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Digital culture and aesthetic orientation: associations with body perception and beauty perception on social media

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Abstract

Background Digital culture has made social media a central space for presenting aesthetic ideals and beauty norms. Exposure to curated visuals and trends is associated with body perception and definitions of beauty. Social media aesthetic orientations are closely related to self-image and broader aesthetic judgments. This study examines the associations between social media aesthetic orientation (SMAO), body perception, beauty perception, and aesthetic perception.

Methods The sample comprised 167 active social media users from Turkey, aged 18 to 45, including both individuals with and without a history of aesthetic surgery. A correlational survey design and quantitative methods were employed. Data were collected using validated measures and analyzed with a generalized linear model.

Results SMAO showed positive associations with aesthetic perception ($\beta = 0.59$, $p < 0.001$) and beauty perception ($\beta = 0.62$, $p < 0.001$), but not with body perception ($\beta = -0.04$, $p > 0.05$). Beauty perception mediated the relationship between SMAO and aesthetic perception ($\beta = 0.14$, $p < 0.01$), explaining 20% of the variance, whereas body perception did not. Engagement with cosmetic surgery and beauty trends strengthened the association between beauty and aesthetic perception ($\beta = 0.22$, $p < 0.001$). Gender moderated these paths, strengthening the beauty–aesthetic perception link and weakening the body perception link for women. Education played a limited role, while age and marital status showed no significant effects.

Conclusions The findings suggest that social media's emphasis on aesthetics is more closely tied to the internalization of cultural beauty ideals than to individual body perception. Gender plays a critical role, with women prioritizing beauty standards over body satisfaction in their aesthetic preferences. The study highlights associative rather than causal relationships and calls for further research across different cultural contexts. This research contributes to understanding how digital culture relates to contemporary aesthetics by emphasizing perceived beauty over body perception.

Keywords Digital culture, Social media aesthetic orientation, Body perception, Beauty perception, Aesthetic perception, Cosmetic surgery, Moderation analysis

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Introduction

Digital culture, and particularly social media as its inseparable component, has fundamentally transformed how individuals perceive themselves and their environment. This transformation emerges through the interplay of a series of phenomena, primarily social media aesthetic orientation (SMAO), body perception (BP), and beauty perception (BeP). These platforms are closely associated with individual self-perception and prevailing beauty norms [1–6]. Understanding the relationship between social networks, BP, and BeP is crucial for analyzing the broader impact of digital culture. In this study, a structural model is used to examine how SMAO is associated with BP and BeP, with particular attention to its role in reinforcing idealized body types and beauty standards.

Social media often promotes idealized beauty standards that are difficult or unrealistic for many people to achieve, leading to self-comparisons and feelings of inadequacy [7–9]. The widespread use of filters and digital editing further reinforces the unrealistic ideals of beauty [10–13]. As a result, some people may turn to cosmetic surgery (CS) in an effort to align with these standards [14]. Although younger users are often considered particularly susceptible to manipulated images, exposure to digitally manipulated beauty ideals is increasingly affecting adults across a wider age spectrum, including those between 18 and 45 [15]. Research consistently shows associations between social media use self-perceptions of the body, with platforms such as Instagram, TikTok, and Pinterest increasing the pressure to conform to these ideals [8, 16–19]. The phenomenon of "Snapchat dysmorphia," in which young people undergo CS to achieve the aesthetics of digital filters, is a growing problem [19–22].

This study investigates how SMAO relates to aesthetic perception (AP) through the mediating roles of BP and BeP within a structural model. Key themes include popular culture and digital media, beauty ideals, cosmetic surgery (CS), social acceptance and its psychological implications, and processes of BP, self-perception, and social comparison. Given the increasing prevalence of cosmetic procedures and the normalization of aesthetic ideals in consumer culture, examining these relationships is highly relevant. Based on cross-sectional data, this study focuses on adults aged 18 to 45 years and examines the spread of unrealistic beauty standards on social media. The results aim to clarify the associative role of SMAO in relation to AP and to contribute to the scientific discourse on its psychological and social contexts.

BeP refers to the evaluation of physical attractiveness in oneself and others, which is shaped by processes such as social comparison and self-esteem, while AP reflects broader cultural and aesthetic orientations [23–25]. At the same time, the perception of beauty is culturally constructed, and reflects common norms and ideals promoted by the media and society. AP, on the other hand, is a broader construct that encompasses sensitivity to harmony, form, and style, and goes beyond narrow concepts of beauty to assess the visual appeal of cultural objects, fashion, and design [26–31]. Clarifying this distinction is crucial because our model examines both the individual psychological processes and the cultural dynamics that link SMAO to BeP and AP.

This study aims to make a unique contribution by integrating SMAO, BP, BeP and AP into a comprehensive model. Specifically, the study examines whether BeP or BP is the primary pathway linking social media engagement to aesthetic attitudes, thus providing a new perspective on the potential mechanisms through which digital culture may be associated with AP.

Conceptual framework and theoretical background

Popular culture, digital media and ideals of beauty

Popular culture and digital media have a strong association with today's beauty standards. Platforms such as Instagram, TikTok, and Pinterest propagate cultural ideals of body and facial features and put pressure on people to conform [16, 32, 33]. Filters and digital manipulations reinforce unrealistic expectations, and lead to constant self-comparison [11]. Popular culture encompasses widespread practices and norms that are shaped by both traditions and socio-political dynamics [34, 35]. Social media has become an important place of communication and cultural exchange, promoting beauty norms and making them highly visible in everyday life [36].

Among young adults, especially Generation Z, there is a growing trend towards body dissatisfaction and aesthetic interventions based on idealized images on social media [19]. Phenomena such as "Snapchat dysmorphia" illustrate how digital filters can increase interest in cosmetic procedures [22, 37]. According to social comparison theory [38], individuals form their self-perceptions by evaluating themselves in relation to others, and this process is amplified when exposed to idealized images in social media.

In this study, we conceptualize SMAO as individuals' cognitive-behavioral orientation toward beauty ideals on social media, reflecting both exposure to such ideals and their internalization. SMAO is therefore the independent variable, as engagement with online aesthetics is theoretically the starting point for associations with self-assessments and assessments by others. These comparisons are closely related to body dissatisfaction and the pursuit of beauty ideals. The theory of consumer culture [39, 40] also explains how beauty standards become a commodity and motivate efforts to improve one's appearance.

