



**NEAR EAST UNIVERSITY**  
**INSTITUTE OF GRADUATE STUDIES**  
**DEPARTMENT OF NURSING**

**RELATIONSHIP BETWEEN BODY IMAGE PERCEPTION,  
SELF-ESTEEM, SELF-CONFIDENCE AND ACCEPTANCE  
OF COSMETIC SURGERY IN NIGERIA**

**M.Sc. THESIS**

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**Nicosia**  
**JULY 2023**

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## APPROVAL

We certify that we have read the thesis submitted by **Nubawiyya Ayyuba Ismail** titled “**Relationship between Self-Esteem, Self-Confidence and Acceptance of Cosmetic Surgery in Nigeria**” and that in our combined opinion it is fully adequate, in scope and in quality, as a thesis for the degree of Master of Educational Sciences.

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## **DECLARATION**

I hereby declare that all information, documents, analysis and results in this thesis have been collected and presented according to the academic rules and ethical guidelines of Institute of Graduate Studies, Near East University. I also declare that as required by these rules and conduct, I have fully cited and referenced information and data that are not original to this study.

Nubawiyya Ayyuba Ismail

17/05/2023

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## ABSTRACT

**Aim:** The goal of this research is to better understand how nursing student in Nigeria see cosmetic surgery in connection with body image perception, self-esteem, self-confidence and acceptance of cosmetic surgery.

**Method:** Body image perception, self-esteem, self-confidence, and acceptability of cosmetic surgery in Nigeria were studied using a descriptive study approach. The Nursing College and Midwifery Nigeria was the site of the research (n=315). The study had five questionnaires with the first questionnaire focusing on the sociodemographic information of the participant, the second questionnaire was the Body Image, the third questionnaire was the Rosenberg Self-esteem Scale, the fourth questionnaire was Self-confidence Scale, the fifth questionnaire was the Acceptance of Cosmetic Surgery Scale. One-way analysis of variance was used to compare means across demographic categories such as gender, religious affiliation, and body mass index, while the independent sample t test was performed to assess whether or not there was a correlation between age and acceptability of cosmetic surgery. Body image, self-esteem, and self-confidence were all shown to have a significant correlation with openness to cosmetic surgery using the Pearson Correlation test.

**Result:** Participants' responses indicate a link between these constructs and Acceptance of cosmetic surgery scale measures of body image, self-esteem, and confidence. The overall Body Image score of the participant was  $21.61 \pm 18.00$  (0-50) which is moderate, overall level of Self-esteem score was  $14.93 \pm 1.84$  (0-30) which is low, overall level of Self-confidence score was  $39.07 \pm 14.03$  (12-60) which is moderate and the overall degree of social tolerance for plastic surgery score was  $42.20 \pm 26.68$  (15-105) which is low. When looking at elements that might influence how open participants are to the idea of cosmetic surgery it was determined that there was a statistically significant difference in religious background, age, marital status.

**Conclusion:** In the research the total rating of the body image, self-esteem and self-confidence were between low and moderate, it is important to create a program that will educate the participant on how to boost their overall score of the body image Self-esteem and Self-confidence and awareness and knowledge about the Acceptance of Cosmetic Surgery need to be put into consideration considering how low the overall level of acceptance of cosmetic surgery score is.

**Keywords:** Body Image Perception, Self-esteem, Self-confidence, Cosmetic surgery, Acceptance, Nursing

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## **LIST OF ABBREVIATION**

**BI:** Body Image

**SE:** Self-Esteem

**SC:** Self-Confidence

**ACS:** Acceptance of Cosmetic Surgery

**BMI:** Body Mass Index

## INRODUCTION

### 1.1. Problem Definition

People's concerns about their looks are steadily increasing in both the developed and Un developing worlds, as a consequence, more and more cosmetic procedures are being done annually (Adedeji 2014). Body image, self-esteem, personal tendencies, and psychologic variables including psychopathologic factors are only few of the areas where study into cosmetic surgery is rapidly growing tendencies all influence interest in cosmetic surgery (Yoon Kim, 2020).

Self-esteem is one of the elements that impact human conduct. In reality, how people react with various circumstances is determined by their perceptions and assessments of themselves, Self-esteem is a concept that is commonly It's a term that's used in both social and mental contexts to describe how someone feels about themselves in the eyes of others (Kazeminia, 2022).

Body Image is an individual's assessment of themselves. it is the outcome of our regular thinking processes appraisals of our behavioural features. Therefore, one's perception of their own physique might be either beneficial or detrimental (Kazeminia, 2022).

When compared to other nations, Iran ranks well in the number of cosmetic treatments performed each year (Akhlaghi, 2015). “The United States has the highest number of cosmetic operations as of 2021, with over 7.3 million procedures. Brazil had the second highest number of cosmetic treatments that year, with about 2.7 million procedures performed” (Frederic Michas, 2023). Cosmetic surgery focuses on changing morphologic characteristics in individuals who are unhappy with their self-image. Public opinion, conventions, and esthetic trends in society and historical period all have a strong impact on self-image, rresearchers think that damaged self-concept one of the main psychological reasons why people have cosmetic surgery is because they have poor self-esteem (Akhlaghi, 2015).

Factors such as social media, family and friends, accidents, physical growth, and so on can all have influence on the individual's body image. Furthermore, any flaws might exert a detrimental effect on one's self-esteem. A series research investigation in the subject of assessing groups together between negative body image and cosmetic procedure revealed that women who have negative body views are more likely to improve their look through cosmetic surgery (Khamseh, 2020).

Having desirable facial characteristics improves one's mental image, increases self-confidence, and improves the acceptability of social activities (Borujeni, 2020). A research was conducted in Northern Cyprus in 2019 to determine if cosmetic surgery had an influence on an individual's "Body Image, self-esteem, and overall Self-confidence among the TRNC population, inclusion They discover indications of improved individual self-esteem and contentment with their physical image following cosmetic procedure (Asimakopoulou, 2019).

Adolescents are getting more self-conscious about their bodies as they compare them to photos as examples in advertisements and other platforms like Instagram and Facebook, in recent years, the media has continually served as a conduit for socio-cultural norms concerning the ideal physical form sizes that constitute the "ideal" male and female. Women are lean and trim, whereas males are wide and strong, Magazines and newspapers are examples of media that frequently media portrayals of slender models and athletes have been cited as the most influential factor in shaping the public's idealized view of the female figure (Ezeh, 2020).

People's perceptions of their bodies are often linked to how they feel about themselves. A person's self-esteem reflects his or her opinion of his or her own worth and the degree to which he or she accepts or rejects himself or herself. Feeling good about oneself, handling adversity and criticism well, and thriving in a supportive social environment are all linked to high self-esteem setting where people admire and respect them. Setting reasonable objectives and effectively achieving those goals results with a rise in egotism, aggressiveness, and emotional appreciated. Self-esteem influences life satisfaction required for one's own mental health and sense of identity (Ezeh, 2020).

Researchers have shown that people with poor self-esteem are more likely to take selfies and use social media to manage their relationships in an effort to fulfill their own self-esteem demands, reduce the likelihood of shame, and calm their own social anxiety. In addition, young women who are heavy Internet and social media users have been shown to have more body image issues, a more intense desire to lose weight, and a heightened awareness of the importance of maintaining a slim physique (Mohamed, 2019).

The physical changes that occur as a result of a person's perception of themselves may shift with age, leading to a discrepancy between their ideal and actual self-image. Diseases including depression and eating disorders have been related to this perspective and may significantly affect their health and quality of life. an absence of pride in oneself Body image issues may also lead to social isolation and depression. have a detrimental impact on social

interaction, career chances, productivity, socioeconomic position, and psychological function (Medeiros de Morais, 2017).

Women's self-esteem may be severely damaged by the cultural pressure to meet unrealistic beauty standards. The way individuals see themselves might be drastically altered if their expectations are not met. Women's notions of beauty are significantly influenced by societal factors, especially during the formative years of adolescence. Social context has been shown to have a significant impact on an individual's attitudes, beliefs, and actions. Parents, peers, and the ubiquitous promotion of an "appearance culture" all play a role in passing on these ideals. (Kaziga, 2021).

Patients who had cosmetic surgery reported improvements in their overall sense of well-being, confidence, and appreciation of their bodies after the treatment. They had a more positive body image after surgery than they had before, which boosted their confidence and happiness. It's interesting to notice that as self-esteem improved, so did general confidence. These results have important clinical implications, stressing the need to evaluate patients' body image, self-esteem, and confidence levels after surgery to better understand their state of mind and the efficacy of their therapies (Gümüşsoy S, 2021). Conclusions Overall, the results highlight the enormous cultural and social beauty demands on women that may encourage and perpetuate poor body image and the thought of undergoing cosmetic surgery (Wu. 2022).

Finally, twelve papers addressing determinants of cosmetic surgery interest were selected and analyzed. It was found that a person's propensity to seek and undergo cosmetic surgery was related to epidemiological factors, social networks, psychological characteristics like body image, self-esteem, and other personality traits, and specific psychopathology. Study looked at psychological factors related via a desire for aesthetic surgery. Understanding the features, motivation, and expectations of cosmetic surgery patients is a crucial element of their clinical treatment to pinpoint the people who will gain the most from the operation (Milothridis et al.,2016).

Perceptions of one's own physique, feelings of self-worth and confidence, and openness to the idea of undergoing cosmetic surgery in Nigeria it is important area of research as it sheds light on the cultural and societal influences on people's decisions to have plastic surgery. In Nigeria, where traditional beauty standards often prioritize certain physical characteristics, individuals may be subjected to peer pressure to alter their appearance to fit in with these norms and may resort to cosmetic surgery as a means of achieving this. However, the decision to have cosmetic surgery may have a profound influence on a person's self-

perception and confidence. The purpose of this study is to better understand the elements that impact people' decisions to undertake cosmetic surgery by investigating the interplay between persons' "body image perception, self-esteem, and confidence, and their acceptance of cosmetic surgery" in Nigeria and its effects on the overall well-be.

**Statement of the Problems:** The statement of the problems for this study on how they are connected to "body image perception, self-esteem, self-confidence, acceptance of the cosmetic surgery" in Nigeria includes the following:

1. Limited research among nursing student on connection between "body image perception, self-esteem, self-confidence, and acceptance of cosmetic surgery" in Nigeria.
2. Insufficient knowledge about the motivations and concerns of nursing student who choose to undergo cosmetic surgery in Nigeria.
3. Limited understanding of nursing students on the cultural, religion and societal influence on "acceptance of cosmetic surgery" in Nigeria
4. Lack in understanding of the religion, cultural and societal factors that influence "body image perception, self-esteem, self-confidence, acceptance of cosmetic surgery" in Nigeria and need to examine it further.

These problems highlight the need for further research on this topic, Specifically, we want to learn more about what makes nursing student in Nigerians open up to cosmetic surgery and what obstacles they face in doing so contribute to the knowledge in this field.

