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The Role of Self-Esteem and Body Image in Shaping Cosmetic Surgery Acceptance

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Background: In recent decades, cosmetic surgery has emerged as a significant and complex field within the broader scope of plastic surgery, contributing to its ongoing development and growth. Cosmetic surgery involves procedures aimed at enhancing, restoring, or altering a person's physical appearance, which may include modifications to any area of the body. **Objective:** This study aimed to explore the relationship between self-esteem, body appreciation, and the acceptance of cosmetic surgery among individuals in Bosnia and Herzegovina. **Methods:** A cross-sectional survey was conducted between August and November 2024, involving 165 participants (84.8% female) aged 15 to 63 years. Participants completed self-administered questionnaires, including the Acceptance of Cosmetic Surgery Scale (ACSS), Body Appreciation Scale (BAS), and Rosenberg Self-Esteem Scale (RSES). Data were analyzed using descriptive statistics, correlation analysis, and ANOVA. **Results**: The findings revealed that self-esteem was generally high (mean = 24.05/30), body appreciation was moderate (mean = 51.87/65), and the acceptance of cosmetic surgery was moderate (mean = 56.48/105). Significant predictors of cosmetic surgery acceptance included prior experience with cosmetic surgery, with individuals who had previously undergone procedures displaying higher acceptance. There were moderate positive correlations between self-esteem and body appreciation, but no significant correlation was found between self-esteem or body appreciation and cosmetic surgery acceptance. Socio-demographic factors such as age, gender, and marital status had minimal impact on cosmetic surgery acceptance. **Conclusion:** The study suggests that while participants in Bosnia and Herzegovina show moderate acceptance of cosmetic surgery, factors such as prior experience with cosmetic surgery, body image, and personal desire for self-improvement may influence attitudes more strongly than self-esteem alone. These findings offer valuable insights into the psychological and cultural factors shaping cosmetic surgery attitudes in this population.

Keywords: Cosmetic Surgery, Self – Esteem, Body Appreciation, Acceptance of Cosmetic Surgery.

1. BACKGROUND

In recent decades, cosmetic surgery has emerged as a significant and complex field within the broader scope of plastic surgery, contributing to its ongoing development and growth. Cosmetic surgery involves procedures aimed at enhancing, restoring, or altering a person's physical appearance, which may include modifications to any area of the body (1). These procedures are performed using both surgical and non-surgical methods, regardless of whether there are underlying health conditions, injuries, or birth defects.

The goal of cosmetic surgery is often to improve aesthetic appearance, boost self-esteem, or address concerns related to aging, body image, or personal preference. It encompasses a wide range of treatments, from facial surgeries like rhinoplasty and facelifts to body contouring procedures such as liposuction and tummy tucks. According to the American Society of Plastic Surgeons (ASPS), the number of plastic surgery procedures has steadily increased over the years. Nearly 16 million cosmetic procedures were performed in the United States alone in 2014, of which 92% were performed in women (2). In 2018, the largest share of surgical procedures was performed on individuals between the ages of 35 and 50 (3). On a global scale, the most frequently performed surgical procedures for women included breast augmentation, liposuction, and eyelid surgery. For men, however, the most common procedures were gynecomastia surgery, eyelid surgery, and liposuction (4). Cosmetic surgery does much more than enable people to feel better about their physical appearance. It helps patients to regain their self-esteem and self-respect and it has also an impact on their interpersonal relations, as it influences also social life, sexuality and personal relationships (5). Several factors have contributed to the

growing popularity of cosmetic surgery today, including advances in medical technology, changes in patient demographics, and the pervasive influence of the media. For decades, the media has played a significant role in shaping societal standards of beauty and influencing individuals' decisions to undergo cosmetic procedures (6).

The decision to pursue cosmetic surgery is shaped by a range of influences, including social factors, cultural trends, and psychological aspects like body image, self-esteem, and other personality traits. In addition, evolutionary theorists suggest that the desire for physical change may be linked to biological instincts related to mate selection and reproductive success (7). In certain societies, cosmetic surgery is met with negative perceptions, often viewed as a pursuit of artificial or inauthentic beauty. In these cultures, where social recognition and respect play a significant role, individuals may feel that undergoing cosmetic surgery could harm their social reputation or standing. Despite these unfavorable views, some people still opt for cosmetic procedures, driven by factors that outweigh the potential social stigma, such as personal self-esteem, body image concerns, or the desire to meet internal standards of beauty (8).

