College students and cosmetic procedures: A survey on attitude and body image

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Abstract
Cosmetic procedures are related to age, gender, relationship status, body weight (body mass index- BMI) & body image satisfaction. There has been an increasing focus on the body as a vehicle for identity and self expression, with greater recognition of the role of appearance and the desire for self improvement. Psychosocial factors are important motivators in cosmetic surgery. Body dysmorphic disorder like symptoms, personality, interpersonal attachment, insecurity, low self esteem, social acceptance of cosmetic surgery and low level of physical activity would relate to an interest in cosmetic procedures. This study was conducted on volunteers for 2 months from May to August 2014. Participants aged 18 to 30 years of both genders who were willing to give informed consent were included in this study. People not complying with the protocol and not willing to give informed consent were excluded out. A total of 1000 people were included in the study after signing the informed consent. The results show that females have more anxiety/depression regarding their looks. So they prefer more to cosmetic procedures as compared to males as more females think that cosmetic procedure can improve their looks. BDSS is more in females as compared to the males. Rest of the results were statistically insignificant.

Keywords: Dysmorphic disorder, Psychosocial.

Introduction
Little is known about interest in cosmetic procedures among general public or how this is related to age, gender, relationship status, body weight (body mass index- BMI) or body image satisfaction.¹ To the best of our knowledge, no published work exists on this topic from India. The fascination in physical beauty is becoming more and more prevalent in today’s society. Beauty in current culture is being defined by the media through magazines, television and music.² Since the latter half of the 20th century, there has been an increasing focus on the body as a vehicle for identity and self expression, with greater recognition of the role of appearance and the desire for self improvement.³ Beauty is the apparent new indicator of social worth.³ Therefore, it is not surprising that, year after year, millions of people all over the world elect for cosmetic procedures.² The preference and popularity of non-surgical cosmetic procedures/methods has increased due to lesser down time, (possibly) better results and phobia of the word “surgery/operation” amongst general population.¹ It has been observed in previous research that psychosocial factors are important motivators in cosmetic surgery.⁴ It was hypothesized that body dysmorphic disorder like symptoms, personality, interpersonal attachment, insecurity, low self esteem, poor body image, distorted eating behaviour, emotional distress, low education, poor relationship with parents and friends, teasing history, social acceptance of cosmetic surgery and low level of physical activity would relate to an interest in cosmetic procedures.⁴ In a resourceful and economically sound society, people are willing to spend significant amount of money and time to enhance their looks and prospects.³ Hence this study was done to evaluate the level of interest in cosmetic procedures, to know the psychosocial factors driving this interest. Our study will also try to diagnose the body dysmorphic disorder and find out five most popular procedures that interest the patients.

Materials and Method
This observational study was conducted in the Department of Dermatology of Gian Sagar Medical College and Hospital, Patiala for 2 months from May to August 2014. Thousand random adult patients were given the questionnaires to be filled up after taking their consent. Participants between 18-30 years of age and willing to give written informed consent were included in the study. Any participant not willing to comply with the study protocol were excluded from the study.

Procedure
This study was conducted in healthy volunteers who fulfilled the inclusion and exclusion criteria and were willing to sign the written informed consent. All the participants filled a self-administered questionnaire which had questions related to their feelings, attitude and views on cosmetic procedures. The effectiveness of self-administered questionnaire was tested after literature search and validation by a pilot study, in which 10 participants filled up the questionnaire, these participants were not included in the study. The questions administered were checked for coefficient of reliability by Cronbach’s alpha.

