



Women's perspectives of aesthetic surgery in relation to religious beliefs and associated socioeconomic variables: A questionnaire-based survey among women with and without previous aesthetic surgery

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ABSTRACT

Objectives: This study aims to evaluate women's perspectives of aesthetic surgery in relation to religious beliefs and associated socioeconomic variables in a general population of women with and without previous aesthetic surgery.

Materials and Methods: A total of 500 volunteer women (mean age, 37 years; range, 18 to 63 years) with (n=250) and without (n=250) previous aesthetic surgery were included in this questionnaire survey. The questionnaire form was applied via face-to-face method and elicited items on sociodemographic characteristics and women's perspective of aesthetic surgery in relation to religious beliefs, provider selection, and partner's support.

Results: Overall, 28.8% strongly agreed/agreed that aesthetic surgery contradicted their religious beliefs. Gender of the surgeon was considered not important in provider selection by 69.2% of women, while 45.6% of women with previous aesthetic surgery reported that their partners were fully supportive during their previous surgery decision. Aesthetic procedures were considered not to contradict religious beliefs by a higher rate of women with versus without previous aesthetic surgery (58.9% vs. 31.4%), women aged <55 year vs. ≥55 year (41.4 to 53.2% vs. 15.8%), women with vs. without higher education (63.0% vs. 26.7 to 39.4%), and women with high vs. moderate or poor socioeconomic level (59.3% vs. 36.4% and 32.2%, respectively). Overall, 15.8% of women with previous aesthetic surgery reported they agreed/strongly agreed that aesthetic procedures contradicted religious beliefs.

Conclusion: Our study findings indicate that aesthetic surgery is considered by one-third of women to contradict their religious beliefs, being more likely in case of no previous aesthetic surgery, older age, illiteracy, and poor socioeconomic status.

Keywords: Aesthetic surgery, education, religion, socioeconomic status, women's perspective.

With continuing rise in the demand for elective aesthetic surgery, recognition of motivational factors behind the decision to seek aesthetic surgery is considered to be of utmost importance for better aesthetic and psychological

outcomes.^[1,2] Motivation for undergoing aesthetic surgery is considered a multifactorial process with potential impact of sociocultural, economic and psychological factors, as well as religious beliefs on the final decision.^[3-5]

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However, psychological motivational factors have been adequately investigated in cosmetic surgery, while the other factors, particularly the religiousness, have been less extensively addressed in the literature.^[3-6] Hence, while medical ethicists recommend consideration of religious or cultural backgrounds among candidates for aesthetic surgery, and religiousness is considered to influence personal attitudes toward aesthetic surgery, the relationship between religiousness and aesthetic surgery has scarcely been studied.^[3,6-9]

This seems notable given that most religious doctrines including Christianity, Islam, and Judaism, exert a strong influence on personal perceptions, attitudes, and beliefs concerning health care by dictating rigid positions regarding critical health issues.^[3,7,10-12]

The vast majority of the population in Turkey is Muslim, while there is a substantial population of different religious groups such as Christian, Jewish, and Yazidi. Individuals from all these groups, but particularly Muslims, may believe making voluntary changes in the body created by God is sinful and operations that cause such changes are generally avoided. This way of thinking sometimes delays correction of disease-grade abnormalities and causes individuals to have physical, psychological, and social problems.

In the present study, we aimed to conduct a questionnaire-based survey to evaluate women's perspectives of aesthetic surgery in relation to religious beliefs and associated socioeconomic variables in a general population of women with and without previous aesthetic surgery.

MATERIALS AND METHODS

A total of 500 volunteer women (mean age, 37 years; range, 18 to 63 years) were included in this questionnaire survey between March 30 and April 30 2019 in Bursa province, Turkey. The study population was composed of women with (n=250) and without (n=250) previous aesthetic surgery who were selected according to the European Society for Opinion and Marketing Research (ESOMAR) socioeconomic status (SES) stratification using income, occupation, and

educational attainment as indicators and age quota of women living in Bursa province defined by the Turkish Statistical Institute.

