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The Effect of Religious Commitment Level of Women Over 40 Years on Their Perspectives on Cosmetic Surgery

40 Yaş Üstü Kadınların Dini Bağlılık Düzeylerinin Kozmetik Cerrahiye Bakış Açısına Etkisi

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ABSTRACT

Objective: With ageing, physical attractiveness decreases, and weight gain and wrinkles increase, which leads to an increase in the tendency towards plastic surgery. However, the level of religious attitude can influence this tendency. This study was conducted to determine the effect of the religious commitment level of women over 40 years on their perspectives on cosmetic surgery.

Materials and Methods: This descriptive and cross-sectional study was conducted with 452 women aged 40-65 who visited a hospital's outpatient clinic in Türkiye.

Results: It was determined that 61.5% of the women who participated in the study had a high religious commitment. The women with high levels of religious commitment were found to have a lower desire for cosmetic surgery ($p<0.001$).

Conclusion: The cosmetic surgery perspective was found to be adversely affected by the frequency of devotion and worship practices.

Keywords: Cosmetic surgery, nurse, religious commitment

ÖZ

Amaç: Yaşlanma ile birlikte fiziksel çekicilik azalır, kilo alımı ve kırışıklıklar artar, bu da estetik cerrahiye olan eğilimin artmasına neden olur. Ancak dini tutumun düzeyi bu eğilimi etkileyebilir.Bu çalışma, 40 yaş üstü kadınların dini bağlılık düzeylerinin kozmetik cerrahiye bakış açısına etkisini belirlemek amacıyla yapılmıştır.

Materyal ve Metot: Tanımlayıcı ve kesitsel tipte olan bu araştırma, Türkiye'de bir hastanenin polikliniğine başvuran 40-65 yaş arası 452 kadın ile yapılmıştır.

Bulgular: Araştırmaya katılan kadınların %61.5'inin dini bağlılığının yüksek olduğu belirlendi. Dini bağlılığı yüksek olan kadınların kozmetik cerrahi isteğinin daha düşük olduğu bulundu ($p<0,001$).

Sonuç: Estetik cerrahi bakış açısının ibadet ve ibadet uygulamalarının sıklığından olumsuz etkilendiği bulunmuştur.

Anahtar Kelimeler: Dini bağlılık, hemşire, kozmetik cerrahi

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INTRODUCTION

Religion is belief in God and practices and thoughts connected with this belief system.[1] Religious commitment is the degree of commitment of the individual to their religious values, beliefs, practices, and use in daily life.[2] When starting from this definition, it is assumed that an individual with high religious devotion will reflect the practices of religion more in his daily life.[3,4] Among the essential practices of Islam, prayer, fasting, and going to pilgrimage are mentioned in many of the verses of the Qur'an.[5] For this reason, as stated in many verses, worship can be regarded as a behaviour showing religious commitment. Religious beliefs that strongly affect the decisions and attitudes made in daily life do not only affect behaviours in many areas of life. For some, it also affects social interaction and interpersonal relationships as an integral part of identity during self-recognition and identification.[4] Studies examining how religion affects people's behaviours and health behaviours and the relationship between the concepts of religious life, level of being religious, and level of religious commitment and individuals' psychological state were conducted.[4,6] Along with this, there are also studies showing that attitudes toward plastic surgery are affected by religious factors.[1,7,8]

The perception of beauty and beautiful women varies across different age groups and cultures. Women have used the necessary opportunities to look aesthetically better and to be more beautiful for centuries.[9,10] In recent years, technological developments, advancements in dermatology and plastic surgery, the increase in the number of health centres, more accessible access to health centres for cosmetic surgery, and the decrease in the cost of aesthetic applications have increased the number of people undergoing cosmetic surgery.[10]

Many studies have revealed that positive attitudes towards plastic surgery increase as age increases.[11,12] With ageing, physical attraction decreases, and weight gain and wrinkles increase.[13] However, the perception of beauty and the importance of appearance remains the same. [14]

However, women may experience conflicting feelings between their desire to be beautiful and their religious views. This relationship has been examined in a limited number of studies.[7,15] For this reason, it is necessary to determine the relationship between women's religious attitudes and society's pressure to be beautiful and well-groomed. Based on this argument, we aimed to determine the relationship between the perspective on cosmetic surgery and the level of religious commitment in women over 40.

