

Factors That Influence the Acceptance of Cosmetic Surgery in South South, Nigeria

Ozinko MO*, Otei OO, Ekpo RG, Bassey GI

Division of Burns and Plastic Surgery, Department of Surgery, Faculty of Medicine, University of Calabar, Calabar, Nigeria

Original Research Article

***Corresponding author**
Ozinko MO

Article History

Received: 22.08.2018

Accepted: 04.09.2018

Published: 30.09.2018

DOI:

10.36348/sjimps.2018.v04i09.001



Abstract: In recent times, there is an explosion of cosmetic procedures in the world. Nigerians have been going out of the country for these procedures. No study has been done to find out the likelihood of Nigerians to accept these developing procedures. The study is aimed at evaluating the factors that influence the acceptance of cosmetic procedures in South-South, Nigeria. A simple random sampling of 280 undergraduate students of the University of Calabar using questionnaires to evaluate the factors that influence the acceptance of cosmetic surgery in the region. The respondents demographic data, the socio-cultural factors, economic status, personal self- rating of physical attractiveness, self esteem, personal experience with somebody who had undergone cosmetic surgery, cost and the willingness to undergo cosmetic surgery in the future were all assessed. A descriptive statistical analysis of data was used to evaluate the study. The respondents reported greater dissatisfaction with their body image, the influence of media, socio-cultural influence on physical appearance as the leading factors that influence the non clinical client population to undergo cosmetic procedures. Women reported greater likelihood of undergoing cosmetic surgery. Cost and religion did not have significant influence. The factors that influence the acceptance of cosmetic procedures among our people are multi-factorial. However, the dissatisfaction of the body image, socio-cultural factors, media and their personal experiences with people who had undergone cosmetic surgery was the motivating factors for the acceptance of cosmetic surgeries in the sub-region .It therefore, becomes necessary for the cosmetic surgeons in Nigeria to put in place suitable institutions to perform and improve on this practice.

Keywords: cosmetic surgery, aesthetic surgery, cosmetic procedures, acceptance of cosmetic surgery.

INTRODUCTION

Cosmetic surgery refers to a subspecialty that is concerned primarily with the maintenance, restoration and enhancement of an individual’s physical appearance through surgical and medical techniques [1]. Cosmetic surgery could be defined as a kind of surgery to enhance the body’s appearance in the absence of any disease, disfigurement or congenital deformation which can be a factor to improve the quality of the individual’s life [2].

Cosmetic surgery history dates back to early 20th century when most cosmetic procedures were done to correct a disfigurement due to an accident or congenital defects. Cosmetic procedures were performed to improve body image or appearance which improved self-confidence and psychological state of a person. Afterwards aesthetic surgery became the surgery that were performed on the body defect but to enhance or change the nature of the body to what the individual wants. The past decade witnessed an explosion in the number of cosmetic procedures taking place in the world [3]. Africa, Nigeria inclusive, is not

left out in this movement. Nigerians have been going out of the country for aesthetic surgery. However, efforts are being made by Reconstructive and Aesthetic Surgeons within the sub-region to put in place the necessary measures and enabling environment for this new trend of surgery to thrive. It is on this premise that it has become necessary for cosmetic surgeons to evaluate the factors that will influence the practice in the sub-region.

A number of factors may underscore this increase in the popularity of cosmetic surgery [4] which include the growing importance of physical appearance [5], higher disposable incomes amongst clients, advances in surgical techniques and lower cost of treatment have reduced patient’s anxiety about cosmetic procedures[6]. Also, in the past decade, there has been increase in media coverage of cosmetic surgery which has increased the public awareness of such procedures [7].

