

Attitudes of Female Medical Doctors in Nigeria to Cosmetic Surgery: An Analytic Cross-Sectional Study

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Abstract

Background: Though increasing, the demand for cosmetic surgery in Nigeria is low compared to developed countries. Gender is the most predictive sociodemographic factor in determining attitude to cosmetic surgery. **Aim:** This study aimed to determine the attitudes of female medical doctors in Nigeria to cosmetic surgery. **Materials and Methods:** This was an analytic cross-sectional study involving female medical doctors practicing in Nigeria between September 2021 and October 2021. Self-administered questionnaires were distributed to participants via social media platforms and during the Medical Women's Association of Nigeria's 22nd Biennial Conference. Attitude to cosmetic surgery was assessed using the Acceptance of Cosmetic Surgery Scale (ACSS). An independent samples *t*-test/analysis of variance test was used to determine the mean significant differences between the study characteristics and ACSS scores. Sociodemographic and medical practice factors associated with willingness to undergo cosmetic surgery were determined using Chi-square/Fisher's exact test. $P \leq 0.05$ was considered statistically significant. **Results:** There were 181 respondents. Most of them were young (mean age: 35.94 ± 7.19 years), married (126 [69.6%]), and practiced in tertiary institutions (137 [75.7%]). Sixty-two (34.3%) respondents were willing to undergo cosmetic surgery in the future, while only five (2.8%) had undergone prior cosmetic surgery. ACSS analysis revealed that most, 133 (73.5%), respondents had a positive attitude to cosmetic surgery. However, none of the study characteristics were significant predictors of attitude to or willingness to undergo cosmetic surgery. **Conclusion:** Most of the participants had a positive attitude to cosmetic surgery, but were unwilling to undergo one. Further qualitative studies are needed.

Keywords: Attitudes, cosmetic surgery, female medical doctors

INTRODUCTION

The increasing global demands for beauty have led to a corresponding increase in the number of cosmetic procedures performed worldwide.^[1] Between 2000 and 2020, the number of surgical and minimally invasive cosmetic procedures performed in the United States increased by 22% and 131%, respectively.^[2] In addition, a whopping sum of \$16.7 billion was spent on cosmetic procedures in 2020 in the United States.^[2] Similarly, the International Society of Aesthetic Plastic Surgery reported a 7.4% increase in total cosmetic procedures performed worldwide in 2019 compared to 2018 statistics.^[3] This rising trend has been attributed to increasing social acceptance of cosmetic surgery, increased screen time, more affordability, and improvement in the delivery of cosmetic surgery due to technological advancement.^[4] Although there is no national data on cosmetic surgery in Nigeria, anecdotal

reports suggest a similar increasing trend. However, progress in the area of cosmetic surgery in Nigeria is slow compared to developed countries. Despite increased awareness of cosmetic surgery, the disposition to cosmetic surgery remains low even among health-care workers.^[5] Factors attributed to this include low social acceptance, low income, inadequate number of plastic surgeons, poor institutional (government) support, fear of surgery, and negative publicity following death of prominent Nigerians when undergoing cosmetic surgery.^[5-7]

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Studies have established gender to be the most predictive demographic factor in determining the attitude to cosmetic surgery.^[8] Women form the majority of clients undergoing cosmetic surgeries, accounting for over 90% of patients.^[2,3] In comparative studies, females have been shown to be more knowledgeable about cosmetic surgery and more accepting of cosmetic surgery compared to their male counterparts.^[9,10] This pattern has also been observed among health-care workers.^[5]

There is a heterogeneity of health-care workers involved in previous studies^[5,7] with a dearth of information on female medical doctors, a critical group that could influence acceptance to cosmetic surgery in Nigeria. This study, therefore, aims to bridge this gap by determining the attitude of female medical doctors in Nigeria to cosmetic surgery.