All the participants also filled in the Body Dysmorphic Disorder Symptom Scale (BDSS), which is a self-reported measure that is used to examine the severity of a wide variety of symptoms associated with body dysmorphic disorder (BDD). The BDD-SS is designed to differentiate for each group of symptoms, number of symptoms endorsed and their severity. The total scores of the BDSS have shown good reliability and convergent validity and moderate
discriminant validity. BDSS can be quickly administered and used to examine the severity of heterogeneous BDD symptoms for research and clinical purposes. The BDSS contains 54 symptoms divided into 7 similar symptom groups, with each group comprised of 2–19 specific symptoms. Patients answers (yes/no) symptoms that they experienced in the past one week. In groups where at least one symptom is present the patients are asked to rate the combined severity of the symptoms within the group on a 0–10 scale (0 = no problem; 10 = very severe).

**Statistical Analysis**
The data was tabulated as mean ± standard deviation (Mean ± SD). Results were analyzed using non parametric tests (Chi-Square Test), parametric tests (two tailed student t-test) and correlation (Pearson correlation coefficients) analysis. A p<0.05 was considered statistically significant.

**Result**
This observational study using self administered questionnaire was conducted on volunteers within a period of 2 months. A total of 1000 (611 females, 389 males) participants, age 18 to 30 years completed the questionnaires.

Compared with males, statistically significant (p<0.05) number of females had more anxiety regarding looks. There was a statistically significant (p<0.05) number of females with the thought process that cosmetology procedures improved the looks as compare to male, they females also had a belief that cosmetology had relation with their job prospects as well as with depression about cosmetic problems. The females showed a statistically significant (p<0.05) higher BDSS scores as compared to males (Fig. 1).

**Discussion**
The results of our study show that as compared to males, females had greater anxiety and depression regarding their looks, the study also showed that females had the view point that cosmetic procedures improved their look as well as improved their job prospects. The females also had a higher BDSS Score.

A large, multisite study assessing the students' experiences and attitudes about cosmetic surgery showed that five percent of females underwent cosmetic surgery with a higher number of females reporting of a known female who had undergone cosmetic surgery and had a favourable attitude towards surgery. Around 2.5% of females had body dysmorphic disorder which was dependent on their self-reported body-image concerns. The results of our study are quite similar to this study as in our study also we found females had higher BDSS and were of the view that cosmetic procedures improved their looks and job prospects.

Another study aimed to explore the views and knowledge regarding cosmetic procedures among junior college and medical students in Singapore showed that overall female to male ratio of 1.3:1, with approximately 2.5-3% students accepting that they underwent cosmetic surgery, another 10-44% were planning to undergo cosmetic surgery, whereas majority of them were unaware of any risk associated with it. The results of our study are quite similar to this study as we also had interviewed about cosmetic surgery and females had given a favourable view, the results of our study are different from this study as our study further evaluated the effect of cosmetic surgery on their looks as well as job prospects.
One more study with the aim to examine difference in young consumer’s attitudes toward cosmetic surgery showed a favourable attitude towards cosmetic surgery with no gender difference and body image perceptions were closely associated with their attitudes. The results of our study also had similar finding as in our study also females were of the view that cosmetic surgery improved their looks as well as job prospects. Our study differs from this study as we did not compare the results in favour of / against cosmetic surgery.

Another study done to examine associations between attitudes toward cosmetic surgery, celebrity worship, and body image among South Korean and US female college students showed that the South Koreans had greater acceptance towards cosmetic surgery and for participants of United States the level of dissatisfaction was negatively associated with cosmetic surgery acceptance. The study showed cultural contexts tend to influence view about cosmetic surgery. Our study partly is similar to this study as we also found association of cosmetic surgery with the looks and job prospects but we did not take into account the cultural differences.

There are few limitations to our study, first of all we did not carry out any intervention and then compared the results as this could have given a different aspect of study, the purpose of our study was to study about the perception of participants about cosmetic surgery only. Secondly, we could have increased the sample size further, but this could have prolonged the study duration.

Conclusion
This study suggests that females have more anxiety/depression regarding their looks. So they prefer more to cosmetic procedures as compared to males as more females think that cosmetic procedure can improve their looks. BDSS is more in females as compared to the males.

Conflict of Interest: None.

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