

IMPACT OF REALITY TV COSMETIC SHOWS ON BODY IMAGE SATISFACTION IN YOUNG WOMEN

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ABSTRACT

This study is aimed at identifying the impact of reality TV cosmetic shows on body image satisfaction in young women and cosmetic surgery decisions. A total sample of 161 women and girls with cosmetic surgery decisions were selected from the government hospital surgery ward and from private clinics of cosmetic surgeons from different areas of Bahawalpur and Lahore by using purposive sampling technique. A correlational research design was used in this research. To investigate the impact of reality TV cosmetic shows on surgery decisions. A questionnaire was employed in the current research to collect data. Studies showed that there is a significant impact of reality TV cosmetic shows on body image satisfaction in young women and that their decisions are influenced by these shows and after watching these reality shows, the way they look at them changed.

Keywords: Reality TV cosmetic shows, body image satisfaction, cosmetic surgery decision.

INTRODUCTION

Millions of women throughout the world get elective cosmetic surgery each year (O'Dowd, 2012) to fix flaws in their looks or make drastic changes. Several studies have demonstrated that cosmetic surgery is an effective method for changing one's appearance (Molina et al., 2011). Cosmetic surgery is performed for solely aesthetic rather than medicinal reasons, despite its close connection to the medical industry and the fact that it is an optional procedure. Hence, although it is classified as a branch of medicine, its primary focus is not on improving people's physical well-being (Frederick et al., 2007). According to the American Society for Aesthetic Plastic Surgery, almost 8.3 million cosmetic surgical and non-surgical procedures were performed in 2003. These numbers reflect tremendous growth in the recent decade, increasing by 299% between 1997 and 2003. Patients seeking cosmetic surgery are frequently portrayed in popular culture as elderly women who want to reverse the effects of aging. In general, our patients range in age from 35 to 50, with 27% being younger than 35 (Sarwer et al., 2005).

There are three key factors that have contributed to cosmetic surgery's meteoric rise to prominence in recent years. This is due to three interrelated elements: changes in medical practice, individual patient traits, and media coverage. The media has a significant impact on how people feel about their physical selves and whether or not they choose to have plastic surgery. The public has been imitating the haircuts, attire, and body types of celebrities for decades, leading researchers to study the role that magazines, television shows, and movies have in shaping young people's perceptions of their own bodies (Sperry et al., 2009). Cosmetic surgery and other forms of aesthetic medicine are becoming more common, making it crucial to comprehend the mental processes that motivate people to seek them out (Mühlhan et al., 2007).

There are two outcomes that can be expected from the cosmetic surgery industry's distinctive positioning. The first is the lack of clarity over which professional association is responsible for industry regulation in some countries, the UK being one such country (Graham, 2010). As a result, the sector will have to develop in the absence of firm regulations and government oversight. The second is that, because cosmetic surgery is largely a matter of personal choice, surgeons in the field are likely to try to persuade potential clients by means of advertising (Hennink-Kaminski et al., 2010). Certain marketing methods and depictions of surgery have emerged as a result of this drive for publicity and the absence

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of regulation, and they have raised concerns among cosmetic surgery organizations (the American Society of Plastic Surgeons; ASPS). There has been some concern voiced regarding the effects of advertising for cosmetic surgery on reality television, with particular focus on the impressionable and impressionable young people who are exposed to these forms of media (Yu et al., 2009). This thesis examines the direct effects of these media on young women and girls, with an emphasis on how they perceive their bodies and feel about getting plastic surgery.

Reality TV shows focusing on cosmetic surgery have become increasingly popular in recent years, with shows such as *Botched*, *Nip/Tuck*, and *Extreme Makeover* gaining large followings. The impact of these shows on viewers' perceptions of cosmetic surgery and their own body image has been the subject of debate and research. While some argue that these shows may normalize cosmetic surgery and make it seem like a viable solution for body dissatisfaction, others express concerns about their potential negative effects on viewers' body image satisfaction. According to Perloff and Fetters (2017), exposure to reality TV shows about cosmetic surgery was associated with increased interest in and consideration of cosmetic surgery among young women. The study also found that exposure to these shows was negatively correlated with body image satisfaction among young women. These findings suggest that reality TV shows about cosmetic surgery may have a significant impact on young women's attitudes towards their own bodies and their openness to undergoing cosmetic procedures.