MATERIALS AND METHODS

Study design/setting/participants

The study was an analytical cross-sectional study involving female medical doctors practicing in Nigeria. A 62-item structured questionnaire was designed on a Google Forms. A link to the questionnaire was distributed to participants on social media platforms between September 2021 and October 2021 with an introductory statement to the study stating the purpose of the study and the inclusion criteria. Questionnaires were also distributed to attendees of the 22nd Biennial conference of the Medical Women's Association of Nigeria (MWAN) at Ibadan, Nigeria, from September 14, 2021, to September 18, 2021. Filling the questionnaire was regarded as consent to the study.

Study instrument and data collection

A 62-item structured questionnaire was self-administered. The questionnaire was anonymized and had four sections: the first section captured the medical practice information; the second section obtained information on past experience with and perception and acceptability of cosmetic surgery by the respondents; the third section comprised the Acceptance of Cosmetic Surgery Scale (ACSS); and the fourth section captured information on the sociodemographic characteristics of the respondents.

Attitude to cosmetic surgery was assessed using the ACSS.^[11] The ACSS is a 15-item scale with three subscales, namely, intrapersonal, consider, and social scales. The intrapersonal and social subscales assess the likelihood of an individual undergoing cosmetic surgery for self-oriented benefits (internal motivation) and social reasons (external motivation), respectively, whereas the consider subscale evaluates whether an individual would consider undergoing cosmetic surgery for general reasons under various scenarios.^[11,12] Responses were reported using a 7-point Likert scale with higher scores indicating a higher level of acceptance of cosmetic surgery. Responses to all the scale items (except item 10) were graded from 1 to 7 (1 = strongly disagree and 7 = strongly agree). The grading for scale item 10 was reversed (7 = strongly disagree to 1 = strongly

agree).^[13] The intrapersonal subscale scores were obtained from the sum of the scores of scale items 1, 2, 4, 5, and 14, whereas scale items 9, 11, 12, 13, and 15 scores were added to obtain the social subscale scores. Furthermore, the consider subscale scores were derived from the addition of the scores of scale items 3, 6, 7, 8, and 10.^[14] The overall scores were obtained from the sum of all the scale items.^[14] ACSS items are shown in Table 1.

Data analysis

The data were analysed using the IBM SPSS Statistics for Windows, version 25 (IBM Corp., Armonk, N.Y., USA). Descriptive statistics was used to summarise the sociodemographic and medical practice characteristics of the participants. The mean ACSS subscale and overall scores were computed. Using the 50th percentile value of the overall score (64.00), respondents' attitudes were categorized into positive (≥ 64.00) or negative (< 64.00). The association between sociodemographics and medical practice characteristics with the willingness to undergo cosmetic surgery was analysed using Chi-square/Fisher's exact tests. An independent samples t-test/analysis of variance test was used to determine the mean significant differences between the study characteristics and ACSS. The results were considered statistically significant when the $P \leq 0.05$.

Table 1: Acceptance of Cosmetic Surgery Scale items

Item number	Scale item
1	It makes sense to have minor cosmetic surgery rather than spending years feeling bad about the way you look
2	Cosmetic surgery is a good thing because it can help people feel better about themselves
3	In the future, I could end-up having some kind of cosmetic surgery
4	People who are very unhappy with their physical appearance should consider cosmetic surgery as one option
5	If cosmetic surgery can make someone happier with the way they look, then they should try it
6	If I could have a surgical procedure done for free, I would consider trying cosmetic
7	If I knew there would be no negative side effects or pain, I would like to try cosmetic surgery
8	I have sometimes thought about having cosmetic surgery
9	I would seriously consider having cosmetic surgery, if my partner thought it was a good idea
10	I would never have any kind of plastic surgery (R)*
11	I would think about having cosmetic surgery to keep looking young
12	If it would benefit my career, I would think about having plastic surgery
13	I would seriously consider having cosmetic surgery, if I thought my partner would find me more attractive
14	Cosmetic surgery can be a big benefit to people's self-image
15	If a simple cosmetic surgery procedure would make me more attractive to others, I would think about trying it

*The scoring for item 10 is reversed. Source: Henderson-King D, Henderson-King E. Acceptance of cosmetic surgery: Scale development and validation. *Body Image* 2005;2:137-49.

