

Cosmetic intervention among Iraqi women, prevalence and associated factors (demographic, place, and time)

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Abstract

Objective: To assess the prevalence of cosmetic interventions, and the factors that instigate women to undergo such procedures.

Method: The cross-sectional study was conducted from January to June 2021 in Baghdad, Iraq, and comprised women aged 18 years or above from 4 general hospitals, 4 health centres and 8 schools. The sample was divided into group A having subjects with experience of cosmetic interventions, and group B having those with no such exposure. Data was collected using a questionnaire. Data was analysed using SPSS (version 25).

Results: Of 1113 women, 997(90%) were aged 20-40 years. There were 375(34%) women in group A and 738(66%) in group B. Within group A, Botox was the most common intervention 89(23%). Besides, 215(57%) women had the intervention in clinics, and 75(20%) had it in beauty centres. Dermatologist did the intervention in 146(39%) cases, while side effects were noted in 142(38%). Within group A, 248(66%) subjects said they would not advise their daughters or sisters to have cosmetic interventions. Age and marital status were significantly different between the study groups ($p < 0.05$).

Conclusion: Cosmetic interventions among the women studied were found to be relatively high, and Botox was the most common intervention.

Key Words: Botulinum Toxins, Dermatologists, Nuclear,

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Introduction

Recent changes in the society have pushed many to care more about their looks, and how to improve it. Women are usually concerned about how others may judge them based on their looks.¹ There has been an upsurge in cosmetic procedures, either surgical or nonsurgical, especially over the last two decades, mainly due to more accessibility of less invasive procedures.²

Dermatology and cosmetic outpatient clinics are now providing more minimally invasive cosmetic procedures (MICPs), such as injectable Botox, facial filler, platelet-rich plasma (PRP), derma filler, and chemical peels. MICPs are quick to apply for physicians and fairly easy to access for patients, which is probably increasing the willingness of middle-aged women to undergo such procedures and to have a natural look without significant difficulties.³ Factors associated with growing interest in cosmetic surgery include overweight, older age, having children, higher household income, lower education, and increasing acceptance of media images.^{4,5}

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The American Society of Plastic Surgeons (ASPS) reported that cosmetic surgical procedures in the United States increased by 98% from 2000 to 2012, and by 58% from 2012 to 2016, mostly involving females (92%). Approximately, 17 million cosmetic procedures were done in 2016 with an annual cost of around US\$16.4 billion.⁶ The number of cosmetic procedures worldwide has increased over the last 20 years at a rate of 169% between 2000 and 2019.⁶ The British Association of Plastic Surgeons recorded a 35% increase in procedures from 2004 to 2005.⁷

The coronavirus disease-2019 (COVID-19) pandemic interrupted daily life and all activities leading to a temporary decrease in cosmetic practice.⁸ However, after a while, with people remaining indoors and covering their faces with masks and shields, the demand for these procedures increased due to increased posting of "selfies" on social media, in addition to video conferencing where cameras focus more on the face.

The current study was planned to assess the prevalence of cosmetic interventions, and to explore the factors that instigate women to undergo such procedures.

Subjects and Methods

The cross-sectional study was conducted from January to June 2021 in Baghdad, Iraq, after approval from the ethics

review committee of the College of medicine, Mustansiriyah University, Baghdad.

The sample was raised from 4 general hospitals, 4 primary healthcare centres (PHCCs) and 8 schools selected using simple random sampling technique from across Baghdad.

The larger sampling technique used was stratified random sampling. The subjects were either teachers or attendants of patients. Later, the sample was stratified into group A having subjects with experience of cosmetic interventions, and group B having those with no such exposure. The target was to collect 1,200 women. Those included were women aged >18 years who furnished informed consent. The rest were excluded.

A semi-structured questionnaire was developed, consisting of information about socio-demographic characteristics, questions about having any cosmetic interventions, with some details, such as the reason, type, frequency of interventions, cost, side effects, done by whom, in addition to questions that enquired about the respondent's opinion and advice to others, especially family members, to have or to avoid cosmetic interventions. The questionnaire was translated to Arabic, then back-translated to English to ensure accuracy.

After getting the required official permissions from the participating institutions, two researchers collected data through direct interviews with the subjects. Each interview took 20-30 minutes. The subjects were given the Arabic version of the questionnaire to fill.

Data was analysed using SPSS (version 25) and presented as frequencies and percentages. Chi-square test was used to evaluate the association between cosmetic interventions and socio-demographic characteristics. $P < 0.05$ was taken as statistically significant.

Results

Of the 1,160 women approached, 1113(96%) responded. Of them, 997(90%) were aged 20-40 years, 748(67%) were currently married, and 870(78%) were employed. There were 375(34%) women in group A and 738(66%) in group B. Within group A, 215(57%) women had the intervention done in clinics and 75(20%) had it in beauty centres, while dermatologists did the intervention in 146(39%) cases (Table 1).