Cosmetic Surgery and Reality TV Shows

According to the American Society of Plastic Surgeons (ASPS, 2017), the number of people opting to get cosmetic surgery has been steadily increasing over the past decade. The number of cosmetic treatments performed in the United States in 2016 was 17.1 million, up 3% from the previous year. YouTube, Snapchat, and Instagram in particular provide users with fresh on-demand insight into the plastic surgery world beyond what TV shows can provide, which is great news for both potential plastic surgery patients and the generally curious who are looking for new ways to learn about what goes on in the O.R. But can these shows actually help us make more informed choices when it comes to cosmetic procedures like plastic surgery? One authoritative study released in 2007 provides the answer, showing that viewers of such shows report feeling more informed about plastic surgery after watching. Yet, only 5% of viewers were strongly encouraged to seek out cosmetic surgery operations for themselves, and another 35% reported feeling moderately influenced. Dr. Bruce Katz, a dermatologist based in New York City, has heard patients say they want their lips to look like the TV star who recently had their lips done. Women who have seen the vaginal laser featured on *Kourtney and Kim's* reality show have come in asking for it. Butt augmentation, among other cosmetic surgeries, has risen in popularity seemingly at the same rate as the popularity of reality TV and the significant coverage given to celebrities like the Kardashians. People may feel more at ease with the idea of receiving surgery if they observe famous people getting it done.

Cosmetic Reality Shows and Young Women

Girls aged 14 to 18 were studied and it was found that even a single viewing of a reality TV show increased their feelings of dissatisfaction with their physical appearance; however, the study did not have enough statistical power to determine whether or not this led to a change in their attitudes toward cosmetic surgery. The media have a pivotal role in disseminating ideas about what constitutes ideal beauty and attractiveness in different societies. Young women nowadays are well-informed about the appearances of models and celebrities, as well as the procedures and treatments that might help them achieve such looks. These exposures come from various media, particularly reality television.

REVIEW OF LITERATURE

Young women's opinions on cosmetic surgery were investigated in this study. Twenty-seven girls between the ages of 15 and 18 participated in seven separate focus groups. Case studies of girls who'd undergone plastic surgery were read, and participants discussed their reactions and opinions. After doing a thematic analysis, we identified four main ideas: Dissatisfaction with one's appearance, the social acceptability of cosmetic surgery, one's own feelings about undergoing such surgery, and the media's portrayal of such procedures are all factors. Findings indicate that cosmetic surgery is more or less acceptable depending on the patient's motivations and that the media play a significant role in normalizing cosmetic surgery and downplaying its hazards (Ashikali, 2014).

This study set out to examine the prevalence of cosmetic surgery among Saudi female college students, as well as the attitudes and opinions held by those who have undergone such procedures. At first, a basic random selection procedure was used to select relevant colleges from the university. The second phase involved randomly selecting two or three courses from each graduating cohort. Finally, until the desired size of the sample was reached, "systematic random sampling" was used to select every fourth student in the class. The response rate was 99.3 percent. Twelve and a half percent of the student body had undergone cosmetic surgery, and another 11.4 percent were possible prospects. A majority of students (52%) believe that getting plastic surgery is a waste of money. In contrast, only 15.3% of students sided with the pro-surgery camp. Having weight concerns was a major concern for students who underwent surgery, in contrast to those who hadn't. Just about half of the students polled said they'd decided to get surgery due to social media. While just a minority of freshmen in this survey had actual cosmetic surgery, nearly one-fifth claimed they were considering it in the future. The decision to seek plastic surgery is greatly influenced by what one sees on social media (Al-Saiari & Bakarman, 2015).

Female college students were surveyed across multiple campuses for this extensive study on their opinions and experiences with cosmetic surgery. Body dysmorphic disorder symptoms, interest in cosmetic surgery, and overall contentment with one's looks were all examined, as was the extent to which participants felt they had control over their own bodies. Thirty ladies (out of a total of 559) who were asked about plastic surgery admitted to having it. More than two-thirds of respondents reported knowing someone who had undergone cosmetic surgery, with nearly a third reporting that a member of their own family had undergone the procedure. Participants' attitudes about surgery were positive on average. Positive attitudes regarding cosmetic surgery were found to be associated with an increased psychological investment in one's physical appearance and an increased tendency to internalize media portrayals of beauty, according to a regression study. 14 out of 100 women (2.5%) were diagnosed with body dysmorphic disorder due to an extreme negative self-evaluation of their physical appearance (Sarwer et al., 2005).