RESULTS

A total of 181 respondents participated in the study. One hundred and twenty-six respondents completed the online version of the study questionnaire distributed via social media platforms, whereas 59 questionnaires were distributed to attendees of the 22nd Biennial Conference of the MWAN at Ibadan, Nigeria, with 55 questionnaires filled and returned (93.2% response rate). The mean age was 35.94 (± 7.19) years (ranging from 25 to 57 years). The majority of the respondents were married (126 [69.6%]) and Christians (161 [89.0%]) with an average number of two children. A greater percentage of the respondents were specialist trainees (86 [47.5%]) and practiced in an urban setting (152 [84%]). One hundred and thirty-seven (75.7%) of them worked in tertiary institutions. South West region was the region of practice mostly represented in the study (90 [49.7%]). The mean duration of medical practice was 9.31 (± 6.39) years. The sociodemographic characteristics are shown in Table 2.

Past Experience with and acceptability of cosmetic surgery

Only 5 (2.8%) of the respondents had undergone cosmetic surgery, four of which had had it only once. The surgeries done

among this group included liposuction, abdominoplasty, and breast reduction [Table 3].

Only 34.3% ($n = 62$) expressed willingness to undergo cosmetic surgery in the future. Over half of these would prefer to have their surgeries done outside Nigeria (51.6%, $n = 32$) and in a private facility (61.3%, $n = 38$). Reasons proffered for desiring future cosmetic surgery were 'to look better' (38.7%, $n = 24$), 'if required' (22.6%, $n = 14$), and 'to reduce abdominal fat' (14.5%, $n = 9$). Most of the respondents who declined future cosmetic surgery, felt it was unnecessary (46.2%, $n = 55$) or were afraid of surgical complications (16.8%, $n = 20$). More than half of the respondents (54.1%, $n = 98$) knew someone who had had cosmetic surgery. Most of the people they knew had good experiences (45.8%, $n = 44$); however, a few had bad (0.06%, $n = 6$) and very bad (0.04%, $n = 4$) experiences. The greatest concern about cosmetic surgery expressed by most of the respondents was fear of complications (61.3%, $n = 111$). Other concerns were looking unnatural (11.6%, $n = 21$) and finding a surgeon that could be trusted (10.5%, $n = 19$). Most of the participants (61.9%, $n = 112$) were willing to pay for cosmetic surgery; however, only a few (2.2%, $n = 4$) were willing to spend more than ₦5 million on cosmetic surgery.

The source of first contact with information about cosmetic surgery was school for most of the respondents (46.4%, $n = 84$). Most participants (84%, $n = 152$) agreed with creating more awareness about cosmetic surgery. Those who opposed the idea (16%, $n = 29$) believed cosmetic surgery to be unnecessary (24.1%, $n = 7$), felt it could lead to the abuse of cosmetic surgery (13.8%, $n = 4$) or feared the possible complications of surgery (10.3%, $n = 3$) [Table 3].

Most of the respondents were neutral about recommending cosmetic surgery to their patients or individuals who were not their patients [Figure 1].

Perception of cosmetic surgery practice in Nigeria

The majority of the respondents (59.1%, $n = 107$) believed that the outcomes of surgeries done abroad were likely to differ from those done in Nigeria, while 30.4% ($n = 55$) were unsure. The respondents agreed that the cost of treatment of

Table 2: Sociodemographic characteristics of respondents

Variable	Frequency ($n=181$), n (%)
Age (years)	35.94 \pm 7.19
25-34	83 (45.9)
35-44	75 (41.4)
≥ 45	23 (12.7)
Marital status	
Divorced	5 (2.8)
Married	126 (69.6)
Single	50 (27.6)
Religion	
Christianity	161 (89.0)
Islam	20 (11.0)
Designation	
Specialist	36 (19.9)
Specialist trainee	86 (47.5)
Nonspecialist	59 (32.6)
Region of practice	
North Central	36 (19.9)
North West	7 (3.9)
South East	34 (18.8)
South South	14 (7.7)
South West	90 (49.7)
Place of practice	
Urban	152 (84.0)
Semiurban/rural	29 (16.0)
Cadre of institution of practice	
Tertiary	137 (75.7)
Secondary	19 (10.5)
Private hospital	15 (8.3)
Others	10 (5.5)