Research has identified several key factors that predict the acceptance of cosmetic surgery across various populations, including body image, body dysmorphic disorder, body mass index, self-esteem, and overall psychological well-being. Additionally, demographic and cultural variables such as gender, age, and race/ethnicity may also influence individuals' attitudes toward and acceptance of cosmetic procedures. These factors collectively shape how different groups perceive and respond to the idea of undergoing cosmetic surgery (9).

2. OBJECTIVE

The aim of this study is to explore the relationship between self-esteem, self-perceived body image, and the acceptance of cosmetic surgery among individuals in Bosnia and Herzegovina. By examining how these psychological factors influence the decision-making process, this research seeks to better understand the motivations behind cosmetic surgery in this specific population, as well as the potential psychological impacts of such procedures within the cultural context of Bosnia and Herzegovina.

3. MATERIAL AND METHODS

Participants and study design

A cross-sectional study was conducted between August and November 2024, focusing on the population of Bosnia and Herzegovina. A survey was distributed online via social media platforms and was fullfilled by participants annonimously. Participants were provided with a clear written explanation of the study's purpose.

Methods

The study utilized a self-administered questionnaire based on its objectives. The questionnaire was divided into four sections, using a variety of validated scales for specific purposes.The first section gathered demographic information, including gender, age, marital status and education level. The scales included in the survey were the Acceptance of Cosmetic Surgery Scale (ACSS), Body Appreciation Scale (BAS), and Rosenberg Self-Esteem Scale (RSES). To ensure clarity and accuracy, the questionnaires were adapted and validated for Bosnian-speaking participants.

Demographics

All participants provided their gender, age, education, job and marital status, and whether they underwent cosmetic surgery or not

ACSS

To assess the acceptance of cosmetic surgery in this study, the Acceptance of Cosmetic Surgery Scale (ACSS) was employed, with modifications made for Bosnian-speaking participants. This scale consists of 15 items, rated on a 7-point Likert scale (1 = strongly disagree, 7 = strongly agree). It is one of the most commonly used tools to understand public perceptions of cosmetic procedures and to gauge the factors influencing individuals' decisions to undergo cosmetic surgery. The scale provides valuable insights into how people view the benefits and social implications of cosmetic enhancement (10).

BAS

The Body Appreciation Scale (BAS) consists of 13 items, measured on a 5-point scale (1 = never, 2 = seldom, 3 = sometimes, 4 = often, 5 = always). It is designed to evaluate an individual's level of body appreciation. An overall body appreciation score is calculated by averaging the responses, with higher scores indicating greater body appreciation. The BAS has demonstrated strong discriminant, construct, and incremental validity (11).

RSES

The Rosenberg Self-Esteem Scale is a widely used 10-item self-report tool designed to assess an individual's self-esteem. It is one of the most commonly utilized scales for evaluating self-esteem across various populations and research settings. The scale measures how respondents perceive their own worth and overall self-regard (12).

Statistical analysis

After data collection, the data were reviewed, coded, and entered into IBM SPSS Statistics version 23 (SPSS Inc., Chicago, IL) for analysis. All statistical tests were performed using two-tailed tests, and a p-value of less than 0.05 was considered statistically significant. For each scale, the overall score was calculated by summing the individual item scores, with scores for negatively worded items (e.g., in the self-esteem scale) reversed as needed. The percentage score for each scale was then calculated by dividing the total score by the

Socio-demographic data		No	%
Age in years	15-24	37	22.4
	25-34	34	20.6
	35-45	62	37.6
	>45	32	19.4
Gender	Male	25	15.2
	Female	140	84.8
Marital status	Single	76	46.1
	Married	89	53.9
Educational level	Intermediate	3	1.8
	Secondary	43	26.1
	University	119	72.1
Student	Yes	25	15.2
	No	140	84.8
Employment	Employed	112	67.9
	Unemployed	53	32.1
Previous cosmetic surgery	Yes	5	3.0
	No	160	97.0

Table 1. Study participants sociodemographic data

Scale	Range	Mean	SD	Mean %
Self-Esteem Scale	0-30	24.05	4.97	80.2
Body Appreciation Scale	13-65	51.87	9.00	49.4
Acceptance of Cosmetic Surgery Scale	15-105	56.48	24.72	53.5

Table 2. Descriptives of self-esteem, body acceptance and acceptance of cosmetic surgery among study participants

maximum possible score for that scale.