In group A, 208(56%) subjects had done it only once, Botox was the most common intervention 89(23%) and there had been post-intervention complications in 142(38%) cases. The desire for change and being more beautiful was cited as the most common reason 177(47%) in group A. In group B, the most common reason for not

Table-1: Socio-demographic characteristics and cosmetic interventions.

Socio-demographic characteristics (n=1113)	n	%s
Age group <20 years	26	2
20-40	997	90
>40	90	8
Marital status Currently married	748	67
Currently not married	365	33
Employment Employed	870	78
House wife	243	22
Income (US\$) < 700	225	20
700-1000	721	65
> 1000	177	15
Number of "selfies"/day <20	537	48
>20	580	52
Experienced cosmetic intervention Yes	375	34
No	739	66
Cosmetic interventions by time, place, cost and "by whom" (n=375)		
Place		
Clinic	215	57
Beauty center	75	20
Private hospital	55	15
Saloon	27	7
General hospital	3	1
Time (of last intervention)		
This year (6 months) (woman/month=19.1)	115	31
Last year (woman/month=14.2)	171	46
2 years or more (woman/month<3.7)	89	23
Cost (US\$) < 350	224	60
350-700	81	22
>700	70	18
By whom		
Dermatologist	146	39
Plastic surgeon	112	30
General surgeon	36	10
Hair dresser	27	7
Dentist	26	7
Family doctor	17	4
Ear-Nose-Throat (ENT) specialist	11	3

having any such intervention was the feeling among 285(39%) subjects that they did not need it. There were 445(60%) subjects willing to do it in the future (Table 2)

Within group A, 248(66%) subjects said they would not advise their daughters or sisters to have cosmetic interventions.

Age and marital status were significantly different between the groups (Table 3).

Discussion

Globally, young people, especially girls, are increasingly opting for plastic surgery to change their physical appearance in order to enhance their social and cultural status and promoting their level of psychological wellbeing.^{9, 10}

Table-2: Frequency, type, and complications of cosmetic intervention (n=375)

Frequency	n	%s
Once only	208	56
Two-three times	110	29
Four times and more	57	15
Type of intervention		
Botox	89	23
Filler	86	22
Laser hair removal	62	16
Rhinoplasty	62	16
Tattoo	32	8
Skin peel	24	6
Blepharoplasty	8	2
Mesotherapy	7	2
Mole excision	5	1
Abdominoplasty	4	1
Liposuction/ Orthodontics	3	1*
Complications		
Swelling	73	51
Redness	58	41
Numbness	11	8
Reasons for having cosmetic intervention (n=375)		
Desire for change and being more beautiful	177	47
Boost self-esteem	75	20
Follow beauty trend	61	16
Look younger	33	9
To fulfil my husband desire	21	6
Fear that husband goes to a second marriage	8	2
Reasons for not having cosmetic intervention (n=738)		
Don't need	285	39
Religious obligations	140	19
No time	89	12
Distrust services	88	12
Fear of interference	69	9
Financial reasons	61	8
Mother/husband disapproval	6	1
Willing to do in the future?		
Yes	445	60
No	293	40

The current findings showed that the prevalence of cosmetic intervention in women in Baghdad was relatively high (34%). In the United States, the prevalence has been reported to be 24.1%,¹¹ while in Saudi Arabia it was 55.4%.²

The current study showed that 86% of those who had cosmetic interventions were aged 20-40 years, which is in line with a study done in Saudi Arabia.¹² A study in Iran found that 37.2% of the respondents were aged 30-39 years,⁴ while 39.3% of the Americans who underwent such interventions were aged 35-50 years.¹³

The current study also revealed that 61% women who underwent cosmetic procedures were married, with is

Table-3: Association between cosmetic intervention and socio-demographic characteristics..

	Had cosmetic (n= 375)		No cosmetic (n=738)		P-value
	n	%	n	%	
Age group (years)					
< 20	16	4	10	1	0.004
20 – 40	324	86	673	91	
> 40	35	10	55	8	
Marital status					
Married	229	61	519	70	0.000
Single	113	30	193	26	
Divorced/Widow	33	9	26	4	
Employment					
Employed	292	78	578	78	0.862
House wife	83	22	160	22	
Income					
< 1 million	70	19	155	21	0.650
1 – 2 million	245	65	466	63	
> 2 million	60	16	117	16	
Number of "selfies"/day					
<20	171	46	366	49.5	0.207
>20	204	54	372	50.5	

SD: Standard deviation, LVT: Left ventricle thickness, RVT: Right ventricle thickness.

comparable to a study¹⁴ reporting 67.5%. A Saudi Arabia study reported 39.7%.² This might be attributed to the direct or indirect coercion by a spouse, or the fear of the husband opting for a second marriage.