Cosmetic surgery: social acceptance and psychological consequences

Cosmetic surgery (CS) has become an established and increasingly normalized practice, partly due to associations with social media and digital platforms [4, 41]. Influencers and celebrities speaking openly about their experiences with surgery have reduced stigma and increased public acceptance [42]. This trend highlights CS as a social and cultural phenomenon that goes beyond medical interventions. However, the psychological and social implications remain complex. While some people report increased self-confidence, others experience anxiety or dissatisfaction [43]. Research shows that CS can be related to both positive and negative outcomes regarding mental health, particularly in relation to dissatisfaction with one's body [4, 44].

The concept of "Snapchat dysmorphia" describes how social media encourages people to undergo CS to conform to unrealistic ideals [22]. More recently, the term "digital body dysmorphia" has been introduced, emphasizing the role of social media in exacerbating BP disorders and altering self-perception, sometimes leading to extreme measures to achieve elusive beauty standards [3]. Giddens [45] describes modernity's striving for body mastery, which underlines the attractiveness of CS. This desire for bodily mastery reflects a consumer culture in which idealized beauty is commodified and pursued [39, 40].

Digital media further reinforces these beauty standards, and online comparisons, as described in social comparison theory, increase sensitivity to perceived flaws [11]. It is important to understand the social acceptability and psychological impact of cosmetic procedures. Research shows that cosmetic procedures may relate to self-perceptions and self-confidence in both positive and negative ways [43]. Therefore, mental health and social context should be considered, as the psychological consequences of cosmetic procedures remain complex and require further investigation. Accordingly, CS and following beauty trends on social media (FBTSM) are treated in our model as contextual factors that may moderate the associations between BP, BeP, and AP.

Body perception, self-perception and social comparison

Body perception (BP) refers to an individual's perception of and feelings about their body, which are associated with self-esteem and mental health. Social media has a significant relationship with BP as it encourages comparisons with idealized appearances [16]. Young adults and Generation Z are particularly affected by this, as they are often dissatisfied with their bodies due to curated images on social platforms [33]. Digital media reinforces this process by encouraging constant self-evaluation in comparison to "better" looking peers, consistent with the mechanisms described in social comparison theory [38]. Over time, this can lead to an increased focus on aesthetics, particularly in adolescents [11, 19]. Social media also plays a dual role as an object of consumption and a means of self-expression in digital culture [44]. The body, which is shaped by media-driven fashion and beauty standards, reflects personal identity and social status [13, 39, 40, 46, 47].

The relationships between media and self-image are emphasized in the literature, with social media being related to changes in self-perception through filters and trends [48, 49]. In consumer culture, the body is seen as a beautification project [39, 40], and individuals develop their self-perception through constant exposure to beauty messages [6, 13, 18]. N. Elias [50] discusses how civilization has transformed the body into an object of consumption, sometimes at the expense of health. Advances in aesthetics and medical technologies continue to alter the body, as individuals construct identities through role-playing and feedback. Industrialization and cultural changes have redefined the body from a labor force to an object of consumption and expression [39, 40, 51].

In this context, BP can be defined as a subjective evaluation of one's own body (e.g., satisfaction or dissatisfaction with body shape, size, weight, or appearance). BeP, on the other hand, refers to the individual's assessment of socially and culturally defined standards of attractiveness. BP is self-directed, while BeP refers to broader cultural ideals and evaluations of others. Both are conceptually distinct but related pathways through which SMAO can be linked to outcomes. AP is conceptualized as an individual's evaluative aesthetic orientations and attitudes rather than strictly causal effects of interventions. Therefore, BP and BeP are seen as parallel intervening variables in our model, linking SMAO to AP.

Cultural and historical factors shape the way the body is treated. They affect behavior in terms of gender, age, and socioeconomic status, and set standards for dress, grooming, beauty, and health. These societal dynamics constantly reshape perceptions of beauty and health, and are associated with self-perception [52]. This evolving relationship underscores the importance of exploring the connections between social media, popular culture, and well-being. Studies suggest that this dynamic is related to psychological and social well-being, highlighting the need for further research. Accordingly, this study proposes a model to investigate the relationships between SMAO, BP, BeP, and AP (Fig. 1).

Current study

Building on the theoretical foundations of social comparison and cultural internalization, this study proposes a model that integrates SMAO, BP, BeP, and AP. Our