Descriptive statistics, including frequencies and percentages, were used to summarize all variables, including demographic characteristics and cosmetic surgery history. The mean score, standard deviation, and percentage score for the self-esteem, cosmetic surgery acceptance, and body appreciation scales were calculated. The distribution of these scale scores by socio-demographic variables was assessed using ANOVA and independent t-tests, as appropriate.

To examine the relationships between participants' acceptance of cosmetic surgery, body appreciation, and self-esteem, correlation analysis was conducted using the Pearson correlation coefficient (r).

4. RESULTS

The survey was distributed to 250 eligible participants, with 165 responses, resulting in a response rate of 66%. Participants' ages ranged from 15 to 63 years, with a mean age of 36.0 ± 11.85 years. The majority of respondents were female (84.8%, or 140 participants), and 53.9% (89 participants) were married. Regarding education, 72.1% (119 participants) had completed a university degree. In terms of employment, 67.9% (112 participants) were employed, while 15.2% (25 participants) were university students. Only 5 participants (3%) had undergone cosmetic surgery, while 160 participants (97%) had not. A detailed breakdown of these characteristics is presented in Table 1.

Table 2 presents descriptive statistics for acceptance of cosmetic surgery, body appreciation, and self-esteem among the study participants. Regarding cosmetic surgery acceptance, participants displayed an average level of acceptance, with a mean percentage score of 53.5% (56.48 out of a possible 105 points). In terms of body appreciation, the respondents reported a moderate level, with an average percentage score of 49.4% (51.87 out of 65 points). For self-esteem, participants demonstrated above-average levels, with a mean score of 24.05 out of 30 points, corresponding to a percentage score of 80.2%.

Table 3 shows the distribution of participant's self-esteem by their socio-demographic data. Educational level and employment status are the most significant factors influencing self-esteem, with higher levels of education and employment correlating with higher self-esteem.

Table 4 reveals the distribution of participant's body appreciation by their socio-demographic data. Ma-

		Self-Esteem Scale				p- value
		Minimum	Maximum	Mean	SD	
Age in years	15-24	7	30	21.86	5.31	0.318^
	25-34	8	30	22.53	5.32	
	35-45	15	30	25.48	4.52	
	>45	18	30	25.41	3.65	
Gender	Male	7	30	23.48	6.05	0.536#
	Female	8	30	24.15	4.77	
Marital status	Single	7	30	23.93	5.06	0.786#
	Married	8	30	24.15	4.92	
Educational level	Intermediate	14	20	17.00	3.00	0.027*^
	Secondary	11	30	23.53	5.06	
	University	7	30	24.41	4.85	
Student	Yes	7	30	22.40	5.67	0.072#
	No	8	30	24.34	4.80	
Employment	Employed	11	30	25.01	4.35	0.000*#
	Unemployed	7	30	22.02	5.60	
Previous cosmetic surgery	Yes	18	28	24.60	4.10	0.802#
	No	7	30	24.03	5.00	

#Independent samples t-test, ^One way ANOVA, *P <0.05 (significant)

Table 3. Distribution of participants self-esteem by their sociodemographic data

		Body Appreciation Scale				p- value
		Minimum	Maximum	Mean	SD	
Age in years	15-24	34	64	50.76	9.43	0.605^
	25-34	31	65	51.06	8.42	
	35-45	30	65	53.65	8.43	
	>45	25	65	50.59	10.00	
Gender	Male	35	64	52.80	8.67	0.578#
	Female	25	65	51.71	9.08	
Marital status	Single	34	65	53.45	8.04	0.037*#
	Married	25	65	50.53	9.59	
Educational level	Intermediate	41	55	47.33	7.09	0.602^
	Secondary	25	65	51.37	10.00	
	University	29	65	52.17	8.69	
Student	Yes	34	64	52.20	9.35	0.844#
	No	25	65	51.81	8.97	
Employment	Employed	25	65	52.59	8.67	0.138#
	Unemployed	31	65	50.36	9.57	
Previous cosmetic surgery	Yes	50	60	53.80	4.49	0.628#
	No	25	65	51.81	9.11	