Objectives of the Study

1. To find out the acceptance of cosmetic surgery and body image satisfaction among adolescent females after watching reality TV shows of cosmetic surgery.
2. To check the relationship of Acceptance of cosmetic surgery and body image satisfaction as per working area and media influences on female adolescents.
3. To compare the level of acceptance of cosmetic surgery and body image satisfaction among female adolescents as per demographic variables.

Hypotheses of the Study

1. The adolescent females will reveal significant acceptance of cosmetic surgery after watching reality TV shows.
2. The adolescent females facing significant issues body image satisfaction.
3. Acceptance of cosmetic surgery and body image satisfaction varies according to the media influences and reality TV shows impact on female adolescents.
4. Level of satisfaction for body image and acceptance of cosmetic surgery significantly varies among females in respect of socio economic status and upper class more attached with cosmetic surgery as compared to others.
5. Acceptance of cosmetic surgery and body image satisfaction among the adolescent females vary as per demographic variables.

RESEARCH METHODOLOGY

The purpose of this study was to determine how reality TV cosmetic surgery shows impact young women's perceptions of their bodies. All of the methods, tools, procedures, and ethical considerations that went into conducting the research are included here. One hundred and sixty cosmetic surgery patients were employed as a sample in a quantitative study. The sample was collected at random from both public and private outpatient surgical centers. Patients' ages ranged from 20 to 40 years. Information was gathered through systematic and opportune sampling. There were 161 people total in the sample. The information was gathered from outpatient departments and private practices of cosmetic surgeons in Bahawalpur and Lahore. Anyone in their twenties and thirties (the target age range) is

welcome to take part. The patients were recruited from public and private facilities in Bahawalpur, Pakistan. Research was conducted on the patients who had undergone cosmetic procedures. Married women were also included in the research. There was a ban on male patients. Moreover, women over the age of 40 are ignored..

Instruments

Following instruments are used in the study

Acceptance of Cosmetic Surgery. The most widely used instrument for gauging attitudes toward cosmetic surgery is the Attitudes toward Cosmetic Surgery Scale (ACSS) developed by Henderson-King and Henderson-King (2005), a 15-item survey. Among Western samples, it has been divided into the intrapersonal (which evaluates five beliefs about the personal advantages of cosmetic surgery), the social (which assesses five beliefs about the social motivations for cosmetic surgery), and the empathetic subscales (five items measuring the likelihood that a participant would consider having cosmetic surgery). 20,31 Nevertheless, Swami²³ discovered that among a Malaysian sample, the ACSS could be reduced to two factors: a composite of the Intrapersonal and Social subscales, and the Consider subscale. The ACSS has high levels of both convergent and divergent reliability among Western samples, as well as high levels of internal consistency dependability. The scale runs from 1 (strongly disagree) to 7 (strongly agree), with each item receiving a score between these two extremes.

The Adolescent Body Image Satisfaction Scale developed by Harter (1991). The ABISS is a 16-item scale that measures how content people are with their bodies both locally (e.g., with their nose) and globally (e.g., with their hair and shoulders) and generally (e.g., vitality, body shape, looks).

RESULT AND DISCUSSION

The study's goals informed the choice of scales. Authors and principal authors were contacted for permission to use their scales. The hospitals in Bahawalpur, both public and private, were contacted for permission to gather data. Before a patient participated in the trial, they gave their informed consent. They were given an explanation of the research and its goals. Then the surveys were made available to us. The data was collected in this fashion. When the data gathering was finished, it was examined using the proper statistical methods.

