies in order to get rid of these negative feelings. For this reason, they undergo various interventions and apply chemical substances to their bodies in order to achieve ideal measurements and end this anxiety. Thus, individuals are directed towards consumption in order to beautify their bodies.

There are numerous studies in the literature supporting this finding. Feltman and Szymanski (2018) found that the internalization of cultural beauty standards and engagement in upward appearance comparison significantly mediated the links between Instagram use and self-objectification and body surveillance. In a social comparison study thin-ideal images depicted in the media, Krones, Stice, Batres, and Orjada (2005) showed that exposure to or engagement with media presentations of the thin ideal body increased individuals' body dissatisfaction. Therefore, it was observed that thin-ideal images depicted in the media elicit negative body perceptions and increase negative affect in individuals. In other words, social comparison pressure was found to negatively affect body perception. According to Ridolfi et al. (2011), social comparisons with media images were associated with negative feelings about the body because they led individuals to engage in more body checking. Similarly, social comparisons with peers were found to be associated with more frequent body checking and feelings of guilt. Finally, media images and social comparisons with peers were found to be associated with greater body dissatisfaction and more body checking. H4 was supported by these results.

5. CONCLUSION

This study was conducted to measure the media-based sociocultural attitudes and social appearance anxiety of individuals who wish to undergo aesthetic surgery. The results showed that media-based sociocultural attitudes towards the body have a significant effect on social appearance anxiety and aesthetic surgery status. Social appearance anxiety was also found to have a significant effect on aesthetic surgery status. In addition, social appearance anxiety was found to mediate the relationship between media-based sociocultural attitudes towards the body and aesthetic surgery status.

The ideal body images displayed through various media tools put pressure on people, create a tendency and desire to achieve a similar appearance, and direct them accordingly. In particular, the body images presented to audiences as role models in TV series, the objectification of the body through the use of celebrities' physical appearance in product advertisements, and similar practices, such as creating messages based on body appearance in magazine news, affect people's body perceptions. When people are exposed to the ideal appearances presented in the media and compare themselves with these appearances, a dislike of their own bodies gradually. This situation also negatively affects individuals' socialization and the relationships they establish with those around them. To get rid of these negative feelings about their body and to achieve a more beautiful appearance, individuals turn to various surgical and cosmetic procedures. However, despite the negative feelings that arise regarding body appearance certain precautions need to be taken, in this process: the person must first close the gap between their body and their will. To this end, instead of focusing only on the external body, that is, physical appearance, the person needs to become aware of and focus on their inner body, that is, the internal characteristics and qualities that determine their value. Since physical appearance and psychological structure are unique to each person, individuals who apply for aesthetic surgery can be informed that they do not have to look like others.

Similar societies, cultures and characteristics have emerged under the influence of globalization. Today, it is known that desired messages can easily be transmitted to all parts of the world through global media tools. However, these media tools are often used as instruments of consumption that serve the interests of certain individuals and groups and direct people to spend on health and body appearance. Although our lives are surrounded by media tools today and it is not possible to isolate ourselves from them completely, we can learn to use these tools correctly. For this purpose, health and media literacy courses could be added to high university curricula in order to inform society and raise awareness, through various media tools of issues such as health, the body, beauty and fashion that direct people to consume in relation to body appearance.

Since body dissatisfaction and social appearance anxiety sometimes lead to mental disorders and psychological problems, people may turn to plastic surgery to get rid of these negative states. Therefore, plastic surgeons should begin the treatment process with this in mind. The doctor can provide the patient with detailed information about the effects that may occur after surgery and, if necessary, refer the patient to a psychiatry or psychology department and inform them about whether treatment is needed.

Today, there is considerable demand for aesthetic surgery. This demand continues to increase every year. The aesthetic procedures performed entail substantial costs. It is recommended that health policymakers take into account this change and transformation in the perception of health, that is, the paradigm shift being experienced, when making health plans in order to use and manage the resources necessary for the effective and efficient maintenance of health services.

This study also provided results that contribute to a better understanding of the relationship between media-based sociocultural body attitudes and the status of having cosmetic surgery and how social appearance anxiety moderates this relationship. However, the development of new alternatives with the continuous change of technology and the importance of individuals' reactions to this situation necessitate the conduct of different studies. In similar studies to be conducted by educators in the future, it is recommended that quantitative and qualitative studies be conducted together or qualitative studies be conducted separately with patients and cosmetic surgeons and that the perceptions of individuals who applied for and underwent cosmetic surgery regarding the cosmetic surgery treatment process be compared to better understand media-based socio-cultural body attitudes and social appearance anxiety.