Most women who underwent cosmetic procedures in the current study were employed (78%), which is in agreement with earlier reports of 74.3%,¹⁴ and 68.3%.¹² An earlier study in Iraq reported 53.2%.¹⁵ Two-thirds of the women who underwent cosmetic intervention in the current study had a monthly income of \$700-1,400. A study in Iran showed that 34% of the sample had an income of \$500-2,000.⁴ A study in Saudi Arabia showed that 47.6% had an income between \$1,300 and \$2,600.¹² This indicates that having more income encourages people to opt more luxurious practices.

The current study revealed that about half of the women used to take >20 selfies per day. A study in India concluded that the eagerness to undergo cosmetic procedure increased significantly after posting selfies on social media.¹⁶

Botox (23%) and filler (22%) were the most common procedures done among the women currently studied. Botox is the most commonly used in the US and some other countries, such as China and Japan,¹¹ while in Saudi Arabia, laser was reported to be the most common (78.3%), followed by dermal filler (30%).²

More than half of the women in the current study reported

having cosmetic procedures just once, while 15% had done it 4 times or more, suggesting that the first experience for some women was not very satisfactory. A study in Saudi Arabia showed that 46.6% of the sampled women had a procedure done 3-6 times, while 28.8% had had a procedure more than 6 times.²

Most of the interventions had been done by a dermatologist or a plastic surgeon in the current study as they are the experts in the field of minimally invasive interventions that offer the benefit of lower cost, rapid execution, and less downtime.¹⁷ This is consistent with a study in Saudi Arabia which revealed that half of the interventions were done by a dermatologist, and 27% by a plastic surgeon.¹⁸ However, 14% of the interventions were done by a dentist or by a hair dresser in the current, suggesting that lower cost of the intervention is an incentive for women, and there is unawareness about the possible risks involved.

The main reason behind undergoing plastic surgery in the current study was to look prettier (47%). A study in Saudi Arabia revealed that 46% of those reported having plastic surgery believed that social media had a strong effect on their decision. However, this decision could also be influenced by family and friends.¹⁸ Mass media has a considerable impact on determining personal appearance and the decision to choose cosmetic surgery. Mass media, especially TV shows/advertisements, can have a great effect on self-esteem and body image satisfaction.¹⁹

The current results also revealed that 20% of the women reported seeking cosmetic procedures to boost their self-esteem. People with low self-esteem probably seek more cosmetic interventions to achieve more confidence, when psychosocial therapy might be a better intervention in such cases. A study in Britain reported an inversed relation between self-esteem and seeking cosmetic intervention in both genders.²⁰

Some women in the current study reported that they underwent cosmetic intervention to fulfil their husbands' desire. Many people think that cosmetic surgeries can give them a younger age and a prettier look, which can increase their chances of getting jobs, and, possibly, a better marriage. However, women tend to have a huge desire to change and become more beautiful regardless of influence from others. A study in Saudi Arabia revealed that 31% of the women with interventions did that to look more beautiful, to look younger than their husbands (28.6%), or their friends (27%).¹⁴

On the other hand, the main reason behind deciding not

to have cosmetic interventions was the belief that there was no need for it (39%), while 19% attributed that to religious obligations in the current study. However, 60% of the women who did not experience any cosmetic intervention before, expressed their willingness to do it in the future.

More than one-third of those with interventions developed side effects in the current study. Globally, the rate of complications ranged between 1% in MICPs and 84% in traditional plastic surgeries.²¹ However, on the ground, getting a consent for cosmetic procedures is becoming more challenging due to difficult expectations, as well as continuous changing of the legal regulations.

Two-thirds of the current respondents reported that they were not going to advise their daughters or sisters to have cosmetic interventions, while another survey² concluded that 90.7% of such women will advise others to do so. This may reflect their satisfaction about the results of the intervention.

The current results showed that marital status was significantly related to seeking more cosmetic procedures, probably as a step to ensure a successful marriage. A study in Iran showed that unmarried girls had more desire for cosmetic interventions.²²

The current study has **limitations**. It was difficult to contact potential subjects from dermatology clinics and beauty centres because the owners did not grant permission. Due to such difficulties and the lockdown related to COVID-19, the sample size was not calculated which could have influenced the power of the study. Besides, the study questionnaire could not be validated due to various hindrances.

Conclusion

The trend of having cosmetic interventions among women in Baghdad was found to be relatively high and increasing. The most common intervention was Botox. Strict monitoring and control of clinics and beauty centres for the quality and safety of the interventions is essential.

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