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Mediating Role of Body Dissatisfaction in the Relationship Between Social Influence and Anorexic Tendencies Among Nigerian Female Undergraduates

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ABSTRACT

Body Dissatisfaction (BD) and anorexic tendencies represent significant psychological health concerns among young women, yet the mediating factors through which sociocultural pressures may be linked to these outcomes remain insufficiently understood, particularly in African university contexts. Grounded in the Tripartite Influence Model, which posits that peers, family, and media transmit appearance-related pressures that promote internalization of unrealistic body ideals and, consequently, body dissatisfaction and disordered eating, the present study examined whether body dissatisfaction mediate the relationship between social influence and anorexic tendencies among female undergraduates at the University of Nigeria, Nsukka. A cross-sectional survey design was adopted, and 356 female undergraduates completed the Eating Disorder Inventory-3 Body Dissatisfaction subscale, the Sociocultural Attitudes Towards Appearance Questionnaire-Revised, and the Sick-Control-One Stone-Fat-Food questionnaire. Results indicated that social influence was significantly associated with body dissatisfaction, and body dissatisfaction was significantly associated with anorexic tendencies. Further analysis revealed that body dissatisfactionmediated the relationship between internalization and anorexic tendencies. However, body dissatisfaction did not significantly mediate the relationship between perceived sociocultural pressure and anorexic tendencies, although pressure revealed a strong direct effect on anorexic tendencies. The findings highlight the importance of body dysmorphic concerns as a psychological mechanism linking internalized beauty standards to disordered eating attitudes among young women. This result extends the Tripartite Influence Model to a Nigerian university context and underscore the need for culturally responsive prevention programmes targeting body image disturbances and appearance-related pressures.

Introduction

Eating disorders and body image disturbances have emerged as significant public health priorities among young women worldwide, with epidemiological data evidence documenting rising prevalence, substantial disease burden, and considerable treatment gap (Ahmed et al., 2025; Hay et al., 2023; Pehlivan et al., 2022). Anorexia nervosa, characterized by persistent restriction of energy intake, intense fear of weight gain, and disturbance in the perception of body weight or shape, is among the most clinically severe psychiatric conditions, with significant medical morbidity and one of the highest mortality rates of any mental illness (Kim, 2024; Lai et al., 2026) Crucially, anorexic tendencies, defined as subclinical patterns of restrictive eating attitudes, weight preoccupation, and shape concerns that do not meet full diagnostic criteria for anorexia nervosa, are disproportionately prevalent among university students (Galmiche et al., 2024; Qian et al., 2022). The aim of this study is to examine the association between social influence and anorexic tendencies, while also investigating whether Body dysmorphic disorder serves as a mediator variable in the association.

The theoretical framework guiding the present study is the Tripartite Influence Model (Thompson et al., 1999), which represents one of the most empirically robust and widely applied frameworks for understanding the sociocultural origins of body image disturbance and disordered eating. The model specifies three primary sociocultural agents, namely peers, family, and media, as the distal sources of appearance-related norms and pressures, which contribute to body dissatisfaction and eating pathology through the internalization of appearance ideals and appearance-based social comparisons (Karkar et al., 2023; Nowicki & Rodgers, 2024). Internalization of appearance ideals involves personal acceptance of culturally transmitted standards of bodily attractiveness as one's own goals while appearance-based social comparison entails an individual's evaluation his/her own appearance against perceived standards set by others. When internalisation occurs, individuals begin to evaluate their own bodies against idealized appearance standards, generating body dissatisfaction that constitutes a proximal risk factor for eating disorder symptomatology and other forms of body image psychopathology (Rodgers et al., 2023; Paterna et al., 2021). The model has received robust empirical support across diverse cultural contexts, age groups, and populations, making it a theoretically well-grounded and versatile framework for examining sociocultural pathways to disordered eating

(Yamamiya et al., 2023).