#Independent samples t-test, ^One way ANOVA. *P <0.05 (significant)

Table 4. Distribution of participants body appreciation by their sociodemographic data

rital status had a significant effect on body appreciation (p = 0.037). Single participants reported a higher mean score (53.45) than married participants (50.53), suggesting that singles tend to have higher body appreciation. Age, gender, education level, student status, employment status, and previous cosmetic surgery did not significantly affect body appreciation, suggesting that these factors may not have a strong impact on body image or how individuals appreciate their bodies in this study.

Table 5 shows the distribution of participant's acceptance of cosmetic surgery by their socio-demographic data. While the mean scores vary slightly by age group, the p-value indicates that age does not significantly affect the acceptance of cosmetic surgery. However, participants in the 25-34 years age group have the highest mean score, suggesting that they may have the highest acceptance of cosmetic surgery on average. Students show significantly lower acceptance (mean = 41.50) compared to non-students (mean = 59.04). Previous experience with cosmetic surgery has a notable impact on acceptance. Participants who have had previous cosmetic surgery exhibit much higher acceptance (mean = 81.20) compared to those who have not (mean = 55.70).

Table 6 illustrates a correlation between participant's acceptance of cosmetic surgery, their body appreciation, and self-esteem levels. There is a moderate positive correlation between self-esteem and body appreciation. There is an almost negligible negative correlation between self-esteem and acceptance of cosmetic surgery and a very weak negative correlation between body appreciation and acceptance of cosmetic surgery but the p-value is not significant.

5. DISCUSSION

This study aimed to explore the self-esteem, body appreciation, and acceptance of cosmetic surgery among the participants from Bosnia and Herzegovina, providing insights into the psychological factors that influence attitudes toward cosmetic surgery. The results indicate that while sel-

		Acceptance of Cosmetic Surgery Scale				p- value
		Minimum	Maximum	Mean	SD	
Age in years	15-24	15	93	48.58	23.69	0.271^
	25-34	21	105	62.41	25.11	
	35-45	15	102	58.06	25.16	
	>45	15	99	55.97	23.40	
Gender	Male	23	105	54.42	24.37	0.660#
	Female	15	105	56.83	24.85	
Marital status	Single	15	105	56.48	25.17	0.998#
	Married	15	105	56.47	24.48	
Educational level	Intermediate	60	91	71.00	17.35	0.465^
	Secondary	21	99	58.47	23.35	
	University	15	105	55.38	25.35	
Student	Yes	15	93	41.50	20.89	0.001**#
	No	15	105	59.04	24.48	
Employment	Employed	15	105	58.37	24.71	0.151#
	Unemployed	15	105	52.40	24.50	
Previous cosmetic surgery	Yes	60	105	81.20	18.43	0.023*#
	No	15	105	55.70	24.54	

#Independent samples t-test, ^One way ANOVA, *P <0.05 (significant)

Table 5. Distribution of participants acceptance of cosmetic surgery by their sociodemographic data

Scale	Self-Esteem Scale	Body Appreciation Scale	Acceptance of Cosmetic Surgery Scale
Self-Esteem Scale	1	0.539**	-0.015
Body Appreciation Scale		1	-0.079
Acceptance of Cosmetic Surgery Scale			1

*P < 0.05. (significant), **P> 0.01 (highly significant)

