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# RELATIONSHIP BETWEEN BODY DISSATISFACTION AND INCLINATION TOWARDS COSMETIC PROCEDURES: AGING ANXIETY AND PHYSICAL APPEARANCE COMPARISON AS MEDIATORS

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## Abstract

*The current study intends to examine the relationship between body dissatisfaction and inclination towards cosmetic procedures, while discovering the potential mediating role of aging anxiety and physical appearance comparison. As per previous literature and researcher's observation, people are excessively opting for cosmetic procedures and there are certain psychological factors behind this increasing interest. A Cross-sectional survey research design was employed for the study. The convenient sample of 380 individuals was collected from aesthetic clinics in Manshera, Abbottabad, and Islamabad. Standardized instruments were used for collecting data including Body dissatisfaction scale (Tariq & Ijaz, 2015), Acceptance of cosmetic surgery scale (Henderson & Henderson, 2005), Anxiety about Aging scale (Lasher & Faulkender, 1993) and Physical Appearance Comparison scale (Thompson & Schaefer, 2019). After the collection procedure, data was analyzed using IBM SPSS (27 version) through bivariate correlation, 3 step hierarchical regression, t-test and parallel mediation analysis by process macro (model 4) by Hayes (2013). The results revealed positive correlation between body dissatisfaction and inclination towards cosmetic procedures. Moreover, physical appearance comparison emerged as a mediator in relationship between body dissatisfaction and cosmetic procedures whereas aging anxiety did not significantly mediate the relationship. Hierarchical regression reported age, education level as a significant negative predictor while income and employment status emerged as positive predictor that significantly predicted cosmetic procedures. Further, t-test reported that men and women considering cosmetic procedures in the same manner. The study offer insight for mental health professionals and aestheticians to understand the psychological factors contributing towards cosmetic procedures interest and promoting positive body image to reduce appearance based concerns.*

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**Chapter 1**

## INTRODUCTION

Body dissatisfaction is a prevalent phenomenon occurring across various races and scultures. Body dissatisfaction is defined as the negative evaluation of oneself in comparison to beauty standards of a society. It is not limited to any age or gender, perhaps every individual has unique approach of consideration like women tend to compare their weight and body shape while men primarily focus on masculinity (Alleva et al., 2015). Body dissatisfaction is prevalent across various demographics with approximately 50% of adolescent girls and 30% of adolescent boys. This concern also reflects in adulthood uncovering the roots of deep-seated insecurities about perceiving body image (Ferguson et al., 2011).

Multiple factors contribute to the development of body dissatisfaction including psychological factors, media role and societal pressure. The illustration of perfect and idealized bodies on social media and traditional media has persistent impact on body dissatisfaction. The constant exposure to ultra-thin and huge masculine bodies can cause people to set unattainable standards of body which leads to body dissatisfaction (Jiotsa et al., 2021). The sustained impact of sociocultural norms is medial in understanding body dissatisfaction. Social media, traditional media and societal narratives often cultivate the unrealistic demands for ideal body that many people strive to attain but few succeed (Kushwaha et al., 2024). Tiktok, Instagram and other platforms flaunt the perfect bodies which intensify people's desire to look perfect and also seeds dissatisfaction among people with their current looks (Riva et al., 2024).

Body dissatisfaction is never entirely caused by social factors rather, it can also arise due to psychological factors including negative self-image, self-comparison, low self-esteem, and societal pressure that contributes to form dissatisfaction with one's body (Wadman et al., 2024). In contrast, body dissatisfaction often co-occurs with abnormal eating behaviors including binge eating or prohibitive dieting, mainly among young adults and adolescents (Claydon et al., 2024). Although body dissatisfaction is experienced by both genders, women intend to experience it higher than man. Pregnancy and post-partum depression also contributes to bodily changes and appearance concerns in women (Munns, 2024). Moreover, men are considered to have masculine body according to societal norms, which often causes men to get dissatisfied with their bodies (Ayalew et al., 2024). Body dissatisfaction has lasting and substantial effects on mental and physical health that is often associated with psychological distress and disordered eating behaviors (Lehto et al., 2024). Adolescents that are undergoing body dissatisfaction are considered to have more mental health issues as well as cardiovascular problems. Body dissatisfaction causes anxiety and eating disorders in adolescents (Josefsson et al., 2024). Intentions to eliminate body dissatisfaction among people requires policies that control media coverage portraying unrealistic body images and ideal standards for people and media should promote content that helps people with body image satisfaction and avoid portraying unnatural content and edited appearances. Furthermore, psychological interventions, such as cognitive-behavioral therapy, are effective in addressing negative thought patterns associated with body dissatisfaction (Ramsamy et al., 2024).

Cosmetic procedures consisting of surgical and non-surgical treatments, have gained popularity into global industry aiming to alter physical features among population. Over the period of time, technology advancement and societal beauty standards inclination towards aesthetic self-improvement hyped the significant rise in the accessibility and popularity of cosmetic procedures including interventions like rhinoplasties and non-invasive treatments including botox and fillers (Bonell et al., 2021). Cosmetic procedures are considered as the center of discussion around mental health, beauty standards and ethics of the alteration of physical appearance. The cosmetic market place has noticed exceptional growth, with remarkable number of people interested in opting for both aesthetic procedures and functional

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purposes. According to McEwen et al. (2025), non-invasive aesthetic procedures like derma fillers and cryolipolysis are famous among individuals due to their minimal downtime and less chances of risk as compare to the traditional surgical procedures. This indicates the preference of a society for non-invasive treatments to avoid extra pain and to achieve noticeable results without lengthy recovery period.

Societal expectations and cultural standards are mainly a cause of people rushing to opt cosmetic procedures. The representation of idealized images in the media has cultivated a society where physical appearance and perfection is considered a symbol of success, personal growth, and self-worth with social media platforms are the main contributors. Holliday (2024) highlighted that in East Asian countries, facial symmetry and skin fairness is a standard of beauty which became hub for treatments like jawline job, eyelid surgeries and skin toning. These norms of the culture demonstrate the intersection of cosmetic procedures in accordance with regional beauty standards.

Cosmetic procedures play crucial role in magnifying self-confidence and self-esteem but there are certain psychological factors that needs to be highlighted. The individuals undergoing cosmetic procedures are reported to have increased self-esteem and self-worth and less social anxiety after modifying their appearance (Ali et al., 2024). However, this improvement can convert if the underlying issues like body dysmorphia are not inscribed. Shimojima et al. (2024) in their study suggested that before opting for beauty enhancement, psychological interventions should be conducted in order to assess whether the motivation is healthy. Moreover, innovations in the field of medical science have increased the success rate and reliability of cosmetic procedures. The advanced technological techniques in field of cosmetic surgery includes robot-assisted mastectomy for nipple-sparing (Bahadır & Öztürk, 2021). Advanced nasal reconstruction is an example of the advancement of technology in the field of aesthetics which helps to modify the malformation of the nose (Namin & Chan, 2024). These advancement not only reduce the risk factor but also help people to feel more comfortable and satisfied in opting cosmetic procedures.

The ethical consideration in the field of cosmetic surgery is an ongoing debate and yet more work is needed to be done in order to assess the psychological risk and to avoid harm to the people opting cosmetic surgery. As McEwen et al. (2025) argues that the normalization of cosmetic procedures rises discrepancy between enhancement and the true medical need to perform cosmetic surgery. Moreover, issues including patient's autonomy, informed consent, and realistic expectation and suggestions regarding enhancement should be considered as an ethical need in the field of cosmetic surgery. Non-invasive cosmetic procedures have insurrected the traditional surgeries involving cuts and stitches by advanced non-invasive treatments like laser and botox. Necef et al. (2024) studied the efficacy of non-invasive cosmetic industry in attaining people's attention and gaining popularity among masses by helping people enhance their physical features through less harm.