REFERENCES

- Açıkgöz, B. (2022). The Scope of Global Public Goods (GPGs). *Pandemnomics: The Pandemic's Lasting Economic Effects*, 1.
- Aubrey JS. (2007). The impact of sexually objectifying media exposure on negative body emotions and sexual self-perceptions: Investigating the mediating role of body self-consciousness. *Mass Communication & Society*, 10(1), 1-23, <https://doi.org/10.1080/15205430709337002>
- Baudrillard J. (2004). "Consumer Society". Ayrıntı Publications.
- Bauman Z. (2010). "Globalization: Social Results". Ayrıntı Publications.
- Büyüköztürk Ş. (2020). *Handbook of Data Analysis for Social Sciences (27th Edition)*. PEGEM Publications.
- Can, İ. (2019). "Let There Be Health: Social Aspects of Health". Çizgi Bookstore.
- Chopan M, Sayadi L, Clark EM, Maguire K. (2019). Plastic surgery and social media, *Plastic and Reconstructive Surgery*, 143(4), 1259–65, <https://doi.org/10.1097/PRS.0000000000005445>
- Conrad P. (1992). Medicalization and social control. *Annual Review of Sociology*, 18(1), 209-232, <https://doi.org/10.1146/annurev.so.18.080192.001233>
- Conrad, P. (2007). *The medicalization of society: On the transformation of human conditions into treatable disorders*. Jhu Press.
- Davis JE. (2006). "How medicalization lost its way. *Society*, 43(6), 51–56, <https://doi.org/10.1007/BF02698486>
- Featherstone M. (2003). "Post- Bodies, Aging and Virtual Reality", Featherstone, M., Wernick, A., (Edt.), *Images of Aging, Cultural Representations of Later Life*, London. Routledge, 231-248, <https://doi.org/10.4324/9780203397442>
- Featherstone, M. (2010). Body, image and affect in consumer culture. *Body & society*, 16(1), 193-221, <https://doi.org/10.1177/1357034X09354357>
- Featherstone, M. (2013). "Postmodernism and Consumer Culture". Ayrıntı Publications.
- Featherstone, M. (1982). The body in consumer culture. *Theory, Culture & Society*, 1(2), 18–33.
- Feltman CE, Szymanski DM. (2018). Instagram use and self-objectification: Internalization, comparison, appearance interpretation and the roles of feminism. *Sex Roles*, 78(5), 311-324, <https://doi.org/10.1007/s11199-017-0796-1>
- Foucault M. (2003). *Cinselliğin Tarihi-II*, Çev. Hülya Tufan, İstanbul: Afa Yayınları.
- Gerner B, Wilson PH. (2005). The relationship between friendship factors and adolescent girls' body image concern, body dissatisfaction, and restrained eating. *International Journal of eating disorders*, 37(4), 313-320, <https://doi.org/10.1002/eat.20094>
- Gürbüz, S. (2021). *Structural Equation Modeling with AMOS, Basic Principles and Applied Analysis*, 2nd Edition, Ankara: Seçkin Publishing
- Heinberg, L. J., Thompson, J. K., & Stormer, S. (1995). Development and validation of the sociocultural attitudes towards appearance questionnaire. *International Journal of Eating Disorders*, 17(1), 81-89.
- Illich I. (2011). *The Usurpation of Health*. Ayrıntı Publications, Trans. Süha Sertabiboğlu.
- Kalaycı Ş. (2018). *SPSS Applied Multivariate Statistical Techniques (6th Edition)*. Ankara: Asil Publishing Distribution.
- Körpe G. (2017). Self-Esteem and Nursing Approach in Plastic and Reconstructive Surgery Patients, *Kastamonu Health Academy*, 2 (3), 223-228.
- Krones PG, Stice E, Batres C, Orjada K. (2005). In vivo social comparison to a thin-ideal peer promotes body dissatisfaction: A randomized experiment. *International Journal of Eating Disorders*, 38(2), 134-142, <https://doi.org/10.1002/eat.20171>
- MacCallum, R. C., Browne, M. W. & Sugawara, H. M. (1996). Determining sample size for power analysis and covariance structure modeling. *Psychological Methods*, 1, 130-149, <https://doi.org/10.1037/1082-989X.1.2.130>
- Moradi B, Huang YP. (2008). Objectification Theory and Women's Psychology: Ten Years of Developments and Future Directions. *Psychology of Women Quarterly*, 32(4), 377-398, <https://doi.org/10.1111/j.1471-6402.2008.00452.x>
- Ridolfi DR, Myers TA, Crowther JH, Ciesla JA. (2011). Do appearance focused cognitive distortions moderate the relationship between social comparisons to peers and media images and body image disturbance? *Sex Roles*, 65(7), 491-505, <https://doi.org/10.1007/s11199-011-9961-0>
- Ritzer G. (2000). *Fascinating the Disenchanted World*, Trans. Şen Süer Kay, Ayrıntı Publications, İstanbul, p.192.
- Rohrich RJ, Dayan E, Xue AS. (2021). Social media in plastic surgery: is the future now? *Plastic and Reconstructive Surgery*, 125-126, <https://doi.org/10.1097/01.prs.0000794940.66507.3f>
- Scannell P. (2013). History, media, and communication. In *A handbook of media and communication research* (pp. 233-248). Routledge, <https://doi.org/10.4324/9780203357255-21>
- Sezgin D. (2015). Health and medicalization in gender perspective, *Journal of Sociological Research*, 18 (1), 153-186.