Table 6. Correlation between participants self-esteem, body appreciation and acceptance of cosmetic surgery levels

f-esteem was generally high (mean = 24.05 out of 30, 80.2%), body appreciation was moderate (mean = 51.87 out of 65, 49.4%), and acceptance of cosmetic surgery was also moderate (mean = 56.48 out of 105, 53.5%). High self-esteem suggests that participants generally have a positive sense of self-worth. However, the moderate level of body appreciation indicates that, despite high self-esteem, many participants still experience dissatisfaction with their bodies. This reflects the complex nature of body image, where individuals may have high self-esteem but still struggle with body image concerns, influenced by societal and media-driven beauty ideals. The moderate acceptance of cosmetic surgery suggests that while cosmetic procedures are increasingly normalized, attitudes toward them remain ambivalent. A discrepancy often exists between individuals' positive attitudes toward cosmetic surgery and their actual decision to undergo the procedure. It is important to recognize that having a favorable attitude toward cosmetic surgery does not necessarily lead to pursuing it (13). For example, Son (2011) found that only 26% of participants who expressed a positive attitude toward cosmetic surgery had actually gone through with the procedure (14).

According to the 2019 international survey on aesthetic and cosmetic procedures, among the top 30 countries reporting the highest rates of plastic surgery globally, Bosnia and Herzegovina is not included in the list, suggesting that the prevalence of cosmetic surgery in the country is relatively low compared to other regions (15). This is obvious from our study, where only 3% of the participants reported having previously undergone cosmetic surgery.

While the majority of participants in this study were female (84.8%), no significant difference in acceptance was observed between genders. The lack of a gender difference in our study might reflect the unique social and cultural context of Bosnia and Herzegovina, where the influence of gender roles and beauty ideals may not be as pronounced as in countries where cosmetic surgery is more normalized or culturally embedded in women's beauty standards. It is also possible that in Bosnia and Herzegovina, both men and women are equally concerned with enhancing their appearance, although further research would be needed to explore this more thoroughly. The findings also suggest that marital status had little impact on the acceptance of cosmetic surgery in this sample, with both married and unmarried individuals showing similar levels of acceptance. While this study did not find significant differences based on marital status, other studies have suggested that unmarried individuals may be more likely to pursue cosmetic surgery (4). In contrast, our findings indicate that factors such as individual body image and personal desire for self-improvement may be stronger motivators than marital status in Bosnia and Herzegovina. This could reflect broader shifts in attitudes toward cosmetic surgery, where personal and aesthetic considerations may now outweigh social pressures or expectations related to marital status.

A notable finding in this study is the lower acceptance of cosmetic surgery among students. This result suggests that younger individuals, who are more likely to be students, may have different perceptions and attitudes towards cosmetic surgery. Students may place more value on natural beauty or authentic self-image, or they may be influenced by financial limitations and the transient nature of their lives (i.e., being in a phase of education or early career development). These factors might contribute to their lower inclination to undergo cosmetic procedures.

Prior experience with cosmetic surgery emerged as a significant predictor of acceptance, with those who had previously undergone surgery demonstrating significantly higher acceptance rates. This finding supports existing literature that suggests individuals with a history of cosmetic procedures are more likely to consider additional surgeries (4). Our study found that body appreciation was moderate, which may help explain the moderate acceptance rate for cosmetic surgery among our participants. Despite body appreciation being moderate, it is likely that some participants still had a general acceptance of cosmetic surgery, but not at a high level, as they may have felt neutral or somewhat ambivalent toward enhancing their appearance through surgery. There was a moderate positive correlation between self-esteem and body appreciation, which suggests that, for many participants, those with higher self-esteem tend to appreciate their bodies more. This is consistent with the other study's findings that self-esteem is an important factor in how participants view their appearance, and those with higher self-esteem are less likely to seek cosmetic surgery. The lack of a significant correlation between self-esteem and cosmetic surgery acceptance in our study suggests that other factors (such as social or cultural pressures, media influence, or a desire for physical enhancement) may also play a significant role in the decision to pursue cosmetic surgery. This could mean that self-esteem alone doesn't

fully explain why some individuals opt for cosmetic surgery.

5. CONCLUSION

In conclusion, this study highlights the complex interplay between self-esteem, body appreciation, and the acceptance of cosmetic surgery among individuals in Bosnia and Herzegovina. While self-esteem was generally high, body appreciation and cosmetic surgery acceptance were moderate, suggesting that personal and cultural factors, along with psychological aspects, influence attitudes toward cosmetic procedures. Further research is needed to explore these dynamics in greater depth and across diverse populations.

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