A central proposition of the Tripartite Influence Model, as operationalised in the present study, is that social influence, particularly as captured by the Sociocultural Attitudes Towards Appearance Questionnaire-Revised (SATAQ-4R; Schaefer et al., 2017), may operate on anorexic tendencies through intermediate psychological mechanisms that represent the internalisation and cognitive elaboration of externally transmitted appearance norms. Body dissatisfaction represents a theoretically plausible mechanism: as sociocultural agents transmit appearance ideals through peer interactions, family communications, and media exposure, individuals who strongly internalise these ideals may develop appearance-related preoccupations and perceived bodily defects consistent with body dysmorphic disorder (BDD) symptomatology, which in turn motivate restrictive eating as a compensatory strategy aimed at conforming to idealised body standards (Jonathan et al., 2024; Ruck et al., 2024; Phillipou et al., 2024). This proposed pathway extends the Tripartite Influence Model by incorporating BDD symptoms as a previously under-examined cognitive-perceptual intermediary between distal sociocultural pressures and proximal eating disorder attitudes. Testing this extended model has important implications for understanding the mechanisms through which social influence becomes embodied as disordered eating behaviour.

The relationship between social influence and body image psychopathology has been extensively studied in Western contexts; however, its manifestation in sub-Saharan African populations remains considerably less understood. Recent studies among African university students have documented significant levels of body dissatisfaction and disordered eating attitudes, with growing evidence suggesting that exposure to social media and globalized appearance ideals contributes to these concerns among young women (Olatona et al., 2024; Olatona et al., 2025). Nigerian female undergraduates represent a particularly understudied but important population within this landscape. They are increasingly exposed to appearance related sociocultural pressures through social media engagement, peer interactions, and evolving beauty norms, factors that have been linked to body dissatisfaction and disordered eating attitudes among university students in the country (Olatona et al., 2024; Olatona et al., 2025; Ogunseyi et al., 2025). These intersecting pressures create a distinctive sociocultural context in which the predictions of the Tripartite Influence Model may operate differently than in Western samples, making empirical investigation within this context both timely and necessary.

Body dysmorphic disorder (BDD) is a distinct but closely related psychopathological condition, characterized by preoccupation with perceived defects or flaws in physical appearance that are either absent or appear trivial to outside observers, accompanied by repetitive behaviours or mental acts performed in response to these appearance concerns (American Psychiatric Association, 2022). BDD carries significant functional impairment and is associated with markedly reduced quality of life, elevated suicidality, and poor treatment outcomes when not adequately identified and addressed (Angelakis et al., 2024). The disorder is notably prevalent in young women, among whom body-related preoccupations commonly centre on weight, shape, and specific body regions, including the abdomen, hips, and thighs, creating substantial phenomenological overlap with the cognitive and affective core of anorexia nervosa (Phillipou et al., 2019). This overlap has prompted increasing scholarly interest in the relationship between BDD and eating disorder psychopathology, particularly regarding shared body-image-related and cognitive-affective mechanisms, and the extent to which BDD symptoms may constitute a pathway through which broader environmental pressures become translated into disordered eating behaviour (Matos et al., 2023).

Despite the theoretical plausibility of BDD symptoms as a mediating mechanism between social influence and anorexic tendencies, this pathway has not been examined empirically as an integrated model, particularly in any African university population. The existing literature has largely examined social influence, BDD symptoms, and eating disorder attitudes as separate outcomes rather than as components of a connected etiological pathway (Angelakis et al., 2024). This represents a significant gap, because understanding whether BDD symptoms account for part of the association between social influence and anorexic tendencies would have direct implications for how intervention programmes should be designed. If BDD symptoms are a significant mediator, then targeting BDD-specific cognitions, particularly appearance-related preoccupations and perceived defects, within eating disorder prevention programmes may substantially reduce the transmission of sociocultural pressures into restrictive eating behaviour. Conversely, if the mediation pathway is not supported, this would suggest that social influence operates on anorexic tendencies through mechanisms other than BDD symptomatology, directing preventive attention toward other cognitive processes such as appearance ideal internalisation or social comparison.