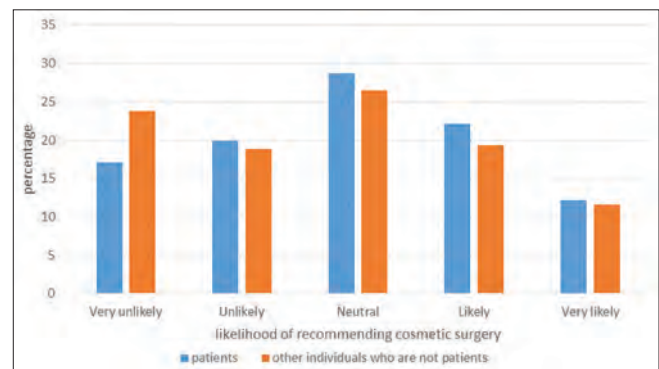


Figure 1: Likelihood of recommending cosmetic surgery to patients or individuals who are not patients

Table 3: Past experience with and acceptability of cosmetic surgery

Variable	Frequency (n=181), n (%)
Undergone cosmetic surgery in the past	
Yes	5 (2.8)
Abdominoplasty	2 (1.1)
Liposuction	1 (0.6)
Breast reduction	1 (0.6)
Breast reduction and liposuction	1 (0.6)
No	176 (97.2)
Would you like to have cosmetic surgery in the future?	
Yes	62 (34.3)
No	119 (65.7)
Reasons for "yes" (n=62)	
To look better	24 (38.7)
If required	14 (22.6)
To reduce abdominal fat	9 (14.5)
Others	15 (24.2)
Reasons for "no" (n=119)	
Unnecessary	55 (46.2)
Fear of complications	20 (16.8)
Love my body the way it is	18 (15.1)
No specific reason	8 (6.7)
Others	18 (15.1)
If yes, where would you want to have the surgery? (n=62)	
Within Nigeria	10 (16.1)
Outside Nigeria	32 (51.6)
Not sure	20 (32.3)
If yes, what type of hospital would you prefer? (n=62)	
Government owned	22 (35.5)
Private	38 (61.3)
What is your greatest concern about having cosmetic surgery?	
Complications	107 (59.1)
Looking unnatural	20 (11.0)
Finding a surgeon I can trust	18 (9.9)
Others	36 (20.0)
What is the maximum amount you are willing to spend on a cosmetic surgery?	
0	69 (38.1)
<500,000	41 (22.7)
500,000-1 million	30 (16.6)
1-5 million	37 (20.4)
>5 million	4 (2.2)
Do you know anyone who has had cosmetic surgery?	
Yes	98 (54.1)
No	83 (45.9)
What has been their experience? (n=96)	
Very good	21 (21.8)
Good	44 (45.8)
Neutral	21 (21.8)
Bad	6 (0.06)
Very bad	4 (0.04)

Table 3: Contd....

Variable	Frequency (n=181), n (%)
How did you first hear of cosmetic surgery?	
School	84 (46.4)
Broadcast media	52 (28.7)
Social media	26 (14.4)
Print media	2 (1.1)
Others	17 (9.4)
Do you think more awareness should be created about cosmetic surgery?	
Yes	152 (84.0)
No	29 (16.0)
Reasons for "no" (n=29)	
Unnecessary	7 (24.1)
Abuse of cosmetic surgery	4 (13.8)
Fear of complications	3 (10.3)
Others	2 (6.9)
No response	13 (44.8)

cosmetic surgery-related complications should be covered by insurance only (30.4%, $n = 55$), patients only (26.0%, $n = 47$), hospital only (9.9%, $n = 18$), surgeon only (4.4%, $n = 8$), and both patients and insurance (11.0%, $n = 20$).