**1.2 Purpose of the Study:** The goal of this research is to better understand how nursing student in Nigeria see cosmetic surgery in connection to factors including body image perception, self-esteem, and confidence. Examining how people in Nigeria view body image, self-esteem, and confidence, as well as the prevalence of cosmetic surgery, are the specific goals of this research.

As a whole, this research hopes to add to our understanding of the elements that shape people's attitudes on cosmetic surgery in Nigeria.

### **1.3 Research Questions:**

#### **Research Questions:**

1. In Nigeria, how strongly do factors like "body image, self-esteem, and confidence" influence nursing student willingness to get "cosmetic surgery"?
2. How does Nigerian religion affect nursing student views about getting cosmetic surgery?

3. To what extent does body mass index (BMI) influence Nigerians' nursing student perceptions of and willingness to undergo "cosmetic surgery"?
4. What is the Nigerian nursing student level of body image perception, self-esteem and self-confidence?
5. What is the relation between body image, self-esteem and self-confidence?

Questions for research give a framework for investigating the effect of religion on how Nigerian nursing students think about their bodies, their self-worth, and the legitimacy of "cosmetic surgery".

findings of this research may inform the design of programs in Nigeria aimed at boosting "self-esteem and positive body image".

**1.4 Significance of the Study:** One possible usage of the results of the study on the relationship between body image perception, self-esteem, self-confidence, and acceptance of cosmetic surgery in Nigeria is to inform the development of targeted interventions and educational programs, it lies in its ability to:

1. Based on the findings, Healthcare professionals, including nurses, can design interventions aimed at promoting positive body image, self-esteem, and self-confidence among individuals considering cosmetic surgery. This may involve implementing counselling sessions, support groups, or educational workshops that focus on enhancing self-acceptance and addressing underlying psychological factors that contribute to low self-esteem or body dissatisfaction.
2. The study results can be used to raise awareness among healthcare providers and the general public about the importance of holistic approaches to self-esteem and well-being. This may involve promoting body positivity, challenging societal beauty standards, and fostering a culture of self-acceptance and self-care
3. Nursing students can also utilize the study findings to enhance their clinical practice and patient care. By understanding the complex relationship between body image perception, self-esteem, self-confidence, and acceptance of cosmetic surgery, they can provide more comprehensive and individualized care to patients seeking or considering cosmetic procedures. This may involve actively engaging in discussions about body image, addressing concerns related to self-esteem, and providing support and guidance throughout the decision-making process.
4. Add body knowledge on the motivations and concerns of individuals who choose in order to get a cosmetic procedure done in Nigeria.



Overall, the results of the study can contribute to the development of evidence-based practices, policies, and interventions aimed at promoting mental well-being, body positivity, and informed decision-making among individuals considering cosmetic surgery in Nigeria.

### **1.5 Limitations:**

1. The study is done in Nigeria and the findings may not be generalizable to other countries.
2. The study is on individuals-reported data, potential risks associated with bias, inaccuracies such as social desirability bias or recall bias. Participants may provide socially desirable responses, which may impact the accuracy and reliability of the data. Additionally, self-report measures may not fully capture the complexity and nuances of individuals' experiences and perceptions related to body image, self-esteem, self-confidence, and acceptance of cosmetic surgery.
3. The study focuses on “the relationship between body image perception, self-esteem, self-confidence, acceptance of cosmetic surgery”, however alternatives that may affect how people feel about cosmetic surgery such as culture, society and financial considerations, may not be fully explore.
4. The study may not consider cultural, ethnic or linguistic diversity of the Nigerian population that can affect the outcome.
5. The study may not consider additional elements that may affect people's openness to cosmetic surgery, such as medical conditions or psychological disorders.

It is important to consider these limitations when interpreting the findings of the study, and to use caution when generalizing the results to other populations or contexts.

## CHAPTER II

### BACKGROUND

#### 2.1 Definition

There are complexities between how Nigerians perceive their bodies, how they feel about themselves, and whether or not they accept the concept of cosmetic surgery. When individuals have an unfavourable perception of their bodies, they may feel less confident in themselves and seek cosmetic surgery to enhance their self-esteem and confidence.

Nevertheless, cultural and socioeconomic factors, as well as individual beliefs and values, have a substantial impact on the acceptability of cosmetic surgery in Nigeria. In designing interventions and methods to promote a positive body image and a sense of self-worth, it is crucial to take Nigeria's unique characteristics into account.

#### 2.2 Body Image (BI)

Utilize the individual's viewpoint and ideas, attitudes about their own physical appearance, as well as the way they believe others perceive them. It includes both cognitive (mental) and affective (emotional) components and can be influenced by a variety of factors such as self-respect; perception of worth; self-image (Fardouly & Vartanian 2016).

##### 2.2.1 Types of Body Image

**Positive Body Image:** A comprehensive appreciation and veneration for one's physical form that allows one to embrace and even appreciate their body, defects and all, despite the fact that it does not conform to any idealized image (Tylka. 2018).

**Negative Body Image:** A person with a negative body image is uneasy with their physical aspect. There is a chance that they will desire to alter their physical aspect. Throughout the course of a person's lifespan, their perception of their physical appearance may fluctuate frequently. Both a person's perception of self-worth and their behaviour are strongly linked to how they view their own physique (Tylka & Wood-Barcalow 2015).

##### 2.2.2 Component of Body Image

The way you see yourself (**Perceptual**): There is a disparity between your mental image of your body and its actual appearance. A person may perceive they are overweight when, in reality, they are malnourished. The self-perception of an individual is their "perceptual body image" (Brown, Tiggemann 2016).

The way you feel about the way you look (**Affective**): Regarding one's appearance, it is possible to have both positive and negative emotions. Affective body image refers to how

you feel about your body in general and how contented or dissatisfied you are with your appearance, weight, and other body characteristics (Brown, Tiggemann 2016).

The thoughts and beliefs you feel about your body (**Cognitive**): Often, weight loss is viewed as a means of boosting self-esteem. Numerous individuals believe that gaining weight will enhance their appearance. Body image refers to the cognition of one's corporeal self (Brown, Tiggemann 2016).

The things you do in relation to the way you look (**Behavioral**): Dissatisfaction with one's physical appearance can lead to self-destructive behaviours such as excessive exercise and disordered eating. Due to appearance-related insecurities, some individuals choose to spend time alone. Your behavioural body image includes your body-related behaviours (Brown, Tiggemann 2016).

## **2.4 Self-Esteem (SE)**

Regularly discuss how one perceives and thinks about oneself. It reveals the extent to which a person values his abilities, significance, achievements, and merit, and expresses either approval or disapproval of these qualities. Self-esteem is a person's internal evaluation of his or her own worth (Coopersmith 1967), A high level of self-esteem is characterized by the belief that one can overcome life's obstacles and deserves success (Branden, 2021).

### **2.3.1. Types of “Self-Esteem”**

**Low “Self-Esteem”:** A pessimistic perspective on one's own personality, performance, and future (Coopersmith 1967).

**High “Self-Esteem”:** A positive outlook on one's personality, activities, and future (Coopersmith 1967).

### **2.3.2 Domains of “Self-Esteem”**

**Family Environment:** Education begins in a person's own household. The family is the primary setting for the socialization and emotional development of a child, due to this variation in composition, each family has a unique personality. Each region's distinctive social and economic climate is a result of its distinct history and social structure (Branden, 2021).

**Achievement:** Education and the pursuit of personal interests both contribute significantly to the development of a strong, robust sense of self (Branden, 2021).

**Physical characteristics:** External factors such as a person's hair, figure, height, weight, and skin tone can influence their sense of self-worth (Branden, 2021).

**Self-Belief:** It is well-documented that a person's high self-esteem can result from their ability to quickly assimilate new information and their confidence in their ability to perform high-quality tasks (Branden, 2021).

**Task Proficiency:** Included here are the capacity to perform activities and the requisite skills for doing so. How well an individual performs on duties shapes their character (Branden, 2021).

**Feedback Friends and Others:** Positive, negative words and actions of those around a person can either enhance or diminish their sense of self-worth (Branden, 2021).

## 2.4 Self-Confidence (SC)

The state of one's belief in akin to abilities, qualities, judgements. It is different from self-assurance in one's skills and worth in the universe. Self-confidence is related to the specific domains or situations, such as in a particular skill or task. A person with high self-confidence has strong belief in their abilities and capable of achieving their goal, while a person with low self-confidence may doubt their abilities and feel unsure of themselves in certain situations. Like self-esteem, self-confidence can fluctuate over time and can be affected by different circumstances (Pouget, et al., 2016).

### 2.4.1 Types of “Self-Confidence”

**Low Self-Confidence:** Due to a dread of making an error or failing, refusing to venture beyond one's comfort zone. Making decisions and taking action based on what you believe others will think of you, attempting to conceal your flaws, and delaying resolution until it is too late (Oney & Oksuzoglu-Guven, 2015).

**Optimal Self-Confidence:** Following your moral compass regardless of the repercussions, making decisions based on your values rather than the opinions of others, and placing your own happiness above that of others are all examples of moral courage (Oney & Oksuzoglu-Guven, 2015).

**Over Self-Confidence:** People who are overconfident, egocentric, and intransigent are unfortunately prevalent. People with a superiority complex often believe that constantly praising themselves is the key to success. Confidence is crucial, but excessive confidence is egocentric and disagreeable (Oney & Oksuzoglu-Guven, 2015).

### 2.4.2 How to Develop Self-Confidence

**Goal Setting:** Define explicit objectives, divide them down, and rank them

**Analysis:** Recognize achievements and assess development requirements

**Creation:** Create a strategy and visualize its success

**Action:** Continue to move forward and embrace adversity

**Evaluation:** Keep track of progress and learn from setbacks

Keep in mind that developing confidence is a process that requires persistence and introspection. By adhering to these guidelines and maintaining a positive attitude, it is possible to increase your self-assurance and make progress toward your goals (Oney & Oksuzoglu-Guven, 2015).

## 2.5 Cosmetic Surgery

Describes a person's willingness to undergo a procedure to alter their physical appearance. It is how strongly one believes something is willing to realize or undergo a “cosmetic surgery” to change their appearance. People's receptivity to the notion of undergoing “cosmetic surgery” is influenced by a variety of factors, such as their perceptions of their own physique, self-worth, and confidence (Atiyeh 2020).