MATERIALS AND METHODS

The sample selection method was a simple random sampling. Two hundred and eighty questionnaires were distributed in the University of Calabar among the undergraduate students and workers who were non clinical client population. Data collection was done in April to June, 2017. Out Of the 280 questionnaires 256 were returned and 243 questionnaires were valid and suitable for the study. To ensure that the respondents did not have any problem to answer the questionnaires in terms of ambiguity as well as the contents of the questionnaires, pre-testing and pilot-testing were essential before distributing the questionnaires. Pre-testing was done by consulting my colleagues and some modifications were made. For a better understanding, a pilot study was conducted among 25 respondents. It assured us that the questionnaire was appropriate and the questions were generally understandable. The first part of the questionnaires consisted of socio- demographic data such as gender, age, marital status, religion, educational status of respondents. These questions were designed in the form of multiple choice, or yes or no; and the respondents could choose which one was more applicable for them.

The second part of the questionnaire was about cosmetic surgery which was designed in a ‘4’ points lickert scale. The scale consisted of strongly disagree, disagree, agree and strongly agree. The respondents could choose just one of the options from ‘1’ strongly disagree to ‘4’ strongly agree. These included personal self rating of attractiveness, personal contact with somebody that had undergone cosmetic procedure, socio-cultural factors, fear of complications, cost and willingness to undergo cosmetic surgery in the future, media exposure to aesthetic procedures, and the mention of two cosmetic surgeries.

Validity was concerned with whether the findings were really what they appeared to be. The first

time it was tested on 25 respondents as pilot test proved to be a valid instrument. The measurement of validity was analyzed by factor analysis. In this study, each measurement criterion was considered as a distinct construct. According to factor analysis, percentage of total variance was over the recommended level of 50%. Also, SPSS software (version 17.0) was used for analyzing the collected data.

RESULTS

This is a descriptive statistical analysis of data. Table-1 showed the socio-demographic data. There were 243 respondents with 75 males (30.9%) and the females 168(69.1%). More females accepted to participate than the males. The age range was between 20 and 60, with a peak age group of 30-40 years of 204 persons representing 82.9%. The cultural background was mixed since it is a Federal University. The respondents were mostly Nigerians. Majority were Christians (94.1%), Islam (4.5%) and pagan (1.5%). The educational background was that 32.1% had school certificate, 42% were undergraduates while 25.9% were graduates. Religious acceptance showed 79% acceptance against 21%.

Table-11 showed the knowledge of the respondents. They were tested on the knowledge of which surgical discipline performs cosmetic surgery. The plastic surgeon was leading with 94%, followed by General surgeon with 4.8%. Answering the question, how do you know about cosmetic surgery? More Respondents knew cosmetic surgery through internet with 35.3% and television 26.1%. Attempt to find out if they knew any Nigerian plastic surgeon showed that only 84(32.6%) of them knew a Nigerian plastic surgeon while 174(64.4%) did not know at least one plastic surgeon. They were asked whether they would like to undergo cosmetic surgery in future. Out of the respondents 137(56.4%) accepted while 106(43.6%) were unwilling.

Table-1: Socio-Demographic Data

	Variables	Number	%	Total%
Gender	Male	75	30.90%	100%
	female	168	69.1%	
Age	20-30	204	82%	100%
	31-40	36	14.60%	
	41-50	6	2.50%	
Marital status	Single	177	77.60%	100%
	married	51	22.40%	
Educational level	Sch. Certificate	78	32.10%	100%
	Undergraduate	102	42.00%	
	Graduate	63	25.90%	
Religious acceptance	Yes	192	79.00%	100%
	No	51	21.00%	

Using the Lickert scale some aspect of plastic surgery was evaluated. Their experience with someone

who had undergone cosmetic surgery were assessed and only 22.9% of them who has had personal

encounter with one who had undergone cosmetic surgery. Another aspect was the self-rating of physical attractiveness of the respondents. Only 56 respondents representing 23.0% who had unattractive self appearance were willing to undergo cosmetic surgery.

The respondents who would like to undergo cosmetic surgery actually ticked they were unattractive or somehow attractive, representing 89(36.6%) of the population.