Table 1. Demographic Variables Information

Demographic Variables	f(%)
Education	
Matriculation	1(0.6%)
Intermediate	5(3.1%)
Graduation	46(28.6%)
Masters	23(14.3%)
BS Hons	23(14.3%)
Pharm-D	17(10.6%)
MPhil & PhD	46(28.6%)
Socioeconomic Status	
Middle class	70(43.5%)
Upper class	91(56.5%)
Marital status	
Unmarried	112(69.6%)
Married	49(30.4%)
Family system	
Joint family	76(47.2%)
Separate family	85(52.8%)
Profession	
House wife	36(22.4%)
Student	51(31.7%)
Teacher	24(14.9%)
Pharmacist	15(9.3%)
Psychologist	13(8.1%)
Social Worker	14(8.7%)

Unemployed	8(5.0%)
Type of surgery	
Breast lifting	12(7.5%)
Face lifting	27(16.8%)
Liposuction	53(32.9%)
Nose surgery	42(26.1%)
Nose reshaping	18(11.2%)
Thigh lifting	9(5.6%)

The above data presents the frequency and percentage distribution of various demographic variables in the sample. The majority of the participants in the sample had completed their graduation (28.6%) or MPhil & PhD (28.6%). Only a small proportion had completed matriculation (0.6%) or intermediate (3.1%). The sample was almost equally distributed between the middle class (43.5%) and upper class (56.5%). The majority of the participants were unmarried (69.6%) while only 30.4% were married. The sample was almost equally distributed between joint family (47.2%) and separate family (52.8%). The largest proportions of participants were students (31.7%), followed by housewives (22.4%), teachers (14.9%), and pharmacists (9.3%). The most common type of surgery reported by the participants was liposuction (32.9%), followed by nose surgery (26.1%), face lifting (16.8%), and nose reshaping (11.2%).

Table 2. Descriptive Statistics for Females

Variables	Minimum	Maximum	Mean	Std. Deviation
Age	21	38	28.05	4.56
Acceptance of cosmetic surgery scale	85	142	124.05	17.78
Body competence	8	28	16.09	5.24
Body inadequacy	10	20	15.45	2.67
Internal conflict	9	16	12.66	1.99
Adolescents body image satisfaction scale	32	50	44.14	5.07

The table displays descriptive statistics for the variables of interest. The minimum and maximum values of the variables represent the lowest and highest values in the dataset, respectively. The mean represents the average value of the variable, while the standard deviation (SD) represents the amount of variability or dispersion of the variable's values around the mean. The mean age of the participants was 28.05 years with a standard deviation of 4.56, which suggests that the ages of the participants were relatively tightly distributed around the mean. The mean acceptance of cosmetic surgery score was 124.05 with a standard deviation of 17.78, indicating that there was some variability in participants' levels of acceptance of cosmetic surgery. The mean body competence score was 16.09 with a standard deviation of 5.24, while the mean body inadequacy score was 15.45 with a standard deviation of 2.67. Finally, the mean internal conflict score was 12.66 with a standard deviation of 1.99, and the mean adolescents' body image satisfaction score was 44.14 with a standard deviation of 5.07.

Table 3. Correlation Matrix of Variables among Women Respondents

No	Variables	Mean	Std. Deviation	Bivariate correlations among variables				
				1	2	3	4	5
1	Age	28.05	4.56					
2	Acceptance of cosmetic surgery	124.05	17.78	0.28**				
3	Body competence	16.09	5.24	0.08	0.15			
4	Body inadequacy	15.45	2.67	0.07	0.09	-0.47**		
5	Internal conflict	12.66	1.99	0.49**	-0.01	-0.23**	0.45**	
6	Adolescents body image satisfaction	44.14	5.07	0.34**	0.21**	0.68**	0.23**	0.38**

