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The Thin Ideal and Unhealthy Weight Control: A Study of Social Media Effects Based on the Influence of Presumed Media Influence Model

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Abstract

Media effects extend beyond simple linear processes, operating through complex cognitive inferences. Drawing on the Influence of Presumed Media Influence (IPMI) model, this study explores the indirect associations between thin-ideal information on social media and young women's unhealthy weight control intentions. Based on survey data from 575 young women, structural equation modeling and multigroup analysis were employed, using health consciousness as a grouping variable. Results indicate that attention to thin-ideal information is positively associated with descriptive norms and personal attitudes via presumed influence on others, which subsequently predict unhealthy behavioral intentions. Notably, while high health consciousness breaks the association between personal attitudes and intentions, it cannot counteract the immense pressure of descriptive norms. Normative pressure stably predicts unhealthy intentions across all health consciousness levels. These findings highlight the overwhelming power of social norms over individual health cognition, emphasizing that mitigating media-driven health risks requires interventions targeting normative perceptions rather than mere content regulation.

Keywords: Health communication; Indirect media effects; Influence of presumed media influence; Social media; Unhealthy weight control behaviors

Introduction

The proliferation of social media has decentralized health authority, shifting health beliefs away from professional institutions and rendering individuals highly susceptible to digital health trends (Li & Li, 2022). Thus, it is crucial to explore the health risks associated with social media and their subsequent impact on behavioral intentions.

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Among the various health risks exacerbated by social media, the pervasive promotion of the thin ideal is particularly concerning. By idealizing minimal body weight and body fat, this standard establishes physical benchmarks well below healthy thresholds, rendering them largely unattainable for most individuals through sustainable lifestyle practices (Stice & Shaw, 1994).

Through beauty filters, digital enhancement, and algorithmic curation, social media has distorted perceptions of body image and normalized the unrealistic ideal of extreme thinness. The thin ideal is no longer merely a beauty standard. As society increasingly associates slenderness with personal morality and self-discipline, it has evolved into a strict social norm.

Previous studies have focused more on how media messages exert direct effects through internal psychological processes, often overlooking indirect effects based on perceptions of others. Drawing on the Influence of Presumed Media Influence (IPMI) model, this study examines how young women's attention to thin-ideal content shapes their behavioral intentions through cognitive inference, and how this indirect pathway differs across levels of health consciousness.

Literature Review

The IPMI model is derived from the third-person effect (TPE) hypothesis, serving as a foundational framework for examining indirect media effects. In contrast to paradigms focusing on direct effects, the IPMI model posits that behavioral outcomes are driven by audience perceptions of others. The model consists of two components: (1) individuals presume that media messages influence others (the presumed influence); and (2) they react to this anticipated influence by adjusting their own attitudes and behaviors (the influence of presumed influence) (Gunther et al., 2006).

The first stage of the IPMI model proposes that individuals estimate the degree of others' media exposure based on their own attention to media content. This concept is referred to as presumed reach (Gunther et al., 2006) Prior studies on emerging issues, such as plant-based meat and nano-enabled food, have consistently demonstrated a positive relationship between self-attention and the presumed others' exposure (Ho et al., 2020, 2022). Accordingly, the following hypothesis is proposed:

H1: Young women's attention to thin-ideal information on social media is positively associated with presumed others' exposure to thin-ideal information on social media.

This reasoning is anchored in the "perceived likelihood of exposure" corollary, which posits that individuals generally assume others are more susceptible to media exposure than they are themselves (Eveland Jr. et al., 1999). Furthermore, according to the "persuasive press inference," audiences frequently equate perceived media reach with actual public attitudes (Gunther & Christen, 2002). Consequently, an individual's estimation of others' media exposure serves as a positive predictor for their assessment of the media's influence on those others. Extending this theoretical rationale to the current study context, the following hypothesis is proposed:

H2: Young women's presumed others' exposure to thin-ideal information on social media is positively related to the presumed influence of thin-ideal information on social media on others.