### 2.5.1 Types of cosmetic surgery procedures

**Facial Contouring:** Rhinoplasty, cheek or chin enlargement

**Contouring Body:** Liposuction, abdominoplasty, and gynecomastia surgery

**Rejuvenation Facial:** Face lift, brows lift, eye lift, neck lift

**Skin Rejuvenation:** Resurfacing lasers, Botox, and dermal fillers

**Breast enhancement:** Enlargement, lift, and reduction

## 2.6 Nurses Responsibilities in Cosmetic Surgery

- Fillers, peels, and wrinkle injections are nonsurgical cosmetic procedures that are performed.
- facilitating surgical procedures and providing follow-up care
- Examining contemporary procedures and practices
- Performing an epidermis condition analysis on the patient
- Providing medical assistance during plastic surgery conducted by surgeons or physicians
- Scheduling and evaluation of patients
- Establishing examination chambers and sterilizing apparatus
- Preoperative Assessment: Nurses are responsible for conducting thorough assessments of patients prior to cosmetic surgery. This involves obtaining relevant

medical history, performing physical examinations, and assessing the patient's emotional and psychological readiness for the procedure

- **Patient Education:** Nurses provide comprehensive education to patients about the cosmetic surgery procedure, including the benefits, risks, and potential outcomes. They clarify any doubts or concerns, ensuring that patients have realistic expectations and are fully informed before giving their consent
- **Surgical Preparation:** Nurses assist in preparing the surgical suite, ensuring that all necessary equipment and supplies are available and properly sterilized. They also collaborate with the surgical team to ensure a safe and sterile environment for the procedure
- **Intraoperative Support:** During the surgical procedure, nurses play a vital role in assisting the surgeon by providing instruments, maintaining a sterile field, and monitoring the patient's vital signs. They ensure the patient's comfort and safety throughout the procedure
- **Postoperative Care:** After the surgery, nurses monitor the patient closely, assessing vital signs, managing pain, and providing appropriate wound care. They educate patients on postoperative instructions, including medication management, activity restrictions, and signs of complications
- **Emotional Support:** Nurses offer emotional support to patients during the entire process of cosmetic surgery. They address any concerns or anxiety, provide reassurance, and encourage open communication. They also provide information about available support services or resources, if needed
- **Patient Advocacy:** Nurses act as patient advocates, ensuring that patients' rights and well-being are protected. They collaborate with the healthcare team to address any issues or concerns, promote patient safety, and facilitate effective communication between the patient and the healthcare providers
- It is important to note that the specific responsibilities of nurses in cosmetic surgery may vary depending on the healthcare setting, the type of procedure, and the individual patient's needs. Nurses work collaboratively with the surgical team and other healthcare professionals to ensure the best possible outcomes for patients undergoing cosmetic surgery, (Erin Smith 2023, Top Nursing 2023).

## CHAPTER III

### METHODOLOGY

#### **3.1 Research Design**

The structure of this investigation was influenced by descriptive quantitative survey research to investigate a correlation between “Body Image, Self-Esteem, Self-Confidence and Acceptance of Cosmetic Surgery”.

#### **Setting:**

#### **3.2 Participants/Population and Sample**

There are 315 students aged 18 to 35 enrolled in the first, second, and third years of the three-year diploma program for those interested in a nursing or midwifery career at the College of Nursing and Midwifery Nigeria.

315 of the 370 pupils in the sample agreed to participate in the research. They all exhibited genuine interest in the research topic and volunteered to participate voluntarily. Some participants go out of their way to demonstrate their inquiry and interest in “cosmetic surgery”.

The sampling method used is convenient and snow balling using online questionnaire survey. Dependent variables: “acceptance of cosmetic surgery, self-esteem, body image, self-confidence”.

Independent variables: age, gender, religious background, marital status, BMI.

#### **3.3 Sociodemographic Part (Personal Data Sheet)**

It consists of participant personal information like age, gender, height, weight, BMI, marital status, religious background.

#### **3.4 Body Image Scale**

The scale was created by Strong & Sayad (1999) with 12 items scale that measure the body image, to what extent do we feel positive or negative about our appearance. The entire survey was based on a 4-point Likert scale, ranging from 1 (never) to 4 (always). Scoring for the scale was ranging from 0-50, the higher the number scored by the participants shows positive body image and the lower the number shows negative body image, this scale was 0.94, consistency and dependability based on internal standards. High 0.97 Cronbach's alpha was found in this investigation.

#### **3.5 Rosenberg Self-Esteem Scale**

Rosenberg (1965) pioneered the use of “self-esteem” questionnaires in research. A high sense of self-worth, as defined by Rosenberg, manifests itself when "a special object (oneself) has a

positive or negative attitude that has basically the same qualities and attitudes toward other objects (other than oneself)." He reasoned that since attitudes toward objects can be quantified, so can attitudes toward oneself. The 10 queries that comprise Rosenberg's self-esteem assessment are graded on a 4-point scale (Hosogi, 2012).

The scale was created by (Rosenberg, M. 1965) using a 10-item scale to assess overall self-worth by the simultaneous measurement of positive and negative self-evaluations 5 expressed in positive statement and 5 in negative statement. The Likert scale is utilized for all responses, with 1 indicating strong agreement and 4 indicating strong disagreement. For scaling, only one dimension is specified.

For scaling, only one dimension is specified. The point totals for items 2, 5, 6, 8, and 9 are inverted. To determine the tally, assign 1 point for 1, 2 for 2, 3 for 3, and 4 for 4. Add up your scores from all 10 questions. Record accomplishments on a continuous scale. With a higher score, you have more self-assurance. This scale ranges from 0 to 30, with 30 representing perfection, and provides a wide range of prospective outcomes. Other alternative scoring schemes include using values from 1 to 4 (instead of 0 to 3) and a score range of 10 to 40. A score below 15 indicates low "self-esteem", whereas a score between 15 and 25 indicates average self-esteem, and a score of 25 or higher indicates above-average "self-esteem". Typically, test-retest correlations for this scale range between 0.77 and 0.88, indicating a high degree of reliability. This investigation had a Cronbach's alpha coefficient of 0.83.

### **3.6 Self-Confidence Scale**

This scale was created by (Hicks F. 2009) It appeared in the 2009 paper by Hicks, Coke, and Li, the scale consists of a total of 12 questions, each with a 5-point Likert scale (1 = not confident, 2 = barely confident, 3 = confident, 4 = very confident, and 5 = very confident). The primary objective of the scale's development was to evaluate the variables of "self-confidence" along these four dimensions, the scale was divided into 3 sub scale (Factor 1, Factor 2, and Factor3).

With results Varying from 12 to 60, with scores higher reflect more self-assurance. Hicks created the gauge in 2006, it valid and dependable, with a remarkable 0.96 "Cronbach alpha". This research has a Cronbach's alpha of 0.96.

### **3.7 Acceptance of Cosmetic Surgery Scale**

Henderson-King and Henderson-King, (2005) invented it, this scale consists 15-items, is a multi-factor instrument that assesses three perspectives on cosmetic surgery: interpersonal: Five elements including: "cosmetic surgery can have a substantial positive impact on people's



self-image”, social: Five things; “I would seriously consider having cosmetic surgery if my partner thought it was a good idea” is one.

and consider examples: “I would like to try cosmetic surgery if I knew there would be negative side effects or pain” is one of the five options.

All queries are scored on a seven-point Likert scale (1 = strongly disagree, 7 = strongly concur) with a high degree of internal consistency. The scoring system ranges from 15 to 105, with higher scores on the sub-scale and overall scale indicating a more favourable attitude toward “cosmetic surgery”.

According to research this scale has a high level of internal consistency, convergent validity, and reliability, with a “Cronbach's alpha” coefficient between 0.91 and 0.93 across all items (Henderson-king 2005). At 0.97, the Cronbach's alpha coefficient in this study was exceptionally high.

### **3.8 Data Collection Tools/Materials:**

The data was collected using Google forms. Data collection began on November 21, 2022, and ended on January 17, 2023. The time needed to complete the form is around 15 minutes. This research collects data using questionnaires. Participants were informed of the objective, protocol, of the data collecting goals.

The study collected the data using questionnaire that consist of 5 parts that includes Personal Data Sheet, Body Image Scale (BIS), Rosenberg Self-Esteem Scale (RSES), Self-Confidence Scale (SCS), Acceptance of Cosmetic Surgery Scale (ACSS).

### **3.9 Data Analysis**

Collected SPSS (Statistical Package for the Social Sciences) was used to analyse the data. The Pearson correlation incorporated for analysed parameters, descriptive statistic (frequencies, mean, median, standard deviation, maximum and minimum, Cronbach's alpha values) were calculated, the BIC, SEC, SCS, ACSS was evaluated by computing the mean across all the items separately according to scale and summarizing it up, the independent sample t test was used to determine the association between age and cosmetic surgery adoption, while one-way analysis of variance (ANOVA) was used to compare the mean between gender, marital status, religion background, BMI as well as approval of “cosmetic surgery”. The Pearson correlation test was used to assess the significance of the “relationship between body image, self-esteem, self-confidence, and acceptability of cosmetic surgery”. P value accepted as significant was  $p < 0.05$ .

**3.10 Ethical considerations:**

Participants participate voluntarily. The information obtained from the study would be kept confidentially and will not be disclosed unless requested by the law. The study obtains information which are only relevant to the topic. Each individual participant's autonomy is respected.

Ethical approval was obtained from the Near East Institutional Review Board (IRB) of Near East University.

## CHAPTER IV

### Findings

Table 4.1 *Descriptive characteristics of the participant (N=315)*

<b>Descriptive statistics</b>	<b>N</b>	<b>%</b>
<b>Gender</b>		
Male	99	31.4
Female	216	68.6
<b>Age</b>		
18-25	152	48.3
26-30	110	34.9
31-35	53	16.8
<b>Age: Mean <math>\pm</math> SD</b> (25.44 $\pm$ 4.718),	<b>Minimum-Maximum values</b> (18-35)	
<b>Religious background</b>		
Islam	235	74.6
Christianity	79	25.1
Traditional	1	.3
<b>Marital status</b>		
Single	255	81.0
Married	52	16.5
Divorce	8	2.5
<b>BMI</b>		

Underweight	17	5.4
Normal	145	46.0
Overweight	62	19.7
Obese	91	28.9

The subject's defining characteristics are displayed in Table 4.1.

Out of the 315 participants, 315 specified their gender with 99 males, 216 females. Of the 315 participants, 315 specified their age, with <18 years being the youngest and >35 the oldest. 315 specified their religion background as 235 Islam, 79 Christianity and 1 traditional. 315 participants specified their marital status with 255 single, 52 married and 8 divorce. The BMI of the 315 participants been the underweight with 17, normal 145, overweight 62 and obese 91.