MATERIALS AND METHODS

Ethics Committee Approval: The study was approved by the Hitit University Non-Interventional Research Ethics Committee (Date: 27/02/2020, Decision no: 2020-29). The study was planned under the Helsinki Principles.

Design: This descriptive and cross-sectional study was carried out in February-May 2020 with women over 40 who visited a hospital's outpatient clinic in a city in the Black Sea region of Türkiye.

Participants: The study's target population consisted of 80.368 women between the ages of 40 and 65 living in the city centre where the research was conducted.[16] All women over 40 years of age who were informed about the purpose and method of the study and who met the study's inclusion criteria were included. The sample was selected among the target population using the random sampling method, and the effect size was calculated as 446, with a 0.05 significance level and 0.95044 power.

Procedure: Written and verbal consent were obtained from the women who agreed to participate in the study, and the participants signed an informed consent form. The researcher collected the data through the face-to-face data collection method. The research was completed with 452 women.

Women between the ages of 40-65 who did not have plastic surgery before, who had no communication difficulties or mental disabilities, who volunteered to participate in the study, and who did not have any psychiatric or oncological diseases were included. Women who did not meet the inclusion criteria were excluded from the study.

The study's dependent variable was determined as the total Acceptance of Cosmetic Surgery Scale (ACSS) score and the personal, social and thoughts sub-dimension scores. The leading independent variable was the Adaptation of Religious Commitment Scale (ARCS), and other independent variables were determined as religious opinion, fasting, praying, and pilgrimage.

Instrumentation: The questionnaire form the researchers prepared based on the literature[7,8] was used as the first data collection tool. Other forms used in the data collection process are the ACSS and the ARCS.

The Questionnaire Form; Includes a total of 10 questions regarding the socio-demographic characteristics of the participants (age, marital status, education level, etc.), the individual's perception of their own religious belief (conservative, moderate), and the religious practices of praying, pilgrimage, and fasting.

The ACSS was developed by Henderson-King and Henderson-King, and was adapted to Turkish by Karaca et al. in 2017.[17,18] It determines the attitudes of individuals toward cosmetic surgery and includes a total of 15 items. The scale is a 7-point Likert scale

that can be evaluated according to the three sub-dimension scores and the total scale score. The score range of the ACSS is 15-105. The increase in the sub-dimension scores and the total scale score indicates positive attitudes towards cosmetic surgery. The sub-dimensions of the scale are the personal sub -dimension (Items 1-2-4-5-14), the social sub-dimension (Items 9-11-l2-13-l5), and the thoughts sub-dimension (Items 3-6-7-8-l0) (Item 10 is a reverse item). The personal sub-dimension includes evaluations about appearance, which motivate cosmetic surgery. In contrast, the social sub-dimension involves individuals' feelings about their social relationships and environment, which affect their attitudes towards cosmetic surgery. The thoughts sub-dimension includes individuals' opinions about cosmetic surgery. In the study of Henderson-King and Henderson-King, the scale's internal consistency was found to be between 0.91 and 0.93.[17,18] In our study, Cronbach's alpha was determined as 0.88 for the personal sub-dimension, 0.89 for the social sub-dimension, and 0.84 for the thoughts sub-dimension. The Cronbach's alpha for the whole scale was 0.93.

The ARCS developed by Worthington et al. determines individuals' religious commitment levels and includes 10 items.[2] It was translated into Turkish by Akın et al.[4] The ARCS is a 5-point Likert scale comprising two sub-dimensions. The sub-dimensions are the individual religious commitment (sum of the scores from the 1., 3., 4., 5., 7. and 8. questions) and the interpersonal religious commitment (sum of the scores from questions 2., 6., 9. and 10. questions). Cronbach's alpha was calculated at 0.85 for the full scale. The corrected item-total correlation coefficients of the scale rank between 0.37 and 0.69. In our study, Cronbach's alpha of the scale was found to be 0.91.

Data Analysis: BM SPSS 22 package program was used to analyze the data. Descriptive statistics were calculated according to the distribution of the data. The descriptive statistics of the categorical data were presented as numbers (n) and percentages (%). The Shapiro-Wilk Test was used to determine whether the data showed normal distribution. Non-parametric Mann–Whitney U test was used to compare the scale scores of two independent groups. The scale score comparison of more than two independent groups was performed using the non-parametric Kruskal-Wallis test. The Spearman correlation was calculated to determine the relationship between the level of religious commitment and aesthetic attitudes. P value was used $p<0.05$.

