

Social Media Exposure and Body Image Satisfaction as Predictors of Pressure to Lose Weight among Postpartum Women in Southeast Nigeria: A Cross-Sectional Study

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Abstract

Background: Postpartum women experience physical changes that affect body image and psychological well-being. Increasing social media use may promote unrealistic body ideals and heighten pressure to lose weight. This study assessed social media exposure, body image satisfaction, and weight-loss pressure, and examined their relationships and predictive effects among postpartum women in Enugu.

Methods: A descriptive cross-sectional study was conducted among 172 postpartum women attending immunisation clinics at two health facilities in Enugu State, Nigeria, between June and July 2025. Data were collected using a structured questionnaire and an adapted Body Image Questionnaire. Descriptive statistics summarised participant characteristics and study variables; chi-square tests assessed associations, and binary logistic regression examined predictors of pressure to lose weight using SPSS version 28.

Results: WhatsApp (86.6%) and Facebook (68.6%) were the most commonly used platforms. Overall, 57.0% of participants had high social media exposure, 81.0% had good body image satisfaction, and 20.0% experienced high pressure to lose weight. Social media exposure was significantly associated with pressure to lose weight ($\chi^2 = 20.708$, $p < 0.001$), as was body image satisfaction ($\chi^2 = 4.135$, $p = 0.042$). Education was significantly associated with body image satisfaction ($\chi^2 = 26.538$, $p < 0.001$). In logistic regression, high social media exposure was associated with higher odds of pressure to lose weight (OR = 5.151, 95% CI 2.444–10.860, $p < 0.001$), whereas body image satisfaction was associated with lower odds (OR = 0.404, 95% CI 0.172–0.948, $p = 0.037$).

Conclusion: Social media exposure and body image satisfaction were independently associated with pressure to lose weight among postpartum women in this setting. Postpartum care should incorporate supportive counselling, body-image-sensitive care, and media-literacy approaches while avoiding assumptions that all postpartum women experience substantial weight-loss pressure.

Background

The postpartum period is a critical phase in a woman's life marked by physical, psychological, and social transitions ^[1, 2]. Changes in body weight and appearance are especially prominent and often influence self-perception and psychological well-being. Although these changes are normal after childbirth, they occur within a sociocultural context that promotes a rapid return to pre-pregnancy body size, often described as the “bounce-back” ideal ^[3, 4]. This expectation can contribute to body dissatisfaction and weight-related pressure among postpartum women.

Social media has become a major influence on body image perceptions. Platforms such as Instagram and Facebook frequently present idealised postpartum bodies, reinforcing unrealistic recovery standards ^[5, 4]. Exposure to such content has been associated with appearance-based comparison and

internalisation of thin ideals ^[6, 7], which may increase body dissatisfaction and pressure to lose weight, despite its potential benefits for social support and health information ^[8].

Body image satisfaction reflects how content individuals feel with their post-childbirth appearance ^[9]. Higher satisfaction is linked to better psychological well-being, while dissatisfaction is associated with anxiety, depressive symptoms, and unhealthy weight-control behaviours ^[8, 7]. It may also shape how women interpret social media content and whether they experience pressure to lose weight.

Evidence from high-income countries shows that exposure to idealised postpartum images is associated with body dissatisfaction and unhealthy weight-control practices ^[6, 10, 11]. Similar patterns are emerging in sub-Saharan Africa, although cultural differences suggest varying levels of vulnerability to Westernised ideals ^[12, 13]. These inconsistencies highlight the need for context-specific evidence in Southeast Nigeria.

While existing studies have largely focused on the direct effects of social media exposure, less attention has been given to individual-level factors such as education. Education may influence cognitive processing, media literacy, and the ability to critically evaluate sociocultural messages, thereby shaping body image perceptions and responses to social media content ^[14]. This suggests that education may be associated with body image satisfaction, while both social media exposure and body image satisfaction may independently relate to perceived pressure to lose weight among postpartum women.