Table 4.2 *Questionnaire response to the Body Image Scale (N=315)*

<b>Scale items</b>	<b>Never</b> N (%)	<b>Sometimes</b> N(%)	<b>Often</b> N (%)	<b>Always</b> N (%)
“I dislike seeing myself in mirrors”	139(44.1%)	107(34.0%)	47(14.9%)	22(7.0%)
“When I shop for clothing, I am more aware of my weight problem, and consequently I find shopping for clothes somewhat unpleasant”	144(45.7%)	101(32.1%)	55(17.5%)	15(4.5%)
“I am ashamed to be seen in public”	163(52.4%)	80(25.4%)	52(16.5%)	20(6.3%)
“I prefer to avoid engaging in sport or	165(52.4%)	72(23.5%)	53(16.8%)	25(7.9%)

public exercise because of my appearance”				
“I feel somewhat embarrassed by my body in the presence of someone of the other sex”	167(53.0%)	74(23.5%)	49(15.6%)	25(7.9%)
“I think my body is ugly”	176(55.9%)	66(21.0%)	49(15.6%)	24(7.6%)
“I feel that other people must think my body is unattractive”	156(49.5%)	81(25.7%)	45(14.3%)	33(10.5%)
“I feel that my family or friends may be embarrassed to be seen with me”	178(56.5%)	70(22.2%)	44(14.0%)	23(7.3%)
“I find myself comparing my body with other people to see if they are heavier than I am”	139(44.1%)	101(32.1%)	47(14.9%)	28(8.9%)
“I find it difficult to enjoy activities because I am self-conscious about my physical appearance”	166(52.7%)	85(27.0%)	38(12.1%)	26(8.3%)
“Feeling quilt about my weight problem preoccupies most of my thinking”	168(53.3%)	76(24.1%)	46(14.6%)	25(7.9%)
“My thoughts about my body appearance are negative and self-critical”	161(51.1%)	80(25.4%)	34(10.8%)	40(12.7%)
<i>Discriptives statistics of the body image scale (n=315)</i>				
<b>Scale items</b>	<b>Mean ± SD</b>			

“I dislike seeing myself in mirrors”	1.85±.922	
“When I shop for clothing, I am more aware of my weight problem, and consequently I find shopping for clothes somewhat unpleasant”	1.81±.889	
“I am ashamed to be seen in public”	1.77±.943	
“I prefer to avoid engaging in sport or public exercise because of my appearance”	1.80±.987	
“I feel somewhat embarrassed by my body in the presence of someone of the other sex”	1.78±.980	
“I think my body is ugly”	1.75±.979	
“I feel that other people must think my body is unattractive”	1.86±1.020	
“I feel that my family or friends may be	1.72±.960	

embarrassed to be seen with me”		
“I find myself comparing my body with other people to see if they are heavier than I am”	1.89±.967	
“I find it difficult to enjoy activities because I am self-conscious about my physical appearance”	1.76±.960	
“Feeling quilt about my weight problem preoccupies most of my thinking”	1.77±.973	
“My thoughts about my body appearance are negative and self-critical”	1.85±1.053	
<i>Descriptive statistics and the Body Image Scale (n=315)</i>		
<b>Scale</b>	<b>Mean ± SD</b>	
Overall score	21.61±10.116	

From table 4.2, The 176(55.9%) participants agreed that they never think their body is ugly, while 24(7.6%) always think their body is ugly. 107(34.0%) believe that sometimes they dislike seeing their self in mirror, while 47(14.9%) often dislike seeing their self in mirror. The mean score of the overall scale was (21.61±10.116) which show that participant have moderate body image perception

Table 4.3 *Questionnaire response to the Self-Esteem Scale (N=315)*

<b>Items on the scale</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
“Overall, I feel content with myself”.	129(41.05)	111(35.2%)	49(15.6%)	26(8.3%)
“There are moments when I doubt my abilities and feel inadequate”.	71(22.5%)	96(30.5%)	84(26.7%)	64(20.3%)
“I feel that I have a number of good qualities”	132(41.9%)	108(34.3%)	46(14.6%)	29(9.2%)
“I am able to do things as well as most other people”	127(40.3%)	110(34.9%)	47(14.9%)	31(9.8%)
“I feel I do not have much to be proud of”	89(28.3%)	85(27.0%)	73(23.2%)	68(21.6%)
“I certainly feel useless at times”	86(27.3%)	80(25.4%)	71(22.5%)	78(24.8%)
“I feel that I'm a person of worth, at least on an equal plane with others”	131(41.6%)	96(30.5%)	50(15.9%)	38(12.1%)
“I desire to cultivate a greater sense of self-respect”	132(41.9%)	90(28.6%)	51(16.2%)	42(13.3%)



“All in all, I am inclined to feel that I am a failure”	100(31.7%)	60(19.0%)	65(20.6%)	90(28.6%)
“I take a positive attitude toward myself”	148(47.0%)	87(27.6%)	41(13.0%)	39(12.4%)

*Statistical descriptions of the Self-Esteem Scale (n=315)*

<b>Scale items</b>	<b>Mean ± SD</b>
“On the whole, I am satisfied with myself”	1.91±.943
“At times I think I am no good at all”	2.45±.1.053
“I feel that I have a number of good qualities”	1.91±.964
“I am able to do things as well as most other people”	1.94±.973
“I feel I do not have much to be proud of”	2.38±1.112
“I certainly feel useless at times”	2.45±1.137
“I feel that I'm a person of worth, at least on an equal plane with others”	1.98±1.030

“I wish I could have more respect for myself”	2.01±1.057	
“All in all, I am inclined to feel that I am a failure”	2.46±1.208	
“I take a positive attitude toward myself”	1.91±1.044	
“I take a positive attitude toward myself”	1.91±1.044	
<i>Integrating descriptive statistics with Self-Esteem Scale (n=315)</i>		
<b>Subscales</b>	<b>Mean ± SD</b>	
Positive scale	9.26±3.974	
Negative scale	5.66±4.250	
Overall score	14.93±1.811	

From table 4.3, 96(30.5%) participants agree that they are not good at all, while 65(20.6%) disagree that all in all, they incline to feel that they are failure. 148(47.0%) participants strongly agreed that they take positive attitude toward them self, while 39(12.4%) strongly disagree about taking positive attitude toward them self.

The averaged results across all dimensions were (14.93±1.811) which shows that participants have moderate self-esteem.

Table 4.4 *Questionnaire response to Self-confidence Scale (N=315)*

<b>Scale items</b>	<b>Not confident</b>	<b>Hardly confident</b>	<b>Confident</b>	<b>Very confident</b>	<b>Extremely confident</b>
“I do what I think is expected of me, rather than what I believe to be right”.	59(18.7%)	55(17.5%)	101(32.1%)	41(13.0%)	59(18.7%)
“I handle new situation with relative comfort and ease”.	33(10.5%)	63(20.0%)	96(30.5%)	56(17.8%)	67(21.3%)
“I feel positive and energized about my life”.	29.(9.2%)	57(18.1%)	96(30.5%)	56(17.8%)	77(24.4%)
“If something looks difficult, I avoid doing it”.	49(15.6%)	62(19.7%)	81(25.7%)	63(20.0%)	60(19.0%)
“I keep trying, even after others have given up”.	34(10.8%)	61(19.4%)	54(17.1%)	79(25.1%)	87(27.6%)

“If I work hard to solve a problem, I will find the answer”.	40(12.7%)	40(12.7%)	54(17.1%)	87(27.6%)	93(29.5%)
“I achieve the goals I set for myself”.	44(14.0%)	48(15.2%)	56(17.8%)	81(25.7%)	86(27.3%)
“When I face difficulty, I feel hopeless and negative”.	64(20.3%)	65(20.6%)	56(17.8%)	62(19.7%)	68(21.6%)
“I relate to people who work very hard, and still don’t accomplish their goals”.	60(19.0%)	62(19.7%)	62(19.7%)	58(18.4%)	73(23.2%)
“People give me positive feedback on my work and achievement”	42(13.3%)	46(14.6%)	56(17.8%)	75(23.8%)	96(30.5%)
“I need to experience success early in a process,	55(17.5%)	59(18.7%)	62(19.7%)	61(19.4%)	78(24.8%)

or I won't continue”.					
“I believe that if I work hard, I will achieve my goals”.	44(14.0%)	36(11.4%)	43(13.7%)	69(21.9%)	123(39.0)
<i>Descriptives of Self-Confidence Scale (n=315)</i>					
<b>Scale items</b>	<b>Mean ± SD</b>				
“I do what I think is expected of me, rather than what I believe to be right”.	2.96±1.344				
“I handle new situation with relative comfort and ease”.	3.19±1.271				
“I feel positive and energized about my life”.	3.30±1.272				
“If something looks difficult, I	3.07±1.335				

avoid doing it”.	
“I keep trying, even after others have given up”.	3.39±1.353
“If I work hard to solve a problem, I will find the answer”.	3.49±1.366
“I achieve the goals I set for myself”.	3.37±1.389
“When I face difficulty, I feel hopeless and negative”.	3.02±1.444
“I relate to people who work very hard, and still don’t accomplish their goals”.	3.07±1.439

“People give me positive feedback on my work and achievement”	3.43±1.394
“I need to experience success early in a process, or I won't continue”.	3.15±1.433
“I believe that if I work hard, I will achieve my goals”.	3.61±1.447
<i>Descriptive statistics and Self-Confidence Scale (n=315)</i>	
<b>Subscales</b>	<b>Mean ± SD</b>
Factor 1	12.52±4.717
Factor 2	13.26±4.974
Factor 3	13.26±5.057
Overall score	39.07±14.030

From table 4.4, The 65(20.6%) participants believe that they are hardly confident when they face difficulty, they feel hopeless and negative, and 49(15.6%) participants believed that they are not confident to handle something that is difficult, so they avoid doing it. 67(21.3%)

participants agreed they are extremely confident they can handle ne situation with relative comfort and ease. 69(21.9%) of the participants believe that they are very confident if they work hard, they will achieve their goal while 43(13.7%) are confident if they work hard, they can achieve their goal.

the mean score for the overall scale was (39.07±14.030) which shows that the participant has moderate self-confidence.