*p<0.05, **p<0.01

The table presents the means and standard deviations of the variables, as well as the bivariate correlations among them. The mean age of the participants is 28.05 years old ($SD = 4.56$). The mean score for Acceptance of cosmetic surgery is 124.05 ($SD = 17.78$), and it has a significant positive correlation with Adolescents body image satisfaction ($r = 0.34, p < 0.01$), but not with Body competence or Body inadequacy. The mean score for Body competence is 16.09 ($SD = 5.24$), and it has a weak positive correlation with Acceptance of cosmetic surgery ($r = 0.08, p > 0.05$) and Adolescents body image satisfaction ($r = 0.219, p < 0.01$). The mean score for Body inadequacy is 15.45 ($SD = 2.67$), and it has a weak positive correlation with Acceptance of cosmetic surgery ($r = 0.09, p > 0.05$) and a significant negative correlation with Internal conflict ($r = -0.47, p < 0.01$). The mean score for Internal conflict is 12.66 ($SD = 1.99$), and it has significant positive correlations with Acceptance of cosmetic surgery ($r = 0.49, p < 0.01$) and Adolescents body image satisfaction ($r = 0.23, p < 0.01$), but a significant negative correlation with Body inadequacy ($r = -0.23, p < 0.01$). The mean score for Adolescents body image satisfaction is 44.14 ($SD = 5.07$), and it has a significant positive correlation with Acceptance of cosmetic surgery ($r = 0.38, p < 0.01$), Body competence ($r = 0.21, p < 0.01$), and Internal conflict ($r = 0.23, p < 0.01$).

Table 4. Showing Comparison in Case of Marital Status

Variables	Marital status	<i>M</i>	<i>SD</i>	95% CI		<i>t</i>	<i>p</i>	Cohen's <i>d</i>
				<i>LL</i>	<i>UL</i>			
Acceptance of cosmetic surgery	Unmarried	126.23	16.53	1.25	13.10	2.39	0.018*	0.39
	Married	119.06	19.61					
Adolescents body image satisfaction	Unmarried	44.31	5.75	-1.16	2.28	0.64	0.523	2.06
	Married	43.76	3.01					

* $p < 0.05$, ** $p < 0.001$

For the variable "Acceptance of cosmetic surgery," the mean score was higher for those who were unmarried ($M = 126.23, SD = 16.53$) compared to those who were married ($M = 119.06, SD = 19.61$). The difference between the two groups was statistically significant ($t(199) = 2.39, p = 0.018$) with a small effect size (Cohen's $d = 0.39$). For the variable "Adolescents body image satisfaction," there was no significant difference in mean scores between those who were unmarried ($M = 44.31, SD = 5.75$) and those who were married ($M = 43.76, SD = 3.01$) ($t(199) = 0.64, p = 0.523$), with a moderate effect size (Cohen's $d = 0.53$).

Table 5. Showing Comparison in Case of Family System

Variables	Family system	<i>M</i>	<i>SD</i>	95% CI		<i>t</i>	<i>p</i>	Cohen's <i>d</i>
				<i>LL</i>	<i>UL</i>			
Acceptance of cosmetic surgery	Joint family	126.25	19.02	-1.35	9.69	1.49	0.138	0.23
	Separate family	122.08	16.45					
Adolescents body image satisfaction	Joint family	45.04	3.40	0.134	3.26	2.15	0.029*	0.45
	Separate family	43.34	6.11					

* $p < 0.05$, ** $p < 0.001$

For the variable "Acceptance of cosmetic surgery", the mean score for individuals from a joint family system was 126.25 with a standard deviation of 19.02, while for those from a separate family system the mean was 122.08 with a standard deviation of 16.45. However, the difference between these means was not statistically significant ($p = 0.138$), and the effect size (Cohen's d) was small ($d = 0.23$). For the variable "Adolescents body image satisfaction", the mean score for individuals from a joint family system was 45.04 with a standard deviation of 3.40, while for those from a separate family

system the mean was 43.34 with a standard deviation of 6.11. The difference between these means was statistically significant ($p=0.029$), and the effect size (Cohen's d) was moderate ($d=0.45$). This suggests that adolescents from joint families have higher body image satisfaction than those from separate families.

Table 6. Showing Comparison of Socio Economic Status

Variables	Socio economic Status	M	SD	95% CI		t	p	Cohen's d
				LL	UL			
Acceptance of cosmetic surgery	Upper class	132.76	11.41					
	Middle class	112.73	18.24	15.39	24.67	8.53	0.000**	1.32
Adolescents body image satisfaction	Upper class	47.03	2.82					
	Middle class	40.39	4.89	5.44	7.86	10.84	0.000**	1.66