Despite growing global attention to postpartum body image, there remains limited evidence on these relationships within the Nigerian context, particularly in Southeast Nigeria. Addressing this gap, the study examined social media exposure, body image satisfaction and perceived pressure to lose weight among postpartum women. It was hypothesised that social media exposure and body image satisfaction would be significantly associated with pressure to lose weight, that education would be significantly associated with body image satisfaction, and that social media exposure and body image satisfaction would significantly predict weight-loss pressure. By extending beyond isolated associations to examine relationships and predictive effects among the variables, the study provides a more comprehensive understanding of how social and individual factors shape postpartum experiences, with implications for culturally relevant interventions, midwifery practice, and maternal health policy.

Methodology

This study employed a descriptive cross-sectional design to examine the relationship between social media exposure, body image satisfaction, and pressure to lose weight among postpartum women. This design enabled the assessment of these variables as they naturally occur, without manipulation, providing a realistic snapshot of women's experiences within their social and cultural context. The study was conducted at Uwani General Hospital and Poly General Hospital in Enugu State, Nigeria, facilities that provide maternal and child health services, including immunisation clinics, and serve as key points of contact for postpartum women in the early months following childbirth.

The study population comprised postpartum women attending immunisation clinics in the selected facilities between June and July 2025, with hospital records indicating 313 eligible women. A sample size of 172 was determined using a finite population formula to ensure adequate power and representativeness. Proportionate stratified sampling was employed, with each hospital serving as a stratum and participants selected based on attendance figures, thereby minimising bias and ensuring adequate representation of both facilities.

Data were collected using a structured questionnaire developed by the researcher, alongside an adapted Body Image Questionnaire (BIQ) to assess body image satisfaction. The Body Image Questionnaire (BIQ) is 19-item questionnaire which was originally developed by Bruchon-Schweitzer^[15] and later extended by Koleck et al.^[16]. An adapted version of the BIQ was used in this study, carefully modified to reflect the Nigerian context through simplified language and culturally relevant expressions. One gender-specific item (masculine/feminine) was removed due to limited applicability to the study population (postpartum women). The response format was adjusted to a 4-point Likert scale to encourage more definitive responses and reduce neutrality bias. The adapted instrument was subjected to validity and reliability testing, and it demonstrated acceptable psychometric properties for use in this study.

The instrument consisted of four sections: Section A (8 items) assessed socio-demographic characteristics; Section B (7 items) assessed social media exposure; Section C (18 items) measured body image satisfaction; and Section D (9 items) assessed perceived pressure to lose weight. Content and face validity were established through expert review and a reliability score of (Cronbach's alpha: social media exposure = 0.890; body image satisfaction = 0.857; pressure to lose weight = 0.879; overall = 0.881) was gotten through a pilot test.

Data were collected within clinic settings using voluntary participation and non-intrusive administration procedures to ensure respondent comfort and accuracy.

Statistical Analysis

Descriptive statistics (frequencies, percentages, means, and standard deviations) summarised the data, while inferential statistics were used to test hypotheses. Chi-square tests examined associations between variables, and logistic regression analysis determined the predictive effects of social media exposure and body image satisfaction on pressure to lose weight. All analysis was done using SPSS version 28.

Ethical Considerations

Ethical approval was obtained from the Enugu State Ministry of Health (Ref No: MH/MSD/REC21/877), and permission was granted by the selected facilities. Participation was voluntary, with informed consent obtained from all respondents. Confidentiality, anonymity, and the right to withdraw at any time were assured, and all data were used solely for research purposes.

Results

A total of 172 questionnaires were fully completed, yielding a 100% response rate.