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The second stage of the IPMI model proposes that individuals adjust their own attitudes to maintain social alignment after perceiving media influence on others (Tal-Or et al., 2010). This tendency stems from a fundamental drive to cultivate and sustain social connections (Wood, 2000). Extant research across diverse topics, such as fake science news and healthy dieting, has demonstrated that the presumed influence on others positively predicts individuals' attitudes (Ho et al., 2016, 2022).

Moreover, attitude is a key factor that shapes behavioral intentions and guides specific actions (Ajzen & Fishbein, 1973). Since individuals are naturally inclined toward behaviors they view favorably, a positive attitude leads to a stronger intention to act (Fishbein, 1963). Existing research on cosmetic surgery confirms that attitude is a strong predictor of behavioral intentions (Alduosari et al., 2025). These arguments lead to the following hypotheses:

H3: Young women's presumed influence of thin-ideal information on social media on others is positively related to their attitude toward the thin ideal.

H4: Young women's attitude toward the thin ideal is positively related to their unhealthy weight control behavior intentions.

Descriptive norms refer to an individual's perception of how the majority behaves (Cialdini et al., 1990). When objective data are lacking, people often rely on media exposure to form these social benchmarks (Cialdini et al., 1990). Within the IPMI framework, the presumed influence of media on others serves as a predictor of descriptive norms. This positive association has been documented in previous Singaporean studies regarding pro-environmental actions and pro-natalist policies (Liao et al., 2016; Li, 2024).

Furthermore, descriptive norms exert influence through the fear of social exclusion. To maintain a sense of belonging and avoid marginalization, individuals typically align themselves with the perceived majority (Cialdini et al., 1990). In the context of this study, young women who view the thin ideal as a dominant social standard may pursue unhealthy weight loss as a strategic response to avoid social penalties. Thus, the hypothesis is proposed:

H5: Young women's presumed influence of thin-ideal information on social media on others is positively related to their descriptive norms toward the thin ideal.

H6: Young women's perceived descriptive norms toward the thin ideal are positively related to their unhealthy weight control behavior intentions.

Media effects vary according to individual traits. Health consciousness represents a comprehensive psychological orientation toward overall well-being, reflecting the degree to which an individual prioritizes their health. This disposition fundamentally shapes information-processing patterns. Evidence from research on organic food consumption and health risk communication confirms that individuals with high health consciousness typically exhibit more rational response patterns (Kabir, 2023; Ho et al., 2022). Such variations suggest that different audience segments may respond divergently when exposed to thin ideal aesthetics. In light of these considerations, the following hypothesis is proposed:

H7: The IPMI differs among people with different levels of health consciousness.

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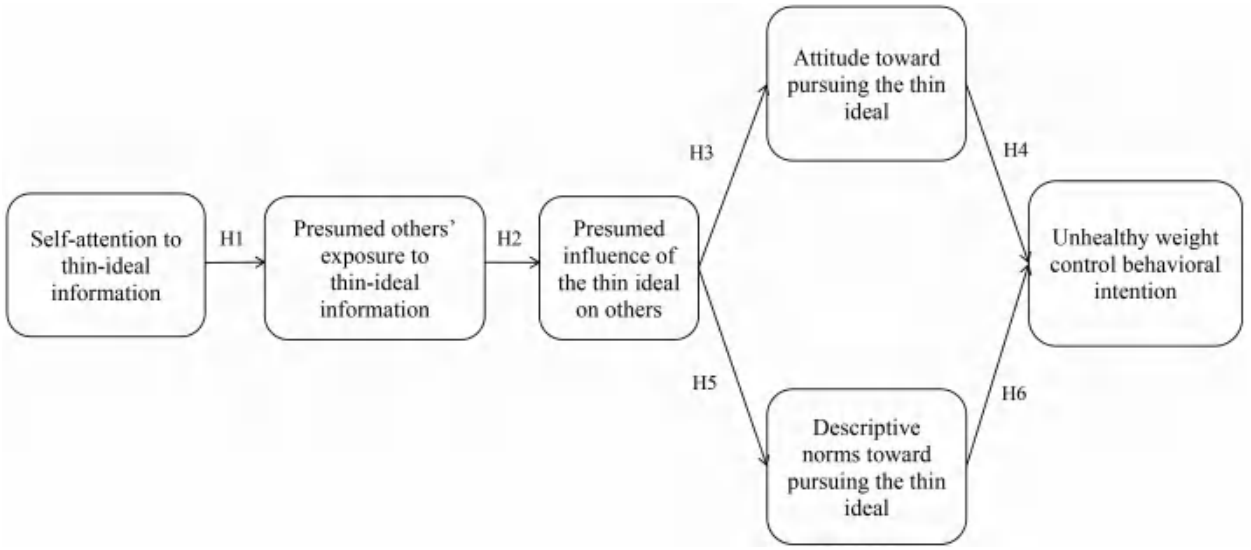