Cosmetic procedures are now sought by both genders and diverse demographics as women are main consumers of cosmetic surgeries in order to maintain the beauty standards while men are now opting to enhance their masculinity needs that includes muscle steroids, jawline job, and hair transplants for bald head (Balla et al., 2025). In addition, older people seeking rejuvenation procedures to hide marks of aging process contributed in the rapid growth of the cosmetic market (Dada et al., 2024). Cosmetic procedures constructed a dynamic link between societal values, individual aspiration and technology. As the field continues to grow, it allows individuals an opportunity to transform their self-confidence and enhance their outer look. However, it is also crucial to foresee the psychological factors and ethical probabilities of the cosmetic procedures. By highlighting the relevant issues, cosmetic world can still manage to improve and expand an informed and balanced culture of aesthetics.

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Aging anxiety is defined as fear of discernment about the process of aging and the changes associated with it, are recognized as significant psychological concerns in modern society. This phenomenon reflects the recognition of decline in physical appearance, loss of independence and the marginalization by the society that an individual face when they age. Existential psychology propose that the loss of vitality and the concerns about the aging and mortality are fundamental experiences of humans (Sun & Li, 2024). Terror management theory additionally illuminates that fear of aging is linked to the fear of death which contributes to shaping behavior and self-perception, often resulting in defensive responses to cope with certain existential threats (Régner & Huguet, 2024). Individuals often over emphasize the societal stereotypes about aging process, which can generate these anxieties.

Aging anxiety is never primarily a personal experience but the societal and cultural attitude and reflection towards the process of aging.in young-centric culture, aging is merely associated with obsolescence and decline declaring negative self-perception among the older adults. According to a study conducted by Cava and Lombardo (2024), the narratives of the culture significantly influence the mental health and self-esteem of the older individuals. In contrast, cultures that appreciate the elderly people often experience low level of aging anxiety, which highlights the role of societal standards in shaping the perception of aging process. The digital age has added new proportions to the aging anxiety. The emphasis on youthfulness and beauty on social media platforms can exacerbate the aging anxiety by setting up unrealistic standards of beauty in society. However, the technology always come up with some potential solutions for instance, using digital media can help to support aging population in accepting themselves, reducing isolation and promoting natural aging process. An et al. (2024) noted "The gray digital divide" always remains a significant barrier as older individuals are away from technology and experience anxieties.

Aging anxiety has overpower implications for both physical and mental health. It is associated closely with anxiety disorder, reduced cognitive functioning and depression. A study indicated that individuals who are having high level of aging anxiety are more likely to experience chronic stress related problems including immune function and cardiovascular disease (Pirozzi et al., 2024). Moreover, aging anxiety often leads individual to manifest aging as a failure and they opt for surgical interventions to delay aging process in order to feel younger and to reduce anxiety. Women are often more conscious about aging as compare to men and they are often more seen to be interested in consuming cosmetic procedures to keep their looks younger and avoid aging (Albright & Morgan, 2024). Aging anxiety varies across different cultures and socioeconomic status as every individual might not have access to the digital media and resources to alter their appearance.

While addressing aging anxiety, it requires multifaceted approach that exacerbates the societal, psychological, and policy level interventions. Additionally, public health initiatives that promote positive narratives about aging can reduce societal stigma and foster resilience among older adults. Programs that promote intergenerational communication and dialogue are helpful in fostering the gap between older and younger generations. The aging anxiety studies are evolving, emphasizing prominently on the multidisciplinary approaches. Future researches are expected to explore the intersection between aging anxiety and the use of technologies, including telemedicine and artificial intelligence, which contains potential to improve quality of life of aging individuals. Longitudinal studies are also needed to understand how aging anxiety develops and fluctuates across the lifespan.

Physical appearance comparison is a prevalent social and psychological phenomenon where individuals assess their physical attributes against those of others. This behavior, deeply rooted in human nature, plays a significant role in shaping self-perception and body image. In modern

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society, the advent of social media platforms has amplified opportunities for such comparisons, leading to both positive and negative psychological outcomes.

Social media has appeared as a crucial arena for comparing one physical appearance to another. Online platforms, such as: Instagram and TikTok, allow users to select, organize, and look for glamourized representations of themselves, often leading the viewers to compare themselves to others. Study by Liu (2024), reveal that immoderate social media usage, leads to more appearance comparison, and negative emotional results, such as: low self-esteem and anxiety. The visual-centric nature of such platforms increases the impact of physical comparisons on young adults and adolescents, who are especially exposed to social beauty standards. The negative outcomes of physical appearance comparisons are different. While some people may undergo motivation to adopt much healthier lifestyles, many face negative effects, such as: body dissatisfaction, eating disorders, and depressive symptoms. Shaikh et al. (2024) identified a strong connection between consistent social media use, appearance-related anxiety, and a desire for thinness among young adults. Furthermore, this behavior sustains the integration of exaggerated beauty ideals, leading to long-term self-esteem issues (Kavivarthini, 2024).

The commonness and effects of physical appearance comparison, vary across genders and cultures. Women often compare themselves based on social beauty standards, emphasizing: thinness, fairness, and youth. Similarly, men tend to focus on: muscularity, and physical strength (Millard-Stafford et al, 2024). Additionally, cultural factors hold the criteria for comparison, as beauty ideals are different, for very individual around the world. In summary, appearance comparison(s) are often caused by harmonizing with the society, and family honor, while individualist cultures highlight personal success, and attractiveness.

Technology may contributed in appearance comparison behavior but it also offers multiple solutions. Online literacy programs on unrealistic portrayal of body images on media might help in educating individuals regarding media exploitation and also helps in mitigating the adverse impact of social media use. Ardelean and Geantă (2024) in their study focused on the importance of encouraging self-compassion and critical thinking to reduce threatening comparison. The positive interventions can be helpful in empowering the generation to use the media more effectively and mindfully considered as a healthy way. Physical appearance comparison is known as extensive and prominent behavior with discerning implications for the well-being of individuals. Although it can inspire self-empowerment, its negative effects usually supersede the positive effects, distinctly with reference to social media. A multidisciplinary approach is required to understand the sensitivity of this phenomenon, incorporating sociological, technological and psychological perspectives to encourage healthier life.

**Social comparison theory**

Festinger (1954) provided social comparison theory which portray a vigorous framework in order to understand the relationship between body dissatisfaction and inclination towards cosmetic procedures including physical appearance comparison as a critical factor in linking this relationship. This theory proposed that individuals calculate their abilities and attributes by comparing themselves to other individuals, seeking validation from society and self-enhancement. These comparison usually include upward comparison, where people differentiate themselves from others which they consider as superior to them in certain domains, such as youthfulness or attractiveness.

In perspective of the cosmetic procedures and body dissatisfaction, upward comparison is frequently experienced in environment congested with idealized body images, such as advertisements, social media, and entertainment media. Studies have confirmed that acquaintance to such media content increases dissatisfaction in individuals regarding their appearance (Tufail et al., 2022). Such as, those individuals may perceive

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a prominent gap between their ideal and actual appearance who engage in comparing themselves to the images of influencers or celebrities that are digitally enhanced. This further leads to diminished self-esteem and psychological distress. Aging anxiety exaggerates the possession of social comparisons. By the time individuals' age, they start feeling increasingly disconnected from societal beauty standards which prioritize youthfulness. The intense sense of inadequacy is formed through this disconnection when engaging in comparing oneself, often encouraging individuals to seek cosmetic procedures as a way to diminish the perceived gap (Lin et al., 2024).

Social comparison theory enlightens how physical appearance comparison acts as mediator. Cosmetic interventions demand is exacerbated by the internalization of unrealistic and unattainable ideals that drive dissatisfaction which often compounded by aging anxiety. By outlining these behaviors with reference to the context of social comparison, the theory enlightens the pervasive influence of societal stigmas and standards on individual choices, emphasizing the demand of healthy interventions that promotes body acceptance and helps to deal with unrealistic ideals. The theory provides remarkable insight into how external factors influence self-perception and drive behavior, making it worthy in understanding the underlying dynamics of the topic.

**Sociocultural theory of body image**

Thompson et al. (1999) proposed sociocultural theory of body image which emphasizes the role of cultural, societal, and influence of media in effecting individuals' perception of their bodies. According to the theory, the ideals of beauty set by society are centralized through peers, media, and family which leads individuals to internalize unrealistic ideal standards. These internalized standards typically enrich body dissatisfaction, particularly when individuals experience a significant discrepancy between their real appearance and ideal appearance.