It was widely accepted among the respondents (76.2%, $n = 138$) that the most important factor in choosing a cosmetic surgeon was the success rate of that surgeon. The majority of the respondents (75.7%, $n = 137$) believed that the best means of finding a qualified cosmetic surgeon was by recommendation from doctors. Only 18 respondents (9.9%) knew of any cosmetic surgeons' association in Nigeria, with just 44.4% of them ($n = 8$) correctly providing the name, Nigerian Association of Plastic, Reconstructive and Aesthetic Surgeons [Table 4].

Factors associated with willingness to undergo cosmetic surgery

Findings [Table 5] revealed no statistically significant association between respondents' sociodemographics such as age ($P = 0.400$), number of children ($P = 0.540$), age of last child ($P = 0.199$), marital status ($P = 0.231$), religion ($P = 0.054$), and their willingness to undergo cosmetic surgery. However, respondents within 25–34 years of age were most willing (36.1%) to undergo cosmetic surgery, while those aged 45 years and above were least willing (21.7%). The highest level of willingness was found among participants who were divorced (60.0%), Christians (59.0%), had >4 children (40%), and their last child aged 6–10 years (45.8%).

Similarly, none of the participants' medical practice information had a statistically significant relationship with their willingness to undergo cosmetic surgery: designation ($P = 0.447$), place of practice ($P = 0.977$), and region of practice ($P = 0.129$). However, participants from the North Central region of Nigeria (50.0%) were the most willing to undergo cosmetic surgery, whereas those from the South South region were the

Contd...

Table 4: Perception of cosmetic surgery practice in Nigeria

Variable	Frequency (n=181), n (%)
Is the outcome of cosmetic surgery in Nigeria likely to differ compared to abroad?	
Yes	107 (59.1)
No	19 (10.5)
Not sure	55 (30.4)
Who should pay for cosmetic surgery-related complications?	
Hospital	18 (9.9)
Insurance	55 (30.4)
Patient	47 (26.0)
Surgeon	8 (4.4)
Patient and Insurance	20 (11.0)
Others	33 (18.3)
Most important factor in choosing a cosmetic surgeon	
Qualification as a plastic surgeon	32 (17.7)
Surgeon's success rate	138 (76.2)
Others	11 (6.1)
Do you know of any association of cosmetic surgeons in Nigeria?	
Yes	18 (9.9)
No	163 (90.1)

least willing (14.3%). Nonspecialists (40.7%) had a higher degree of willingness than specialists (30.6%) and specialist trainees (31.4%).

Attitude to cosmetic surgery

The mean values for the ACSS items were as follows: intrapersonal scale (26.16 ± 5.50), social scale (16.87 ± 7.06), and consider scale (20.32 ± 8.23), while the mean overall score was 63.35 ± 17.71 [Table 6].

Using the 50th percentile value of the overall score (64.00), 73.5% ($n = 133$) of the respondents had a positive attitude, whereas 26.5% ($n = 48$) had a negative attitude to cosmetic surgery [Table 7].

There were no mean significant differences between the study characteristics and ACSS scores [Table 8]. However, the least scores across all the ACSS were found among participants aged 45 years and above, who were Muslims and practiced in semiurban/rural areas.

DISCUSSION

About a third (34.3%) of respondents in this study expressed willingness to undergo cosmetic surgery in the future. This is higher than the findings from previous studies in Nigeria. In a similar study in health-care workers in Osogbo, Nigeria, 20.2% of participants were willing to undergo cosmetic surgery,^[5] while a study involving professionals in Lagos, Nigeria, showed that 14.6% of participants were willing to undergo facial plastic surgery.^[6] Possible explanations for the result from our study include the homogenous nature of participants being only females, their educational status, as

well as their position as health-care workers. In addition, there is an increasing level of awareness and acceptance of cosmetic surgery in recent times.^[13,15,16] However, the percentage from our study is lower than figures from studies in developed countries,^[12,17] buttressing the role of culture and race in determining the attitude to cosmetic surgery.^[8,15] Most of the respondents in our study who declined cosmetic surgery felt that it was unnecessary and only a few were willing to spend more than ₦5 million on cosmetic surgery. Considering that most of the respondents expressed fear of complications as their greatest concern regarding cosmetic surgery and that over half of those willing to undergo cosmetic surgery would rather have it outside Nigeria, lack of belief in the cosmetic surgery sector in Nigeria may be a contributory factor to the low level of willingness in this study. This emphasizes the need for creating more awareness about cosmetic surgery practice in Nigeria.