A written informed consent was obtained from each participant. The study was conducted in accordance with the principles of the Declaration of Helsinki.

Questionnaire form

The questionnaire form elicited items on sociodemographic characteristics (age, educational status, marital status, and socioeconomic status), women's perspective of aesthetic surgery (religious beliefs, gender of the surgeon), and previous experience of aesthetic surgery and partner's support. The questionnaire form was applied face-to-face via Pencil and Paper Interview (PAPI) method by a single researcher for all participants.

Statistical analysis

Statistical analysis was performed using the IBM SPSS Statistics for Windows, version 22.0 (IBM Corp., Armonk, NY, USA). Descriptive data

Table 1. Sociodemographic characteristics of participants (n=500)

	%
Age group (year)	
18-24	14.0
25-34	21.8
35-44	33.8
45-54	19.0
≥55	11.4
Educational status	
Illiterate	3.0
Primary education	25.4
Secondary education	37.0
Higher education	34.6
Marital status	
Married	76.4
Divorced/widow	5.4
Single	18.2
Socioeconomic level	
High	41.8
Moderate	34.6
Poor	23.6

were expressed in mean \pm standard deviation (SD) or number and frequency.

RESULTS

Most of participants (55.6%) were in the 25-44 year age group and were married (76.4%). About 37.0% of women had secondary education, while (34.6%) women had higher education. A total of 76.0% of women had a moderate-to-high socioeconomic level (Table 1).

Overall, 45% of women reported that they strongly disagreed/disagreed aesthetic surgery contradicted the religious beliefs, while 28.8% strongly agreed/agreed that aesthetic surgery contradicted their religious beliefs (Table 2).

Gender of the surgeon was considered not important in provider selection by 69.2% of women, while nearly 15% of women indicated their preference for a women or men in provider selection (Table 2).

Overall, 45.6% of women with previous aesthetic surgery reported that their partners were fully supportive during their previous surgery decision, while 28.2% reported that their partners expressed positive opinion regarding surgery, but left the decision to them. Only 10% of women reported partner's negative opinion or rejection of their decision to have aesthetic surgery (Table 2).

Aesthetic surgery was considered not to contradict religious beliefs by a significantly higher percentage of women with versus without previous aesthetic surgery (58.9% vs. 31.4%), women aged <55 year vs. \geq 55 year (41.4 to 53.2% vs. 15.8%), women with vs. without higher education (63.0% vs. 26.7% to 39.4%), single vs. married or divorced women (60.5% vs. 42.4% and 29.6%, respectively) and women with high vs. poorer socioeconomic status (59.3% vs. 36.4% and 32.2%, respectively) (Table 3).

Table 2. Religious beliefs, provider selection, and partner's reaction

	%
Some people suggest that aesthetic procedures are in contradiction with their religious beliefs.	
What is your opinion about it? (n=500)	
I strongly disagree	17.0
I disagree	28.0
Neutral	21.2
I agree	22.2
I strongly agree	6.6
No opinion	5.0
Would you prefer a male or female surgeon? (n=500)	
Definitely female	5.8
Preferably female	8.2
Definitely male	7.4
Preferably male	7.0
Not differ	69.2
No opinion	2.4
What was your partner's attitude/reaction towards your decision to have an aesthetic procedure* (n=250)	
He fully supported	45.6
Expressed his positive opinion, but left the decision to me	28.2
I do not have a spouse/partner	14.1
Expressed his negative opinion, but left the decision to me	6.6
He totally opposed/rejected the idea	4.1
He was not interested in any decision	1.2

* Only among women with previous aesthetic surgery.