In context to cosmetic procedures, the sociocultural theory clarifies how frequent exposure to beauty norms that promote thinness, youthfulness, and flawless body may drive individuals to undergo physical alteration. Aging anxiety encourages this dynamic by highlighting the uncontrollable divergence from the societal ideal standards as individual ages, the youngness is seen to fade. Similarly, appearance comparison influences dissatisfaction in individuals who are constantly exposed to idealized images on social media platforms like Instagram and TikTok which strengthen the internalization of these (Tian & Zhang, 2024). The chase of cosmetic procedures has become an instrument to become parallel with sociocultural ideals, extenuating the dissatisfaction and anxiety often produced by these comparisons. This theory accentuates the need for society level interventions to encounter narrow range of beauty standards and to encourage diverse illustrations of attractiveness.

**Objectification theory**

Objectification Theory by Fredrickson and Roberts (1997) explains how societal norms and practices leads individuals, specifically women, to be handled as an object being valued mainly for their appearance. In this theory, societal objectification is meant to be the cause of fostering self-objectification, where individuals internalize and observer's perspective regarding appearance and evaluate themselves according to external experience rather than intellectual and intrinsic qualities.

In the framework of cosmetic procedures and body dissatisfaction, objectification theory provides a vibrant association between self-perception, societal pressure and behavioral outcomes. Individuals who internalize societal beauty standards often experience heightened body surveillance, amplified body dissatisfaction, and susceptibility to aging anxiety. Aging is considered impactful, as it is viewed as a symbol of perceived decline in value, youthfulness and attractiveness, aggravating individuals to consider cosmetic procedures as a mean to revive societal approval

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and self-esteem. People often believe that their bodies are meant to look young and attractive and consider themselves as an object to look at for which they excessively opt for cosmetic procedures (Tiggemann & Williams, 2012)

**Proposed Model or Flowchart Diagram**
**Figure 1**

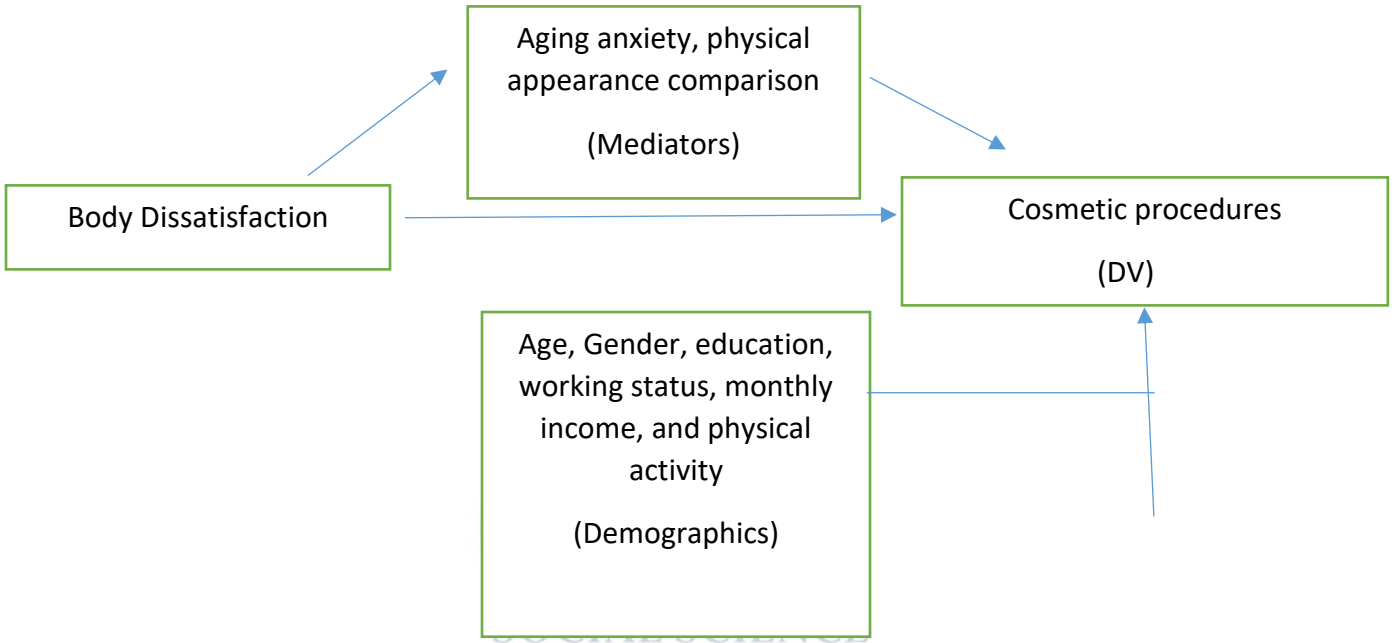



*Figure 1.* Shows that body dissatisfaction is an independent variable whose relationship with cosmetic procedures which is independent variable, will be checked. Moreover, aging anxiety and physical appearance comparison are used as mediators in relationship between body dissatisfaction and inclination towards cosmetic procedures. Age, Gender, education, working status, monthly income, and physical activity are demographic variables that will be used to perform hierarchical regression. Fredrickson and Roberts (1997) gave objectification theory which explains the model how women objectify their bodies and if they fail to meet beauty standards, they become dissatisfied with their bodies and opt for cosmetic procedures.

**Statement of Problem**

In contemporary society, physical appearance is deliberately accentuated, often modifying individual's self-image and social acceptance. The rise of media portrayals of idealized body image, individuals, particularly women experience dissatisfaction with their bodies. Body dissatisfaction has become a psychological concern in affecting mental well-being and causing inclinations to appearance altering behaviors including cosmetic procedures.

While discussing the link between body dissatisfaction and inclination towards cosmetic procedures; there are some underlying mechanisms in the relationship that are required to be explored. Some important psychological factors like aging anxiety and physical appearance comparison may play mediating role between body dissatisfaction and inclination towards cosmetic

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procedures. The research attempts to examine the mediating role of aging anxiety and physical appearance comparison among body dissatisfaction and inclination towards cosmetic procedures in diverse demographics, which is crucial in understanding these mediating roles can contribute in developing targeted psychological interventions which helps to promote healthy body image.

**Research Hypotheses**

1. Body dissatisfaction and cosmetic procedures will positively correlate with each other.
2. Aging anxiety and physical appearance comparison will mediate the relationship between body dissatisfaction and inclination towards cosmetic procedures.
3. Females will have more tendency to compare their physical appearance than males.
4. Age, gender, monthly income, education, working status, and physical activity will significantly predict the cosmetic procedures.
5. Individuals with high monthly income will have high inclination towards cosmetic procedures as compare to individuals having average and low income.

## Chapter II
## Method

This chapter includes of the operational definitions of the study variables, the methodological procedures are introduced and the instruments used for collecting data in the study along with their reliability and validity are mentioned. The explanation of how the data is collected, analyzed, and interpreted will be part of this chapter. All the subheadings are in the sequence and explained one by one for more clarity. The order followed is, operational definitions, instruments or scales along with their reliability and validity. Furthermore, it includes in depth explanation of data collection methods, strategies for data analysis and data interpretation will be discussed. The study is quantitative in nature and variety of statistical methods are used to test the hypothesis and analyze the data.

**Operational Definitions of Variables**

**Body Dissatisfaction**

Body dissatisfaction refers to negative thoughts and evaluation regarding one's self that often leads to discomfort and psychological distress relating features of face and shape of body (Grogan, 2016). It is considered as a prominent factor effecting mental health of individuals that are exposed to the societal beauty standards. It also results in low self-esteem among individuals. In this study, body dissatisfaction is measures according to the scores on scale, body dissatisfaction scale developed by Tariq and Ijaz (2015), which help to assess the multiple dimensions of body dissatisfaction and appearance.

