



# **Understanding attitudes towards cosmetic surgery among tertiary students in Macao**

by

Lin Jhe-Yu (BB905773)  
Khoo Wei Heng (BB905716)  
Sherleen Tan Wan Qi (BB905707)  
Teo Khai Min (SB922852)

Supervisor:  
Sancia, Wan Wai San

Consultant:  
Edmond, Yeung Wai Kong

A report submitted in partial fulfillment of the requirements for the Honours Programme in Honours College at the University of Macau

# SELF-DECLARATION

I declare that the thesis here submitted is original except for the source materials explicitly acknowledged and that this thesis, or parts of this thesis have not been previously submitted for the same course or for a different course.

I also acknowledge that I am aware of the Rules on Handling Student Academic Dishonesty and the Regulations of the Student Discipline of the University of Macau.

LIN JHE YU

10 May 2021



10 May 2021



10 May 2021



10 May 2021

Signature

Date

Lin Jhe Yu,  
Khoo Wei Heng,  
Sherleen Tan Wan Qi,  
Teo Khai Min

BB905773,  
BB905716,  
BB905707,  
SB922852

Name

Student ID Number

HONR1000-009

Programme/ Course Code

## ABSTRACT

This study investigates the relationship between the acceptance of cosmetic surgery and the degree of body consciousness among the tertiary students in Macao. We conduct a questionnaire survey with a sample size of 179 among tertiary students in Macao. In the survey, we adopt the Acceptance of Cosmetic Surgery Scale (ACSS), which was developed by Henderson-King and Henderson King to examine participants' attitudes toward cosmetic surgery. Also, we use the Objectified Body Consciousness (OBC) scale to study the relationship between participants' acceptance of cosmetic surgery and body consciousness. We formulate and test two hypotheses: first, *a person who has considered having cosmetic surgery would be associated with higher acceptance of cosmetic surgery*; second, *cosmetic surgery's acceptance will positively correlate with the degree of body consciousness among Macao's tertiary students*. We find out that the participants who have considered having cosmetic procedures score significantly higher on the ACSS than the participants who have not, which fully supported the first hypothesis. Also, the result indicates that the ACSS and the subscales of OBC scale positively correlate with each other except that the Control Beliefs scale negatively correlate with the other variables. Therefore, the second hypothesis is partially supported. This study provides a better understanding of the factors of having cosmetic surgery among Macao's tertiary students from the body consciousness perspective. It provides evidence to understand the modern phenomena of whether tertiary students were high in body consciousness. We also fill the research gap to understand the factors among Macao's tertiary students.

## 1. Introduction

The acceptance of cosmetic surgery between each country has a big difference, not to mention the change over decades. The global survey result released by *The International Society of Plastic Surgery* (ISAPS) has shown the total ranking of each country's procedures. The first is the USA (18.7% of total), the second is Brazil (9.7% of total), the third is Mexico (4.5% of total), the fourth is Germany (4.0% of total), and the fifth is India (3.9% of total). On the basis of this, we can infer that western countries have undergone more cosmetic procedures.

However, in the recent years, there have been very few reports regarding the internal factors affect people's attitude towards plastic surgery. The two reports, Henderson-King and Henderson-King (2005) and N. M. McKinley and J. S. Hyde (1996), were conducted almost 20 years ago, and they were conducted in western countries. Therefore, we are interested in exploring the relationship between the acceptance of cosmetic surgery and each internal factor for Macao tertiary students nowadays, due to the lack of similar research. Through our report, we hope to have a better understanding of Macao's tertiary student's acceptance of cosmetic surgery.

There were two indicators applied in the survey. The first indicator was the Acceptance of Cosmetic Surgery Scale (ACSS) extracted from Henderson-King and Henderson-King (2005), and the second was the Objectified Body Consciousness (OBC) scale extracted from N. M. McKinley and J. S. Hyde (1996).

## 2. Literature Review

Television programs, TV series, films, and social media have been covered by the advertisement of cosmetic and beauty products and services in recent years. Teenagers nowadays are bombarded with information that tells beauty is essential, and thus they spend more time taking care of appearance than the days before (Elder, 1969). Therefore, we decided to focus on this particular population with high participation in modern technology and the information booming process. Scholars also suggested that the current news and media judge people's and celebrities' beauty very much in China, leading to a change in the general population understanding of self-beauty (Sun, He, Yang, & Wang, 2021).

There have been many different conclusions on the relationship between cosmetic surgery patients and their self-esteem and bodily perspective in recent studies. We see studies which concluded that cosmetic surgery patients are similar to the general population in terms of self-esteem (Ferraro, Rossano, & D'Andrea, 2005) and studies that self-esteem has an indirect effect on cosmetic surgery (Farshidfar, Dastjerdi, & Shahabizadeh, 2013). The motivation of cosmetic surgery has been reviewed by many scholars (Haas, Champion, & Secor, 2008; Maisel, 2018), including psychopathological profile (Ferraro, 2005), self-esteem, body image, conformity (Farshidfar, 2013) and more.