Over four-fifths of respondents agreed that there was a need to create more awareness about cosmetic surgery. However, most of them were neutral about recommending cosmetic surgery to their patients or other individuals who are not their patients. Most of those who opposed the idea did so due to beliefs that it is unnecessary, that it would lead to complications, and that increased awareness will lead to abuse of cosmetic surgery. Awareness campaigns should, therefore, seek to address these areas of concern.

Only five of the respondents had undergone prior cosmetic surgery with a prevalence of 2.8%, which is low compared to 6.5% from a cosmetic surgery survey among women in the United Kingdom.^[17] Gurunluoglu and Gurunluoglu in their study found that 62% of the plastic surgeons had undergone at least one type of minimally invasive cosmetic procedure.^[18] This reflects the low level of uptake of cosmetic surgery in Nigeria. Factors attributed to this include low social acceptance, low income, inadequate number of plastic surgeons, poor institutional (government) support, fear of surgery, and negative publicity following death of prominent Nigerians when undergoing cosmetic surgery.^[5-7] In our study, two out of the five respondents who had prior cosmetic surgery underwent breast reduction. Breast reduction can be considered a cosmetic or a reconstructive surgery depending on whether the indication is for improvement of appearance or for functional reasons.^[19,20] For insurance coverage purposes, breast reduction will typically be considered a cosmetic procedure unless there is a documented history of health issues associated with the indicated medical condition as well as attempts to correct those issues before undergoing breast reduction surgery.^[20] The indications for the prior cosmetic surgeries were not captured in our study; consequently, whether the breast reduction surgeries underwent by our respondents were cosmetic or reconstructive could not be ascertained.

The ACSS scores can be used to compare external and internal motivations for undergoing cosmetic surgery.^[11]

Table 5: Factors associated with willingness to undergo cosmetic surgery

	Would you like to have cosmetic surgery in the future?		χ^2	P
	Yes, n (%)	No, n (%)		
Age (years)				
25-34	30 (36.1)	53 (63.9)	1.833	0.430
35-44	27 (36.0)	48 (64.0)		
≥45	5 (21.7)	18 (78.3)		
Number of children				
No child	13 (35.1)	24 (64.9)	2.161	0.547
1-2	22 (36.1)	39 (63.9)		
3-4	12 (24.5)	37 (75.5)		
>4	4 (40.0)	6 (60.0)		
Age of last child (years)				
≤5	27 (34.6)	51 (65.4)	3.228	0.187
6-10	11 (45.8)	13 (54.2)		
>10	4 (20.0)	16 (80.0)		
Marital status				
Divorced	3 (60.0)	2 (40.0)	2.903 ^{Fi}	0.231
Married	39 (31.0)	87 (69.0)		
Single	20 (40.0)	30 (60.0)		
Religion				
Christianity	59 (36.6)	102 (63.4)	3.701	0.078
Islam	3 (15.0)	17 (85.0)		
Designation				
Specialist	11 (30.6)	25 (69.4)	1.612	0.462
Specialist trainee	27 (31.4)	59 (68.6)		
Nonspecialist	24 (40.7)	35 (59.3)		
Place of practice				
Semiurban/rural	10 (34.5)	19 (65.5)	0.001	1.000
Urban	52 (34.2)	100 (65.8)		
Region of practice				
North Central	18 (50.0)	18 (50.0)	6.999 ^{Fi}	0.129
North West	3 (42.9)	4 (57.1)		
South East	11 (32.4)	23 (67.6)		
South South	2 (14.3)	12 (85.7)		
South West	28 (31.1)	62 (68.9)		