**Cosmetic Procedures**

Cosmetic procedures refers to surgical interventions considered to enhance or alter an individual's physical appearance. It is mainly considered for aesthetic purposes rather than medical need (American Society of Plastic Surgeons, 2020). Inclination towards cosmetic procedures represents an individual's acceptance or desire to undergo cosmetic procedures to alter their appearance or conform to societal beauty standards (Menzel el al., 2011). In this study, the acceptance of cosmetic surgery scale developed by Henderson and Henderson (2005), which evaluate attitude across three domains including social, intrapersonal and consideration of actual surgery.

**Aging Anxiety**

Aging anxiety refers to worry or fear related to aging process and consequences related to it, including physical decline and loss of attractiveness (Barrett & Von Rohr, 2008). It can affect the psychological health negatively and leads to resist aging signs by opting surgery. In current study, this construct was measured using the anxiety about aging scale by Lasher and

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Faulkender (1993), which assesses multiple dimensions of aging anxiety.

**Physical appearance comparison**

Physical appearance comparison is known as the propensity to compare one's physical appearance with appearance of others which can negatively influence self-worth and perception about body image (Fardouly & Vartanian, 2015). Such comparisons are strengthened by exposure to idealized body images which leads to body dissatisfaction. The variable in current study is measured using Physical appearance comparison scale – Revised (11 items) developed by Thompson et al. (1991), assessing frequency and emotional consequences of appearance comparison.

**Research design**

A cross-sectional design used by researcher to perform study. Furthermore, quantitative data being used throughout the study.

**Sample**

In order to collect data, convenient sampling technique being used by researcher targeting individuals who are considering cosmetic enhancement as Alghamdi et al. (2024) in their research on body image and attitude towards cosmetic surgery, used convenient sampling strategy to collect data. Raosoft (2004) sample size calculator is used to calculate sample size. When using this calculator, the researcher must enter 20000 as an estimated total population if the population is unknown. The sample of 380 individuals taken from the aesthetic clinics OPDs; Aesthetica by dr Sajjad, Abbottabad, Revive Aesthetic Clinic Islamabad, and Elite Aesthetic, Mansehra. Sample included adults both men and women aging 18 and above visiting aesthetic clinics for cosmetic consultations. Education less than intermediate was not included in sample. Those undergoing reconstructive surgery for medical reasons (e.g., burn injuries, trauma) were excluded. Age, gender, monthly income, education, working status and physical activity were included in demographics.

**Instruments of the study**

The following instruments will be used to collect data for the study.

**Demographic Sheet**

The demographic sheet will include age, gender, education, monthly income, working status, and physical activity.

**Acceptance of Cosmetic Surgery Scale (ACSS)**

Acceptance of cosmetic surgery scale by Henderson and Henderson, (2005) consisting of 15 items will be used to measure under study construct. Participants will respond to each item on a 7 points Likert scale. This scale will measure three dimensions which are, personal willingness to undergo cosmetic surgery, social influence on attitudes and acceptance of others undergoing such procedures. Cronbach's alpha value for reliability is 0.87 to .94.

**Physical Appearance Comparison Scale – Revised**

The physical appearance comparison – Revised scale consist of 11 items developed by Schaefer and Thompson (2014). It uses 5 point Likert scale, ranging from 1 (never) to 5 (always), it includes comparison of various features including body weight, shape, facial features, and overall attractiveness. The Cronbach's alpha value is 0.90 for this scale.

**Anxiety about Aging Scale (AAS)**

Anxiety about Aging scale was developed by Lasher and Faulkender (1993). It consists of 20 items in total and four dimensions including fear of old people, psychological concern, physical appearance concern, and fear of losses. Participants rate each item on a 5-point Likert scale, higher scores indicate higher level of aging anxiety. The scale demonstrates good internal consistency, with Cronbach alpha ranging from 0.70 – 0.85.

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**Body Dissatisfaction Scale (BDS)**

Body dissatisfaction scale was developed by Tariq and Ijaz (2015) measuring body-dissatisfaction related to different body parts. It is used to assess the extent of body dissatisfaction in individuals, with cultural relevance to the Pakistani context**.** It consists of 26 items. Reponses are rated on 5 points rating scale 0 (not at all), 1 (rarely), 2 (sometimes), 3 (often), and 4 (always). The rating indicates degree to which participants are dissatisfied with particular aspect of body. The Cronbach alpha value of BDS for is 0.87.

**Procedure**

In initial phase, the researcher gathered data from individuals visiting different aesthetic clinics personally. The sample included individuals who were visiting aesthetic clinics for consultation and intend to undergo cosmetic procedure regarding appearance enhancement procedures including face and hair PRP, laser hair removal, cryolipolysis and other surgical and non-surgical procedures. The researcher obtained informed consent from both the participants and the clinic. The participants were informed about the research purpose and proper guidance was given to understand the questionnaire and to ensure their willingness to become part of study. The data was kept confidential and used only for research purpose. Participant were given right to depart from participation anytime. The data gathered through questionnaires was further entered into IBM SPSS (version 27) for analysis to test the hypotheses.

**Table 1 Descriptive statistics of Variables (N = 380)**

| Variable | Category | F | % | M | *SD* |
|---|---|---|---|---|---|
| Age | Young Adults (18–35) | 89 | 23.4 | 0.88 | 0.58 |
| | Middle Adults (36–55) | 246 | 64.7 | | |
| | Older Adults (56+) | 45 | 11.8 | | |
| Gender | Male | 157 | 41.3 | | |
| | Female | 223 | 58.7 | | |
| Education | Intermediate | 41 | 10.8 | | |
| | Bachelor's | 111 | 29.2% | | |
| | Master's | 169 | 44.5% | 2.64 | 0.88 |
| | MPhil/PhD | 59 | 15.5% | | |
| Monthly Income | Low Income (< 1 lac) | 94 | 24.7% | 1.07 | 0.75 |
| | Average Income (1–2 lac) | 164 | 43.2% | | |
| | High Income (> 2 lac) | 122 | 32.1% | | |
| Employment Status | Unemployed | 71 | 18.7% | 0.81 | 0.39 |
| | Employed | 309 | 81.3% | | |
| Physical Activity Level | Never | 57 | 15.0% | 1.39 | 0.98 |
| | Rarely (once a week) | 186 | 48.9% | | |
| | Sometimes (1–2 times a week) | 82 | 21.6% | | |
| | Often (2–3 times a week) | 43 | 11.3% | | |
| | Always (3–5 times a week) | 12 | 3.2% | | |

*Note.* F = Frequencies, % = Valid Percent, M = Mean, SD = Standard Deviation

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Table 1 shows sample consisted of 380 participants with a majority comprising of middle adult age group (36–55 years; 64.7%), followed by young adults (18–35 years; 23.4%) and older adults (above 55 years; 11.8%). Females encompassing 58.7% of the sample, whereas males comprising of 41.3%. Concerning educational attainment, most participants attained a Master's degree (44.5%), followed by those with a Bachelor's degree (29.2%), MPhil/PhD (15.5%), intermediate education (10.8%). Income levels were fairly distributed, with the largest group reporting average monthly income between 1–2 lac (43.2%), followed by high income above 2 lac (32.1%), and low income below 1 lac (24.7%). Employment status showed a majority of employed individuals (81.3%) compared to unemployed (18.7%). Physical activity levels varied, with nearly half of participants engaging rarely (once a week; 48.9%), followed by sometimes (1–2 times/week; 21.6%), never (15%), often (2–3 times/week; 11.3%), and always (3–5 times/week; 3.2%). Overall, the demographic profile reflects a predominantly middle-aged, educated, employed, and moderately physically active sample with diverse income levels.

**Statistical analysis**

To inspect the relationship between body dissatisfaction and inclination towards cosmetic procedures and the mediating role of aging anxiety and physical appearance comparison, a set of parametric statistical tests were steered via IBM SPSS (version 27) and PROCESS macro (model 4) by Hayes (2013). Preceding to inferential analysis, the data was scanned for outliers, missing values and normality. Moreover, Descriptive statistics including mean, standard deviation, skewness, and kurtosis were analyzed for all variables. Bivariate correlation was used to study the strength and direction of associations between the central variables also known as Pearson's product moment correlation. Significance level was set at $p < .05$. To assess the values of predictor body dissatisfaction on the inclination toward cosmetic procedures though controlling the demographic variables (e.g., age, gender, education), a three-step hierarchical multiple regression was applied. An independent samples t-test was executed to discover gender differences in body dissatisfaction, aging anxiety, appearance comparison and cosmetic procedure inclination. For testing the parallel mediation effect of aging anxiety and physical appearance comparison among the relationship between body dissatisfaction and (inclination toward cosmetic procedures PROCESS Macro (Model 4) was applied.