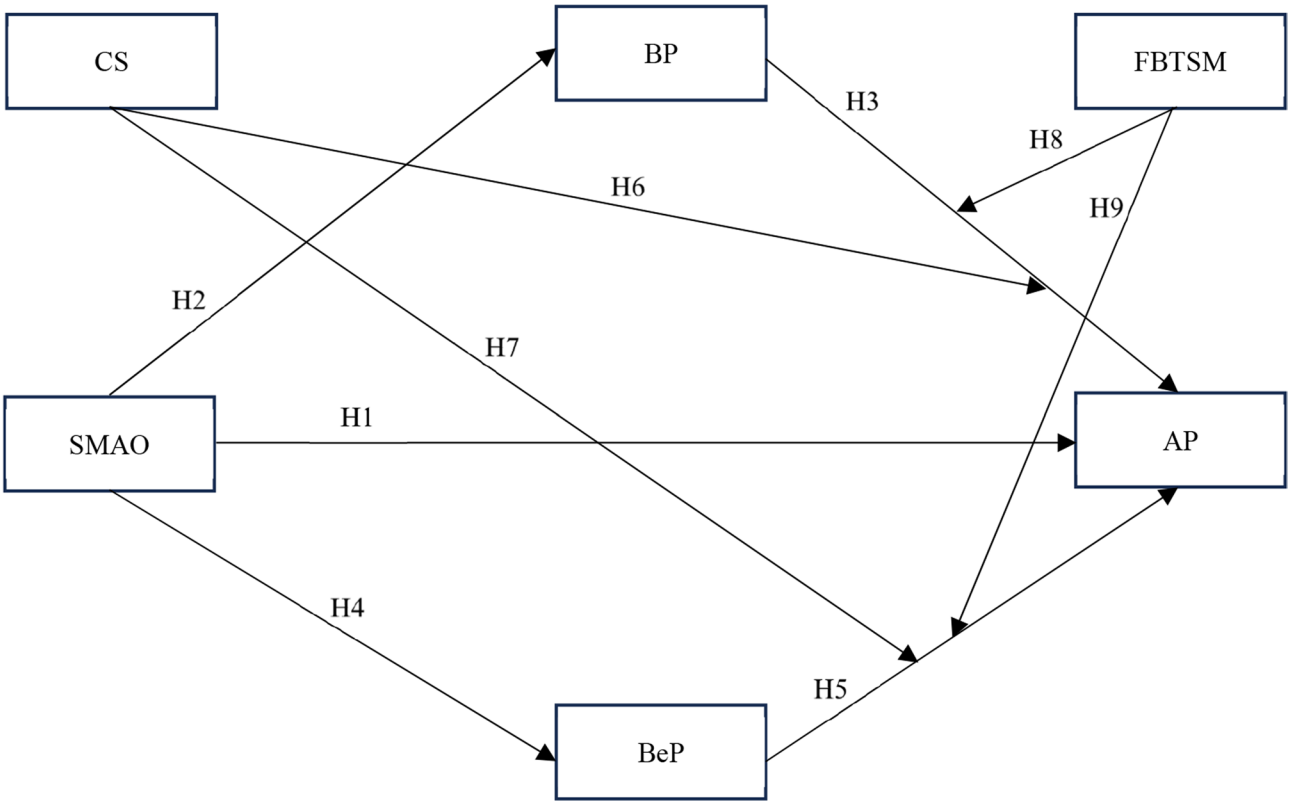

Fig. 1 The proposed model of the research

hypotheses are formulated to examine how SMAO is associated with AP, specifically by distinguishing between self-focused BP and culturally shaped BeP as mediating pathways. SMAO is conceptualized as an independent variable and reflects exposure to and internalization of online beauty ideals [27, 33]. We hypothesize that SMAO will positively predict AP (H1) and BP (H2). BP and BeP are included as parallel intervening variables. BP represents subjective satisfaction with one's body [29, 53], whereas BeP reflects judgments based on broader cultural standards of beauty [26, 35].

Accordingly, we hypothesize that BP is positively related to AP (H3), and that SMAO is positively associated with BeP (H4), which in turn positively predicts AP (H5). In addition, CS and FBTSM are examined as moderators that represent contextual factors which may affect these relationships. We hypothesize that CS will moderate the relationships between BP (H6) and BeP (H7) with AP, and that FBTSM will moderate the relationships between BP (H8) and BeP (H9) with AP. The unique contribution of this study lies in clarifying whether BeP or BP is the more central pathway linking SMAO to AP. By integrating these constructs and examining the key moderators, this study provides a nuanced understanding of how digital culture is associated with aesthetic judgments.

This model hypothesizes that there are complex relationships between SMAO, BP, BeP, and AP. The hypotheses examine the relationships between SMAO, BP, and AP. Furthermore, it is hypothesized that CS (H6–H7) and FBTSM (H8–H9) can significantly moderate the relationships between BP, BeP, and AP. The specific hypotheses are as follows:

H1: Social media aesthetic orientation (SMAO) is positively and significantly related to aesthetic perception (AP).
H2: Social media aesthetic orientation (SMAO) is positively and significantly related to body perception (BP).
H3: Body perception (BP) is positively and significantly related to aesthetic perception (AP).
H4: Social media aesthetic orientation (SMAO) is positively and significantly related to beauty perception (BeP).
H5: Beauty perception (BeP) is positively and significantly related to aesthetic perception (AP).
H6: Cosmetic surgery (CS) moderates the relationship between body perception (BP) and aesthetic perception (AP).
H7: Cosmetic surgery (CS) moderates the relationship between beauty perception (BeP) and aesthetic perception (AP).

H8: Following beauty trends on social media (FBTSM) moderates the relationship between body perception (BP) and aesthetic perception (AP).
H9: Following beauty trends on social media (FBTSM) moderates the relationship between beauty perception (BeP) and aesthetic perception (AP).

Method

Research model

This study used a correlational survey design within a quantitative framework to investigate the relationships between SMAO, BP, BeP, and AP. A cross-sectional approach was employed to assess the associations among these variables. The generalized linear model (GLM) was used to examine the proposed research model and test the hypotheses. This approach provides flexibility in specifying different types of dependent variables and allows the assessment of relationships with multiple independent variables [54]. This approach allowed for the analysis of both linear and non-linear relationships, which improved the generalizability and robustness of the results and provided insights into the motivations for CS and the associations between social media engagement and the demand for cosmetic enhancements.

Although the overall sample size was relatively modest (N = 167), it exceeded the minimum recommended thresholds for the use of generalized linear models and structural equation approaches [55, 56]. Therefore, the analyzes were considered appropriate to test the hypothesized relationships. The modest sample size should be taken into account as a limitation when interpreting the results.

Participants

The study included 167 men and women aged 18 to 45 from Turkey, all of whom were active social media users and engaged with content related to beauty standards and cosmetic procedures. Participants were recruited through purposive and convenience sampling, focusing on active social media users to ensure that the sample was relevant to the research objectives. Recruitment was non-random but designed to capture the target population, which enhances the contextual relevance of the results. Special attention was given to recruiting female participants who engage with beauty content [57].

The sample comprised 96 women (57.0%) and 71 men (43.0%). The age distribution was 49 (29.0%) aged 18–25, 85 (51.0%) aged 26–35, and 33 (20.0%) aged 36–45. In terms of marital status, 58 (35.0%) were married and 109 (65.0%) were single. Educational levels were: 64 (38.0%) had a high school diploma or less, 35 (21.0%) had a college degree, 42 (25.0%) had a bachelor's degree, and 26 (16.0%) had a postgraduate degree. Sixty-two participants (37.0%) had undergone CS, and 59 (35.0%) reported FBTSM. The age range of 18 to 45 years was chosen to capture a broader spectrum of adult social media users, allowing for the examination of AP across different life stages of adulthood.