Fi: Fisher's exact test

Table 6: Descriptive statistics of Acceptance of Cosmetic Surgery Scale items

Scale	Mean ± SD
Intrapersonal Scale	26.16 ± 5.50
Social Scale	16.87 ± 7.06
Consider Scale	20.32 ± 8.23
Overall score	63.35 ± 17.71

SD: Standard deviation

Table 7: Attitude to cosmetic surgery using Acceptance of Cosmetic Surgery Scale overall scores

Attitude	Frequency (n=181), n (%)
Positive	133 (73.5)
Negative	48 (26.5)

Findings from our study show that intrapersonal reasons were more important than social reasons to our cohort of respondents. This is similar to findings from previous

studies.^[11,12,21] Even though most of our participants declined cosmetic surgery when asked if they would like to have one in the future, analysis of the ACSS scores showed that the majority of them had a positive attitude to cosmetic surgery. This is in keeping with the observation by Henderson-King and Henderson-King that an individual may have a positive attitude to cosmetic surgery and yet show little or no interest in actually undergoing one.^[11] Further qualitative study to explore the reasons behind this finding is needed.

Limitations of the study

Our study did not have a uniform representation of female doctors from the six geopolitical zones of the country. The distribution of the questionnaires through social media platforms introduced a selection bias to the study by excluding individuals not predisposed to using those platforms. In addition, the study was quantitative and had no qualitative component to further explore the reasons behind the findings from the study.

Table 8: Analysis of the acceptance of cosmetic surgery among female Nigerian doctors

Char acteristics	Descriptions	Intrapersonal Scale	Consider Scale	Social Scale	Overall score
Age (years)	25-34	26.14±5.44	20.52±8.18	15.99±6.83	62.65±17.25
	35-44	26.32±5.67	20.65±8.59	18.20±7.34	65.17±18.41
	≥45	25.70±5.39	18.52±7.20	15.70±6.49	59.91±17.04
	<i>P</i>	0.893	0.532	0.100	0.411
Marital status	Divorced	26.20±4.49	24.40±11.71	17.80±7.60	68.40±22.92
	Married	26.42±5.29	19.93±7.89	17.13±6.69	63.48±16.77
	Single	25.50±6.12	20.90±8.72	16.12±7.96	62.52±19.69
	<i>P</i>	0.608	0.416	0.667	0.772
Number of children	None	25.95±5.87	20.30±8.54	15.43±7.51	61.68±18.25
	1-2	26.72±4.66	21.10±8.05	16.88±6.11	64.70±15.96
	3-4	25.65±5.85	18.37±7.96	17.31±7.41	61.33±18.27
	>4	23.80±6.70	20.90±9.45	16.50±8.09	61.20±21.24
	<i>P</i>	0.415	0.368	0.655	0.732
Religion	Christianity	26.25±5.46	20.49±8.29	17.03±6.96	63.77±17.97
	Islam	25.45±5.91	18.95±7.71	15.55±7.84	59.95±15.42
	<i>P</i>	0.542	0.431	0.378	0.364
Place of practice	Urban	26.43±5.33	20.57±8.07	17.20±7.05	64.20±17.40
	Semiurban/rural	24.75±6.25	19.03±9.06	15.10±6.93	58.90±18.95
	<i>P</i>	0.135	0.360	0.142	0.140
Designation	Specialist	25.78±5.90	20.69±7.55	16.89±6.82	63.36±18.17
	Specialist trainee	25.87±5.447	18.94±8.76	16.34±6.88	61.15±17.87
	Nonspecialist	26.81±5.34	22.10±7.56	17.62±7.49	66.54±16.97
	<i>P</i>	0.540	0.072	0.560	0.198

CONCLUSION

This study has shown that although there was a preponderance of positive attitudes to cosmetic surgery, most participants were unwilling to undergo cosmetic surgery. The main reason identified for declining future cosmetic surgery was the feeling that it was unnecessary. Further qualitative studies to explore these findings will guide interventions to improve the social acceptance of cosmetic surgery in Nigeria.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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