**Results**

**Table 2 Psychometric Properties of BDS, ACSS, AAS and PACS (N=380)**

| Scale | K | α | M (SD) | Min | Max |
|---|---|---|---|---|---|
| BDS | 26 | .78 | 83.72 (21.79) | 30 | 115 |
| PACS | 11 | .85 | 49.18 (7.99) | 26 | 55 |
| AAS | 20 | .84 | 17.47 (2.35) | 10 | 20 |
| ACSS | 15 | .84 | 100.63 (9.26) | 62 | 110 |

*Note.* K= number of items, α = Cronbach alpha, M = Mean, SD = Standard Deviation

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All scales validated acceptable to strong internal consistency, with Cronbach's alpha values ranging from .77 (BDS) to .85 (PACS). Descriptive statistics show that participants reported moderate to high levels of body dissatisfaction, appearance comparison, aging anxiety, and acceptance of cosmetic surgery. Skewness values of BDS = -1.340, PACS = -1.179, AAS = -1.138, and ACSS = -1.63. Moreover, Kurtosis values of ACSS = 1.683, BDS = .695; AAS = .684; PACS = .179 which are within acceptable limits. Hence, the data is normally distributed.

**Table 3 Pearson Correlation among BDS, ACSS, PACS and AAS (N=380)**

| Variables | M | SD | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|---|
| 1. BDS | 48.64 | 9.21 | - | | | |
| 2. ACSS | 100.63 | 9.26 | .85** | - | | |
| 3. PACS | 49.17 | 7.97 | .79** | .80** | - | |
| 4. AAS | 93.61 | 11.41 | .84** | .75** | .68** | - |

*Note.* BDS = Body Dissatisfaction Scale, ACSS = Acceptance of Cosmetic Surgery Scale, PACS = Physical Appearance Comparison Scale, AAS = Anxiety about Aging Scale, ** = P = .01 (2-tailed).

Pearson correlation analysis was conducted to examine relationships among the key study variables: body dissatisfaction (BDS), physical appearance comparison (PACS), anxiety about aging (AAS), and acceptance of cosmetic surgery (ACSS). The results indicated that BDS was strongly and positively correlated with PACS ($r$ = .80, $p$ < .01), AAS ($r$ = .84, $p$ < .01), and ACSS ($r$ = .85, $p$ < .01), suggesting that individuals with higher body dissatisfaction are more likely to compare their appearance with others, experience anxiety about aging, and be accepting of cosmetic surgery. Similarly, PACS was significantly correlated with AAS ($r$ = .68, $p$ < .01) and ACSS ($r$ = .80, $p$ < .01), while AAS was also positively associated with ACSS ($r$ = .75, $p$ < .01). These results support the hypothesis that body image concerns are closely linked to cosmetic surgery attitudes and age-related anxieties.

| Effect | β Coefficient (effect) | SE | *p- value* | 95% CI | |
|---|---|---|---|---|---|
| | | | | LLCL | ULCL |
| Indirect effect (a*b) | | | | | |
| Body Dissatisfaction → PAC → ACSS | .118 | .019 | | .080 | .156 |
| Body Dissatisfaction → AAS → ACSS | .034 | .022 | | -.009 | .077 |
| Direct effect (c') | | | | | |
| BDS → ACSS | .210 | .024 | <.001 | .164 | .257 |
| Total effect (c) | | | | | |
| BDS → ACSS | .363 | .011 | <.001 | .340 | .385 |

**Table 4 Mediation Analysis for Physical Appearance Comparison and Aging Anxiety in relation between Body Dissatisfaction and Cosmetic Procedures (N=380)]**

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*Note.* ACSS = Acceptance of cosmetic surgery scale, AAS = Anxiety about Aging Scale, PAC = Physical Appearance Comparison Scale

Table 4 displays that the total effect of BDS on ACSS was statistically significant (β = .363, $p$ < .001), indicating a strong overall association. When the mediators were included in the model, the direct effect of BDS on ACSS remained significant (β = .210, $p$ < .001), suggesting partial mediation. The indirect effect through PAC was significant (β = .118, $p$ < .001), indicating that individuals with greater body dissatisfaction tend to engage in appearance comparison, which in turn predicts stronger acceptance of cosmetic surgery. However, the indirect effect through AAS was not significant (β = .034, *SE* = .022, 95% CI [-.009, .077]), suggesting that aging anxiety does not plays a significant mediating role in this relationship.

| Predictor | B | *B* | SE B | 95 % CI LL | 95 % CI UL | $R^2$ | $\Delta R^2$ | P |
|---|---|---|---|---|---|---|---|---|
| Step 1 | | | | | | .05 | .05 | <.001 |
| Constant | 102.80 | | 0.995 | 100.84 | 104.75 | | | <.001 |
| Age | -3.44 | -.22 | 0.80 | -5.00 | -1.87 | | | <.001 |
| Gender | 1.49 | .08 | 0.94 | -0.37 | 3.34 | | | .116 |
| Step 2 | | | | | | .47 | .42 | <.001 |
| Constant | 92.55 | | 1.437 | 89.72 | 95.37 | | | <.001 |
| Age | -2.27 | -.14 | 0.60 | -3.45 | -1.09 | | | <.001 |
| Gender | 0.74 | .04 | 0.71 | -0.65 | 2.13 | | | .293 |
| Education Level | -1.07 | -.10 | 0.40 | -1.85 | -0.28 | | | .008 |
| Employment Status | 15.34 | .65 | 0.90 | 13.57 | 17.10 | | | <.001 |
| Step 3 | | | | | | .49 | .02 | <.001 |
| Constant | 92.60 | | 1.557 | 89.54 | 95.66 | | | <.001 |
| Age | -2.55 | -.16 | 0.60 | -3.72 | -1.38 | | | <.001 |
| Gender | 0.54 | .03 | 0.70 | -0.83 | 1.91 | | | .437 |
| Education Level | -0.93 | -.09 | 0.39 | -1.71 | -0.16 | | | .018 |
| Employment Status | 12.10 | .51 | 1.20 | 9.73 | 14.46 | | | <.001 |
| Monthly Income | 2.46 | .20 | 0.63 | 1.23 | 3.69 | | | <.001 |
| Physical Activity | -0.03 | -.00 | 0.35 | -0.73 | 0.67 | | | .933 |

**Table 5 Hierarchical Regression Results of Age, Gender, Monthly Income, Education, Employment Status and Physical Activity on Cosmetic Procedures (N = 380)**

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*Note.* CI= Confidence Interval, LL= Lower Limit, UL= Upper Limit, β= Standardized coefficient, B= Unstandardized Coefficient, $\Delta R^2$ = Change in $R^2$.