While the sample of N = 167 was sufficient for the planned GLM analyses and exceeded the usual rules of thumb suggesting 10–15 cases per estimated parameter [55], we recognize that larger samples are preferable for factor analytic and mediation models to ensure maximum statistical power [56]. Therefore, the results should be interpreted with some caution, and future research should seek to replicate these findings with larger and more diverse samples.

Instrumentation

Social media aesthetic orientation scale

The Social Media Aesthetic Orientation Scale, measures individuals' aesthetic dispositions related to social media. Initially, 40 items were generated from the literature and reduced to 25 by experts for content validity [58–64]. Exploratory factor analysis (EFA) with 50 users (aged 18–45) removed 12 items with loadings below 0.50, resulting in a single-factor, 13-item scale explaining 44.93% of the variance (factor loadings: 0.54–0.79, p < 0.001). The final scale uses a 5-point Likert format (1 = never, 5 = always). Sample items include: "I compare my appearance to people I see on social media," "Social media makes me feel like I should have a perfect body," and "I regularly follow users, influencers, or celebrities with numerous followers." Items 6, 9, and 11 are reverse coded, e.g., "Social media does not change my thoughts about my appearance."

Confirmatory factor analysis (CFA) with 167 participants showed good fit (χ^2/df = 0.93, SRMR = 0.05, RMSEA = 0.00, CFI = 0.93, TLI = 0.91, IFI = 0.93), with significant factor loadings (0.61–0.90, p < 0.001). The AVE exceeded 0.50, supporting convergent validity. Cronbach's alpha was 0.96, indicating high reliability [56].

Body perception scale

The Body Perception Scale, originally developed by Secord and Jourard [65], and adapted to Turkish by Hovardaoğlu [66], assesses satisfaction with 40 body parts and functions using a 5-point Likert scale. Higher total scores (range: 40–200; ≥135 = high satisfaction) indicate greater body satisfaction. Sample items include "I like my hair," "I like my body structure," and "I like my profile." The Turkish version has demonstrated high reliability (Cronbach's α = 0.91; split-half = 0.75). Anbar [67] confirmed its unidimensional structure (36% variance explained, α = 0.95). In this study, CFA indicated excellent fit (χ^2/df = 1.35, SRMR = 0.09, RMSEA = 0.05, CFI = 0.97, TLI = 0.96, IFI = 0.97), with significant factor loadings (0.52–0.67, p < 0.001). The AVE exceeded 0.50,

supporting convergent validity. Cronbach's alpha was 0.93, confirming high reliability [56].

Beauty perception scale

The Beauty Perception Scale Turanlı (2019) is a 77-item, five-level Likert-scale instrument developed and validated in Turkish culture to assess individual perception of beauty [68]. The items cover a wide range of physical characteristics and culturally significant attributes, such as hair color, eye color, body type, body size, grooming, and accessories (e.g., tattoos, piercing, make-up). The items include statements such as "I find women with blonde hair more beautiful"," "Well-groomed hands are an important beauty criterion for me" or "People with well-groomed and healthy teeth are beautiful to me"." The purpose is not that each item correlates directly with another (e.g., preference for blonde hair in tall men), but that together they capture how individuals rate attractiveness according to cultural beauty criteria. The scale showed strong psychometric properties in its original validation (KMO = 0.81, Bartlett's $\chi^2 = 8901.81$, $p < 0.001$, Cronbach's $\alpha = 0.93$) [68].

In our study, the instrument was used in its original Turkish version to ensure linguistic and cultural appropriateness. The CFA confirmed a unidimensional structure with good fit ($\chi^2/df = 1.53$, SRMR = 0.09, RMSEA = 0.05, CFI = 0.93, TLI = 0.93, IFI = 0.93), with all factor loadings significant (0.55–0.69, $p < 0.001$). The AVE was above 0.50, which supports convergent validity. The internal consistency was excellent ($\alpha = 0.95$) [56].

Aesthetic perception scale

The Aesthetic Perception Scale was developed through literature review [62, 69–73], expert input, pilot testing, and factor analyses. An initial 65 items were reduced to 12 after EFA with 50 participants, yielding a unidimensional structure (40.12% variance explained; factor loadings: 0.57–0.71; KMO = 0.82; Bartlett's χ^2 (66) = 248.56, $p < 0.001$). The final version is a 12-item, one-factor instrument rated on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree).

In the original Turkish version, the term "aesthetic procedures" (estetik işlemler) refers primarily to CS and medical/cosmetic procedures (e.g., plastic surgery, aesthetic, medical aesthetic treatments), and in some items to the use of cosmetic products (e.g., make-up). It does not refer to routine grooming activities such as hair brushing or the use of moisturizers. Sample items include: "I believe that aesthetic procedures have a positive effect on people," "I have a positive attitude towards aesthetic procedures," and "I think individuals who have undergone aesthetic surgery have a more shaped and healthier body." Items 9, 10, and 11 are reverse-coded.

The scale showed strong psychometric properties, criterion validity ($r = 0.81$, $p < 0.001$, with the Aesthetic Surgery Acceptance Scale), item-total correlations (0.45–0.66), test-retest reliability ($r = 0.87$), and Cronbach's alpha of 0.89. In this study, the CFA showed a good model fit ($\chi^2/df = 1.62$, SRMR = 0.09, RMSEA = 0.06, CFI/TLI/IFI = 0.99), with significant factor loadings between 0.41 and 0.84 ($p < 0.001$) and excellent internal consistency ($\alpha = 0.92$) [56].

Data collection process

The data was collected online via Google Forms for efficiency [74]. The survey included five sections: (a) demographic information and social media engagement, (b) social media aesthetic orientation (SMAO), (c) body perception (BP), (d) beauty perception (BeP), and (e) aesthetic perception (AP). Participants were informed about the study, assured of confidentiality, and gave their consent. Access to the form was restricted to ensure data security. Recruitment was carried out through targeted and convenience sampling, as the link to the survey was distributed via targeted posts on social media (e.g., Instagram stories, Facebook groups) and direct email invitations to people in the relevant networks. The data collection took place between April 10 and May 10, 2023. Of the 193 initial responses, 16 were excluded due to missing demographic information, incomplete responses on the scale, inconsistent responses (e.g. selecting the same option for all items), or responses that did not meet the required age range. After this data cleaning, 167 valid participant responses remained for analysis.