Table 3. Aesthetic surgery in relation to religious beliefs in subgroups

	n	Aesthetic procedures contradict religious beliefs						
		I strongly disagree (n=85) %	I disagree (n=140) %	Neutral (n=106) %	I agree (n=111) %	I strongly agree (n=33) %	No opinion (n=25) %	
Previous aesthetic surgery								
Yes		30.7	28.2	16.2	11.2	4.6	9.1	
No		4.1	27.3	25.7	32.7	9.0	1.2	
Age group (year)								
18-24	70	14.3	27.1	18.6	31.4	2.9	5.7	
25-34	109	25.7	27.5	21.1	14.7	6.4	4.6	
35-44	169	16.0	34.3	21.9	14.8	6.5	6.5	
45-54	95	21.1	25.3	20.0	23.2	5.3	5.3	
≥55	57	0.0	15.8	24.6	45.6	14.0	0.0	
Educational status								
Illiterate	15	6.7	20.0	13.3	53.3	6.7	0.0	
Primary education	127	6.3	24.4	23.6	30.7	9.4	5.5	
Secondary education	185	8.6	30.8	23.2	25.4	4.9	7.0	
Higher education	173	34.7	28.3	17.9	9.8	6.4	2.9	
Marital status								
Married	382	15.7	26.7	20.9	23.6	6.8	6.3	
Divorced/widow	27	3.7	25.9	22.2	33.3	14.8	0.0	
Single	91	26.4	34.1	22.0	13.2	3.3	1.1	
Socioeconomic status								
High	209	28.2	31.1	19.6	8.6	5.7	6.7	
Moderate	173	11.0	25.4	23.1	30.1	4.6	5.8	
Poor	118	5.9	26.3	21.2	34.7	11.0	0.8	

Overall, 41.7% of women without previous aesthetic surgery, 59.6% of women in the ≥ 55 years age group, 60.0% of illiterate women, and 45.7% of women with poor socioeconomic status reported that they either strongly agreed/agreed that aesthetic procedures contradicted their religious beliefs (Table 3).

Overall, 15.8% of women with previous aesthetic surgery reported they agreed/strongly agreed that aesthetic procedures contradicted religious beliefs (Table 3).

DISCUSSION

This questionnaire-based survey on women's perspectives and experience of aesthetic surgery in relation to religious beliefs in a general population of women revealed that aesthetic surgery was considered by one-third of women to contradict their religious beliefs. Notably, having no previous aesthetic surgery, older age (≥ 55 years), illiteracy, and poor socioeconomic status were associated with an increased likelihood of considering a contradiction between having aesthetic surgery and religious beliefs among women.

Consideration of having an aesthetic surgery as a contradiction to religious beliefs by a higher percentage of women without versus with previous aesthetic surgery in our cohort seem to support the previously reported a positive correlation between religious worship practices and consideration of aesthetic surgery as sinful.^[13] Similarly, in a previous study among individuals with and without interest in having rhinoplasty, the authors found significantly higher religious score in those were not interested in rhinoplasty, while no significant difference was reported between the two groups in terms of age, gender, educational levels, and economic status.^[13]

A negative correlation of religiousness with the acceptance of aesthetic surgery was also reported in another study, while the authors reported religiousness to be significant predictor of the acceptance of aesthetic surgery via multiple regression analysis.^[14] Notably, stronger religious beliefs have been suggested to be associated with an attitude toward spiritual values and internal beauty among women, while women

with less religious attitudes are considered to overestimate the value of the public view of slimness and appearance.^[13]

Nonetheless, it should be kept in mind that 41.7% of women without previous aesthetic surgery considered aesthetic surgery sinful, while 15.8% of women in our cohort had previous aesthetic surgery, despite they considered aesthetic procedures to contradict their religious beliefs. Similarly, in a previous study from Turkey regarding the relationship between acceptance of aesthetic surgery and Islamic worship practices, the authors reported that 56.3% of patients rejected plastic surgery, whereas only 14.6% of patients with previous aesthetic surgery considered undergoing aesthetic surgery a sin.^[13]

Notably, in another previous study among patients with aesthetic rhinoplasty and those without previous plastic surgery, the individuals who performed frequent worship practices considered aesthetic surgery to be appropriate, if performed for functional purposes, while they approached surgery for purely aesthetic purpose with suspicion.^[13]