### *2.1. Chinese women on beauty perspective*

In China, the term “renzaο meinǚ”, which has a direct meaning of “artificial beauty”, had been a hot word in the early 21<sup>st</sup> century, so popular until the Chinese media tagged it as one of the ten catchwords in Chinese mainstream newspapers in 2004. (Hua, 2013) In the same chapter, Hua also discussed the public view on the first China artificial beauty, Hao Lulu. Despite gaining much attention, the public views the massive popularity of Hao Lulu as “the public stunt”, which means the beauty operation clinic used Hao Lulu as a commodity to increase sales on performing cosmetic surgery. “Women as commodity” or “commodity fetishism” concept is nothing new in China. A study revealed the “female body” and “femininity” have been sexualised under the market, limited to be expressed as the beauty that fit the consumers' taste (Quan, 2019).

Generally, people think the high self-beauty standard will lead to a more successful career, as beauty is a currency. Scholars tested the theory of beauty as currency hypothesis in college women, and the result suggested the relationship between self-objectification and body surveillance with acceptance of cosmetic surgery is correlated. Women with high acceptance of cosmetic surgery are low in career inspiration by objectifying themselves (W. Wang, Zheng, Yue, & Zhong, 2020).

### *2.2 Current Research Gap*

As we mentioned, most of the studies on the acceptance of cosmetic surgery were done by scholars in mainland China, South Korea, the USA, and other countries, (Holliday, Cheung, Cho, & Bell, 2017; Jung & Hwang, 2016; Mortada, Seraj, & Bokhari, 2020; Samizadeh & Samizadeh, 2019; Spyropoulou, 2020; W. Wang, 2020). The overview of beauty cannot be judged by the same standard. We saw a study that suggested that

different areas or countries had different judgement when it came to the beauty standard on television (Spyropoulou, 2020).

We noticed a research gap, having no research report on the acceptance of cosmetic surgery among the Macao population, especially among tertiary students in Macao. This study aimed to understand the relationship between the acceptance of cosmetic surgery by using the Acceptance of Cosmetic Surgery Scale (ACSS) (Henderson-King & Henderson-King, 2005) and the Objectified Body Consciousness scale (McKinley & Hyde, 1996).

### 3. Methods

#### 3.1. Participants

The sample of this study consisted of 179 tertiary students in Macao (74.3% women,  $n = 133$ ; 25.7% men,  $n = 46$ ). Participants ranged from 17 to 25 years of age, of whom 95.5% ( $n = 171$ ) were pursuing bachelor's degree, 3.9% ( $n = 7$ ) were pursuing master's degree, and 0.6% ( $n = 1$ ) were studying in vocational school.

**Table 1.** Participants' data according to gender.

Gender	Frequency
Women	74.3% ( $n = 133$ )
Men	25.7% ( $n = 46$ )
<b>Total</b>	<b>100.0% (<math>n = 179</math>)</b>

**Table 2.** Participants' data according to education level currently pursuing.

Education level currently pursuing	Frequency
Bachelor's degree	95.5% ( $n = 171$ )
Master's degree	3.9% ( $n = 7$ )
Vocational school	0.6% ( $n = 1$ )
<b>Total</b>	<b>100.0% (<math>n = 179</math>)</b>

N. M. McKinley and J. S. Hyde (1996) developed the OBC scale based on only women as their target population. For instance, the scale was only created and tested on the women in the past study. However, some scholars used the scale on male participants (Dakanalis, Timko, Clerici, Riva, & Carrà, 2017; Knauss, Paxton, & Alsaker, 2008; Lindberg, Grabe, & Hyde, 2007), hence, we decided to ignore the invariant gender in the research, which might lead to a level of inconsistent in the result.

#### 3.2. Procedures

The study used a quantitative method. Primary data was collected through an online survey, and we used wenjuan.com to deliver the questionnaire. The questionnaire was conducted in both Chinese and English, depending on the participant's preferences. An independent translation student from a university in Mainland China, unaffiliated

with the study, translated all the English-language scales to the Chinese version. Informed consent was prepared for each participant prior to the beginning of the study. On average, the questionnaire was completed in 5 to 8 minutes. Participants were assured in the informed consent that their responses were anonymous. The data would not be disclosed to other parties and would be used for research purposes only.

## **4. Measures and Scoring**

### *4.1. Demographics*

Participants provided information about their gender, age range (below 12, 12 to 16, 17 to 25, 25 to 30, or above 30), sex, and education level currently pursuing (bachelor's degree, master's degree, vocational school, or other).