The measurement of social influence in this study is grounded in the SATAQ-4R (Schaefer et al., 2017), which comprehensively operationalises the sociocultural agents specified in the Tripartite Influence Model by capturing both internalisation of appearance ideals across multiple domains (thinness, muscularity, and general attractiveness) and perceived appearance pressures from multiple social sources (family, peers, media, and significant others). This instrument directly maps onto the model's constructs and has demonstrated strong psychometric properties and cross-cultural applicability in recent research, including in non-Western samples (Sami et al., 2025; Yamamiya et al., 2023). Its use in the present study thus ensures that the operationalisation of social influence is both theoretically coherent and psychometrically sound, enabling a rigorous test of

the proposed mediation model.

Against this theoretical and empirical background, the present study aims to contribute to the growing literature on the risks of eating disorders within African university population by testing the Tripartite Influence Model-derived hypothesis that BDD symptoms (operationalized as body dissatisfaction) mediate the relationship between domains of social influence and anorexic tendencies among Nigerian female undergraduates. Thus, we hypothesize that: (1) Social influence will be positively associated with anorexic tendencies among female undergraduates in Nigeria (2) Social influence will be positively predict body dissatisfaction among female undergraduates in Nigeria (3) Body dissatisfaction will be positively associated with anorexic tendencies among female undergraduates in Nigeria (4) Body dissatisfaction will mediate the relationship between social influence and anorexic tendencies among female undergraduates in Nigeria.

Method

Participants

Female undergraduates (N = 356) of University of Nigeria, Nsukka, participated in the present study. The sample comprised students who were mostly in the entry stage of early adulthood. The students' level of study in the university were as follows: first year (23%), second year (22.5%), third year (24.2%), fourth year (22.2%), fifth year (7%), and sixth year (8%). By ethnic group, there were Igbos (88.2%), Yorubas (4.8%), Hausas (0.3%), and students from other ethnic groups (6.5%). For religion, Christians (96.9%), Muslim (1.7%), Traditionalist (0.3%) and Others (n0.8%). Finally for marital status, single (91.9%) and married (6.5%).

Measures

Eating Disorder Inventory-3 Body Dissatisfaction Scale (EDI-3-BD)

Body dissatisfaction was assessed using the Body Dissatisfaction subscale of the Eating Disorder Inventory-3 (EDI-3-BD; Garner, 2004). The EDI-3-BD is a 10-item instrument designed to assess discontentment with overall body shape and with body regions of particular concern to individuals with eating disorders, including the stomach, hips, thighs, and buttocks. Items are rated on a 6-point Likert-type scale (1 = Always to 6 = Never). The EDI-3 has demonstrated robust psychometric properties in multiple recent validation studies, with Eating Disorder Risk Composite reliability indices ranging from α = .90 to .97, and the body dissatisfaction subscale has shown continued validity in eating disorder research including recent studies (Barstack et al., 2023; Punzi et al., 2023). In the present study, the EDI-3-BD demonstrated acceptable internal consistency, with a Cronbach's α of .73.

Sick-Control-One Stone-Fat-Food Questionnaire (SCOFF)

Anorexic tendencies were assessed using the Sick-Control-One Stone-Fat-Food (SCOFF) questionnaire, developed by Morgan et al. (1999). The SCOFF is a 5-item screening instrument designed to identify the probable presence of eating disorders using a simple binary response format. The acronym reflects the five items (S = Sick, C = Control, O = One stone [14 lbs/6.4 kg], F = Fat, F = Food), and a positive response to two or more items is considered indicative of probable eating disorder pathology. The SCOFF has demonstrated adequate convergent validity and acceptable test-retest reliability in diverse settings, and continues to be recommended as a practical screening tool in research and primary health care settings (Botella et al., 2024). Positive results should nonetheless be interpreted with caution, given the instrument's modest positive predictive value. In the present study, the SCOFF demonstrated acceptable internal consistency, with a Cronbach's α of .89.