- Sezgin D. (2017). Analysis of health news in the context of lifestyle recommendations, *University Journal of Social Sciences*, 2(2), 52-54.
- Smith AR, Hames JL, Joiner TE. (2013). Status update: Maladaptive Facebook usage predicts increases in body dissatisfaction and bulimic symptoms. *Journal of affective disorders*, 149(1-3), 235-240, <https://doi.org/10.1016/j.jad.2013.01.032>
- Sohn SH. Body Image: Impacts of Media Channels on Men's and Women's Social Comparison Process and Testing of Involvement Measurement. *Atlantic Journal of Communication*, 17(1), 19-35, 2009. <https://doi.org/10.1080/15456870802505670>
- Stewart A, et al. (2012). Body image, shape, and volumetric assessments using 3D whole-body laser scanning and 2D digital photography in women with diagnosed eating disorders: Preliminary findings. *British Journal of Psychology*, 103(2), 183-202, <https://doi.org/10.1111/j.2044-8295.2011.02063.x>
- Swanson E. (2012). Prospective outcome study of 360 patients treated with liposuction, lipoabdominoplasty, and abdominoplasty. *Plastic and reconstructive surgery*, 129(4), 965-978, <https://doi.org/10.1097/PRS.0b013e318244237f>
- Szasz T. (2007). *The Medicalization of Everyday Life*. USA: Syracuse University Press.
- Tabachnick, B. G., Fidell, L. S. (2013). *Using Multivariate Statistics* (6th ed.). Boston, MA: Pearson.
- Tiggemann, M., & Slater, A. (2014). NetTweens: The internet and body image concerns in preteenage girls. *The Journal of Early Adolescence*, 34(5), 606-620 <https://doi.org/10.1177/0272431613501083>
- Tiggemann M, Williams E. (2012). The Role of Self-Objectification in Disordered Eating, Depressed Mood, and Sexual Functioning in Women: A Comprehensive Test of Objectification Theory. *Psychology of Women Quarterly*, 36(1), 66-75, <https://doi.org/10.1177/0361684311420250>
- Vandenbosch L, Muise A, Eggermont S, Impett EA. (2015). The sexualization of reality television: Relations to trait and situation self-objectification. *Body Image*, 13, 62-66, <https://doi.org/10.1016/j.bodyim.2015.01.003>
- Vartanian LR, Dey S.(2013). Self-concept clarity, thin-ideal internalization, and appearance-related social comparison as predictors of body dissatisfaction. *Body Image*, 10(4), 495-500, <https://doi.org/10.1016/j.bodyim.2013.05.004>
- Zola, I. K. (1994). *Health and Blind Medicine. The Power of Professionals*. Trans. Cevdet Cerit. Istanbul: Pınar Publications.
- International Society of Aesthetic Plastic Surgery. (2024). ISAPS global survey 2023. https://www.isaps.org/media/rxnfqibn/isaps-global-survey_2023.pdf
- International Society of Aesthetic Plastic Surgery. (2024, June 12). Global survey 2023: Aesthetic procedures close to 35 million in 2023. <https://www.isaps.org/discover/about-isaps/global-statistics/global-survey-2023-full-report-and-press-releases/>

ETHICAL APPROVAL FOR THE STUDY

This study complied with all the rules specified in the "Guidelines for Scientific Research and Publication Ethics in Higher Education Institutions". None of the actions listed under the heading "Actions Contrary to Scientific Research and Publication Ethics" in the second section of the guidelines were carried out.

Ethics Committee Approval Information

Name of the committee that conducted the ethics evaluation: Istanbul Medipol University Non-Interventional Clinical Research Ethics Committee

Date of the ethics evaluation decision: 31.03.2022

Ethics evaluation document number: E-10840098-77202-2144

RESEARCHER CONTRIBUTION RATE

The first author's contribution rate to the research is 60%, and the second author's contribution rate is 40%.

Author 1: Formulating the research idea, conducting a literature review, managing the data collection process, performing statistical analyses, interpreting findings, and managing the article writing process.

Author 2: Developing the research design, providing methodological consultancy, controlling the analysis processes, evaluating findings, academically reviewing the article, and making final edits.

CONFLICT OF INTEREST STATEMENT

This research has no financial or personal ties to any individual or organization. There is no conflict of interest in this research.

STATEMENT ON THE USE OF ARTIFICIAL INTELLIGENCE

During the writing process of this study, the author(s) utilized artificial intelligence tools to assist in areas such as text improvement, language, and grammar checks. Any artificial intelligence tools used were solely intended as a support mechanism to enhance the authors' existing ideas and help them express them more effectively. The research question, methodology, data collection and analysis, scientific findings, interpretations, and conclusions of this study are all the intellectual contributions of the author(s). The author(s) ultimately hold themselves responsible for the accuracy and integrity of the academic content of this study, as well as for any instances of plagiarism or violation of academic ethics, including the use of artificial intelligence.

NOTE

This study was produced from the Doctoral Thesis titled "Measurement of Media-Induced Socio-Cultural Attitudes Towards the Body and Social Appearance Anxiety: A Research on Aesthetic Surgery" defended at Istanbul Medipol University, Institute of Health Sciences on 12.06.2024.