Figure 1.Theoretical Model

Method

Sample

This study focused on female social media users aged 18 to 29 for three key reasons. First, consistent with emerging adulthood theory, individuals in this age bracket are highly sensitive to social norms and peer feedback (Arnett, 2000). Second, they make up the core demographic for visual-centric social media platforms, such as Xiaohongshu and Douyin. Finally, amid the influencer economy and the pervasive thin ideal culture, these young women are particularly susceptible to the aesthetic standards and normative pressures promoted by key opinion leaders (KOLs) (Aparicio-Martinez et al., 2019). Consequently, this demographic serves as an ideal sample for examining indirect media effects.

Data Collection

Data were collected over ten days in February 2026 using Wenjuanxing, a widely used online survey platform in China. The survey link was distributed via WeChat. Participants were recruited through a combination of purposive and snowball sampling strategies. To ensure semantic equivalence, the original English questionnaire was translated into Chinese following a standard translation-back-translation procedure. Prior to the formal survey, a pretest involving 59 participants was conducted to verify the clarity and validity of the instrument.

Several quality control measures were implemented to ensure data integrity. Screening questions at the beginning verified that respondents met the age criteria, and all participants provided informed consent before proceeding. Additionally, attention checks and reverse-coded items were embedded throughout the survey. Out of 634 returned questionnaires, a final sample of 575 valid responses was retained, which is sufficiently powered for structural equation modeling (SEM) and multigroup analysis (MGA).

Measurements

Control Variables. The following demographic variables were used as control variables in this study: Age, education level, monthly household income and BMI.

Attention to thin-ideal information on social media. Adapted from Shi et al. (2022), participants' attention to thin-ideal information was measured using a single item. Respondents were asked, "How much attention have you paid to thin-ideal content on social media?" Responses were recorded on a 7-point Likert scale ranging from 1 (not at all) to 7 (an extreme amount).

Presumed others' exposure to thin-ideal information on social media. Adapted from Shi et al. (2022), presumed others' exposure to thin-ideal information was measured using a single item. Respondents were asked, "How much do you think other people have been exposed to thin-ideal information on social media?" Responses were recorded on a 7-point Likert scale ranging from 1 (not at all) to 7(an extreme amount).

Presumed influence of thin-ideal information on social media on others. Adapted from Liao et al. (2016), the presumed influence of thin-ideal information on others was measured using a single item. Respondents were asked, "To what extent do you think thin-ideal information on social media has influenced other people?" Responses were recorded on a 7-point Likert scale ranging from 1 (not at all) to 7 (to a great extent).

Attitude toward the thin ideal. Respondents' attitude toward the thin ideal was measured by six 7-point Likert-scale items adapted from Poliakoff and Webb (2007). Responses ranged from 1 (strongly disagree) to 7 (strongly agree). The items were: (1) Having a thin-ideal body shape is very good; (2) Maintaining a thin-ideal body shape is enjoyable; (3) The effort required to achieve the thin ideal is worthwhile; (4) Thinking about a thin-ideal body shape is pleasant; (5) Setting the thin ideal as a goal is a wise choice; and (6) Pursuing the thin ideal is beneficial. A higher score represented a more positive attitude toward the thin ideal.