RESULTS

The mean age of the women (n=452) who participated in the study was 47.56±7.70 63.5% of the women were between 40-49 years old; more than half (50.9%) were primary school graduates, and most (81.4%) were married (Table 1).

Table 1. Sociodemographic characteristics of the women (n=452).

Characteristics		n (%)
Age group	40-49	287 (63.5)
	50-59	116 (25.7)
	60 or ↑	49 (10.8)
X±SD	47.56±7.70±6	
Marital status	Married	368 (81.4)
	Single	64 (18.6)
Educational status	Literate (no formal degree)	58 (12.8)
	Primary school	230 (50.9)
	High school	86 (19.0)
	Undergraduate	78 (17.3)
Working condition	Working	334 (73.9)
	Not working	118 (26.1)
Has a children	Yes	410 (90.7)
	No	42 (9.3)
Has a chronic disease	Yes	240 (53.1)
	No	212 (46.9)
Total		452 (100)

Approximately half of the women (48.2%) defined themselves as conservative. While most participants (74.8%) stated that they fast, 57.5% reported that they regularly practice five prayers; 79.6% stated that they want to go on pilgrimage, and 8.8% went on pilgrimage before. In our study, the total ARCS score of the participants was calculated as 33.89±9.93 (Table 2).

The ACSS personal sub-dimension score of the participants was found to be 16.27±9.07 (median=15), while the ACSS social sub-dimension score was 11.20±7.97 (median=7), and the thoughts sub-dimension score was 14.49±8.77 (median=12). The total ACSS score was calculated as 41.96±23.10 (median=35.5) (Table 3).

Table 2. Distribution of religious attitudes of the participants.

Variables	Groups	n (%)
Religion Belief	Conservative	218 (48.2)
	Mild	234 (51.8)
	No	40 (8.8)
Fasting	Sometimes	74 (16.4)
	During Ramadan	338 (74.8)
	No	70 (15.5)
Prayer	Sometimes	122 (27.0)
	Five Times a Day	260 (57.5)
	I Want	360 (79.6)
Go to pilgrimage	I went before	40 (8.8)
	I do not want	52 (11.5)
Total Score of ARCS, Mean ± SD	33.89 ± 9.93	

ARCS: Adaptation of Religious Commitment Scale.

Table 3. Distribution of participants' scores in acceptance of osmetic Surgery Scale.

	Personal sub-dimension	Social sub-dimension	Thoughts sub-dimension	Total score
X±SD	16.27±9.07	11.20±7.97	14.49±8.77	41.96 ± 23.10
Median	15	7	12	35.5
Min-Max	5-35	5-35	5-35	15-105

X±SD: Mean±Standard Deviation.

Table 4 compares the participants' ACSS total and sub-dimension scores according to their religious attitudes. It is seen that the ACSS personal, social, and thoughts sub-dimension scores and the ACSS total score show a statistically significant difference between women who express their religious views as conservative and moderate ($p<0.001$). The women who defined themselves as conservative had lower ACSS scores than those with moderate religious opinions. Regarding the participants' fasting frequency, the difference between the personal, social, and thoughts sub-dimensions and the total ACSS score was found statistically significant ($p<0.001$). The personal, social and thoughts sub-dimension scores and the ACSS total score of the women who stated that they regularly fast during Ramadan were lower than the women who do not or sometimes do. Regarding the frequency of performing prayers, the difference between the personal, social, and thoughts sub-dimensions and the total ACSS score was found to be statistically significant ($p<0.001$). The women who perform five prayers daily had lower personal, social, and thought sub-dimension scores and lower total ACSS scores than those who do not pray or sometimes do the prayer. As for the desire to go on pilgrimage, the difference between the personal, social, and thoughts sub-dimension scores and the total ACSS score was statistically significant ($p<0.001$). The women who did not want to go on pilgrimage had lower personal, social and thoughts sub-dimension scores and total ACSS scores (Table 4).