Table 1: Socio-demographic characteristics of respondents (n = 172)

Characteristics	Frequency	Percent (%)
Age (years)		
Less than 20	7	4.1
21 – 30	99	57.6
31 – 40	57	33.1
41 and above	9	5.2
Mean ± SD (years)	30.2 ± 6.0	
Marital status		
Single	16	9.3
Married	149	80.8
Divorced	7	9.9
Educational level		
Secondary	66	38.4
Tertiary	79	45.9
Others	27	15.7
Occupation		
Business/trading	47	27.3
Nurse	14	8.1
Self-employed	17	9.9
Unemployed	13	7.6
Others	81	47.1
Parity		
1	60	34.9
2	44	25.6
3	38	22.1
4 or more	30	17.4
Mode of delivery		
Vaginal birth	141	82.0
Caesarean section	31	18.0

Time since delivery		
Less than 6 weeks	23	13.4
6 weeks - 3 months	72	41.9
3–6 months	30	17.4
More than 6 months	47	27.3

Table 1 showed the socio-demographic characteristics of respondents. The mean age of respondents was 30.2 ± 6.0 years, with most aged 21–30 years (57.6%). The majority were married (80.8%) and had a tertiary education (45.9%). In terms of occupation, a larger proportion engaged in business or trading (27.3%), while 9.9% were self-employed. About one-third (34.9%) had one child. Most respondents delivered vaginally (82.0%), and 41.9% were between 6 weeks and 3 months postpartum.

[Table 2 here]

Table 2: Social media used by respondents (n = 172)

Characteristics	Frequency	Percent (%)
Social media platforms used*		
Facebook	118	68.6
Instagram	47	27.3
WhatsApp	149	86.6
TikTok	47	27.3
X (Twitter)	26	15.1
YouTube	31	18.0
Others	14	8.1
Average time spent		
Less than 15 minutes	13	7.6
15–30 minutes	18	10.5
30–60 minutes	27	15.7
1–2 hours	62	36.0
More than 2 hours	52	30.2

* Multiple responses applicable

Table 2 revealed social media platforms used by respondents. WhatsApp (86.6%) and Facebook (68.6%) were the most commonly used social media platforms among respondents. Most participants spent 1 – 2 hours daily (36.0%), while 30.2% reported spending more than 2 hours.

Table 3: Extent of social media exposure among respondents (n = 172)

Item	VO (5)	O (4)	S (3)	R (2)	N (1)	Mean	S.D.
Often scroll through posts without reacting or commenting	17	51	37	58	9	3.1	1.1
Often like, comment on, or share posts	4	37	76	45	10	2.9	0.9
Often post own pictures, thoughts, or updates on social media	25	29	56	32	30	2.9	1.3
Often view content or follow pages/groups related to motherhood, women's health or daily life	13	33	50	55	21	2.8	1.1
Often feel emotionally affected by what I see on social media	0	35	62	54	21	2.6	0.9
Often find myself thinking about something I saw on social media afterward	7	26	80	42	17	2.8	1.0
Overall exposure	High - 57.0%						
	Low – 43.0%						

Decision rule: (i) mean score ≥ 3.0 means that the item should be accepted

(ii) mean score < 3.0 means that the item should not be accepted

Table 3 showed the extent of social media exposure among respondents. 57.0% of respondents had a high level of social media exposure. Common activities included scrolling without interaction (3.1 ± 1.1), posting personal updates (2.9 ± 1.3), and engaging through likes, comments, or shares (2.9 ± 0.9).

Table 4: Level of Body image satisfaction among respondents (n = 172)

Item	SA (4)	A (3)	D (2)	SD (1)	Mean	S.D.
I look like I am unhealthy since childbirth	4	17	42	109	1.5	0.7
I look physically unattractive after giving birth.	12	17	47	96	1.7	0.9
I am not happy with the way I look	4	9	47	112	1.5	0.7
I feel my body looks unclean or unpleasant since delivery	8	28	50	86	1.8	0.9
I look confident and composed in my appearance	94	63	12	3	3.4	0.7
I look lively and full of energy	81	64	23	4	3.3	0.8
I am concerned about what people think about my physique	35	50	38	49	2.4	1.1
I look tender and loving	66	81	25	0	3.2	0.6
I look pleasant (people will be pleased when they look at me)	65	90	8	9	3.2	0.7
I feel like my face shows no expression or liveliness	12	35	64	61	2.0	0.9
I feel like my appearance is worth showing	76	64	20	12	3.2	0.9
I look nervous and worried	8	38	74	52	2.0	0.8
I look young	70	71	20	11	3.2	0.9
I do not look attractive	18	12	55	87	1.8	0.9
I look strong and healthy	79	56	17	20	3.1	1.0
I look sad and depressed	16	36	40	80	1.9	1.0
My appearance is something that people will love to look at	71	87	6	8	3.3	0.7
I look energetic	55	85	27	5	3.1	0.8
Overall satisfaction	Good – 81.0%					
	Poor – 19.0%					