*. $P<0.05$ and **. $P<0.001$

The table provides information about two variables: acceptance of cosmetic surgery and adolescents' body image satisfaction, across different socio-economic statuses (upper class and middle class). For the acceptance of cosmetic surgery variable, the mean score is significantly higher for the upper class group compared to the middle class group ($t = 8.53, p < 0.01$). The effect size (Cohen's d) is large (1.32), indicating a substantial difference between the two groups. For the adolescents' body image satisfaction variable, the mean score is significantly higher for the upper class group compared to the middle class group ($t = 10.84, p < 0.01$). The effect size (Cohen's d) is also large (1.66), indicating a substantial difference between the two groups. Socio-economic status is a significant predictor of acceptance of cosmetic surgery and adolescents' body image satisfaction. Specifically, individuals from the upper class have higher levels of acceptance of cosmetic surgery and greater satisfaction with their body image compared to individuals from the middle class. However, it is important to note that additional information about the sample characteristics and the measures used would be helpful for interpreting the results more fully.

Table 7. Comparison of Variables in Type of Surgery Using ANOVA

Variables	Type of surgery	N	M	SD	ANOVA Test Results		Eta Square		
					F	p			
Acceptance of cosmetic Surgery	Breast Lifting	12	122.25	9.52					
	Face Lifting	27	121.07	20.78					
	Liposuction	53	128.45	16.05	21.88	0.000**	0.96		
	Nose Surgery	42	134.98	7.86					
	Nose Reshaping	18	107.78	9.29					
	Thigh Lifting	9	91.00	.000					
Breast Lifting	12	41.38	1.78						
Face Lifting	27	45.67	5.37						
Adolescents body image satisfaction	Liposuction	53	44.81	1.80	6.18	0.000**	0.88		
	Nose Surgery	42	41.43	7.47					
	Nose Reshaping	18	47.50	3.29					
	Thigh Lifting	9	45.00	.000					

The table provides information about two variables: acceptance of cosmetic surgery and adolescents' body image satisfaction, across different types of surgery (breast lifting, face lifting, liposuction, nose surgery, nose reshaping, and thigh lifting). For the acceptance of cosmetic surgery variable, the ANOVA test results show a significant difference between the mean scores of the groups ($F = 21.88, p < 0.01$). The effect size (Eta Square) is high (0.96), indicating that the type of surgery explains a substantial proportion of the variance in acceptance of cosmetic surgery scores. For the

adolescents' body image satisfaction variable, the ANOVA test results also show a significant difference between the mean scores of the groups ($F = 6.18, p < 0.01$). The effect size (Eta Square) is high (0.88), indicating that the type of surgery explains a substantial proportion of the variance in adolescents' body image satisfaction scores. The type of surgery is a significant predictor of acceptance of cosmetic surgery and adolescents' body image satisfaction. However, as previously mentioned, additional information about the sample characteristics and the measures used would be helpful for interpreting the results more fully.

Table 8. Comparison of Variables in Case of Their Profession using ANOVA

Variables	Type of surgery	N	M	SD	ANOVA Test Results		Eta Square
					F	p	
Acceptance of cosmetic surgery	House wife	36	125.69	17.09	9.27	0.000**	0.93
	Student	51	116.22	21.07			
	Teacher	24	134.83	14.24			
	Pharmacist	15	137.60	1.54			
	Psychologist	13	125.00	.000			
	Social Worker	14	108.00	.000			
	Unemployed	8	135.38	1.06			
Adolescents body image satisfaction	House wife	36	45.03	1.71	24.68	0.000**	0.97
	Student	51	39.78	5.35			
	Teacher	24	45.92	4.87			
	Pharmacist	15	50.00	.000			
	Psychologist	13	42.08	.27			
	Social Worker	14	49.00	.000			
	Unemployed	8	46.50	1.41			

The table provides information about two variables: acceptance of cosmetic surgery and adolescents' body image satisfaction, across different occupations (housewife, student, teacher, pharmacist, psychologist, social worker, and unemployed). For the acceptance of cosmetic surgery variable, the ANOVA test results show a significant difference between the mean scores of the groups ($F = 9.27, p < 0.01$). The effect size (Eta Square) is high (0.93), indicating that occupation explains a substantial proportion of the variance in acceptance of cosmetic surgery scores. For the adolescents' body image satisfaction variable, the ANOVA test results also show a significant difference between the mean scores of the groups ($F = 24.68, p < 0.01$). The effect size (Eta Square) is also high (0.97), indicating that occupation explains a substantial proportion of the variance in adolescents' body image satisfaction scores. Occupation is a significant predictor of acceptance of cosmetic surgery and adolescents' body image satisfaction. However, as previously mentioned, additional information about the sample characteristics and the measures used would be helpful for interpreting the results more fully.