Table 4.5 *Questionnaire responses to Cosmetic Surgery Acceptance Scale (N=315)*

<b>Items on the Scale</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Somewhat Disagree</b>	<b>Neutral</b>	<b>Some what Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
“Opting for minor cosmetic surgery instead of enduring years of negative self-perception seems like a reasonable choice”	1389(43.8%)	34(10.8%)	21(6.7%)	56(17.8%)	26(8.3%)	20(6.3%)	20(6.3%)
“Cosmetic surgery is a good thing because it can help people feel better about themselves”.	122(38.7%)	38(12.1%)	20(6.3%)	65(20.6%)	30(9.5%)	25(7.9%)	15(4.8%)
“I might consider undergoing cosmetic surgery at some point in the future”.	141(44.8%)	46(14.6%)	25(7.9%)	48(15.2%)	23(7.3%)	19(6.0%)	13(4.1%)
“People who are very unhappy with their physical appearance should consider cosmetic surgery as one option”.	118(37.5%)	51(16.2%)	23(7.3%)	55(17.5%)	28(8.9%)	22(7.0%)	18(5.7%)



“If cosmetic surgery can make someone happier with the way they look, then they should try it”.	111(35.2%)	50(15.9%)	19(6.0%)	54(17.1%)	28(8.9%)	27(8.6%)	26(8.3%)
“If I could have a surgical procedure done for free, I would consider trying cosmetic surgery”.	138(43.8%)	50(15.9%)	21(6.7%)	42(13.3%)	18(5.7%)	22(7.0%)	24(7.6%)
“If I were assured of a pain-free and risk-free experience, I would be open to trying cosmetic surgery”.	133(42.2%)	46(14.6%)	20(6.3%)	48(15.2%)	21(6.7%)	21(6.7%)	26(8.3%)
“I have sometimes thought about having cosmetic surgery”.	132(41.9%)	61(19.4%)	16(5.1%)	39(12.9%)	18(5.7%)	24(7.6%)	25(7.9%)
“I would seriously consider having cosmetic surgery if my partner thought it was good idea”.	141(44.8%)	51(16.2%)	20(6.3%)	36(11.4%)	22(7.0%)	18(5.7%)	27(8.6%)
“I would never have any kind of plastic surgery”.	124(39.4%)	42(13.3%)	17(5.4%)	38(12.1%)	23(7.3%)	25(7.9%)	46(14.6%)

“To maintain a youthful appearance, I would contemplate the option of cosmetic surgery”.	146(46.3%)	43(13.7%)	21(6.7%)	44(14.0%)	19(6.0%)	17(5.4%)	25(7.9%)
“If it would benefit my career, I would think about having plastic surgery”.	143(45.4%)	51(16.2%)	19(6.0%)	37(11.7%)	22(7.0%)	21(6.7%)	22(7.0%)
“I would seriously consider having cosmetic surgery if I thought my partner would find me more attractive”	149(47.3%)	50(15.9%)	18(5.7%)	36(11.4%)	18(5.7%)	26(8.3%)	18(5.7%)
“Cosmetic surgery has the potential to significantly enhance individuals' self-image”.	120(38.1%)	45(14.3%)	20(6.3%)	54(17.1%)	27(8.6%)	20(6.3%)	29(9.2%)
“If a simple cosmetic surgery procedure would make me more attractive to others, I would think about trying it”.	140(44.4%)	53(16.8%)	17(5.4%)	33(10.5%)	22(7.0%)	18(5.7%)	32(10.2%)
<i>Descriptive statistics of Cosmetic Surgery Acceptance Scale (n=315)</i>							
<b>Scale items</b>	<b>Mean ± SD</b>						

<p>“It makes sense to have minor cosmetic surgery rather than spending years feeling bad about the way you look”.</p>	<p>2.80±1.982</p>
<p>“Cosmetic surgery is a good thing because it can help people feel better about themselves”</p>	<p>2.93±1.934</p>
<p>“I might consider undergoing cosmetic surgery at some point in the future”</p>	<p>2.60±1.854</p>
<p>“People who are very unhappy with their physical appearance should consider cosmetic surgery as one option”</p>	<p>2.88±1.931</p>
<p>“If cosmetic surgery can make someone happier with the way they</p>	<p>3.07±2.048</p>

look, then they should try it”	
“If I could have a surgical procedure done for free, I would consider trying cosmetic surgery”	2.73±2.015
“If I knew there would be no negative side effects or pain, I would like to try cosmetic surgery”	2.83±2.039
“I have sometimes thought about having cosmetic surgery”	2.75±2.032
“I would seriously consider having cosmetic surgery if my partner thought it was good idea”	2.71±2.040
“I would never have any kind of plastic surgery”	3.17±2.271

<p>“I would think about having cosmetic surgery in order to keep looking young”</p>	<p>2.68±2.009</p>
<p>“If it would benefit my career, I would think about having plastic surgery”</p>	<p>2.67±1.998</p>
<p>“I would seriously consider having cosmetic surgery if I thought my partner would find me more attractive”</p>	<p>2.63±2.025</p>
<p>“Cosmetic surgery can be a big benefit to people’s self-image”</p>	<p>3.00±2.059</p>
<p>“If a simple cosmetic surgery procedure would make me more attractive to others, I would think about trying it”</p>	<p>2.77±2.104</p>

<i>Descriptive statistics and the Cosmetic Surgery Acceptance Scale (n=315)</i>	
<b>Subscales</b>	<b>Mean ± SD</b>
Interpersonal scale	14.68±9.241
Social scale	13.44±9.724
Consider scale	14.07±8.834
Overall score	42.20±26.680

From table 4.5, The 122(38.7%) participants strongly disagree a cosmetic surgery advantageous because it enhances self-esteem, whereas 20(6.3%) strongly agree that plastic surgery for aesthetic purposes is beneficial. Even if the procedure was done free, 111(35.2%) will strongly not consider trying it. 20(6.3%) of the participants believe when asked if they concurred or disagreed with the statement that cosmetic surgery can significantly enhance people's perceptions of themselves, 54 (17.1%) respondents were neutral. When asked if they would ever consider cosmetic surgery for social, interpersonal, or psychological reasons, 14.6% of respondents responded with an emphatic affirmative.

The mean score on the whole scale was (42.20±26.680) which shows that the participants moderate acceptance regarding cosmetic surgery.

Table 4.6 *Comparison of the body image mean scores of the participants with descriptive characteristics (n=315)*

<b>Variables</b>		<b>Body Image</b>	
		<b>Mean± Standard Deviation</b>	<b>P-value</b>
Age	18-25	20.11±9.31	t=2.553 p=0.004
	26-35	23.00±10.64	
Gender	Male	20.43±9.47	F=3.035

	Female	22.15±10.37	p=0.082
Religious Background	Islam	21.01±9.90	F=1.628 p=0.198
	Christianity	23.37±10.64	
	Traditional	23.00	
Marital Status	Single	21.62±10.11	F=5.950 p=0.003
	Married	19.82±9.10	
	Divorce	32.87±10.16	
BMI	Underweight	21.76±9.54	F=52.273 p=0.000
	Normal	16.53±5.72	
	Overweight	20.62±8.31	
	Obese	30.36±11.03	

*Each group's differences were traced down to a specific contributor using t-tests, ANOVAs, and Post Hoc analyses (all with a significance level of  $P > 0.05$ ).*

From table 4.6, shows the relationship between sociodemographic variables, having a relative with body image. A statically substantial discrepancies in age existed ( $p=0.004$ ), marital status ( $p=0.003$ ) and BMI ( $p=0.00$ ). For age participant aged 26-35 had higher level of body image (M, SD= 23.00±10.64) compared to the age group 18-25 (M, SD= 20.11±9.31) for marital status a Tukey HSD revealed significant differences between single, married and divorce. More especially the participants that are married (M, SD= 19.82±9.10) cosmetic surgery has the capacity to positively impact individuals' self-perception and overall image of themselves (M, SD= 21.62±10.11) and divorce participants (M, SD= 32.87±10.16). An analysis using Tukey's Honestly Significant Difference (HSD) test revealed notable

distinctions among the BMI categories of underweight, normal weight, overweight, and obese. More especially the participants that had normal weight (M, SD= 16.53±5.72) the body image score was significantly lower than the score of the overweight (M, SD= 20.62±8.31), underweight (M, SD= 21.76±9.54) and obese participants (M, SD= 30.36±11.03).

There were no discernible differences in the acceptability of cosmetic surgery based on gender, religious affiliation, or awareness that one's body image may impact self-esteem, ( $p < 0.05$ ).

Table 4.7 Comparison of the self-Esteem mean scores of the participants with the descriptive characteristics (n=315)

Variables		Self-Esteem	
		Mean± Standard Deviation	P-value
Age	18-25	14.92±1.78	t=0.088 p=0.899
	26-35	14.94±1.83	
Gender	Male	14.91±1.86	F=0.003 p=0.956
	Female	14.94±1.79	
Religious Background	Islam	14.88±1.72	F=0.936 p=0.393
	Christianity	15.06±2.04	
	Traditional	17.00	
Marital Status	Single	14.98±1.79	F=2.061 p=0.129
	Married	14.55±1.80	
	Divorce	15.75±2.25	
BMI	Underweight	15.23±2.04	
	Normal	14.99±1.76	



	Overweight	14.51±1.66	F=1.503 p=0.214
	Obese	15.07±1.91	

Each group's differences were traced down to a specific contributor using t-tests, ANOVAs, and Post Hoc analyses (all with a significance level of  $P > 0.05$ ).

Table 5.7, show the relationship between sociodemographic variables, having a relative with self-esteem. Neither group differs significantly from sociodemographic variables and SE. ( $p < 0.05$ ).

Table 4.8 *Comparison of the self-confidence mean scores of the participants with the descriptive characteristics (n=315)*

Variables		Self-Confidence	
		Mean± Standard Deviation	P-value
Age	18-25	40.77±12.83	t=2.083 p=0.010
	26-35	37.49±14.91	
Gender	Male	39.21±13.39	F=1.079 p=0.300
	Female	39.00±14.34	
Religious Background	Islam	39.75±14.19	F=1.149 p=0.318
	Christianity	36.98±13.48	
	Traditional	41.00±14.030	
Marital Status	Single	39.39±14.11	F=3.014 p=0.051
	Married	39.32±12.99	
	Divorce	27.12±14.03	

BMI	Underweight	36.18±10.73	F=14.057 p=0.000
	Normal	43.07±12.45	
	Overweight	40.98±12.15	
	Obese	31.89±15.32	

*Independent t test, ANOVA, Post Hoc analysis was performed to determined which group the differences originated from.  $P > 0.05$*

Table 4.8, shows the relationship between sociodemographic variables, having a relative with self-confidence. A statically considerable variation was seen in the BMI ( $p=0.000$ ). For the BMI Tukey HSD test revealed statistically significant deviations between participants more especially obese (M, SD= 31.89±15.32), the self-confidence resulted in a score that was considerably lower than that of the underweight (M, SD= 36.18±10.73), overweight (M, SD= 40.98±12.15) and normal weight (M, SD= 43.07±12.45).

There were no discernible within age, gender, or religious background and marital status knowing if self-confidence have influence in cosmetic surgery acceptance, ( $p < 0.05$ ).