Decision rule: (i) mean score ≥ 2.5 means that the item should be accepted

(ii) mean score < 2.5 means that the item should not be accepted

Table 4 showed the level of body image satisfaction among respondents. 81.0% of respondents had good body image satisfaction, while 19.0% reported poor satisfaction. Highest ratings were for feeling confident and composed (3.4 ± 0.7) and for having an appearance others would appreciate (3.3 ± 0.7). In

contrast, the lowest ratings were for not being happy with one's appearance and for feeling unhealthy since childbirth (1.5 ± 0.7 each).

Table 5: Pressure to lose weight among respondents (n = 172)

Item	A (5)	O (4)	S (3)	R (2)	N (1)	Mean	S.D.
I skip meals and fast for long hours to control or reduce my weight.	4	8	35	33	92	1.8	1.0
I eat less than I want to, even when I am hungry.	0	16	43	29	84	2.0	1.0
Even though I am breastfeeding, I reduce how much I eat because I have to lose weight.	0	12	22	24	114	1.6	1.0
I begin intensive exercise two days after delivery to burn off calories.	0	7	12	18	135	1.4	0.8
I think about losing weight multiple times after giving birth.	8	11	17	27	109	1.7	1.2
Comments from others or social media make me feel I should monitor my weight and lose it quickly.	0	20	13	27	112	1.7	1.0
I hide my eating habits from others to avoid being judged for my weight.	0	4	17	12	139	1.3	0.8
Seeing slim mothers or fitness posts online makes me feel I must exercise to lose weight.	8	11	26	31	96	1.9	1.2
I have tried social media diet trends like keto, slimming teas and weight loss pills to lose weight.	0	3	12	9	148	1.2	0.7
Overall pressure	High - 20.0% Low – 80.0%						

Decision rule: (i) mean score ≥ 3.0 means that the item should be accepted

(ii) mean score < 3.0 means that the item should not be accepted

Table 5 showed the pressure to lose weight among respondents. Minority of respondents (20.0%) experienced high pressure to lose weight. The most reported concerns were eating less despite hunger (2.0 ± 1.0), feeling compelled to exercise after seeing slim mothers or fitness posts (1.9 ± 1.2), and skipping meals or fasting to reduce weight (1.8 ± 1.0).

Table 6: Chi-square and logistic regression analysis of relationships and predictors of study variables among postpartum women (n = 172)

Chi-square analysis of associations (level of significance at $p < 0.05$)				
Variables	Pressure		χ^2	P -value
	Yes	No		
	N (%)	N (%)		
Social media exposure			20.708	1
• Yes	47 (49.0)	49 (51.0)		
• No	12 (15.8)	64 (84.2)		
Body image satisfaction			4.135	1
• Yes	43 (30.5)	98 (69.5)		
• No	16 (51.6)	15 (48.4)		
Variables	Body image satisfaction		χ^2	P -value
	Yes	No		
	N (%)	N (%)		
Education			26.538	2
• Secondary	49 (74.2)	17 (25.8)		
• Tertiary	26 (32.9)	53 (67.1)		
• Others	10 (37.0)	17 (63.0)		
Logistic regression analysis (predictive influence)				

	Exp. (β)	p- value	95% C.I. for EXP(β)		Hosmer & Lemeshow	Tests of Model Coefficients
			lower	upper	(p-value)	(p-value)
Predictors					0.391	23.734
• Social media exposure	5.151	.000	2.444	10.860	(0.822)	(0.000)*
• Body image satisfaction	0.404	.037	0.172	0.948		
• Constant	0.597	.470				

Note: Chi-square tests were conducted at a significance level of $p < 0.05$. Logistic regression results include the Hosmer–Lemeshow goodness-of-fit test and the test of model coefficients. * $p < 0.05$.