Descriptive norms toward the thin ideal. Participants' perception of descriptive norms was measured by three 7-point Likert-scale items adapted from Hong and Kim (2020). Responses ranged from 1 (strongly disagree) to 7 (strongly agree). The items were: (1) I feel that most people on social media pursue the thin ideal; (2) I feel that women around me make efforts to achieve the thin-ideal body shape; and (3) I feel that most women in reality take action to attain the thin ideal. A higher score represented a stronger perception of descriptive norms.

Unhealthy weight control behavior intentions. Adapted from Neumark-Sztainer et al. (2012), with revision logic following Levy et al. (2022) and Thøgersen-Ntoumani et al. (2010), this scale consisted of four items. As this study targeted a non-clinical sample, extreme behaviors with very low prevalence, such as self-induced vomiting or the use of diuretics, were excluded. Responses were recorded on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). The items were: (1) I intend to eat a very small amount of food every day to control my weight; (2) I am willing to use meal replacements over the long term for weight loss; (3) I am willing to skip meals frequently to achieve a thinner body; and (4) I am willing to try diet pills to reduce my weight. A higher score represented a stronger intention to engage in unhealthy weight control behaviors.

Health consciousness. Participants' health consciousness was assessed using seven items modified from the Health Consciousness Scale developed by Hong (2009). Responses were recorded on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). The

items were: (1) I care about my health status; (2) I pay attention to my internal bodily sensations; (3) I frequently reflect on my health condition; (4) I am concerned about my overall well-being; (5) I actively monitor my physical state; (6) I take responsibility for my health outcomes; and (7) I take proactive actions to maintain my health. A higher score indicated a higher level of health consciousness.

Data Analysis

Data analysis was conducted using SPSS version 27.0 and R lavaan package (version 0.6-21). First, SPSS was utilized to compute descriptive statistics, scale reliability, and Pearson correlations. Subsequently, a confirmatory factor analysis (CFA) was performed in R to assess the fit and construct validity of the measurement model. Once the measurement model was validated, the SEM was estimated using the full sample, with age, education level, body mass index (BMI), and monthly household income included as control variables.

Finally, consistent with the prior study (Yang et al., 2025), an MGA was conducted. The sample was dichotomized into a low health consciousness group (n=258) and a high health consciousness group (n=317) using a median split. To examine group differences in path coefficients, metric invariance was established by constraining factor loadings to be equal across groups, followed by a parameter difference test.

Results

Descriptive Statistics and Correlation Analysis

The final sample comprised 575 female respondents with an average age of 24.13 years. The age distribution was relatively balanced, with 34.1% aged 18–22, 35.5% aged 23–25, and 30.4% aged 26–29. Regarding educational attainment, 27.3% held an undergraduate degree, 23.1% had a junior college education, 21.6% graduated from senior high school, 10.4% had a vocational education, 9.9% completed junior middle school or below, and 7.6% held a master's degree or above. Monthly household income was distributed as follows: 31.2% earned 7,000 CNY or less, 25.9% earned 7,001–10,000 CNY, and 43.0% earned 10,001 CNY or more, placing the median in the 10,001–20,000 CNY range. Finally, 65.6% of the participants had a normal body mass index (BMI; 18.5≤BMI<24.0), 27.0% were overweight or obese (BMI ≥ 24.0), and 7.5% were underweight (BMI<18.5).

Table 1 summarizes the descriptive statistics, reliabilities, and bivariate correlations for all study variables. All multi-item scales demonstrated robust internal consistency, with Cronbach's alpha coefficients exceeding 0.80. As expected, significant positive correlations were observed among all core variables.