Sociocultural Attitudes Towards Appearance Questionnaire-Revised (SATAQ-4R)

Social influence was operationalised using the Sociocultural Attitudes Towards Appearance Questionnaire-4-Revised Female version (SATAQ-4R-Female; Schaefer et al., 2017). The SATAQ-4R measures internalisation of appearance ideals, defined as personal acceptance of societal standards of attractiveness, and perceived appearance-related pressures from multiple sociocultural sources. Responses are scored on a 5-point Likert scale, with higher scores reflecting greater internalisation and perceived pressure. The instrument yields a 7-factor, 31-item structure capturing: internalisation of thin/low body fat, muscular, and general attractiveness ideals, as well as pressures from family, media, peers, and significant others. The SATAQ-4R directly operationalises the three sociocultural agents and two mediating mechanisms posited by the Tripartite Influence Model (Rodgers et al., 2023), and has demonstrated good internal consistency, test-retest reliability, and convergent validity in recent cross-cultural studies including non-Western samples (e.g., Sami et al., 2025). In the present study, the SATAQ-4R demonstrated acceptable internal consistency, with a Cronbach's α of .65.

Socio-demographic Questionnaire

A demographic data form was used to collect information on participants' age, weight, gender, marital status, ethnicity, and religion.

Procedure

The paper and pencil questionnaires were distributed to willing participants in their classrooms by the third author or two trained research assistants. Informed consent was obtained from all students who participated in the study. The measures in the

questionnaire were administered in the following order: the demographic information, Eating Disorder Inventory-3-Body Dissatisfaction (EDI-3-BD), Sick-Control-One Stone-Fat-Food (SCOFF) and Sociocultural Attitudes Towards Appearance Questionnaire-4-Revised Female version (SATAQ-4R-Female). Female students who were not willing to participate in the study were not given the questionnaire, but they sat quietly in the classroom and did not distract the participants. Participants had no difficulty in completing the questionnaires. After the questionnaires were completed, they were collected and sorted. In all, 385 questionnaires were distributed; 10 were not properly filled, 15 were returned blank and 4 were lost. Therefore, 356 questionnaires that were correctly filled were used for statistical analysis.

Statistical Analysis

Data were analysed using the Statistical Package for the Social Sciences (SPSS) version 21.0. Descriptive statistics including means and standard deviations were computed for all study variables. Pearson's product-moment correlation analysis was conducted to examine bivariate relationships among the study variables, controlling for demographic variables like age, weight, marital status, ethnicity, and religion. To test the hypothesised mediation model, Hayes (2022) PROCESS macro (Model 4) for multiple regression was employed. Mediation was inferred when the indirect effect confidence interval excluded zero. Age, weight and level of study were included as control variables in all regression models.

Results

Table 1

Mean, Standard Deviation and Correlations of Demographic Factors, Domains of Social Influence, Body Dysmorphic Disorder and Anorexic Tendencies.

Variables		*M*	*SD*	1	2	3	4	5	6
1	Age	1.62	.66	-					
2	Body weight	68.94	15.41	.27**	-				
3	Level of study	-	-	.49**	.20**	-			
4	Internalization	42.29	6.90	-.01	.01	.04	-		
5	Pressure	41.25	17.93	.05	.18**	.08	.42**	-	
6	Body dissatisfaction	25.24	8.67	.12*	.44**	.09	.13*	.34**	-
7	Anorexic tendencies	7.15	1.63	.04	.07	.01	.25**	.49**	.25**

Note: $N = 349$; $^{**}p<.01$; $^{*}p< .05$; Level of Study Coded (1 = first year, 2 = second year, 3 = third year, 4 = fourth year, 5 = fifth year, 6 = sixth year).

Table 1 shows that age had a positive correlation with body dissatisfaction. However, age was not significantly related to internalization, pressure, or anorexic tendencies .Body weight was positively related with Body dissatisfactionand perceived sociocultural pressure. Level of study was not significantly related with any of the key variables (internalization, pressure, body dysmorphic disorder, or anorexic tendencies).Internalization had a positive correlation with pressure. Internalization was positively related with body dissatisfaction and anorexic tendencies. Socio-cultural pressure also had significant positive correlations with body dissatisfaction and anorexic tendencies. Body dissatisfaction was positively related with anorexic tendencies.

Table 2

The Hayes PROCESS Macro Mediation Analysis Results for Predicting Anorexic Tendencies of Female Undergraduates by BodyDissatisfaction, Domains of Social Influence and Covariates.