Data analysis

Jamovi software (version 2.3.28) was used to analyze the data. EFA and CFA assessed the structural validity of the scales. The KMO test and Bartlett's test confirmed the suitability of the data for factor analysis. Fit indices such as χ^2/df, SRMR, RMSEA, CFI, TLI and IFI indicated a good model fit. Cronbach's α assessed the reliability of the scales [56]. To assess the risk of common method bias, the Harman test was performed for one factor. The results showed that a single factor accounted for 19.07% of the total variance, which is well below the threshold of 50% and suggests that common method variance is not a serious problem [75]. GLM examined the structural relationships and ensured that the model assumptions were met. Normality was tested with skewness and kurtosis values between − 2 and + 2 [55]. Mediation and moderation were analyzed using the bootstrap method with 1000 replications to increase the reliability of the estimate [76].

Table 1 Descriptive statistics and correlations for aesthetic orientation in social media, body perception, beauty perception, and aesthetic perception

Variable		95% CI							
	M	LL	UL	SD	Min.	Max.	1	2	3
1. SMAO	42.02	39.53	44.51	16.28	13.00	65.00	—		
2. BP	137.69	133.55	141.84	27.13	12.00	60.00	−0.03	—	
3. BeP	236.61	228.99	244.23	49.89	40.00	198.00	0.62***	0.20**	—
4. AP	43.69	41.84	45.55	12.15	77.00	377.00	0.73***	0.23**	0.64***

SMAO Social media aesthetic orientation, *BP* Body perception, *BeP* Beauty perception, *AP* Aesthetic perception

**$p < 0.01$, ***$p < 0.001$

Table 2 GLM analysis results for indirect, direct and total relationships between SMAO, BP, bep and AP

				95% C.I.				
Type	Estimate	B	SE	LL	UL	β	z	*p*
Indirect	SMAO ⇒ BP ⇒ AP	−0.00	0.01	−0.03	0.02	−0.00	−0.28	0.77
	SMAO ⇒ BeP ⇒ AP	0.11	0.03	0.04	0.17	0.14	3.18	0.00
Component	SMAO ⇒ BP	−0.04	0.14	−0.33	0.24	−0.03	−0.30	0.76
	BP ⇒ AP	0.09	0.02	0.03	0.15	0.20	2.87	0.00
	SMAO ⇒ BeP	1.90	0.20	1.50	2.30	0.62	9.41	< 0.001
	BeP ⇒ AP	0.06	0.02	0.02	0.09	0.23	3.18	0.00
Direct	SMAO ⇒ AP	0.44	0.05	0.36	0.55	0.59	9.05	< 0.001
Total	SMAO ⇒ AP	0.55	0.04	0.47	0.61	0.73	15.38	< 0.001

SMAO Social media aesthetic orientation, *AP* Aesthetic perception, *BP* Body perception, *BeP* Beauty perception

Results

Table 1 shows the participant values for SMAO, BP, BeP, and AP. The scores for SMAO ranged from 13 to 65 (M = 42.02, SD = 16.28), BP from 40 to 198 (M = 137.69, SD = 27.13), BeP from 77 to 377 (M = 236.61, SD = 49.89), and AP from 12 to 60 (M = 43.69, SD = 12.15). BeP showed the greatest individual variation. In terms of associations, SMAO was significantly positively correlated with BeP (r = 0.62, p < 0.001) and AP (r = 0.73, p < 0.001), but not with BP (r = – 0.03, p >0.05). Despite this non-significant bivariate correlation, BP was retained in the subsequent mediation model because of its established theoretical importance in the body image literature and its potential indirect or conditional effects within a broader structural framework [8, 9]. BP showed low but significant correlations with BeP (r = 0.20, p < 0.01) and AP (r = 0.23, p < 0.01), while BeP and AP were strongly correlated (r = 0.64, p < 0.001).

The GLM analysis showed that the data were approximately normally distributed. Table 2 summarizes the direct, indirect, and total correlations between the variables. SMAO was significantly positively associated with AP (β = 0.59, p < 0.001) and BeP (β = 0.62, p < 0.001), but not with BP (β = −0.04, p > 0.05). Both BP (β = 0.20, p < 0.001) and BeP (β = 0.23, p < 0.01) were positively related to AP. Mediation analysis indicated that BP did not serve as a mediator between SMAO and AP (β = −0.00, p > 0.05). In contrast, BeP was found to significantly mediate this association (β = 0.14, p < 0.01), and explained approximately 20% of the variance.

Table 3 Results of the moderator analysis

		Moderator pathways	β	*p*
CS _1	FBISM _1	SMAO ⇒ BeP ⇒ AP	0.22	< 0.001
CS _1	FBISM _1	SMAO ⇒ BP ⇒ AP	0.00	0.74
CS _1	FBISM _0	SMAO ⇒ BeP ⇒ AP	0.17	< 0.001
CS _1	FBISM _0	SMAO ⇒ BP ⇒ AP	0.00	0.85
CS _0	FBISM _1	SMAO ⇒ BeP ⇒ AP	0.11	0.00
CS _0	FBISM _1	SMAO ⇒ BP ⇒ AP	0.08	0.15

This study investigated whether CS and FBTSM moderate the perception of BeP, AP, and BP. As shown in Table 3, both CS and FBTSM significantly moderated the relationship between BeP and AP. Participants who underwent both CS and FBTSM (CS_1, $FBTSM_1$) showed the strongest association with BeP and AP (β = 0.22, p < 0.001). CS alone (CS_1) was also significantly associated with BeP and AP (β = 0.17, p < 0.001), as was FBTSM without CS ($FBTSM_1$, CS_0; β = 0.11, p < 0.01). In contrast, neither CS nor FBTSM was significantly related to BP (β = 0.00, p > 0.05). These results indicate that CS and engagement with FBTSM are more strongly associated with BeP and AP, than with BP.

CS_1: Had cosmetic surgery, CS_0: Did not have cosmetic surgery, FBTSM_1: Follows beauty trends on social media, FBTSM_0: Does not follow beauty trends on social media, SMAO: Social media aesthetic orientation, BeP: Beauty perception, BP: Body perception, AP: Aesthetic perception.