Table 6 presented the chi-square and logistic regression analyses examining the relationships and predictors of study variables among postpartum women. Chi-square results showed a significant association between social media exposure and pressure to lose weight ($\chi^2 = 20.708$, $p < 0.001$), as well as between body image satisfaction and pressure to lose weight ($\chi^2 = 4.135$, $p = 0.042$), supporting the hypothesis that both variables are significantly related to weight-loss pressure. In addition, education level was significantly associated with body image satisfaction ($\chi^2 = 26.538$, $p < 0.001$), supporting the hypothesis that education is related to body image satisfaction.

The logistic regression analysis further addressed the predictive objectives of the study. Social media exposure significantly predicted pressure to lose weight (OR = 5.151, 95% CI: 2.444–10.860, $p < 0.001$), while body image satisfaction was a significant negative predictor (OR = 0.404, 95% CI: 0.172–0.948, $p = 0.037$). This confirms that exposure to social media increases the likelihood of experiencing pressure to lose weight, whereas higher body image satisfaction reduces this likelihood. The model demonstrated good fit (Hosmer–Lemeshow $p = 0.822$) and was statistically significant overall ($p < 0.001$).

Discussion

This study examined the perceived effect of social media exposure and body image satisfaction on pressure to lose weight among postpartum women in Enugu. High social media use, particularly WhatsApp and Facebook, was observed. This finding may reflect increased smartphone penetration, affordable internet access, and the reliance on digital communication for social support during the postpartum period in urban Enugu. This aligns with Owusu et al. ^[9] and Lee et al. ^[7], who reported high digital engagement among postpartum women, and Afolabi et al. ^[12] and Ibrahim and Adeyemi ^[17], who

highlighted its role in emotional support and information sharing. However, Agboola and Ahmed ^[18] reported lower use in rural settings, suggesting that access, education, and urbanisation influence exposure. The predominance of passive engagement supports Nagl et al. ^[6] and Tang et al. ^[8], linking it to social comparison and body dissatisfaction.

Most respondents reported good body image satisfaction. This high level of body image satisfaction may be attributed to sociocultural norms in this setting that emphasise motherhood, body functionality, and successful childbirth over physical appearance. In addition, strong family support systems and reduced emphasis on external validation may help postpartum women develop more accepting and positive perceptions of their bodies. This is consistent with Owusu et al. ^[9] and Mbada et al. ^[19], reflecting cultural emphasis on maternal function over aesthetics. In contrast, Linde et al, Siqueira et al. and Gow et al. ^[20, 21, 6] reported higher dissatisfaction due to idealised body standards. Tiggemann et al. ^[22] similarly noted reduced self-worth following bodily changes, highlighting cultural variation, although global influences are increasingly evident.

The study found that most respondents experienced low pressure to lose weight, while only a minority reported high pressure. This finding may reflect sociocultural norms in this setting that prioritise maternal recovery, breastfeeding, and childcare over physical appearance, where postpartum weight gain is generally accepted rather than viewed as a concern. This contrasts with Nnamchi et al. ^[23] and global findings but aligns with Rodgers et al. ^[26] and Slater et al. ^[27], who noted that postpartum women often prioritise recovery and childcare. Cultural beliefs such as “eating for two” and normalisation of weight gain ^[28, 29] may further reduce pressure, highlighting the buffering role of sociocultural context.