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Table 1 Descriptive Statistics and Correlations Among Study Variables (N=575)

Variables	M	SD	α	1	2	3	4	5	6	7
1. Attention	5.14	1.51	—	1						
2. Presumed others' exposure	4.67	1.51	—	0.35***	1					
3. Presumed influence on others	4.62	1.61	—	0.30***	0.33***	1				
4. Attitude	5.01	1.15	0.87	0.32***	0.29***	0.33***	1			
5. Descriptive norms	4.79	1.39	0.8	0.31***	0.25***	0.27***	0.35***	1		
6. Intention	5.1	1.03	0.86	0.33***	0.35***	0.35***	0.40***	0.42***	1	
7. Health consciousness	4.96	1.05	0.94	0.30***	0.32***	0.24***	0.24***	0.24***	0.46***	1

***p<0.001

Hypothesis Testing

The structural model demonstrated a good fit to the data ($\chi 2/df$ =2.24, CFI=0.944, TLI=0.936, RMSEA=0.047). As shown in Table 2, all hypothesized paths (H1–H6) were significantly supported. Overall, the proposed model accounted for 14.8% of the variance in unhealthy weight control intentions (R2=0.148). Furthermore, the serial mediation analysis confirmed two significant indirect paths, yielding a total indirect effect of .019 (p<0.001) (see Table 3).

Table 2 Path Coefficients and Hypothesis Testing Results

Hypothesis	Path	β
H1	Attention→Presumed others' exposure	0.35***
H2	Presumed others' exposure→Presumed influence on others	0.33***
H3	Presumed influence on others→Attitude toward the thin ideal	0.35***
H4	Attitude toward the thin ideal→Unhealthy weight control behavior intentions	0.29***
H5	Presumed influence on others→Descriptive norms	0.30***
H6	Descriptive norms→Unhealthy weight control behavior intentions	0.21***

***p<0.001

Table 3 Indirect Effects in the Serial Mediation Model

Indirect Path	β	p
Path1	0.012***	<0.001
Path2	0.007**	0.002

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

Note. Path 1: Attention→Presumed others' exposure→Presumed influence on others→Attitude toward the thin ideal→Unhealthy weight control behavior intentions. Path 2: Attention→Presumed others' exposure→Presumed influence on others→Descriptive norms→Unhealthy weight control behavior intentions.

Multigroup Analysis

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The multigroup model yielded a good fit to the data ($\chi2/df=1.80$, CFI=0.925, TLI=0.917, RMSEA=0.053). The results of the path comparison supported H7 (see Table 4). Specifically, high health consciousness significantly weakened the predictive effects of presumed influence and personal attitude on behavioral intention, rendering these paths non-significant in the high health consciousness group. In contrast, the path from attention to presumed others' exposure and the path from descriptive norms to unhealthy weight control behavior intentions demonstrated cross-group stability. Furthermore, the serial mediation effect was significant only in the low health consciousness group and became non-significant in the high health consciousness group. "Not Supported" indicates no significant difference between groups for that specific path.

Table 4 Comparison of Path Coefficients Between Groups

Path	Low Health Con. (n=258) β	High Health Con. (n=317) β	p	Result
H1: Attention→Presumed others' exposure	0.38***	0.23***	0.114	Not Supported
H2: Presumed others' exposure→Presumed influence on others	0.50***	0.06	<0.001***	Significant Diff.
H3: Presumed influence on others→Attitude toward the thin ideal	0.48***	0.16**	<0.001***	Significant Diff.
H4: Attitude toward the thin ideal→Unhealthy weight control behavior intentions	0.40***	0.09	0.001**	Significant Diff.
H5: Presumed influence on others→Descriptive norms	0.39***	0.15*	0.008**	Significant Diff.
H6: Descriptive norms→Unhealthy weight control behavior intentions	0.17*	0.20**	0.907	Not Supported

***p<0.001, **p<0.01, *p<0.05

Figures 2 and 3 illustrate the differences in model paths between groups with varying levels of health consciousness. Solid lines represent significant paths, while dashed lines represent non-significant paths.