Fig. 2 shows the structural model and highlights the moderating associations within the proposed framework. The results provide empirical support for six of the nine

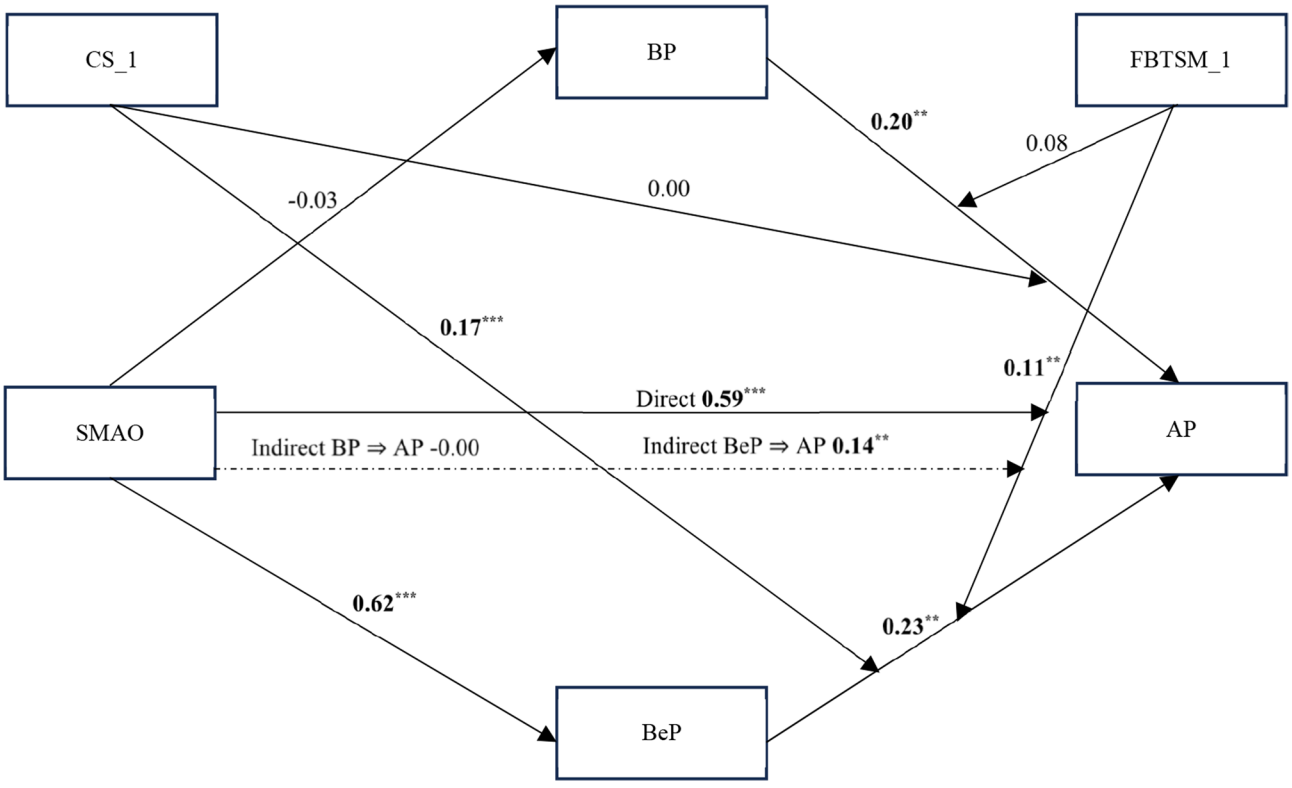

Fig. 2 Structural model of the study

Table 4 Results of the moderation analysis for demographic variables

Path	Gender	Marital Status	Age	Education
SMAO → BP	Gen1 (β = −0.24)	Mar1 (β = −0.23)	Age1 (β = 0.37) Age2 (β = −0.01)	Edu1 (β = −0.21) Edu2 (β = −0.59) Edu3 (β = −0.44)
SMAO → BeP	Gen1 (β = −0.38)	Mar1 (β = −0.70)	Age1 (β = 0.87) Age2 (β = 0.94)	Edu1 (β = −0.01) Edu2 (β = −0.81) Edu3 (β = 0.07)
BP → AP	Gen1 (β = −0.08)*	Mar1 (β = 0.01)	Age1 (β = 0.07) Age2 (β = 0.12)	Edu1 (β = −0.03) Edu2 (β = −0.05) Edu3 (β = −0.06)
BeP → AP	Gen1 (β = 0.06)*	Mar1 (β = −0.00)	Age1 (β = 0.02) Age2 (β = −0.02)	Edu1 (β = 0.10)* Edu2 (β = −0.00) Edu3 (β = 0.04)
SMAO → AP	Gen1 (β = −0.15)	Mar1 (β = 0.06)	Age1 (β = 0.07) Age2 (β = 0.03)	Edu1 (β = −0.15) Edu2 (β = −0.07) Edu3 (β = −0.16)

Note. *$p < 0.05$; coefficients without a significance sign are not significant. Coding of categorical moderators: gender: Gen1 = women (reference = men); marital status: Mar1 = married (reference = single); age groups: Age1 = 18–25, Age2 = 26–35, Age3 = 35–45 (Reference = Age3); Education: Edu1 = High school diploma or less, Edu2 = College degree, Edu3 = Bachelor's degree, Edu4 = Post-graduate degree (Reference = Edu4)

hypotheses (H1, H3, H4, H5, H7, H9), while H2, H6, and H8 were not supported. In particular, the associations between SMAO and BP, as well as the moderating role of CS and FBTSM, were not statistically significant ($p > 0.05$).

CS_1: Had cosmetic surgery, CS_0: Did not have cosmetic surgery, FBTSM_1: Follows beauty trends on social media, FBTSM_0: Does not follow beauty trends on social media, SMAO: Social media aesthetic orientation, AP: Aesthetic perception, BP: Body perception, BeP: Beauty perception, Standardized beta values are reported, *$p < 0.05$, **$p < 0.01$, ***$p < 0.001$.

Table 4 shows the results of the moderation analyzes for the demographic variables. A clear pattern emerged in relation to gender: it significantly moderated the relationships between BP and AP (β = −0.08, $p < 0.05$) and between BeP and AP (β = 0.06, $p < 0.05$). Post-hoc analyzes showed that the association between BP and AP was significantly weaker in women, whereas the association between BeP and AP was stronger in women than in men. Education also served as a significant moderator, but only for the path from BeP to AP (β = 0.10, $p < 0.05$). A simple slope analysis revealed that this positive association was significantly stronger for those with a high school diploma or less.