The study determined the bilateral correlation between the participants' total ACSS score, personal, social and thoughts sub-dimension scores, and religious commitment level. As the participants' ARCS score increased, the total ACSS score and the personal, social and thoughts sub-dimension scores decreased. As a result of the correlation analysis, negative, weak and moderate relations were determined between ACSS sub-dimensions and ARSS. This shows middle-aged women with high religious

Table 4. Comparison of the total and sub-dimension scores of Acceptance of Cosmetic Surgery Scale according to the religious attitudes of the participants.

Religious Opinions		Religious View		Fasting Frequency			Prayer Frequency			Going Topilgrimage		
ACSS Total and Sub-dimensions		Conserva-tive	Moderate	None	Sometimes	Regularly	None	Sometimes	Regularly	Do not want	Want	Went
Personal	n	218	234	40	74	338	70	122	260	52	360	40
	Median	11	20	22	22	13	21	20	11.5	22	14	10,5
	X±SD	13.28±7.41	19.05±9.60	20.50±10.35	20.57±10.25	14.83±8.17	19.00±10.97	19.26±8.73	14.13±8.05	21.46±8.94	15.95±9.001	12.40±6.95
	Test	MU=16862.000			KW:24.691			KW:29.568			KW:21.886	
	Value	p<0.001**			p<0.001**			p<0.001**			p<0.001**	
Social	n	218	234	40	74	338	70	122	260	52	360	40
	Median	6	11	12	12	6	7	11	6	15.5	7	5.5
	X±SD	9.08±6.30	13.18±8.83	13.95±9.38	14.95±9.44	10.06±7.09	12.03±8.28	14.11±9.07	9.62±6.88	15.81±9.02	10.69±7.65	9.80±7.57
	Test	MU=19232.000			KW: 23.067			KW: 30.364			KW: 18.055	
	Value	p<0.001**			p<0.001*			p<0.001**			p<0.001**	
Thoughts	n	218	234	40	74	338	70	122	260	52	360	40
	Median	11	16	16.5	20	11	15	17	11	19,5	12	6
	X±SD	11.0±6.59	17.59±9.41	20.15±10.08	20.11±8.82	12.59±7.75	18.06±9.77	18.33±8.90	11.72±7.32	21.15±8.21	14.04±8.60	9.80±6.12
	Test	MU=15070.000			KW: 57.778			KW: 62.585			KW: 42.405	
	Value	p<0.001**			p<0.001**			p<0.001**			p<0.001**	
Total ACSS	n	218	234	40	74	338	70	122	260	52	360	40
	Median	28	46	54	50	33	50	47	28.5	54	35	24.5
	X±SD	33.52±17.20	49.82±25.07	54.60±26.57	55.62±25.60	37.47±20.25	49.09±26.48	51.70±23.97	35.47±41.96	58.42±23.36	40.69±22.43	32.00±18.56
	Test	MU=15646.000			KW:40.876			KW:49.653			KW:35.679	
	Value	p<0.001**			p<0.001**			p<0.001**			p<0.001**	

MU: Mann–Whitney U test statistics; KW: Kruskal Wallis test statistics; **: p<0.001; X±SD: Mean±Standard Deviation; ACSS: Acceptance of Cosmetic Surgery Scale.

commitments do not want cosmetic surgery. They disapprove of cosmetic surgery (Table 5).

DISCUSSION AND CONCLUSION

Most religious views disapproved of surgical operations for cosmetic reasons until the early 20th century. Since all kinds of health and physical problems are accepted as a sign of divine power, correcting the shape ordained by Allah was not considered appropriate.[15] However, individual factors such as the increase in the importance given to physical appearance with the influence of Western culture, the acceptance of aesthetic surgery practices by society, the support given by the media to aesthetic surgery and aesthetics, and the negative perception of body image have increased the interest in aesthetic surgery.[10] In this study, we aimed to determine the perspectives of women over 40 on plastic surgery, which individuals are increasingly interested in, and how their religious commitment levels affect their perspectives on plastic surgery.