A hierarchical multiple regression analysis was conducted to examine predictors of Acceptance of Cosmetic Surgery Scale (ACSS) scores. In Step 1, age and gender were entered, accounting for a small but significant portion of variance in ACSS scores, $R^2 = .052$, $p < .001$. Age was a significant negative predictor, indicating that younger individuals reported higher acceptance. In Step 2, education level and employment status were added, substantially increasing the model's explanatory power, $\Delta R^2 = .421$, $p < .001$. Employment status emerged as a strong positive predictor, while education level showed a modest negative association. In Step 3, monthly income and physical activity were included, further improving the model slightly, $\Delta R^2 = .021$, $p < .001$. Income significantly predicted higher ACSS scores, whereas physical activity was not significant. The final model accounted for 49.4% of the variance in ACSS scores. These findings highlight the importance of demographic and socioeconomic factors in cosmetic surgery attitudes.

| Variables | High | | Average | | Low | | F(2,378) | η2 |
|---|---|---|---|---|---|---|---|---|
| | *M* | *SD* | *M* | *SD* | *M* | *SD* | | |
| ACSS | 104.60 | 3.10 | 103.55 | 4.82 | 90.38 | 12.42 | 128.93 | <.001 |

**Table 6 Differences on Inclination towards Cosmetic Procedures among Participants with High, average, and low monthly income (N = 380)**

*Note.* ACSS = Acceptance of Cosmetic Surgery Scale

Table 6 results revealed a statistically significant difference in ACSS scores between groups, F (2, 377) = 128.93, $p < .001$. Participants in the low-income group (M = 90.38, SD = 12.42) reported significantly lower acceptance of cosmetic surgery compared to both the average-income group (M = 103.55, SD = 4.82) and the high-income group (M = 104.60, SD = 3.10). Post hoc analyses using Tukey's HSD indicated that these differences were statistically significant between low vs. average and low vs. high income groups, but not between average and high. These findings suggest that income level is an important predictor of attitudes toward cosmetic surgery, with higher income individuals showing greater acceptance of surgical aesthetic enhancement.

| Variables | Men(157) | | Women(223) | | *t* | *p- value* | Cohen's *d* |
|---|---|---|---|---|---|---|---|
| | *M* | *SD* | *M* | *SD* | | | |
| PACS | 48.72 | 8.62 | 49.51 | 7.54 | -0.95 | .343 | -0.10 |
| ACSS | 99.84 | 10.23 | 101.18 | 8.48 | -1.35 | .178 | -0.14 |
| AAS | 17.9 | 2.42 | 17.60 | 2.28 | -1.26 | .208 | -0.13 |

**Table 7 Gender differences on PACS, ACSS and AAS (N = 380)**

*Note.* PACS = physical appearance comparison scale, ACSS = Acceptance of Cosmetic Surgery Scale, AAS = Anxiety about Aging Scale

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An independent samples *t*-test was conducted to assess whether there was a significant difference between men and women on Physical Appearance Comparison Scale (PACS), Acceptance of Cosmetic Surgery Scale (ACSS), and Anxiety about Aging Scale (AAS). The analysis included 157 men and 223 women. Results revealed that the difference between groups for PACS was not statistically significant, $t$ (378) = -0.95, $p$ = .343. The calculated effect size, Cohen's $d$ = -0.10, indicated a negligible difference between the two groups. The results of *t*-test showed no significant difference in AAS Scores between groups, $t$ (378) = –1.26, $p$ = .208. The effect size was also small (Cohen's $d$ = –0.131), reflecting a negligible difference in anxiety about aging between the groups. For ACSS, *t*-test showed no significant differences between groups, $t$ (294.94) = –1.35, $p$ = .178. The mean difference (–1.34) was small, and the effect size (Cohen's $d$ = –0.08) indicated a negligible difference.

**Discussion**

This study aimed to investigate psychological factors that subsidize to individuals' inclination toward cosmetic procedures. Precisely, study examined the role of body dissatisfaction as a predictor of interest in cosmetic procedures, while correspondingly exploring aging anxiety and physical appearance comparison as potential mediators of the relationship. The data was gathered from aesthetic clinics within Abbottabad, Islamabad, and Mansehra. Individuals visiting these clinics for either surgical or non-surgical aesthetic consultations were invited to participate voluntarily.

Data collection was carried out by administering self-report questionnaires. This ensured clarity in item understanding and reduced the possibility of missing data. The setting provided approach to participants who were proactively considering cosmetic alteration, making them appropriate to the study's objectives. Participants completed set of standardized instruments, consisting Body Dissatisfaction Scale, the Acceptance of Cosmetic Surgery Scale, the Physical Appearance Comparison Scale – Revised, and the Anxiety about Aging Scale. The instruments were selected based on their reliability and implication to the constructs under investigation. In addition to these scales, a demographic form collected information about participants' age, gender, education level, income, employment status, and physical activity. The reliability for each scale was computed to ensure the consistency of the results (Table 2).

Initial correlations revealed that body dissatisfaction was positively associated with inclination toward cosmetic procedures (Table 3). Participants who were dissatisfied with their appearance tended to express a stronger interest in undergoing aesthetic enhancements. This finding is consistent with previous research, which has consistently demonstrated that individuals who are unhappy with their bodies are more likely to seek cosmetic alterations as a means of self-improvement or self-repair. The first hypothesis, which suggested a positive relationship between body dissatisfaction and inclination toward cosmetic procedures, was supported by numerous existing studies, including Dittmar et al. (2004), who found that dissatisfaction with one's appearance significantly predicts interest in cosmetic enhancements. Similarly, Cash (2002) emphasized that body dissatisfaction serves as a motivator for seeking aesthetic modifications, mainly when individuals believe that surgical or non-surgical procedures can get them an ideal appearance. Sarwer et al. (2005) demonstrated that individuals interested in cosmetic procedures, typically have higher levels of body dissatisfaction as compare to general population. Swami (2009) in relevance to the previous studies investigated that body image concerns were found to be psychological predictor of cosmetic surgery attitudes including both men and women. Park and Allision (2018) also found equivalent outcomes that body dissatisfaction, particularly with specific features, significantly predicted the aspiration for cosmetic procedures in young adults.

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Beyond this direct association, the second hypothesis proposed that aging anxiety and appearance comparison mediates the relationship between body dissatisfaction and cosmetic procedure inclination. Mediation analysis revealed that both aging anxiety and physical appearance comparison played mediating roles in the relationship between body dissatisfaction and cosmetic procedure inclination, physical appearance comparison acted as a mediator**,** while aging anxiety not significantly mediated the relationship (Table 4). These findings propose that dissatisfaction with one's appearance may go together with by psychological processes that aggravate distress and increase the possibility of pursuing cosmetic procedures. Particularly, individuals who experience discomfort with observable marks of aging, such as wrinkles or saggy skin, may identify cosmetic procedures as a way out to decline or cover the aging process. In contrast, this idea is supported by earlier studies, such as those by Lee and You (2019), who found that anxiety related to aging contributed significantly to cosmetic procedure interest among adults. Clarke and korotchenko (2010) in their study emphasizes how internalized age-related fears bridge dissatisfaction and the motivation to alter appearance**.** In support to this, Slevec and Tiggemann (2011) discovered aging anxiety as a strong predictor interest in cosmetic enhancement in middle-aged women. Clark and griffin (2007) work highlighted aging anxiety as a mediator between dissatisfaction with aging and interest in cosmetic modifications. In another study, Gimlin (2016) demonstrated that fear of aging (aging anxiety) is a psychological mechanism linking body dissatisfaction to aesthetic action.

In support to second mediator, Di Gesto et al. (2022) also agreed that appearance-based comparisons, especially those occurring in the context of social media, are strongly linked to cosmetic surgery interest. The highly modified and faultless depiction of beauty online contribute to a distorted perception of ideal body image, heading people to perceive cosmetic procedures as necessity for attaining those ideals. In contrast, Fardouly et al. (2015) in their study found that individuals who recurrently involved in appearance comparisons on social media are more inclined to consider cosmetic procedures. Tiggemann and McGill (2004) in their study found that media-induced appearance comparison aggravates dissatisfaction and intention to alter appearance through cosmetic procedures. Similarly, Yildiz and demir (2023) in their study discovered that younger individuals showed higher levels of appearance anxiety, which was significantly linked with the pursuit of minimal invasive cosmetic procedures. The findings propose that appearance anxiety, including concerns about aging, mediates the relation between body dissatisfaction and the choice to undergo cosmetic improvements. These findings are further supported by Hogue and Mills (2019), who discovered that active engagement with social media content aggravated appearance comparisons, which in turn increases body dissatisfaction and cosmetic surgery interest. Their study strengthens the mediating role of physical appearance comparison particularly in online contexts, in influencing aesthetic motivations.