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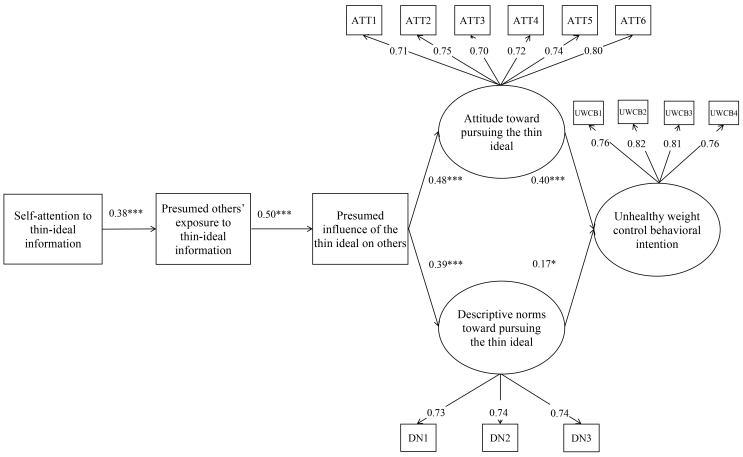

Figure 2: Structural equation model with path coefficients and factor loadings for the low health consciousness group (n=258, ***p<0.001, **p<0.01, *p<0.05)

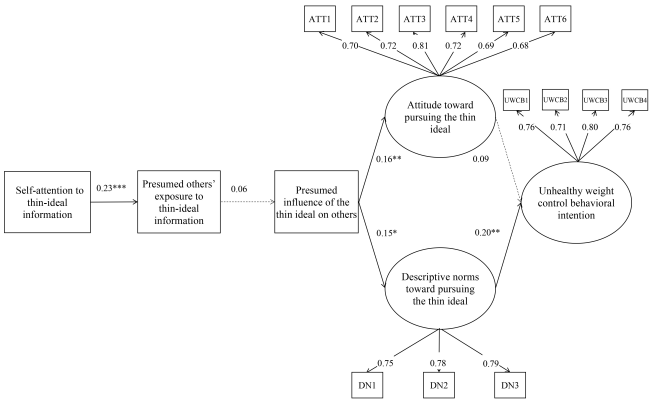

Figure 3: Structural equation model with path coefficients and factor loadings for the high health consciousness group (n=317, ***p<0.001, **p<0.01, *p<0.05)

Table 5 Comparison of Indirect Effects Between Groups

Indirect Path	Low Health Con. (n=258) β	High Health Con. (n=317) β	p
Path 1	0.037***	0.000	<0.001***
Path 2	0.013*	0.000	0.044*
***p<0.001,*p<0.05			

Note. Path 1: Attention→Presumed others' exposure→Presumed influence on others→Attitude toward the thin ideal→Unhealthy weight control behavior intentions. Path 2: Attention→Presumed others' exposure→Presumed influence on others→Descriptive norms→Unhealthy weight control behavior intentions.

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The indirect effects demonstrated significant differences between the two groups (see Table 5). Specifically, both serial mediation paths were significant in the low health consciousness group. In contrast, both paths were non-significant in the high health consciousness group ($\beta \approx 0$, $p>0.05$). These results suggest that for individuals with high health consciousness, perceived media influence fails to effectively predict their intention to engage in unhealthy weight control behaviors.

Discussion

The findings demonstrate that the IPMI model effectively explains unhealthy weight control behaviors among young women. The support for H1–H6 confirms the indirect effects of media influence, highlighting the value of the IPMI model in capturing the relationship between cognitive inference and behavioral change in health communication.

Furthermore, the MGA supported H7, revealing that the model had greater explanatory power for the low health consciousness group ($R2=0.225$) than for the high health consciousness group ($R2=0.053$). This difference indicates that the association between media attention and the unhealthy weight control behavior intentions is weaker among individuals with high health consciousness. Consequently, the model has limited predictive power for this group.

With the hypotheses supported, the specific differences in indirect media effects between the high and low health consciousness groups warrant further discussion.

The findings show that the positive predictive effect of self-attention on presumed others' exposure remains consistent across both groups ($p=0.114$). This cross-group stability reflects the false consensus effect: individuals intuitively rely on their own experiences to infer others' media exposure (Ross et al., 1977). This cognitive bias is universal and, therefore, unaffected by health consciousness levels.