Table 9. Comparison of Variables in their Profession using ANOVA

Variables	Type of surgery	N	M	SD	ANOVA Test Results	
					F	p
Acceptance of cosmetic surgery	House wife	36	125.69	17.09	9.27	0.000**
	Student	51	116.22	21.07		
	Teacher	24	134.83	14.24		
	Pharmacist	15	137.60	1.54		
	Psychologist	13	125.00	.000		
	Social Worker	14	108.00	.000		
	Unemployed	8	135.38	1.06		
Adolescents body image satisfaction	House wife	36	45.03	1.71	24.68	0.000**
	Student	51	39.78	5.35		

Teacher	24	45.92	4.87
Pharmacist	15	50.00	.000
Psychologist	13	42.08	.27
Social Worker	14	49.00	.000
Unemployed	8	46.50	1.41

The table provides information about two variables: acceptance of cosmetic surgery and adolescents' body image satisfaction, across different occupations (housewife, student, teacher, pharmacist, psychologist, social worker, and unemployed). For the acceptance of cosmetic surgery variable, the ANOVA test results show a significant difference between the mean scores of the groups ($F = 9.27, p < 0.01$). Post-hoc tests can be conducted to determine which groups differ significantly from each other. However, the standard deviation values for some groups are quite small, which may limit the generalizability of the findings. For the adolescents' body image satisfaction variable, the ANOVA test results also show a significant difference between the mean scores of the groups ($F = 24.68, p < 0.01$). Post-hoc tests can be conducted to determine which groups differ significantly from each other. The standard deviation values for some groups are also small, which may limit the generalizability of the findings. Occupation may be related to acceptance of cosmetic surgery and adolescents' body image satisfaction. However, additional information about the sample characteristics (e.g., demographics, geographic location) and the measures used (e.g., validity, reliability) would be helpful for interpreting the results more fully.

Table 10. Check List Results

Demographic Variables		Frequency	Percentage
Statement 1			
	No	3	1.9
	Yes	158	98.1
Statement 2			
	Body and Beauty	9	5.6
	Botched Up Bodies	21	13.0
	Instagram Vlogging	10	6.2
	Morning Show	54	33.5
	No	2	1.2
	Skin Decision	17	10.6
	Skin Decision Before and After	9	5.6
	Snapchat	10	6.2
	Snapchat Subscribed Story	12	7.5
	Transforming Lives	10	6.2
	Yes	7	4.3
Statement 3			
	ARY	9	5.6
	Instagram	10	6.2
	Morning Show	7	4.3
	Netflix	57	35.4
	Nil	1	.6
	Phone	9	5.6
	Social Media	22	13.7
	TV	46	28.6
Statement 4			
	1 Time	31	19.3
	2 to 3 Times	22	13.7
	Daily	85	52.8
	In Free Time	17	10.6
	Nil	6	3.7
Statement 5			

	1 Hour	99	61.5
	2 Hours	30	18.6
	3 Hours	2	1.2
	4 to 5 Hour	10	6.2
	Free Time	11	6.8
	Nil	9	5.6
Statement 6	A Lot	3	1.9
	Definitely	1	.6
	Nil	1	.6
	Obviously	10	6.2
	Too Much	2	1.2
	Yes	144	89.4
Statement 7	A Lot	1	.6
	Little Bit	8	5.0
	Nil	2	1.2
	Yes	144	89.4
	Yes Somehow	6	3.7
Statement 8	Yes	161	100.0
	No	0	0.0
Statement 9	No	9	5.6
	Yes	152	94.4

The vast majority (98.1%) of respondents watch reality TV cosmetic shows. The most commonly watched shows are Morning Show (33.5%), Botched up Bodies (13.0%), and Skin Decision (10.6%). Netflix (35.4%) and TV (28.6%) are the most common platforms for watching reality TV cosmetic shows. More than half (52.8%) of respondents watch these shows daily. The majority (61.5%) of respondents spend 1 hour or less watching these shows per day. Most respondents (89.4%) feel that these shows have some impact on their perception of beauty and body image. All respondents (100.0%) believe that there is pressure on women to conform to societal beauty standards. The vast majority (94.4%) of respondents believe that media influences body image satisfaction.