Prediction	Effect (path)	B	*β*	*t*	95% *CI*	Remark
Internalization-BD	Path (a) Effect	.17	.14	2.77**	[.05, .30]	Significant
Age		.07	.24	.49	[-.23, .38]	Not Significant
Weight		-.00	.22	-.28	[-.01, .01]	Not Significant
Level of Study		-.04	-.02	-.07	[-.16, .15]	Not Significant
BD→Anorexic Tendencies	Path (b) Effect	.04		3.71***	[.02, .06]	Significant
Internalization→Anorexic T.	Direct Effect (c')	.06		4.46***	[.03, .08]	Significant
Internalization→Anorexic Tendencies	Total Effect (c)	.06		4.99***	[.03, .09]	Significant
CSIE		.03			[.01, .07]	Mediated
Pressure→BD	Path (a) Effect	.14	.28	5.70***	[.29, 8.65]	Significant
Pressure→Anorexic Tendencies	Direct Effect (c')	.04		9.23***	[.03, .05]	Significant
Pressure→Anorexic Tendencies	Total Effect (c)	.05		10.18***	[.04, .05]	Significant
CSIE		.02			[-.01, .07]	Not Mediated

Note. $^{***}p<.001$; $^{**}p<.01$; $^{*}p<.05$.; *CI*=bias-corrected and accelerated confidence interval; *CSIE*=completely standardized indirect effect.

Table 2 shows the Hayes PROCESS Macro mediation analysis examining whether body dissatisfaction mediates the relationship between domains of social influence (internalization and pressure) and anorexic tendencies among female undergraduates, while controlling for age, weight, and level of study. Internalization significantly and positively predicted body dissatisfaction. This indicates that higher internalization of social appearance ideals is associated with increased BD concerns among female undergraduates. The covariates age, weight and level of study were not significant predictors of BD. The R^2 of .21 for the model indicated that 21% of the variance in BD was explained on account of the variables in the model.

Body dissatisfaction significantly predicted anorexic tendencies. This indicates that greater body dissatisfaction is associated with higher levels of anorexic tendencies. After accounting for body dissatisfaction, internalization remained a significant predictor of anorexic tendencies. This means that internalization directly contributes to anorexic tendencies independent of body dissatisfaction. The total effect of internalization on anorexic tendencies was also significant ($B = .06$, $t = 4.99$, $p < .001$). The R^2 of .12 for the model indicated that 12% of the variance in anorexic tendencies was explained on account of the variables in the model. The completely standardized indirect effect ($B = .03$, $CI = .01, .07$) is significant because the confidence interval does not include zero. This indicates that body dissatisfaction mediated the relationship between internalization and anorexic tendencies.

Pressure significantly predicted body dissatisfaction ($B = .14$, $\beta = .28$, $t = 5.70$, $p < .001$). This indicates that greater pressure is

associated with increased body dysmorphic concerns. The R^2 of .27 for the model indicated that 27% of the variance in body dissatisfaction was explained on account of the variables in the model Pressure had a significant direct association with anorexic tendencies (B = .04, t = 9.23, p< .001). This indicates that higher perceived pressure increases anorexic tendencies among female undergraduates. The total effect of pressure on anorexic tendencies was also significant (B = .05, t = 10.18, p< .001). This indicates that pressure is a strong predictor of anorexic tendencies. The completely standardized indirect effect (B = .02, CI = -.01, .07) is not significant because the confidence interval includes zero.

Discussion

The present study investigated the mediating role of body dissatisfaction in the relationship between domains of social influence and anorexic tendencies among female undergraduates in Nigeria. Hypothesis 1 which stated that social influence would positively predict anorexic tendencies among female undergraduates was supported. Internalization and pressure domains of social influence showed significant positive correlations with anorexic tendencies among female undergraduates. Consistent with the Tripartite Influence Model (Yamamiyaet al., 2008), the findings suggest that sociocultural factors contribute to body image problems and eating disorders. This relationship may be influenced by the development of body image problems, which in turn contribute to eating disorders. However, the mediation differed across dimensions of social influence, highlighting the complex channels through which these sociocultural factors may affect disordered eating among female undergraduates.