The third hypothesis, suggesting that females would have a higher tendency for appearance comparison than males, was not supported. T-test results showed no significant gender differences in any of the core variables (Table 7). The lack of significant gender differences in the study's variables is particularly notable. While cosmetic surgery interest has usually been associated more with women, current research recommends that men are increasingly experiencing similar pressures. In the current study, both men and women reported equivalent levels of dissatisfaction, aging anxiety, appearance comparison, and cosmetic procedure interest. While examining physical appearance comparison, numerous studies suggested that gender differences may not be as distinct as traditionally assumed, this supports recent findings by Walker et al. (2021), who discovered that men and women involve in appearance comparisons and experience related psychological

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distress at comparable rates when controlling for exposure to appearance focused media. The growing gender convergence in body image concerns is reflected in the current study, reinforcing the idea that aesthetic anxiety is no longer confined to women but is becoming a shared experience across genders. It also supports emerging literature, such as the findings by Griffiths et al. (2016), which suggets that appearance-related concerns are gaining more gender-neutrality. Similarly, study by Kılıç and Cihan (2023) on the role of media in determining body image perceptions reported no significant gender differences in sociocultural attitudes toward appearance, signifying that both men and women are comparably influenced by external appearance standards. Gentile et al. (2009) conducted a meta-analysis and concluded that gender differences in physical appearance self-esteem were minimal and context-dependent, being more evident only after the 1980s. Furthermore, the study by Lemoine et al. (2019) emphasized that although men and women may evaluate their bodies differently, these differences do not necessarily equate to significant disparities in appearance comparison behaviors. While women have historically borne the brunt of societal appearance pressures, contemporary media and cultural narratives now increasingly place similar expectations on men.

In support to this, Park (2014) Studies how intra-sexual competition effects approaches toward cosmetic procedures in both men and women. Significantly, the effects were similar in both genders, demonstrating no significant gender difference in such psychological factor. Likewise, research by Rohrich et al. (2016) on patient expectations and satisfaction revealed that individual attitudes and motivations were more predictive of cosmetic surgery acceptance than gender alone. Additionally, Cella et al. (2015) discovered psychopathological dimensions in aesthetic rhinoplasty patients and stated that while women presented higher anxiety, this did not necessarily interpret into greater acceptance of cosmetic procedures compared to men. Meanwhile, studies within the professional area, such as those by Boyd et al. (2021) and Swanson et al. (2024), found no significant gender differences in plastic surgery authorship or trainee confidence, which may reveal shifting cultural norms and growing gender equivalence in both attitudes toward and consideration of cosmetic procedures. These findings jointly show that acceptance of cosmetic surgery may not be as gender specific as earlier thought and that both men and women are inclined towards a complex interplay of psychological and sociocultural factors.

Although aging anxiety is often viewed as being more prevalent among women due to society pressures surrounding youth and body images, numerous studies indicate that gender differences in this area may not be statistically significant. For instance, Stordal et al. (2001) discovered no significant gender differences in anxiety and depression among adults in their eighties proposing that concerns associated to aging may be equally experienced across genders later in life. Similarly, research by Wang et al. (2024) during the COVID-19 lockdown discovered that gender accounted for only a minimal proportion of the variance in state anxiety levels related to aging and daily functioning which indicates that other factors, such as social support and physical health may be more dominant. Furthermore, Chao and Liu (2022) highlighted that while women may report considerably higher aging-related anxiety, the differences are often moderated by variables such as employment status, cultural expectations, and life satisfaction. Finally, Reker and Woo (2011) study highlighted that existential concerns related to aging process such as meaning of life and fear of decline, are usually shared by both men and women, further inspiring the assumption of a strong gender divide. The current findings propose that psychological factors like dissatisfaction and comparison may function similarly across genders, strengthening the idea that cosmetic motivations are not intrinsically gendered but rather rooted in social experiences of appearance evaluation.

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For fourth hypothesis, hierarchical regression analysis confirmed that demographic variables predicted cosmetic procedures inclination (Table 5). Age emerged as a significant negative predictor, indicating that younger individuals are more accepting of cosmetic surgery. This inclination is parallel with findings from South Korea, where younger women displayed higher acceptance levels and a greater likelihood of undergoing cosmetic procedures (Kim et al., 2019). Li et al. (2019) found that social media use amongst Chinese college students significantly influenced their acceptance of cosmetic surgery, with younger individuals showing higher interest. Additionally, Swami et al. (2013) observed that younger British individuals were more accepting the cosmetic procedures for social and personal reasons, highlighting how age-related differences in appearance-related concerns influence cosmetic attitudes.

Across all steps of the regression model, gender was not a significant predictor of cosmetic surgery acceptance. This result is supported by previous research suggesting that both men and women are increasingly exposed to cosmetic procedures, challenging traditional gender stereotypes. For instance, Bazner (2002) found that while patterns of body experience vary between genders, the overall attitudes toward cosmetic procedures do not significantly differ. Moreover, a study evaluating gender differences in plastic surgery patient education emphasized that the number of cosmetic procedures performed on men has gradually increased over the past two decades, reflecting a shift in societal standards and acceptance (Wong et al., 2015).

Employment status emerged as a strong positive predictor. A study in South Korea found that employment status significantly affected acceptance of cosmetic procedures, with working individuals showing higher acceptance of cosmetic surgery (Kim et al., 2020). Similarly, research by Tranter and Hanson (2015) showed that working men, particularly those in non-professional professions, were more attracted in cosmetic surgery, possibly as a means of altering social appearance. Moreover, a study in Saudi Arabia demonstrated that employed participants were more disposed to perform cosmetic procedures, emphasizing the role of professional engagement in shaping attitudes toward cosmetic procedures (Alghamdi et al., 2023).

Education level appeared as modest negative predictor. Higher education levels were associated with lower acceptance of cosmetic procedures. This opposite relationship may be attributed to increased cognizance of potential threats and a critical perception on societal beauty norms among more educated individuals. A study conducted in Saudi Arabia discovered that participants with higher education levels validated more traditional attitudes toward cosmetic interventions (Alghamdi et al., 2023). Similarly, research by Schlessinger et al. (2010) directed that individuals with higher educational accomplishment are less likely to opt for cosmetic procedures, possibly due to a greater acceptance of natural appearance and self-acceptance. Additionally, a study in Singapore found that participants with higher education levels had a significant acceptance regarding cosmetic procedures, suggesting that education influences perspectives on cosmetic interventions (Tan et al., 2016).

Income significantly predicted higher cosmetic procedures inclination, whereas physical activity was not significant. These findings highlight the importance of demographic and socioeconomic factors in cosmetic procedures inclination. This result is supported by prior research (e.g., Ahmad et al., 2013), which has shown that demographic factors such as income may determine accessibilty to cosmetic services but do not necessarily drive the desire for them. A study conducted in Saudi Arabia found that high economic status was significantly linked to the occurrence of cosmetic interventions, as individuals with higher incomes are less concerned about the expenses of such procedures (Alghamdi et al., 2023). Additionally, research by Schlessinger et al. (2010) demonstrated that higher income levels correlate with increased acceptance of cosmetic surgery,

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suggesting that financial resources play a crucial role in the decision-making process. Furthermore, a study in the United States indicated that most patients who performed cosmetic interventions had a higher income, emphasizing the influence of economic status on cosmetic surgery acceptance (American Society for Aesthetic Plastic Surgery, 2015).

Physical activity did not significantly predicted acceptance of cosmetic surgery, finding consistent with prior research suggesting that lifestyle choices does not play a direct role in influencing cosmetic surgery attitudes. Ni (2019) inspected female undergraduates and found that while body appreciation and media influence were significant predictors of consideration for cosmetic surgery, physical activity levels were not. Similarly, Soest et al. (2006) reported that psychosocial factors such as body image concerns and the desire for social acceptance significantly influenced women's motivation for cosmetic surgery, whereas physical activity showed no predictive value. Additionally, Haas et al. (2008), in their review of motivating factors for pursuing cosmetic procedures, determined that internal psychological drivers particularly matters related to self-esteem and body dissatisfaction were more influential than physical health behaviors. These findings suggest that although physical activity may enhance body satisfaction generally, it does not necessarily translate to a greater or lesser desire for cosmetic enhancement.