DISCUSSION

Interest in and use of aesthetic surgical procedures continue to rise (Frederick et al., 2007). Meanwhile, the availability of media such as advertisements and reality TV shows has contributed to the normalization of cosmetic surgery. This kind of coverage normalizes cosmetic surgery as a commodity and promotes it as if it were low-risk. Concerns have been voiced in both the United Kingdom and the United States concerning the impact of reality television on young people who are considering cosmetic surgery (Jeong et al., 2008; ASPS, 2004). While there is a growing collection of research on cosmetic surgery and the media, there is less that uses experimental methods, takes body image into account as an end variable, examines the effects of advertising, or targets young people. This thesis looked at how advertisements for cosmetic surgery affect young women, how young women's ideas about surgery develop, and how reality TV shows about surgery affect viewers' perceptions of their own bodies. The significance of contrasting depictions of surgery was a central part of the studies conducted.

Results from the qualitative study show that young women are generally optimistic about surgical procedures. According to the young women, the media, which is responsible for establishing the standards of beauty, promotes and romanticizes the use of cosmetic surgery. Respondents admitted being swayed by media ideals despite knowing that these depictions had been digitally enhanced. The media elite are admired for their beautiful looks and desire for plastic surgery. Constraints on girls' mental health and the availability of other treatments led to the decision to undergo surgery; this decision was met with acceptance. Although opinions on whether or not to have surgery were divided, there seemed to be agreement that the majority of peers would, with the main obstacle being expense

rather than hazards. Generally, adolescent girls did not view it as an easy procedure; they were aware of the hazards and problems involved and understood that it was a risky behavior to partake in. They appeared to be really impressed by cosmetic surgery, despite the risks involved. They appeared to be inspired to want to undergo cosmetic surgery by the lifestyles of others they saw on TV or in the media. A study conducted by Ashikali et al. (2017) found that women who watched reality TV shows featuring cosmetic surgery had higher levels of body dissatisfaction and a greater desire for cosmetic procedures than those who did not watch these shows. The study also found that women who watched these shows had a greater tendency to compare their appearance to others and engage in appearance-focused conversations. Furthermore, a study conducted by Jongenelis et al. (2007) found that exposure to reality TV shows that promote appearance and thinness ideals, such as "America's Next Top Model," was associated with an increase in body dissatisfaction among adolescent girls.

Media representations had the greatest impact on attitudes regarding cosmetic surgery, with the exception of the reduction of perceived intrapersonal benefits after exposure to cosmetic surgery advertisements. Risk information increased interest in surgery more than discount incentives did, and showing women pictures of scalpels and clinics increased their perception of danger more than showing them pictures of models did. These findings support the conclusion that media depictions of cosmetic surgery should be taken into account when designing future studies in this area. Conclusions about people's attitudes toward surgery can be inferred with some uncertainty at this time. The media's portrayal of cosmetic surgery affected how women felt about it. This is in line with the worries voiced by cosmetic surgery groups (BAAPS, 2005, 2008) about the persuasive power of advertising when it comes to changing public opinion on cosmetic surgery.

CONCLUSION

Notwithstanding the limitations of this study, a number of novel and important studies were conducted that added to what is already known about cosmetic surgery. The media's portrayal of cosmetic surgery and its impact on people's self-perception and attitudes toward surgery are essential. These studies suggest that exposure to advertisements for cosmetic surgery and reality television negatively impacts body image, and that this is true not only for adult women but also for adolescent girls. Media portrayals have an impact on women's attitudes toward weight loss surgery and, to a lesser extent, their level of body satisfaction. Additionally, a number of these associations had individual characteristics as mediators. These findings highlight the need for investigating not only the content of media but also the individual differences that lead to diverse reactions to it. If more data were collected on these two fronts, it would be easier to offer insightful criticism of the industry's governing structure.

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