As a universal phenomenon, religion affects interpersonal relationships, individuals' behaviours, attitudes and lives. Whether an individual is religious or not can be determined by the individual's religious attitudes and behaviours.[19] The participants' ARCS total score was high (Table 2). This shows that the women participating in the research primarily have stronger religious attitudes. In addition, the fact that the women included in the study were 40 years or older may also have affected this result. Sarı's study states that the rate of regular fulfilment of religious practices increases with age.[3] It is stated that young people see death as more distant and delay the regular practice of religious practices until later ages.[3]

Those who adopt the Islamic philosophy divide aesthetic surgery into necessary surgery, which is necessary to correct congenital or later defects, and surgery for beautification. While basic surgery seems religiously permissible, surgery to beautify is not considered appropriate. For, in the Qur'an, "We have indeed created man in the best form" 95/4.[1,20,21] According to Islam, a person should accept the body Allah gave him because the creator created the body most beautifully. Having healthy organs is enough for a person to thank God.[1,7] The ACSS score, which indicates the willingness of the participants to have plastic surgery, was found below the medium level (Table 3). To make women look better, It is reported that there is an increase in the desire to change the body appearance with aesthetic applications.[10,17] The reason for our study results may be that young people show more interest in plastic surgery practices than middle-aged women. However, women with high religious devotion stay away from plastic surgery as an indication of their approval of the shape created by Allah.

In studies, it is stated that individuals have a better appearance and feel better with aesthetic applications. For example, the study of Dogan and Yassa determined that 43.7% of women who undergo labiaplasty surgery are willing to undergo surgery for a better appearance.[22] A study conducted with 22 women who had tummy tuck surgery determined they were satisfied with their appearance in front of the mirror six months after the surgery. Their quality of life and mental health were positively affected, is reported.[23] Unlike these studies, in our results, it is seen that women who define themselves as conservative, who regularly pray, fast and go on pilgrimage, have low motivation for plastic surgery about their appearance, think that aesthetic surgery has a low effect on social communication, and have a low desire to have plastic surgery (Table 4). Spearman correlation analysis results show a significant negative relationship between women's religious commitment levels, worship practices, and aesthetic surgery attitudes (Table 5). Similarly, in the study of Muslu and Demir, a significant relationship was determined between worship practices and aesthetic surgery attitudes.[7] It is thought that these results are due to the positive effect of religiosity on life satisfaction and the Islamic religion's disapproval of aesthetic surgery for beautification.[1,6,7,15,20] At

Table 5. Relationship between acceptance of Cosmetic Surgery Scale and adaptation of Religious Commitment Scale Correlation.

Pearson Correlation (r)	Total ACCS Score	Total ARCS Score	Personal	Social	Thoughts
Total ACCS Score	1	-0.363**	0.890**	0.868**	0.923**
Total ARCS Score		1	-0.318**	-0.260**	-0.392**
Personal			1	0.625**	0.742**
Social				1	0.729**
Thoughts					1

r: Correlation coefficient -1 < r < +1; Low Level Correlation: 0.01< r <-0.29; Medium Level Correlation: 0.30< r <-0.70; **: Correlation is significant at the 0.01 level; ACSS: Acceptance of Cosmetic Surgery Scale; ARCS: Adaptation of Religious Commitment Scale Correlation.

the same time, Okumus also stated in his study that the individual's motivation, economic and psychological status, and socio-cultural structure affect decision-making on aesthetic surgery. Still, religion affects the final decision.[8] For this reason, nurses should evaluate women's religious commitment levels and plan their care holistically to increase the quality of care and patient satisfaction. In addition, recognizing the motivating factors behind the decision to apply for plastic surgery is extremely important for recovery and psychological outcomes in the postoperative period.

In conclusion, a significant relationship exists between women's religious commitment levels, worship practices, and cosmetic surgery attitudes. Their attitude towards cosmetic surgery is adversely affected by the frequency of devotion and worship practices. Addressing patients' physical and psychosocial needs during the perioperative process may increase the quality of care and patient satisfaction. Nurses should evaluate the level of religious commitment of women and plan their care with a holistic approach to improve the quality of care and patient satisfaction. Moreover, they should conduct studies to examine the effect of religious attitudes on the perioperative process in patients undergoing aesthetic surgery. The study has some limitations. The sample size is small, and the study is a single-centre study. The significance of the study is that it is the first study conducted with Turkish women over 40 years old. Unlike previous studies, women's religious commitment levels and worship practices were evaluated with a standard scale.

Ethics Committee Approval: This study was planned following the Helsinki Principles, and ethical approval was obtained from the Hitit University Non-Interventional Research Ethics Committee (Date 27.02.2020, decision no: 2020-29).

Conflict of Interest: No conflict of interest was declared by the authors.

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