The predictive effect of presumed others' exposure on presumed influence on others differed between the two groups ($p<0.001$). Drawing on the heuristic-systematic model (HSM) (Chaiken, 1980), individuals with low health consciousness exhibit low involvement and rely on heuristic processing, intuitively equating high media exposure with high influence. Conversely, individuals with high health consciousness possess high involvement and engage in systematic processing. They actively apply their health knowledge to scrutinize the media content, thereby blocking this intuitive inference.

Presumed influence on others had a significantly stronger positive effect on personal attitude in the low group than in the high group ($p<0.001$). Drawing on the HSM, individuals with low health consciousness tend to rely on heuristic processing, using group trends as a shortcut for attitude formation. In contrast, individuals with high health consciousness favor systematic processing and maintain independent judgment. Consequently, this divergence in information processing makes the low group more susceptible to attitude conformity.

The predictive effect of personal attitude on behavioral intention was significant in the low group but non-significant in the high group ($p=0.001$). This difference comes from the high group's baseline of health responsibility (Conner & Norman, 2015). For the high group, the thin ideal is just an aesthetic preference. When facing weight control behaviors that cause real physical harm, their health responsibility is stronger than their aesthetic desires. Therefore, their aesthetic attitudes do not predict the intention to engage in unhealthy weight control behaviors.

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Presumed influence on others had a significantly stronger positive effect on descriptive norms in the low group than in the high group (p=0.008). This indicates that the low group is highly prone to cognitive generalization, directly equating media influence with real-world social norms, while the high group effectively separates the two.

This difference comes from audiences' varying levels of real-world knowledge (Potter, 2004). Individuals in the high group possess stronger real-world health knowledge. This knowledge anchor allows them to draw a clear boundary between the media landscape and real society, recognizing that media portrayals do not equal actual public behaviors. Conversely, without this knowledge anchor, the low group more easily internalizes perceived media influence as descriptive norms.

Notably, the positive effect of descriptive norms on behavioral intention did not differ significantly between the two groups (p=0.907), remaining significant in both. This cross-group stability comes from the overwhelming power of "social discipline" (Cialdini & Trost, 2004). Personal health consciousness cannot overcome harsh external body standards. When extreme thinness becomes a widespread norm, women face immense social pressure. To fit in and avoid marginalization at work or in dating, even women with high health consciousness compromise with these norms, despite knowing the health risks. As a result, descriptive norms bypass health consciousness to stably predict behavioral intentions across both groups.

Conclusion

This study confirms the indirect pathway through which thin-ideal information on social media affects behavioral intentions. By inferring others' exposure and how much they are influenced, audiences form norm perceptions and personal attitudes, which then lead to the intention to engage in unhealthy weight control behaviors. MGA shows that while high health consciousness breaks the link between these attitudes and behaviors, it cannot resist the pressure of descriptive norms. This demonstrates that perceived normative pressure remains a powerful predictor within indirect media effects.

This study offers both theoretical and practical implications. Theoretically, this study shows that media effects come not only from individual information processing but also from perceived social norms. Often, this normative pressure is stronger than personal health cognition. Practically, social media platforms should take action. They should add warning labels to edited or extreme content to reduce algorithm-driven cognitive biases. Furthermore, media literacy education should teach the public to critically view online interactions, helping to lessen the pressure of social norms. Finally, health communication must challenge the single beauty standard by promoting diverse body types, fundamentally alleviating the social pressure on young women.

This study has certain limitations. Like many studies that employ the IPMI model, this study used cross-sectional survey data to test the hypotheses, in which causality could not be inferred, requiring future longitudinal research. Moreover, self-reported data may be subject to social desirability bias, leading participants to provide untrue answers. Importantly, since treating social media as a monolith limits specificity, future studies need to examine the distinct effects of specific platforms and content themes.

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Competing interests

The author(s) declared no competing interests.

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