*Table 4.9 Comparison of the cosmetic surgery acceptance mean scores of the participants with the descriptive characteristics (n=315)*

Variables		Cosmetic Surgery Acceptance	
		Mean± Standard Deviation	P-value
Age	18-25	36.17±21.11	t =-3.938
	26-35	47.75±29.93	P= 0.000
Gender	Male	42.62±25.02	F=2.074
	Female	42.00±27.45	p=0.151
Religious Background	Islam	36.60±22.41	

	Christianity	58.24±31.21	F=24.145 p=0.000
	Traditional	90.00	
Marital Status	Single	40.82±26.01	F=6.631 P=0.002
	Married	43.94±27.04	
	Divorce	74.75±27.21	
BMI	Underweight	51.82±23.75	F=16.715 p=0.000
	Normal	32.57±20.59	
	Overweight	42.59±26.11	
	Obese	55.47±29.95	

*A t-test, an analysis of variance, and a post hoc analysis were all used to pinpoint the source of the discrepancies and reach a significance level of P 0.05.*

Table 4.9, shows the relationship between sociodemographic variables, having a relative with ACS. There were relatively significant variances in marital status (P= 0.002) age (p= 0.000), religious background (p= 0.000), and BMI (p= 0.000). For age, participants aged 26-35 are having a more accepting view of cosmetic surgery (M, SD= 47.75±29.93) compared to the age group 18-25 (M, SD= 36.17±21.11). For gender male (M, SD= 42.62±25.02), and female (M, SD= 42.00±27.45) had a similar score to ACS. For the religious background the participants that are Muslims had lower ACS (M, SD= 36.60±22.41) compared to the people that are Christians (M, SD= 58.24±31.21) and traditional (M= 90.00). For marital status Tukey HSD revealed significant differences more specifically the participants that are single (M, SD= 40.82±26.01), the acceptance of cosmetic surgery score was significantly lower than the score of married participants (M, SD= 43.94±27.04) and the participants that are divorce (M, SD= 74.75±27.21). For BMI Tukey HSD revealed significant differences more specifically the participants that had normal weight (M, SD= 32.57±20.59), The score for ACS was considerably lower than the score for the score of married participants (M, SD= 43.94±27.04) and the participants that are divorce (M, SD= 74.75±27.21). For BMI Tukey HSD revealed significant differences more specifically the participants that had normal weight (M, SD= 32.57±20.59) The score for ACS was substantially lower than the score of

the participants that are overweight (M, SD= 42.59±26.11), underweight (M, SD= 51.82±23.75) and obese (M, SD=55.47±29.95).

There was no substantial difference between gender and cosmetic surgery acceptance ( $p < 0.05$ ).

Table 4.10 *The correlation between Body Image, Self-Esteem, Self-Confidence, BMI, Religion Background and Acceptance of cosmetic surgery (n=315)*

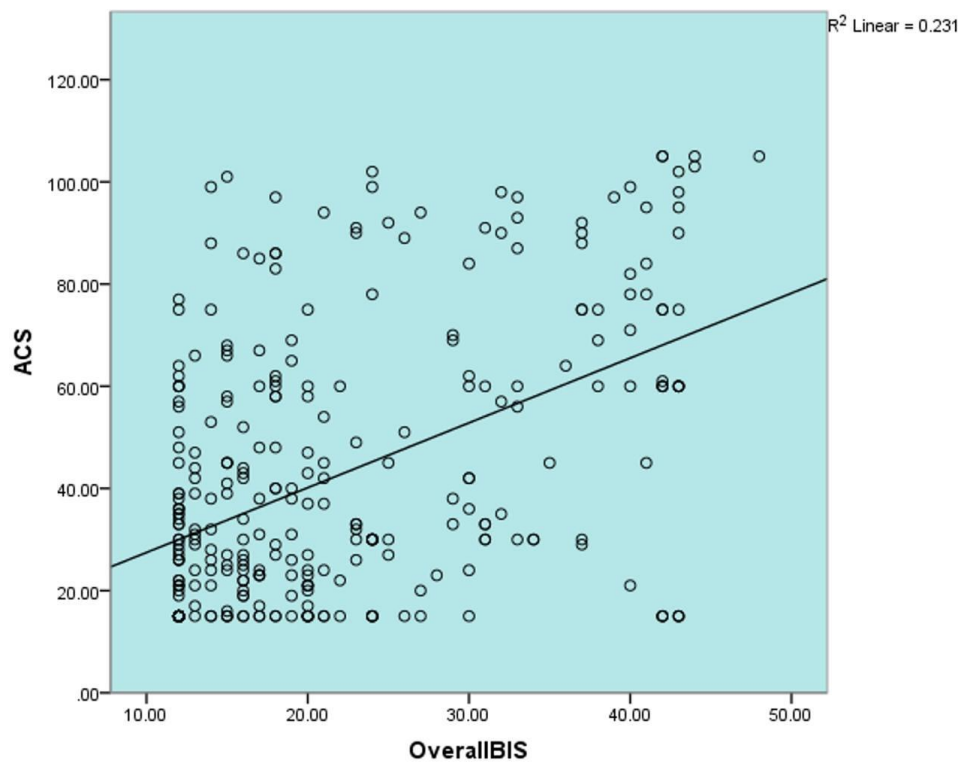
Scales		ACSS	BIS	SES	SCS	BMI	R/B
Acceptance of cosmetic surgery		1					
Body Image	r	.481**	1				
	p	.000					
Self-Esteem	r	-.067	.016	1			
	p	.235	.777				
Self-Confidence	r	-.569**	-.453**	-.057	1		
	p	.000	.000	.318			
Body Max Index	r	.304**	.428	-.011	-.310**	1	
	p	.000	.000	.841	.000		
Religion Background	r	.366**	-.101	.56	-.081	.058	1
	p	0.000	.075	.323	.150	.307	

$P > 0.05$ , Pearson correlation was conducted to ascertain which group the relationship originated from. ( $r$ =correlation coefficient,  $p$ =significance).

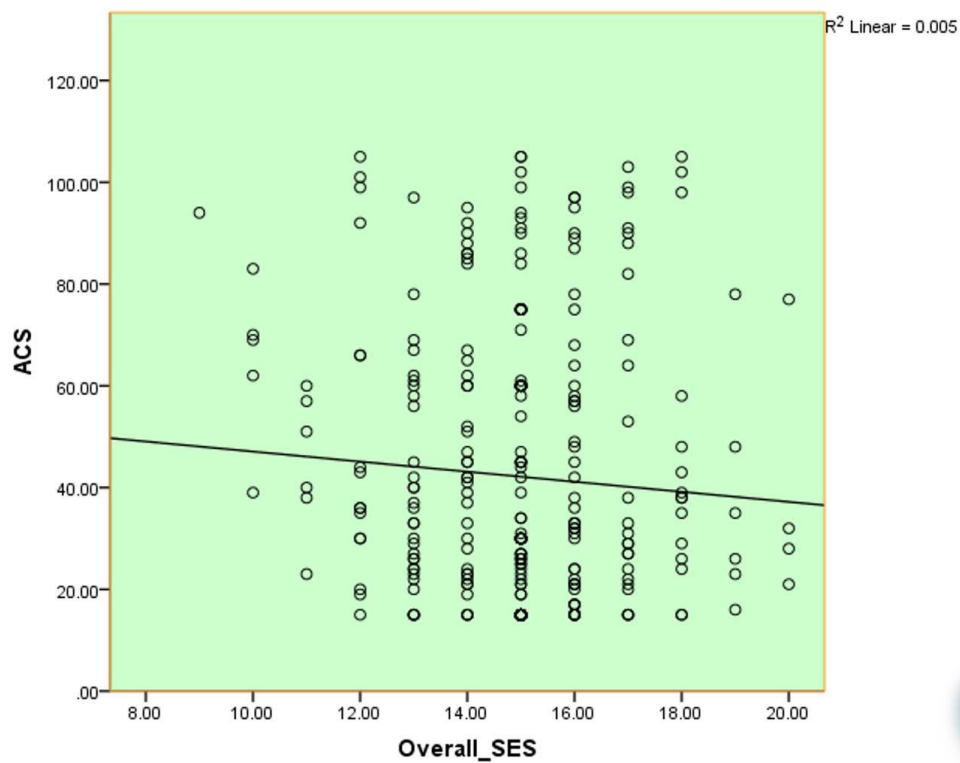
**Table 4.10** Pearson correlation of BI and ACS was found to be low positive and statistically significant ( $r=.481$ ,  $p=0.000$ ). Correlation of SE and ACS was found to be negative and statistically insignificant ( $r=-.067$ ,  $p=.235$ ). Pearson correlation of SC and ACS was found to be moderate Negative and statistically significant ( $r=-.569$ ,  $p=0.000$ ). Correlation of BMI and ACS was found to be low positive and statistically significant ( $r=.304$ ,  $p=0.000$ ). Also, Religion background and ACS were found to be low positive and statistically significant ( $r=.366$ ,  $p=0.000$ ).

### Correlations Charts:

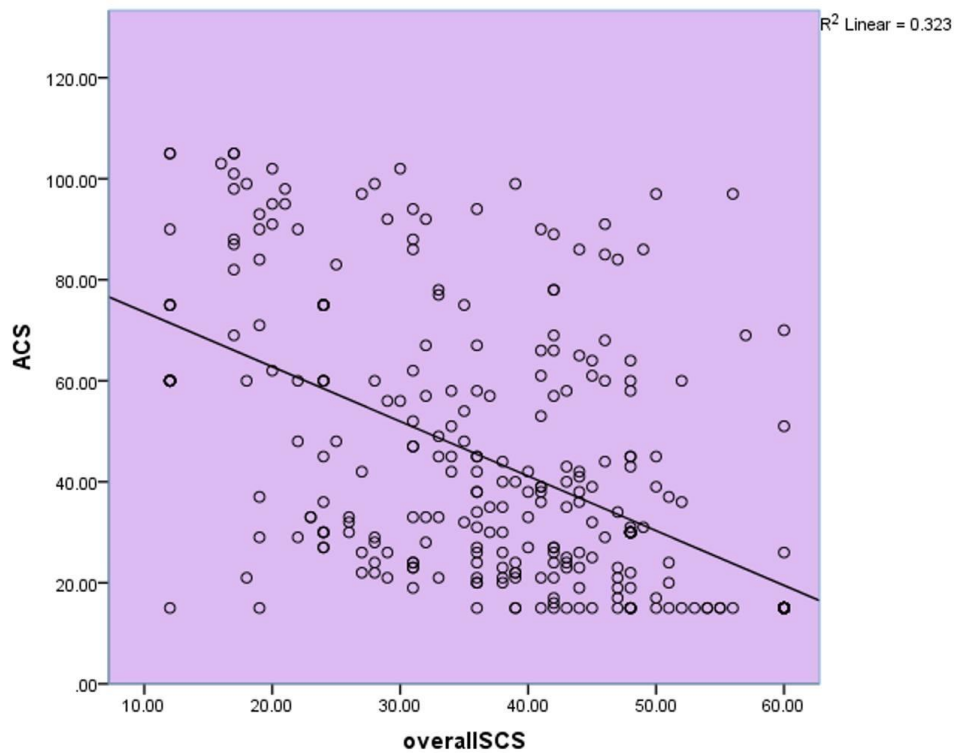
The correlation between body image and acceptance of cosmetic surgery is low positive and statistically significant ( $r=.481$ ,  $p=0.000$ ).