Table-2: Knowledge of Respondents

Questions	Response	Number	%	Total %
Who performs plastic surgery	Plastic surgeon	237	94%	100%
	Gynecology	12	4.80%	
	General surgeon	3	1.20%	
How do you know about plastic surgery?	Radio	12	3.92%	100%
	Internet	141	46.10%	
	Television	108	35.28	
	Friends	45	14,70%	
Do you know any Nigerian cosmetic surgeon?	Yes	84	32.60%	100%
	No	174	64.40%	
Would you like to undergo cosmetic surgery in future?	Yes	137	56.40%	100%
	NO	106	43.60%	

DISCUSSION

This is a descriptive statistical analysis of the factors that influence the acceptance of cosmetic surgery in South-South, Nigeria. The study showed that sex affected the choice and the acceptance of cosmetic procedures. There was increasing evidence that women reported a greater willingness to undergo cosmetic procedures than men. This is because they want to attain ideal status of physical and sexual attractiveness [3, 8]. In some studies, age is an important determinant. The age range of 30-50 showed increase likelihood of acceptance [5] but in our study 20-40year age group showed more likelihood of acceptance of aesthetic procedures. This could be accounted for by the population of young undergraduate students on campus. These groups of students are more conversant with the recent fashion and internet information than other age groups. The dominant religion of the people is Christianity but it does not have any negative influence on their acceptance. This is similar to the study carried by sarwer and Crerand [4]. The economic status of the respondents had insignificant effect in accepting aesthetic procedures but undergoing the procedure will definitely be determined by the cost. It was noticed that the rich and the poor were willing to undergo one procedure or the other. This is because they were told that the procedures would be done free under the National Health Insurance Scheme. This further conveys the understanding that the inclusion of cosmetic procedures in the National Health Insurance Scheme of our country would increase their acceptance. It was also found that young ladies, especially the artists and some top public figures tend to have a higher likelihood for these procedures. In the same vein, media exposure and posting of pictures on social media would increase the likelihood of accepting cosmetic procedures.

Cultural pressures to conform to societal ideals of attractiveness are frequently pointed out in literature as contributing to the higher prevalence of body image in socio-economically developed setting [11]. The use of beautiful women as well as handsome men in advertisement and the current beauty show encourage more people to desire to be attractive and to be qualified, either for advertisement or beauty shows. The study also found that beautiful ladies were loved and rarely punished by the male counterparts in their place of work. The study also found out that the men were willing to accept cosmetic procedures as well as admiring those women whose body image were enhanced by aesthetic procedures. Cosmetic surgery messages in the developing countries have the persuasive effect on the people, thus leading to drift to developed countries for the procedures [9]. The messages that are persuasive and thought provoking are not yet in our media to attract more people.

Attempt to answer the question whether low self esteem and low self-rating of physical attractiveness predicts greater likelihood of undergoing cosmetic surgery. It was discovered that those who felt to be physically unattractive were more open to accept and undergo cosmetic surgery which supports the notion that failure to attain societal ideals of attractiveness leads to greater body satisfaction and possibly to the consideration of cosmetic surgery[10]. This tends to affirm the findings that there is some evidence to suggest that some individuals who have undergone cosmetic procedures never attain full body satisfaction [8]which may lead to further procedures in attempt to attain personal ideals of physical body attractiveness.

In terms of having personal contact with someone who had cosmetic surgery, it was found that a lot of people knew somebody who had underwent

cosmetic procedure and these procedures actually enhanced their beauty. The men knew someone who underwent cosmetic surgery but their reactions and perceptions varied. The most men admired beautiful ladies, including those who enhanced their body image through surgery. Inquiring from the men, whether they would like their wives to undergo cosmetic surgery? A few of them objected. They opined that cosmetic procedures tend to cause the person to get old quicker on the long run than the non procedure women. This is subject for further study in the future.