Indeed, although Islamic doctrine considers "changing the creation of Allah" as unlawful and dictates that individuals should be satisfied with the way Allah has created them, Islam is also considered to welcome the practice of plastic surgery as long as performed not for purely cosmetic reasons.^[7] The various aspects of Islamic doctrine about cosmetic surgery are considered ambiguous with the presence of objection to exaggeration and extremism rather than an absolute objection to cosmetic surgery, in agreement with the statement that "Allah is beautiful and loves beauty".^[3,7] This seems notable given the findings from the current study that only 4.1% of the partners/spouses of the women with previous surgery in our cohort opposed or tried to prevent the procedure, while most of them supported their partners or left the decision to them.

A previous aesthetic surgery experience by nearly one-fifth of women with strong religious contraindications in our cohort may also emphasize that while the principles of most religions, including Islam are considered

deeply affect human behavior via various strict rules regarding critical health issues,^[3,15] a natural transition from strict opposition to little opposition to cosmetic surgery has been considered since the 20th century, along with potentially softened view that it was not legitimate to correct what God has decreed.^[3,16,17] The recent developments in the aesthetic industry with highly effective promotions and campaigns on the internet and social media may have also affected the women regardless of the religious attitudes.

It should be also noted that the majority of the participants in our cohort did not have a preference for physician gender, while those who preferred a male surgeon were higher in number. Nonetheless, given that religion is considered important by many patients who are interested in integrating religious beliefs into the health care,^[18] a better understanding the effects of religion on health as well as careful consideration of patients' beliefs and worship practices by surgeons are considered crucial.^[3,19]

A higher likelihood of consideration of aesthetic surgery a sin among women with less education and disadvantaged socioeconomic conditions in our cohort seems notable given that education and income are considered core dimensions of social stratification with implications for an array of personal, social, and health advantages.^[20] In this regard, our findings support the consideration of individuals with less education or low socioeconomic status to be more likely to construct a bond with the divine to compensate for their plight and acquire otherwise-unattainable rewards, and to derive greater psychological benefits from religiosity.^[20,21] Notably, albeit differs across religious traditions, highly educated individuals are considered less religious with lower levels of religious participation in general than those with less education, while the education is considered to be positively associated with questioning the role of religion in secular society and to negatively affect exclusivist religious viewpoints and biblical literalism.^[22,23] Indeed, an additional year of education is considered to result in a four-percentage-point decline in the likelihood of an individual to identify with any religious tradition,^[23] while

socioeconomic status is considered to interact negatively with each dimension of religious involvement.^[20]

In addition, a higher likelihood of considering aesthetic surgery as a sin among older age women in our cohort seems to support the previously reported interaction between age and attendance to religious activity, emphasizing living a more religious life with advancing age due to the feeling of being closer to death.^[24]

The application of the questionnaire form by a single researcher via face-to-face method is one the major strengths of the current study, which contributed to the low ratio of losses and internal validity of the study, as well as prevention of interviewer-based incongruity. A large sample size and recruitment of socio-demographically homogenous groups of treatment-naïve and previously operated women is another strength of the current study, in terms of an increased likelihood of reliability and generalizability of our findings. However, certain limitations to this study should be considered. First, due to the cross-sectional design, it is impossible to establish any cause and effect relationships. Second, the lack of data on psychometric qualitative measurements on religiousness is another limitation which, otherwise, would extend the knowledge achieved in the current study.

In conclusion, our study findings indicate that aesthetic surgery is considered by one-third of women to contradict their religious beliefs, being more likely in case of no previous aesthetic surgery, older age, illiteracy, and poor socioeconomic status. Our findings suggest the likelihood of interest in aesthetic surgery, despite contradictory religious beliefs in a considerable percentage of women, emphasizing a need for the relation between religiousness and anesthetic surgery acceptance to be further investigated in larger scale populations of women with different type of aesthetic surgery demand.

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