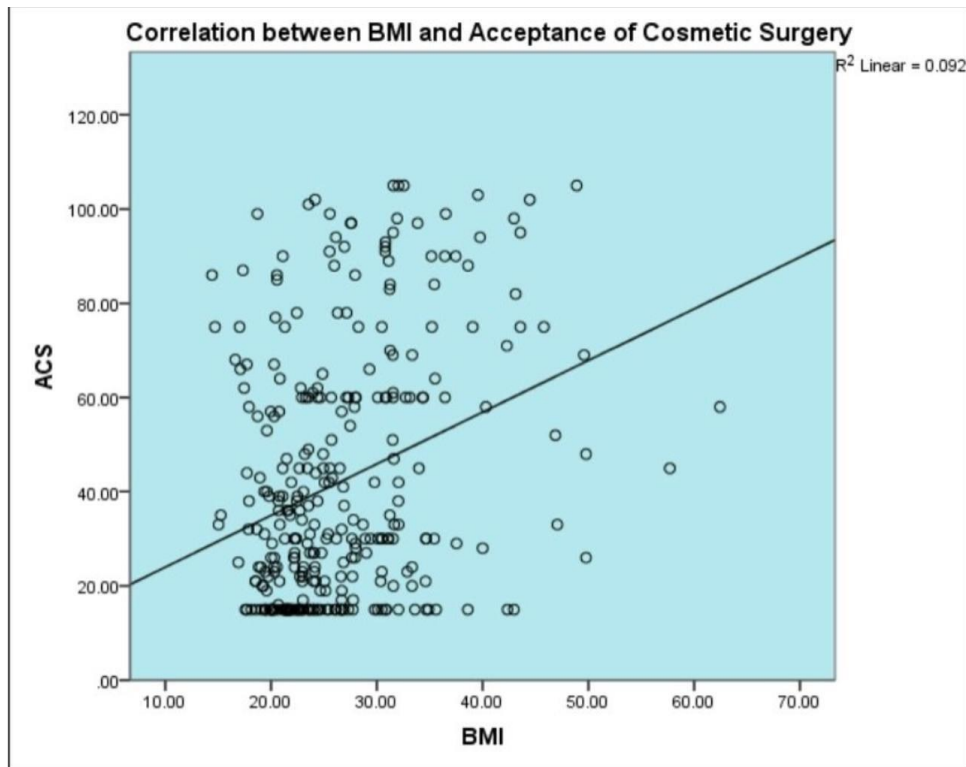
The correlation between self-esteem and acceptance of cosmetic surgery was found to be moderately negative and statistically insignificant ( $r=-.067$ ,  $p=.235$ ).



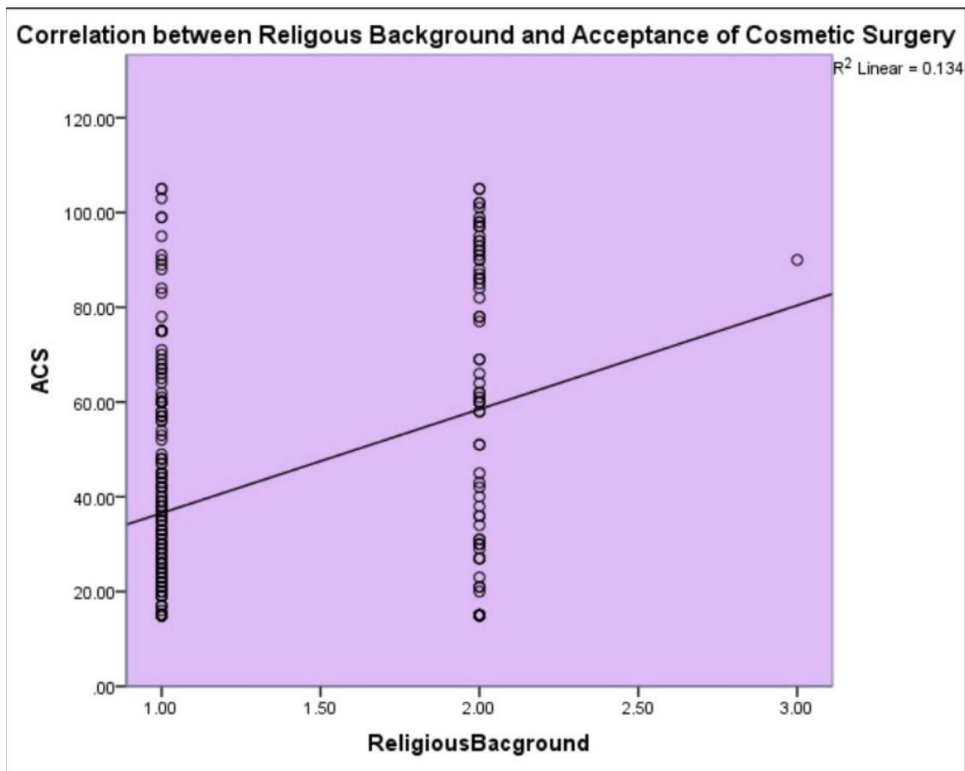
Pearson correlation of self-confidence and acceptance of cosmetic surgery was found to be moderately negative and statistically significant ( $r=-.569$ ,  $p=0.000$ ).



The correlation of BMI and acceptance of cosmetic surgery was found to be low positive and statistically significant ( $r=.304$ ,  $p=0.000$ ).



Religion background and acceptance of cosmetic surgery were found to be low positive and statistically significant ( $r=.366$ ,  $p=0.000$ ).





## CHAPTER V

### Findings And Discussion

#### 5.1 Findings

- It was observed that age has a significant correlation with body image ( $p=0.004$ ) where those age 26-35 had a higher positive body image.
- A significant correlation existed between marital status and body image ( $p=0.003$ ) here those that are married have lower positive body image compared to those that are single and divorcee.
- There is a considerable connection that exists with BMI, and body image ( $p=0.000$ ) where those that are obese had higher negative body image score.
- No substantial connection was found within sex, religious background and “body image”.
- No significant relationship as found between age, gender, religious background, marital status, BMI and SE.
- discovered an essential connection among BMI and self-confidence ( $p=0.000$ ). Where those that are obese have lower self-confidence compared to those that have normal weight and had high self-confidence.
- There was no significant correlation revealed in age, sex, religious background, marital status and self-confidence.
- There was a correlation that was statistically significant between age and acceptance of cosmetic surgery ( $p=0.000$ ) where those age 26-35 had higher ACS.
- significant interactions were found in religious background and ACS ( $p=0.000$ ). Where those that are Muslims had lower acceptance of cosmetic surgery compared to Christians.
- There has been discovered to be substantial connection across marital status and ACS ( $p=0.002$ ). Where those that are divorcee had a greater openness to aesthetic procedures than those that are married and single.
- A significant relationship was found between self-perception and openness to surgical alteration ( $p=0.000$ ). Where those that had negative body image had a greater openness to aesthetic procedures than those that had positive body image.
- ACS was shown no significant correlation with one's sense of SE ( $p=.017$ ). Where those that had low self-esteem had greater acceptance of aesthetic procedures than those with moderate and normal self-esteem.

- An important connection was found between SC and ACS ( $p=0.000$ ). Where those that had low self-confidence had higher cosmetic surgery acceptance.
- Examination of participants on relationship between BI, SE, SC and ACS indicate that according to the participant BI, SE, SC both have influence on acceptance of cosmetic surgery. However we also saw how religion background and BMI have influence on some of the participant.
- Our findings indicated that interpersonal reasons (14.68) are great determinant for acceptance of cosmetic surgery compared to social (13.44) or consider reasons (14.07).
- It also indicated that participant that are obese, had negative BI, had low SE, had low SC these factors are great determinant of their acceptance of cosmetic surgery.
- The overall cosmetic surgery acceptance was  $42.29 \pm 20.68$  (15-105) which is low.

## 5.2 Discussion

Our study also found that there was significant relationship in body image perception and ACS ( $p=0.001$ ). It also corresponds with the study done in Iran where they found people's openness to the idea of "cosmetic surgery" is significantly correlated with body image (Farshidfar, 2013). We argue that treatments to boost SE and general well-being may benefit from a more nuanced understanding of the role BI plays in determining whether or not a person would have "cosmetic surgery". Additional research is required into the nuances of how people from different cultural backgrounds view their bodies and how this influences their attitudes toward cosmetic surgery. Also, the same result was found in research done between South Korean and US women where they found that people's physical characteristics vary significantly from country to country and that cosmetic surgery is associated with diminished SE (Jung, 2016).

Also, there was no significant relationship between SE and ACS ( $p=.235$ ). Different result found in Iran study (Farshidfar, 2013). Understanding that people's reasons for accepting cosmetic procedures can vary greatly, and that psychological factors, societal influences, personal experiences, and cultural norms all play a role in shaping people's decisions regarding cosmetic procedures, allows us to avoid making generalizations and instead focus on each individual's specific situation and perspective. Another research done in Saudi Arabia shows that the lower the self-esteem the higher they persuade cosmetic surgery (Al Ghadeer, 2021).

Significant relationship were discovered to have SC and ACS ( $p=0.000$ ). We argue that many women's interests in "cosmetic surgery" is motivated by the desire to attain or conform to the

cultural norm of confidence. Those with low SE are most likely to seek social advancement through plastic surgery. The ACS is linked to low SE in part due to the desire to enhance one's SE, cultural pressures, and the pursuit of an idealized appearance. Researchers discovered that after undergoing cosmetic procedures, patients' confidence levels increased (Borujeni, 2020). We believed as a means of enhancing their sense of self-worth, women's concerns about their physical appearance led them to seek out “cosmetic surgery”. Women who want to enhance their SE and confidence by modifying certain aspects of their physical appearance that are causing them pain or discontent frequently choose “cosmetic surgery”. The motivation for this decision is likely the individual's desire to present an image that is consistent with how they feel about themselves (Niya, 2019).

Our research demonstrates overall ACS was discovered to be 42.20%, that is very low compared to the previous study done in Korea (63.85%), (Seo, Kim,2020). It also lower than their previous research done in 2019 (66.85%), (Seo, Kim,2019), lower than 60.89% (Kim,2017). This disparity might be related to participants differences. What we've found indicate that interpersonal is reasons for cosmetic surgery's prevalence significantly influence its acceptance than consider and social reasons. Consonant with these findings are the findings of Italy, Brazil and Malesia were interpersonal shown to be more influential than social motives among both men and women (Stefanile 2014, Swami 2011, Swami, 2010). Individuals' average ages ranged from 18 to 35. From our study we found that participants aged 26-35 (Mean, SD, 36.17±21.11) have higher “acceptance of cosmetic surgery” compared to who's aged 18-25 (Mean, SD 47.75±29.93), the research showed that there is significant “relationship between age and acceptance of cosmetic surgery” ( $p=0.000$ ). It also shows the same result in another study on “cosmetic surgery in age group and gender” where they found “relationship between age and choice of cosmetic surgery” (Heyes, 2016). Based on the data, it can be concluded that elderly individuals are more likely to embrace the concept of cosmetic surgery. This study lends credence to the notion that elderly individuals are more likely to consider cosmetic surgery, as it demonstrates that individuals who undergo facelifts appear between 5.8 and 8.3 years youthful after surgery. It is therefore reasonable to presume that senior people are more interested in cosmetic surgery than younger people. (Milothridis et al., 2016).