Attempt to find out if they knew any Nigerian plastic or cosmetic surgeon showed that a greater number of them did not know any of them. This puts the aesthetic surgeons to the task of health educating and blowing the trumpet of putting cosmetic surgery on the- know. Although a lot of them knew that the plastic surgeon is responsible for cosmetic surgery, a few percentage still believed that the gynecologist and the general surgeon could perform these procedures. They also opined that the lack or the poor proximity of cosmetic surgeons could be another reason why the take off of cosmetic surgery is slow in the sub-region.

Fear of complications was considered. A lot of the respondents were afraid of complications, citing a popular musician's rhinoplasty which collapsed and fat embolism associated with liposuction. Some persons observed that it could involve multiple procedures. They were counseled on the modern techniques and the expertise of the surgeons that have remarkably increased with the developing technology in the subspecialty.

Finally, the study also tested their knowledge on the common cosmetic procedures they knew. Breast augmentation, rhinoplasty, face lift, liposuction and abdominoplasty, buttock augmentation were the common cosmetic surgeries that were mentioned in the order of decreasing frequency. Others also mentioned were breast reduction, lip filling, and brachioplasty.

CONCLUSION

The factors that affect the acceptance of cosmetic surgery in South-south .Nigeria are multi-variants but there is increase likelihood of acceptance of cosmetic procedures among the non clinical client population of our study. The dissatisfaction of the body image, socio-cultural factors, media and their personal experience with those who had cosmetic surgery are the

motivating factors for the acceptance of cosmetic surgeries in the sub-region.

Financial Disclosure: No financial assistance.

Conflict of Interest: No conflict of interest

REFERENCES

1. Swami, V., Chamorro-Premuzic, T., Bridges, S., & Furnham, A. (2009). Acceptance of cosmetic surgery: Personality and individual difference predictors. *Body image*, 6(1), 7-13.
2. Breuning, E. E., Oikonomou, D., Singh, P., Rai, J. K., & Mendonca, D. A. (2010). Cosmetic surgery in the NHS: Applying local and national guidelines. *Journal of Plastic, Reconstructive & Aesthetic Surgery*, 63(9), 1437-1442.
3. Swami, V., Arteche, A., Chamorro-Premuzic, T., Furnham, A., Stieger, S., Haubner, T., & Voracek, M. (2008). Looking good: Factors affecting the likelihood of having cosmetic surgery. *European Journal of Plastic Surgery*, 30(5), 211-218.
4. Sarwer, D. B., & Crerand, C. E. (2008). Body dysmorphic disorder and appearance enhancing medical treatments. *Body Image*, 5(1), 50-58.
5. Sarwer, D. B., Magee, L., & Crerand, C. E. (2004). Cosmetic surgery and cosmetic medical treatments. *Handbook of eating disorders and obesity*. Hoboken, NJ: Wiley, 718-737.
6. Edmonds, A. (2007). 'The poor have the right to be beautiful': cosmetic surgery in neoliberal Brazil. *Journal of the Royal Anthropological Institute*, 13(2), 363-381.
7. Tait, S. (2007). Television and the domestication of cosmetic surgery. *Feminist Media Studies*, 7(2), 119-135.
8. Brown, A., Furnham, A., Glanville, L., & Swami, V. (2007). Factors that affect the likelihood of undergoing cosmetic surgery. *Aesthetic Surgery Journal*, 27(5), 501-508.
9. Delinsky, S. S. (2005). Cosmetic Surgery: A Common and Accepted Form of Self-Improvement? 1. *Journal of Applied Social Psychology*, 35(10), 2012-2028.
10. Sarwer, D. B., Nordmann, J. E., & Herbert, J. D. (2000). Cosmetic breast augmentation surgery: A critical overview. *Journal of women's health & gender-based medicine*, 9(8), 843-856.
11. Sarwer, D. B., Magee, L., & Clark, V. (2003). Physical appearance and cosmetic medical treatments: physiological and socio-cultural influences. *Journal of Cosmetic Dermatology*, 2(1), 29-39.