In contrast, the other demographic variables showed no consistent moderating effects. Marital status was not a significant moderator for any of the paths tested. Although some coefficients for age and education appeared substantial on other paths (e.g., SMAO→BeP), they were not statistically significant ($p > 0.05$). This suggests that the core relationships of the model are largely

stable across different age groups, marital statuses, and higher levels of education. To summarize, gender was the most influential demographic moderator, affecting the relationship between body and BeP aesthetic preferences. Education had a more specific moderating role, and only strengthened the association between BeP and AP at the high school level. The model's associations were found to be stable across marital status and age groups.

Discussion

This study examined the relationships between social media aesthetic orientation (SMAO), body perception (BP), beauty perception (BeP), and aesthetic perception (AP), focusing on the moderating role of cosmetic surgery (CS) and following beauty trends on social media (FBTSM). The results suggest that higher levels of SMAO are associated with stronger perceptions of beauty and aesthetics, although these relationships are complex.

The primary hypothesis (H1), which postulated a positive relationship between SMAO and AP, is supported by both the current results and the existing literature. Social media platforms are known to promote cosmetic procedures and are aesthetic attitudes [43, 77–79]. Aesthetics are increasingly integrated into daily routines, especially among young users [13, 16, 18, 80]. Platforms such as Instagram and TikTok contribute to the normalization of cosmetic procedures and the dissemination of idealized beauty standards [6]. Recent research also highlights the role of social media and medical tourism in the spread of global beauty standards [81]. Overall, these findings suggest that SMAO is related to AP, as hypothesized in hypothesis H1.

The second hypothesis (H2), which proposed a positive relationship between SMAO and BP, was not supported. While there is evidence that social media may be related to dissatisfaction with one's body [82], the relationship between BP and aesthetics appears to be more complex and may be influenced by additional factors beyond exposure to social media [83]. The associations of social media with BP are nuanced and may vary over time [13, 16]. For example, Santos et al. [84] found that social media can reinforce stereotypes and lower self-esteem in young men, but does not significantly affect BP. Other studies suggest that heavy social media users may internalize ideal body norms [85], while BP is also shaped by personal history, family, and social norms [86]. Myers and Crowther [87] note that social media encourages frequent comparisons of appearance, which often lead to feelings of inadequacy.

The lack of support for H2 in our sample may reflect this complexity. While participants' perception of beauty was strongly linked to cultural and media-driven norms, BP appears to be more strongly linked to individual experience, psychosocial context, and cultural background. This interpretation is also supported by our moderation analysis, which showed that the association between BP and AP was weaker among women, the group most targeted by beauty norms on social media. This finding supports the notion that BP and AP are driven by different mechanisms.

In the Turkish setting, body-related evaluations may also be moderated by traditional norms, familial expectations, and social desirability, which may attenuate the direct relationship SMAO with BP. Thus, the lack of a significant effect in H2 may not mean that there is no relationship, but rather that the associations are indirect and depend on broader sociocultural and psychological variables. Some research also suggests that social media may promote positive BP and self-acceptance [88], highlighting the need for a balanced perspective on the role of SMAO in perceptions of BP and BeP.

Importantly, these results suggest that BP may not act as a direct mediator between SMAO and AP. Instead, its role appears to be contingent and context-dependent, influenced by cultural expectations, individual differences, and the nature of social comparisons [16, 33]. The relatively modest sample size and cultural context of Turkey may also have contributed to the weaker than expected associations. In contrast, BeP emerged as a stronger explanatory variable, reflecting the internalization of broader cultural standards rather than individual body evaluations. This discrepancy emphasizes that while SMAO is strongly associated with BeP, its association with BP is more subtle and mediated by other psychosocial factors.

The present study not only replicates previous findings but also makes an original contribution by examining these relationships in the Turkish context and incorporating demographic and experiential moderators (gender, age, education, marital status, and experience with cosmetic procedures). The analysis revealed that gender was a significant and nuanced moderator. It strengthened the association between BePand AP for women, while it weakened the association between BPand AP for the same group. This suggests that for women, internalized cultural standards of beauty are a stronger correlate of aesthetic preferences than personal body satisfaction.

In contrast, age and marital status did not show a significant moderating role. Education showed a limited effect, and only strengthened the association between BeP– and AP for those with a high school education or less. The inclusion of both young adults (18–25 years) and individuals aged 26–35 and 36–45 years provides comparative insights into the associations of SMAO with AP at different life stages, from adolescence to middle adulthood. Although age was not found to be a statistically significant moderator, this analysis represents a first

in the literature and directly addresses concerns that aesthetic preferences may change across the lifespan.

The third hypothesis (H3), which postulated a positive relationship between BP and AP, was supported at the main effect level. However, the moderation analysis shows that this relationship was significantly weaker in women. This suggests that while BP plays a role in AP overall, its contribution is lower among the population group most exposed to beauty ideals on social media, again suggesting the primacy of cultural internalization of beauty (BeP) over personal body evaluation (BP). Body dissatisfaction is a key correlate of interest in CS [43, 86]. Promotion of ideal BP on social media may be associated with greater dissatisfaction and interest in AP [1, 6]. Regular social media comparisons are associated with more body dissatisfaction, especially in adolescents [89]. These findings suggest that negative BP is associated with more positive attitudes towards cosmetic procedures, supporting H3.

Overall, our results suggest a refined model: SMAO functions primarily through the internalization of cultural beauty standards (BeP) rather than personal body dissatisfaction (BP). This pathway is further amplified by active engagement with beauty culture (CS, FBTSM) and is most pronounced in women and those with low formal education. The finding that the relationship between BP and AP is weaker among women, the main consumers of this content, suggests that SMAO is less about changing self-image and more about adopting externalized ideals. This extends previous work and suggests that cultural definitions of beauty may be a more direct pathway linking SMAO and AP.