Our study also shows that female nursing student have higher ACS compared to male nursing student, they found the same result in another study on ACSS validation and confirmatory factor analyses in a Serbian adult population. The data revealed that women were more receptive to the concept of “cosmetic surgery” than men (Jovic 2017). We believe women are

more likely to favour “cosmetic surgery” than men. This tendency can be traced back to social and cultural norms, body dissatisfaction, socialization processes, gender roles, psychological issues, and coping strategies. Our research no significant relationship in gender and ACS ( $p=0.151$ ). Notably, the results presented here are consistent with those of similar research conducted in Singapore. Although there may be some contextual differences in how open different sexes are to the idea of cosmetic surgery, these findings suggest that gender itself may not be a reliable predictor of general openness. However, research done in Singapore also found no significant differences in gender and ACS (Wen, 2017).

These findings establish a statistically significant connection within religious background and ACS ( $p=0.000$ ). Participants who selected Christianity and traditional was more favourable attitudes toward “cosmetic surgery” than participants that are Muslims and this result will be due to the fact that the place the research was carried out which is northern part of Nigeria, had the population of 90% Muslims that will influence acceptance of cosmetic surgery because according to their religion believes any form of cosmetic surgery is prohibited. A Saudi Arabia studies also agreed that cosmetic surgery is prohibited so the attitudes was influence by culture and religion (Hammadi & El-Shereef, 2017). The authors of a UK study reached similar conclusions, writing, “Research on religiosity as a possible predictor of the likelihood of undergoing cosmetic surgery is limited” (Furnham A, 2012). Furthermore, the UK research revealed that “religiously conservative persons of all religions will have harsher attitudes on deception and vanity crimes and are less likely to receive cosmetic surgery than more liberal or atheist people” (Furnham A, 2012).

Our study showed statistically, there was a strong correlation BMI and ACS ( $p=0.000$ ). The study done in India shows Interest in cosmetic surgery may be predicted in part by BMI and overall health, according to a “systematic review of the predicting the interest in cosmetic surgery” (Milothridis et al., 2019). However, the study done in Australia indicated that BMI did not significantly impact on either acceptance or consideration of cosmetic surgery (Vaughan-Turnbull, 2015). These studies demonstrate how BMI affects various demographics and cultural contexts in terms of individuals' willingness to endure “cosmetic surgery”., this highlights the need to consider geographical and cultural differences when analyzing the relationship between BMI and cosmetic surgery acceptability. It is crucial to learn more about how (BMI) affects people's attitudes toward “cosmetic surgery” therefore, additional research is required to identify the factors underlying these differences. Also, the study done in Hungary found no relation between BMI and acceptance of cosmetic surgery (Mesko, 2021).

## CHAPTER VI

### Conclusion And Recommendations

#### 6.1 Conclusion

This in-depth analysis of the relationship between “body image perception, self-esteem, self-confidence”, and “acceptance of cosmetic” operations illustrate the complex interplay of multiple factors influencing individuals' decisions to undergo “cosmetic procedures”.

According to the research, age, gender, religious upbringing, body mass index, “body image perception, and self-confidence” all play significant roles in influencing people's attitudes toward “cosmetic surgery”, but no significant relation was found between self-esteem and Acceptance of cosmetic surgery.

Overall, the results emphasize the significance of “body image, self-confidence”, and no significance of self-esteem as well as the need for further investigation into the psychological, social, and cultural factors that influence the approval of “cosmetic surgery”. With this additional knowledge, healthcare providers, psychologists, and policymakers can provide more individualized support and counselling to individuals considering cosmetic procedures, thereby increasing the likelihood that these decisions will be healthy and beneficial.

In conclusion, discussions of “cosmetic surgery” should include efforts to promote body positivity, self-acceptance, and general health. By recognizing the uniqueness of each individual's decision-making process and the significance of cultural influences, we can gain a deeper understanding of cosmetic enhancements. By emphasizing these factors, we may foster a more holistic perspective on cosmetic procedures, one in which individuals are better suited to make decisions that are in their best interests.

#### 6.2 Recommendation

The majority of Nigerians nursing/midwifery students had moderate to low levels of positive “body image, positive self-esteem, and self-confidence”, according to our research. The study also revealed that the general acceptability of cosmetic surgery was low.

Based on the findings, healthcare professionals, including nurses, should design interventions aimed at promoting positive body image, self-esteem, and self-confidence among individuals considering cosmetic surgery. This may involve implementing counselling sessions, support groups, or educational workshops that focus on enhancing self-acceptance and addressing underlying psychological factors that contribute to low self-esteem or body dissatisfaction.

There is need for raising awareness among healthcare providers and the general public about the importance of holistic approaches to self-esteem and well-being. This may involve

promoting body positivity, challenging societal beauty standards, and fostering a culture of self-acceptance and self-care.

**Prioritize post-operative care and psychological support:** Acknowledge the emotional impact of cosmetic surgery and the potential challenges patients may face during the recovery period. Collaborate with the healthcare team to develop a personalized care plan that includes appropriate follow-up, pain management, wound care, and psychological support to promote optimal healing and emotional well-being.

**Advocate for ethical and informed decision-making:** Empower patients to make well-informed choices by providing unbiased information, discussing potential risks and benefits, and exploring alternative options. Encourage them to consult multiple healthcare providers and conduct thorough research before committing to any surgical procedures.

These findings demonstrate the need for additional research into the causes of Nigerians' low levels of “self-esteem, self-confidence, and approval of cosmetic surgery”. Notably, there is a paucity of research on how nursing students in Nigeria feel about “cosmetic surgery”, so we know very little about their perspectives. Before we can devise effective interventions to aid the Nigerian nursing students, we must conduct additional in-depth research into the variables that shape these attitudes and behaviours.

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## **APPENDIX 1: Data Collection Tool**

### **Appendix A**

1. "I dislike seeing myself in mirrors"
2. "When I shop for clothing, I am more aware of my weight problem, and consequently I find shopping for clothes somewhat unpleasant"
3. "I am ashamed to be seen in public"
4. "I prefer to avoid engaging in sport or public exercise because of my appearance"
5. "I feel somewhat embarrassed by my body in the presence of someone of the other sex"
6. "I think my body is ugly"
7. "I feel that other people must think my body is unattractive"
8. "I feel that my family or friends may be embarrassed to be seen with me"
9. "I find myself comparing my body with other people to see if they are heavier than I am"
10. "I find it difficult to enjoy activities because I am self-conscious about my physical appearance"
11. "Feeling quilt about my weight problem preoccupies most of my thinking"
12. "My thoughts about my body appearance are negative and self-critical"

### **Appendix B**

1. "On the whole, I am satisfied with myself"
2. "At times I think I am no good at all"
3. "I feel that I have a number of good qualities"
4. "I am able to do things as well as most other people"
5. "I feel I do not have much to be proud of"
6. "I certainly feel useless at times"
7. "I feel that I'm a person of worth, at least on an equal plane with others"
8. "I wish I could have more respect for myself"
9. "All in all, I am inclined to feel that I am a failure"
10. "I take a positive attitude toward myself"

### **Appendix C**

1. "I do what I think is expected of me, rather than what I believe to be right"
2. "I handle new situation with relative comfort and ease"
3. "I feel positive and energized about my life"
4. "If something looks difficult, I avoid doing it"
5. "I keep trying, even after others have given up"
6. "If I work hard to solve a problem, I will find the answer"
7. "I achieve the goals I set for myself"
8. "When I face difficulty, I feel hopeless and negative"
9. "I relate to people who work very hard, and still don't accomplish their goals"
10. "People give me positive feedback on my work and achievement"
11. "I need to experience success early in a process, or I won't continue"
12. "I believe that if I work hard, I will achieve my goals"




### **Appendix D**

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 surgery"
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 good idea"
10. "I would never have any kind of plastic surgery"
11. "I would think about having cosmetic surgery in order 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"

## APPENDIX 2: Scales Permission

4 Messages

Letter seeking permission to use...   

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  From: **Sociology Department** >  
To: [20214326@std.neu.edu.tr](mailto:20214326@std.neu.edu.tr) >  
3 January 2023 at 4:57 PM


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Dear Nubawiyya,

The Scale is now in the public domain and you are welcome to use it in your research. Given the Scale is not under copyright, no statement is required, though we ask that you credit Dr. Morris Rosenberg, where appropriate. There is no need to provide a copy of your manuscript.

Thank you,

Ashley M.  
Administrative Assistant  
Department of Sociology  
University of Maryland  
<https://socy.umd.edu/>

See More 





### APPENDIX 3: Near East University Ethics Committee Approval



YAKIN DOĞU ÜNİVERSİTESİ  
BİLİMSEL ARAŞTIRMALAR ETİK KURULU

#### ARAŞTIRMA PROJESİ DEĞERLENDİRME RAPORU

Toplantı Tarihi :30.11.2022  
Toplantı No :2022/108  
Proje No :1640

Yakın Doğu Üniversitesi Hemşirelik Fakültesi öğretim üyelerinden Yrd. Doç. Dr. Burcu Totur Dikmen'in sorumlu araştırmacısı olduğu, YDU/2022/108-1640 proje numaralı ve "**Relationship between body image perception self-esteem, self-confidence and acceptance of cosmetic surgery in Nigeria**" başlıklı proje önerisi kurulumuzca değerlendirilmiş olup, çalışmanın yapılacağı kurumdan izin alınması şartıyla onay verilmiştir.

Prof. Dr. Şanda Çalı  
Yakın Doğu Üniversitesi  
Bilimsel Araştırmalar Etik Kurulu Başkanı

Kurul Üyesi	Toplantıya Katılım	Karar
	Katıldı(✓)/ Katılmadı(X)	Onay(✓)/ Ret(X)
Prof. Dr. Tamer Yılmaz	✓	✓
Prof. Dr. Şahan Saygı	✓	✓
Prof. Dr. Mehmet Özmenoğlu	✓	✓
Prof. Dr. İlker Etikan	✓	✓
Doç. Dr. Mehtap Tınazlı	X	X
Prof. Dr. Nilüfer Galip Çelik	✓	✓
Yrd. Doç. Dr. Dilek Sarpkaya Güder	✓	✓

## APPENDIX 4: Curriculum Vitae

### PERSONAL INFORMATION

<b>NAME, SURNAME:</b>  <b>DATE of BIRTH and PLACE:</b>	Nubawiyya Ayyuba Ismail 02/01/1997 Nigeria
<b>CURRENT OCCUPATION:</b> Student  <b>ADDRESS of CORRESPONDENCE:</b> Near East University Apartment, Nicosia, Turkish Republic of Northern Cyprus.  <b>TELEPHONE:</b> 05338322787  <b>E-MAIL:</b> <a href="mailto:20214326@std.neu.edu.tr">20214326@std.neu.edu.tr</a> , <a href="mailto:nubawiyya@gmail.com">nubawiyya@gmail.com</a>	

### EDUCATION

YEAR	GRADE	UNIVERSITY	FIELD
2017-2021	excellent	Near East University	BSc. Nursing

### FIELD OF INTERESTS

FIELDS OF INTERESTS	KEY WORDS
Nursing	Surgery

### SELECTED PUBLICATIONS OF THE LAST 5 YEARS

N/A