Fifth hypothesis suggesting that Individuals with high monthly income will have high inclination towards cosmetic procedures as compare to individuals having average and low income (Table 6) was supported by previous literature. Alghamdi et al. (2023) stated that individuals with high economic status were significantly more inclined to consider or undergo cosmetic surgery, mentioning affordability and reduced concern about procedural costs as main factors. Similarly, Schlessinger et al. (2010) discovered a positive correlation between income and cosmetic surgery interest, observing that higher-income individuals often view such procedures as a way of enhancing personal and professional appearance. Additionally, data from the American Society for Aesthetic Plastic Surgery (2015) showed that the majority of patients undergoing elective cosmetic procedures in the U.S. came from higher income brackets, reinforcing the idea that financial capability facilitates greater acceptance and pursuit of cosmetic interventions. These findings support the current study's results, highlighting the role of income in shaping cosmetic procedures inclinations.

These findings are consistent with local studies, such as Ahmad et al. (2013), which found high awareness and interest in cosmetic procedures among Pakistani youth. The role of appearance comparison in promoting dissatisfaction is also supported by Alvi and Syed (2022), who documented similar trends among female university students in Pakistan. Malik and Zaheer (2012) reported that a notable number of Pakistani women held favorable attitudes toward cosmetic surgery, particularly for nose reshaping and skin treatments. Bilal et al. (2021), emphasizing the role of social media–driven appearance comparison in heightening body dissatisfaction. Furthermore, clinical studies such as Anwar et al. (2024) demonstrate elevated body shape concern among university populations, indicating that body dissatisfaction is deeply embedded across educational and metropolitan contexts in Pakistan. This supports the notion that cosmetic enhancement is becoming culturally accepted and aspirational among women in Pakistan. The present study builds on this by examining the mediating role of these variables and highlights the cultural relevance of such psychological constructs in shaping attitudes toward cosmetic enhancements in Pakistan. In the context of Pakistani society, where beauty is closely associated to social status, marital prospects, and family reputation, appearance related concerns are deeply surrounded by cultural norms. At the same time, globalization and exposure to media have presented new standards of beauty that may encounter with traditional ideals. For example, lighter tone, younger features, and specific body

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proportions are increasingly valorized in media, contributing to aggravated appearance observation and dissatisfaction. These inconsistent messages may intensify psychological distress, as individuals attempt to steer both traditional and modern expectations around beauty.

The study's findings suggested that cosmetic procedures are frequently supposed as tools for improving not only appearance but also social outcomes. The current research supports this interpretation, showing that dissatisfaction, when coupled with aging concerns and appearance comparison, can create a powerful psychological drive toward cosmetic modification.

Furthermore, recent developments in technology and media have exacerbated the salience of physical appearance in everyday life. The ubiquity of smartphones, selfies, and image-enhancing apps has given rise to new forms of body scrutiny. The current study's findings regarding appearance comparison pair this view, suggesting that both internal comparisons and external tools like social media can together increase the likelihood of seeking aesthetic modification.

Additionally, the results of this study highlights the composite and multi-layered nature of cosmetic procedure inclination. Body dissatisfaction serves as a prominent motivator, but it is through the psychological factors like comparison and aging anxiety that this dissatisfaction becomes behaviorally significant. These findings propose that interventions aiming to reduce the demand for cosmetic procedures should focus not only on encouraging body positivity but also on decreasing habitual appearance comparison and addressing aging fears. Literacy programs on media that encourage critical commitment with beauty standards may be particularly advantageous. In conclusion, the current study offers strong evidence that body dissatisfaction is a crucial factor that influences individuals' inclination toward cosmetic procedures. This relationship is shaped by psychological mediators most notably appearance comparison and, to a lesser extent, aging anxiety. These findings extend existing research by demonstrating that cosmetic interest is not merely a product of cultural exposure or financial means, but a deeply rooted psychological phenomenon. They also suggest that cosmetic motivations are no longer confined to gendered narratives but are increasingly shared across populations. Addressing the underlying psychological contributors to cosmetic interest may be essential for developing holistic, ethically grounded approaches to aesthetic practice and body image wellbeing.

**Conclusion**

The present study explored the psychological mechanisms underlying individuals' inclination toward cosmetic procedures, with a specific focus on body dissatisfaction and its mediating pathways through aging anxiety and physical appearance comparison. By drawing on data from individuals actively engaged in aesthetic consultation or treatment, the research helps in getting insight into the real-world cognitive and emotional processes that precede decisions about cosmetic enhancement. The findings confirmed that body dissatisfaction is a central predictor of cosmetic procedure interest, a relationship significantly shaped by internal psychological factors rather than demographic characteristics.

Physical appearance comparison emerged as a strong mediator in this relationship, suggesting that the tendency to compare oneself with others especially in appearance-focused contexts can intensify dissatisfaction and motivate individuals to consider aesthetic modification. Aging anxiety indicates concerns related to growing older may amplify appearance-related stress and enhance the perceived utility of cosmetic procedures as a means of maintaining youthfulness and social value. Notably, the absence of significant gender differences across all variables supports a growing body of literature that highlights the universality of body image concerns across genders. Both men and women experience comparable levels of dissatisfaction, comparison behavior, and interest in cosmetic procedures, reflecting a shift in cultural norms and the increasing pervasiveness of beauty-related pressures in contemporary society.

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As cosmetic procedures become more normalized and accessible, it is crucial to understand not only what drives individuals to pursue them but also how psychological distress can be addressed more constructively.

**Implications**

- The study highlights the role of psychological factors particularly body dissatisfaction, aging anxiety, and appearance comparison as primary predictors of cosmetic procedure interest, over and above demographic variables like gender and income.
- Study demonstrates that cosmetic procedure interest is not gender-specific, suggesting the need for more inclusive research and clinical attention to both men and women experiencing body image concerns.
- Supports the inclusion of psychological screening in aesthetic clinics to assess body dissatisfaction, appearance comparison behavior, and aging-related fears before approving cosmetic procedures.
- Promotes balanced health communication strategies that acknowledge the psychological impact of aging and appearance dissatisfaction without reinforcing harmful beauty ideals.
- The study contributes to a more nuanced understanding of the psychological processes that underpin cosmetic motivations, offering both theoretical and practical implications.
- This research lays the groundwork for more ethical, evidence-informed, and psychologically sensitive practices in both clinical and aesthetic domains

**Limitations and Recommendations**

- The study used a cross-sectional design, which restricts the ability to draw assumptions about cause-and-effect relationships among variables. Future research should embrace a longitudinal design to examine how body dissatisfaction, aging anxiety, and appearance comparison develop over time and encourage cosmetic procedure decisions.
- Reliance on self-report questionnaires may introduce social desirability bias, with participants potentially underreporting dissatisfaction or over-reporting socially acceptable views. Further studies should incorporate qualitative methods such as interviews or focus groups in future studies to gain deeper insights into participants' personal experiences and motivations.
- The sample was drawn from urban aesthetic clinics in only three cities, which may not represent the broader Pakistani population. Further studies should expand the sampling frame to include participants from rural areas, different provinces, and varied socioeconomic backgrounds to improve the generalizability of findings.
- The study focused only on two mediators aging anxiety and physical appearance comparison while excluding other potentially relevant psychological variables.

Future studies should explore a wider range of mediators and moderators, such as self-esteem, perfectionism, cultural beauty standards, and media internalization, to develop a more comprehensive model.

- Protective factors that may buffer against cosmetic procedure interest were not examined. New studies should investigate positive psychological constructs like body appreciation, self-compassion, and media literacy, to identify resilience factors that could reduce appearance-related distress and cosmetic inclination.
- Physical activity and its impact on inclination towards cosmetic procedures was not thoroughly studied, future studies should explore the impact of physical activity on acceptance of cosmetic procedures.
- Future longitudinal and qualitative studies should explore how body image concerns and cosmetic motivations evolve over time and across age and cultural groups.
- Future studies should focus on therapeutic approaches interventions targeting comparison behaviors and aging anxiety to help individuals develop more adaptive responses to appearance-related distress.
- The measurement of aging anxiety in this study may not have fully captured the construct in the context of the sample. Although the Anxiety about

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Aging Scale (AAS) is widely used, it might not reflect culturally specific expressions of aging concerns in Pakistan, particularly among younger and middle-aged participants who may not yet perceive aging as a salient issue. This could explain why aging anxiety did not emerge as a significant mediator.

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