Hypothesis 2 which stated that social influence would positively predict body dissatisfaction among female undergraduates was confirmed. The result revealed that social influence significantly predicted body dissatisfaction among female undergraduates. This finding is in agreement with the Tripartite Influence Model which suggests that sociocultural agents, including peers, family and the media influence body image perceptions through the reinforcement of thin-ideal standards. The observed strong correlation may suggest that increased exposure to societal appearance standards may heighten self-criticism and dissatisfaction with perceived physical flaws. Empirical evidence across various cultural settings supports this framework. For instance, recent studies have demonstrated that sociocultural pressures and internalization of ideals significantly predict body dissatisfaction and eating disorder among adolescents and young adults across multiple countries (Izydorczyk & Sitnik-Warchulska, 2018). Similarly, a recent longitudinal study found that appearance-related pressures and internalization processes were strongly linked to eating disorder symptoms among adolescents, underscoring the complex interplay between sociocultural factors and body image problems (Constantini et al., 2026).

These findings imply that sociocultural exposure may increase body monitoring and self-scrutiny, making people more susceptible to dysmorphic issues. Importantly, the current findings extend this body of research to the Nigerian context, where empirical research on societal influences on body image is relatively limited. Westernized beauty standards have spread throughout several non-western societies as a result of globalization and the increasing impact of social media. As such, female undergraduates may experience heightened exposure to thin ideal standards, which may lead to internalized expectation about beauty and body dissatisfaction.

Contrary to expectations, demographic variables such as age, weight, and level of study did not significantly predict body dissatisfaction. According to the findings of this research, concerns about body image may affect undergraduates from a variety of demographic sub groups. Notably, the absence of association with weight emphasizes the relevance of subjective body perceptions rather than objective body metrics in the development of dysmorphic concerns. This is in agreement with contemporary research emphasizing cognitive and sociocultural determinants of body image problems.

Hypothesis 3 which stated that body dissatisfaction would significantly predict anorexic tendencies among female undergraduates was also confirmed. Body dissatisfaction significantly predicted anorexic tendencies, indicating that people who are more preoccupied with perceived bodily flaws are more likely to support restrictive eating attitudes. This is in agreement with emerging empirical evidence suggesting that problems with body image represent a proximal psychological risk factor for disordered eating behavior. Similar findings from recent studies using sociocultural frameworks have shown that dysmorphic concerns and body dissatisfaction operate as important mediators between eating disorder symptoms and societal influences. For example, research using the Tripartite Influence Model has shown that sociocultural beauty pressures have a direct and indirect impact on disordered eating through variables related to body image (Nowicki & Rodgers, 2024).

From a cognitive-behavioral standpoint, dysmorphic concerns may worsen distorted body evaluation, perfectionistic norms and maladaptive body monitoring. These psychological processes may encourage restrictive eating behavior intended to address perceived physical flaws. Although the variance explained in the anorexic tendencies in the present study was minimal, the results highlight the significance of body dissatisfaction as a mechanism connecting linking sociocultural influence to disordered eating behavior.

Hypothesis 4 which stated that body dissatisfaction would mediate the link between social influence and anorexic tendencies among female undergraduates had a mixed result. Body dissatisfaction mediated the relationship between

internalization domain of social influence and anorexic tendencies. Internalization refers to the degree to which individuals adopt socially set beauty standards as personal ideals. When people internalize these standards, they may compare their bodies to unrealistic, unattainable appearance standards, increasing the risk of body dissatisfaction and dysmorphic concerns. This result is in line with a growing body of literature demonstrating that internalization of thin-ideal standards is one of the most reliable predictors of the risk for eating disorders. Internalization processes are important in translating societal pressures into body image problems and symptoms of eating disorder (Schaefer et al., 2021).

The presence of both direct and indirect effects in the present study indicates partial mediation, suggesting that internalization influences anorexic tendencies through multiple psychological pathways. In addition to body dissatisfaction, social comparison, body dissatisfaction or self-objectification are all mechanisms that may have contributed to the observed association. To have a more nuanced understanding oft he sociocultural pathways to eating disorders, future studies can investigate these additional mediators.