The fourth hypothesis (H4), which proposed a positive association between SMAO and BeP, was also supported. Social media reinforces beauty standards and puts pressure on users to conform to often unrealistic ideals [6, 90]. Platforms such as Instagram encourage the emulation of idealized appearances, contributing to the popularity of CS, particularly among young women. For example, one study found that 85% of Instagram posts about surgical procedures to feminize the face were positive, highlighting the platform's role in the 'selfies for surgery' trend [19]. Filters and editing tools continue to drive the pursuit of unrealistic standards and are associated with increased demand for aesthetic procedures [91, 92]. These findings support H4 and show that SMAO is positively related to BeP.

The fifth hypothesis (H5), which states that BeP is positively related to AP, is supported by evidence showing that beauty ideals disseminated via social media are significantly related to individual aesthetics [6, 13, 18, 90]. Social media is closely associated with changes in attitudes towards cosmetic procedures, particularly among young people [93]. Filters and editing tools on social platforms promote unattainable beauty standards and are associated with a higher interest in aesthetic enhancements [91, 92]. Platforms such as Instagram and TikTok, where influencers show results of CS, contribute to the normalization of such practices and shift societal perceptions of beauty [19, 94]. This trend goes hand in hand with an increased interest in cosmetic procedures and a more positive attitude towards aesthetics.

Evidence from other cultural contexts suggests that despite differences in specific beauty ideals, the relationship between culturally defined beauty norms and attitudes aesthetic interventions is cross-cultural. Studies have shown that social media use is related to young women's attitudes and intentions towards cosmetic procedures [19, 41, 42]. Similarly, reviews indicate that social media use, selfie behavior and celebrity influence are consistently associated with body dissatisfaction and greater acceptance of cosmetic surgery [4]. Taken together, these findings suggest that the internalization of culturally specific beauty ideals, and not just individual body image, shapes aesthetic preferences and considerations for cosmetic surgery in different populations.

The study also examined how CS and FBTSM moderate the relationship between BeP and AP. The results suggest that individuals who have undergone CS and FBTSM are more likely to value and conform to beauty standards. The role of social media in relation to aesthetics appears particularly strong through the promotion of cosmetic procedures by influencers and celebrities [19, 95, 96]. Participants frequently encountered advertisements for cosmetic procedures and often rated them positively, suggesting an association between exposure to SMAO and BeP, although the association with BP appears to be less direct [13, 18, 19].

Examination of H6 and H8 shows that CS and FBTSM do not act as moderators of the BP–AP relationship, suggesting that the importance of BP for AP may be limited. Upagna and Gaikwad [97] emphasize the complicated nature of aesthetics and BP, which are influenced by social media, personal history, and social norms [98, 99]. Consequently, the importance of BP in aesthetic attitudes might be less pronounced compared to BeP. Taken together, these findings emphasize that the originality of this research lies not only in confirming the strong association between SMAO and BeP, but also in extending the framework to include moderators that enrich the understanding of these associations in a specific cultural context.

Limitations and recommendations for future research

This study has limitations that should be considered. Its correlational cross-sectional design precludes causal inferences, so future experimental or longitudinal studies are needed. The generalizability of the results is limited

by a relatively small and nationally homogeneous (Turkish) sample ($N = 167$). Furthermore, despite testing age as a three-group moderator, the wide age range (18–45) represents a very heterogeneous cohort in terms of social media use and aesthetic norms. While this heterogeneity, provides valuable comparative insights, it likely limits our ability to detect nuanced age-specific effects and weakens the generalizability of results across the spectrum.

Future studies would benefit from larger, more diverse, and stratified (e.g., by age cohort) samples to increase statistical power, enable robust subgroup analyzes, and improve cross-cultural validity. Other limitations include potential respondent fatigue due to the 77-item BeP scale, the lack of assessment of intensity and duration of social media use, and the focus on general aesthetics rather than platform-specific content. The weak associations with BP warrant cautious interpretation and further investigation in specific cultural contexts. Finally, biases associated with voluntary online samples may affect representativeness. Despite these limitations, this study provides initial insights into the associations between SMAO, BP, BeP, and interest in cosmetic procedures. Although the conceptual model was derived theoretically, alternative structural representations (DAGs) of the relationships between SMAO, BeP, and AP may also be plausible given their intercorrelations, suggesting a possible avenue for future empirical comparison of competing models.

Conclusion

This study found significant correlations between aesthetic orientation in social media (SMAO), beauty perception (BeP) and aesthetic perception (AP), but not with body perception (BP). BeP emerged as the central pathway linking social media engagement aesthetic attitudes, highlighting the role of culturally internalized beauty norms over individual body evaluations. Moderating analyzes showed that previous cosmetic surgery (CS) and following beauty trends on social media (FBTSM) strengthened the association between BePand AP, while demographic factors showed gender as the most consistent moderator and education as a more limited moderator. Overall, the results suggest that in this Turkish sample, aesthetic attitudes are primarily shaped by externally defined beauty standards rather than personal body satisfaction, making BeP the key construct to explain the relationship between social media use and aesthetic preferences.

Supplementary Information

The online version contains supplementary material available at https://doi.org/10.1186/s40359-025-03517-y.

Supplementary Material 1.

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Authors' contributions
MÖ: Conceptualization, Supervision, Writing – review & editing. NAÇ: Methodology, Supervision, Writing – review & editing. MEI: Formal analysis, Validation, Methodology, Writing – review & editing. KB: Conceptualization, Data curation, Writing – original draft, Visualization, Writing – review & editing. All authors have read and agreed to the published version of the manuscript.

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Data availability
The data sets generated and/or analyzed during the current study are available on request from the corresponding author.

Declarations

Ethical approval consent to participate
for this study was granted by the Social and Human Sciences Ethics Committee of Sakarya University (Decision No.: 41/01, date: 05.01.2022). Sakarya University is the institution to which the ethics committee belongs. The research strictly adhered to the ethical principles and standards of the Declaration of Helsinki at all stages. All procedures were designed to protect the privacy of participants and ensure data security.
Participants provided informed consent during the online data collection, acknowledging the study's important objectives and that their data would solely aid scientific advancement. They were free to withdraw at any point. Participants confirmed their understanding of the study by checking a designated box; failure to do so restricted access to the survey.

Consent for publication
Not applicable.

Competing interests
The authors declare no competing interests.

Conflicting of interest
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