A significant relationship was found between social media exposure and pressure to lose weight. This suggests that increased exposure may heighten vulnerability to appearance-related pressure among postpartum women. This may be explained by frequent exposure to idealized postpartum images and “snap-back” narratives on social media platforms, which encourage comparison with unrealistic body standards. Such exposure can intensify awareness of bodily changes after childbirth and increase perceived pressure to lose weight. This finding is consistent with Nagl et al. ^[5] and Afolabi et al. ^[12], suggesting that increased exposure may heighten vulnerability to appearance-related pressure. However, Hernández et al. ^[30] showed that body-positive content may reduce pressure, suggesting that the effect of social media depends on the type of content consumed.

A significant relationship was also found between body image satisfaction and pressure to lose weight. Women who were dissatisfied with their bodies reported higher pressure compared to those who were satisfied. This may reflect increased sensitivity to postpartum physical changes and perceived societal expectations regarding body shape after childbirth. Women with negative body perceptions may internalize appearance-based standards, increasing susceptibility to weight-related pressure. This finding supports Duncombe et al. ^[3], Grajek et al. ^[31], and Tang et al. ^[8]. Conversely, Lee et al. ^[7] found

that positive body perception reduces vulnerability, reinforcing its protective role against weight-related pressure.

A significant relationship between education and body image satisfaction was found, with higher education associated with greater dissatisfaction. This may be due to increased exposure to media-driven beauty ideals and greater engagement in appearance-based social comparison among more educated women, which can heighten unrealistic expectations after childbirth. This aligns with Ogunleye et al. ^[13], Nnamchi et al. ^[23], and Kowalska et al. ^[24], who linked greater exposure to media ideals with increased dissatisfaction. However, Ozkutlu et al. ^[25] found the opposite, suggesting that education may also enhance resilience through health literacy. Thus, education appears to function as a double-edged factor, depending on context.

Beyond the observed associations, logistic regression analysis demonstrated that social media exposure significantly predicted increased pressure to lose weight, while body image satisfaction significantly reduced the likelihood of experiencing such pressure. This indicates that both variables independently influence postpartum weight-loss pressure, with social media exposure acting as a risk factor and body image satisfaction serving a protective role. These findings suggest that the impact of social media extends beyond simple relationships, exerting a measurable influence on women's perceptions, while positive body image may buffer against such pressures.

Limitations: The cross-sectional design limits causal inference, and self-reported data may introduce recall and social desirability bias. The study's restriction to two facilities limits generalisability, and the focus on perceived effects may not capture actual behaviours.

Conclusion

Social media exposure and body image satisfaction were significant predictors of pressure to lose weight among postpartum women in the study setting. Although most participants reported low pressure to lose weight and good body image satisfaction, women with high social media exposure had substantially higher odds of experiencing weight-loss pressure, whereas body image satisfaction was associated with lower odds. Postpartum services should recognise body-image concerns, provide non-judgemental counselling around healthy postpartum recovery, and incorporate media-literacy and body-positive approaches

Abbreviations

BIQ
Body Image Questionnaire
CI
Confidence interval
OR

Odds ratio
SD
Standard deviation
SPSS
Statistical Package for the Social Sciences

Declarations

Ethics approval and consent to participate

Ethical approval was obtained from the Enugu State Ministry of Health (Ref No: MH/MSD/REC21/877). The study was conducted in accordance with the ethical principles of the Declaration of Helsinki. Permission was obtained from the selected health facilities. Informed consent was obtained from all participants before data collection. Participation was voluntary, and confidentiality, anonymity, and the right to withdraw were assured.

Consent for publication

Not applicable

Availability of data and materials

Datasets may be available from the corresponding author on reasonable request, subject to appropriate ethical and institutional permissions.

Competing interests

The authors declare that they have no competing interests.

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Authors' contributions

IFN and AGN designed and conceived the study, including data collection.

IFN, AGN, and NGO contributed to the conceptual development of the study and conducted the literature search. AGN, EE, and OV performed the data and statistical analyses. AGN drafted the initial manuscript. IFN, AGN, and NGO critically revised and edited the manuscript for important intellectual content. IFN supervised the study. All authors read and approved the final manuscript.

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