Contrary to the internalization domain, the relationship between pressure and anorexic tendencies was not significantly mediated by body dissatisfaction. Although pressure significantly predicted both body dissatisfaction and anorexic tendencies, the indirect pathway through body dissatisfaction was not significant. One possible reason for this is that pressure may have a more direct behavioral effect on eating attitudes without necessarily leading to prolonged dysmorphic preoccupations. Restrictive eating behaviors can be directly motivated by emotional reactions like shame or anxiety that are triggered by the interpersonal feedback about appearance, such as teasing, criticism or encouragement to lose weight. Studies examining sociocultural influences on eating disorders has similarly observed that certain forms of pressure may have direct effect on eating pathology independent of mediating body image characteristics. This implies that the psychological mechanisms underlying sociocultural pressure may differ from those associated with internalization process.

Implications of the Findings

The present study contributes to the growing literature on the impact of sociocultural factors on eating disorders among Nigerian female undergraduates in various important ways. It adds to the empirical testing of the Tripartite Influence Model to a Nigerian undergraduate population. Hence, addressing an important gap in the global body image literature. The focus of most previous studies have been on western populations, regardless of the fact that there are growing evidence that sociocultural factors associated with globalization may affect body image problems among non-western societies like Nigeria.

The identification of body dissatisfaction symptoms as a mediator of the internalization pathway underscores the importance of university-based prevention and intervention programmes specifically targeting body image disturbances. They should incorporate psychoeducational strategies aimed at disputing internalization of unattainable beauty standards, promoting peer and family communication, enhancing media literacy and body acceptance among women (Gordon et al., 2021).

The modest association between social influence and body dissatisfaction further indicates that Nigerian university mental health services should incorporate body dissatisfaction screening into routine mental health assessments, particularly for female students who report high levels of appearance-related social pressure. Evidence-based cognitive-behavioural interventions for BDD have demonstrated efficacy in reducing BDD symptom severity and associated functional impairment (Angelakis et al., 2024) and should be made accessible within Nigerian university counselling systems. Early identification and referral may prevent the escalation of body dysmorphia-related body preoccupations into more severe eating pathology.

Limitations of the Study and Future Directions

The present research has contributed to existing literature by being one of few studies to examine one possible pathway through which social influence affects eating disorder among female undergraduates in Nigeria. However, our study is cross-sectional and is not free from common method bias. A major limitation of mediation analysis using cross-sectional data is that all variables are measured at the same time, making it impossible to establish the temporal sequence required to support causal pathways. Consequently, it cannot be determined whether the predictor influences the mediator and subsequently the outcome, or whether alternative directions of influence are operating. As a result, findings should be interpreted as evidence of statistical associations consistent with mediation rather than confirmation of causal mediation effects.

Longitudinal studies would be valuable in clarifying the developmental trajectories of the variables of the study. The Tripartite Influence Model also specifies a directional process, yet such directionality can be established only through longitudinal or experimental designs (Wilksch et al., 2023). Also, the sample was restricted to female undergraduates at a single southeastern Nigerian university, limiting generalisability to male students, students at other institutions or regions, and non-student populations. We therefore, suggest that future researchers in this area of study conduct experimental, multi-campus and multi-variable studies with larger sample sizes to enable stronger generalization of findings. Finally, exclusive reliance on self-report measures introduces the possibility of social desirability bias and recall error. We suggest that future studies supplement self-report data with clinical diagnostic interviews and objective

anthropometric assessments.

Conclusion

Anchored within the Tripartite Influence Model, the present study provides empirical support for sociocultural models of eating disorder by revealing that body dissatisfactions partially mediates the relationship between internalization of sociocultural beauty ideals and anorexic tendencies among female undergraduates in Nigeria. However, sociocultural pressure were associated with anorexic tendencies primarily through direct pathways rather than through body dissatisfaction. These findings emphasize the complex psychological processes linking social influences to eating disorders and highlight the need for culture-based interventions targeting body image concerns among young women.

Declarations

Conflict of Interest: The authors declare no conflict of interest in relation to the conduct or reporting of this study.

Ethical Approval: Ethical approval for this study was obtained from the Psychology Research Ethics Committee of the University of Nigeria, Nsukka.

Informed Consent All participants provided written informed consent prior to their inclusion in the study.

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