### *4.2. Acceptance of Cosmetic Surgery Scale (ACSS)*

Henderson-King and Henderson-King (2005) developed the Acceptance of Cosmetic Surgery Scale (ACSS) to measure cosmetic surgery attitudes. The measure consisted of 15 items on a 7-point Likert scale (*1 = Strongly disagree; 7 = Strongly agree*), which had proved to have good internal consistency, high test-retest reliability, convergent solid and divergent (Henderson-King & Henderson-King, 2005). When necessary, reversed scoring was applied to ensure consistency in every case. The measure was divided into 3 dimensions: Intrapersonal, Consider and Social. The Intrapersonal subscale investigated the attitudes towards self-oriented benefits of having cosmetic surgery (i.e., People who are very unhappy with their physical appearance should consider cosmetic surgery as one option). The Consider subscale assessed the degree to which the participant would consider having cosmetic surgery (i.e., I have sometimes thought about having cosmetic surgery). The last subscale, Social, measured social benefits that might motivate one for having cosmetic surgery (i.e., If it would benefit my career, I would think about having plastic surgery). For each of the subscale, a high scorer indicated greater acceptance towards plastic surgery. The alpha coefficient of this scale in the present study is .945, 95%.

### *4.3. Body Surveillance*

OBC Scale was validated with 24 items, each using a 7-point Likert scale (*1 = Strongly disagree; 7 = Strongly agree*) to measure the cultural body standard which people tended to achieve and internalise (McKinley & Hyde, 1996), Subscale items were averaged. When necessary, reversed scoring was applied so that the result of every item was consistent. The OBC was divided into three dimensions: Surveillance, Body Shame, and Control Beliefs. Considering all the dimensions are short scales, it might be more appropriate to apply the mean inter-item correlation in the present study. The Surveillance scale measured the tendency for a participant to view his or her body from an external perspective (i.e., During the day, I think about how I look many times). A high scorer would emphasise public self-consciousness in terms of its looks rather than how it feels. In the present study, the Body Surveillance scale is reliable with the mean inter-item correlation of .305, 95% CI [.040, .740].

#### *4.4. Body Shame*

Body Shame Scale refers to the internalised standards of beauty that are difficult or even impossible to achieve (i.e., I feel like I must be a bad person when I do not look as good as I could). A high scorer tends to internalise these norms and feel worse about himself or herself. The mean inter-item correlation of the present study is .237, 95% CI [-.201, .694].

#### *4.5. Control Beliefs*

Control Beliefs Scale measured the amount of control, given enough effort, a participant believes he or she had over appearance to comply with cultural standards, including body shape and weight (i.e., I think a person can look pretty much how they want to if they are willing to work at it). A high scorer would believe that she or he could control his or her weight and body shape if he or she had worked hard enough. In the present study, the Control Beliefs scale is reliable with the mean inter-item correlation of .231, 95% CI [-.178, .570].

#### *4.6. Statistical Analyses*

Descriptive statistics were calculated for all variables. The comparisons between the averaged results from different groups were analysed for statistically significant differences using the independent-samples t-test. Pearson product-moment correlation coefficient was also used to analyse the trend of the variables. For instance, variables could be positively correlated, negatively correlated, or not correlated at all. Statistical package for the social sciences (SPSS version 26) was used for all analyses. When data were missing, cases were deleted listwise. This produced some variation in the number of cases used in different analyses.

### **5. Results**

Table 1 presents the ACSS data of participants who have considered having cosmetic procedures and participants who have not considered it. An independent-samples t-test was conducted to compare the ACSS scores for the two groups. There was a significant difference in scores for participants who have considered having cosmetic procedures ( $M = 4.64$ ,  $SD = .84$ ) and participants who have not considered ( $M = 3.17$ ,  $SD = 1.24$ ;  $t(81.66) = 8.78$ , two-tailed). We then used the eta squared to test the magnitude of the differences between the two groups. In our present study, the magnitude of the differences in the means (mean difference = 1.52, 95% CI: 1.18 to 1.87) was huge (eta squared = .304), according to the guidelines proposed by (Cohen, 1988, p. 284). This result indicated that 30.4% of the variance in ACSS was explained by whether or not the participants have considered having cosmetic procedures.

As indicated by the t-tests, the participants who have considered having cosmetic procedures scored significantly higher on the ACSS than the participants who have not. In other words, in this sample, those who have considered undergoing cosmetic surgery were significantly more likely to consider having cosmetic surgery for themselves, which fully supported the first hypothesis.

Table 2 presents zero-order correlations between the composite variables. The relationship between the ACSS and the subscales of the OBC scale was investigated using the Pearson product-moment correlation coefficient. All variables were positively correlated with each other except that the Control Beliefs scale was negatively associated with all the other variables (in which we will discuss it later), and Body Surveillance was not significantly correlated with ACSS. Thus, the second hypothesis which indicated that ACSS would positively correlate with the degree of body consciousness among Macao's tertiary students, was only partially supported.

For instance, there was a positive correlation between the ACSS and Body Surveillance scale ( $r = .11$ ), a positive correlation between the ACSS and Body Shame scale ( $r = .40$ ), and a negative correlation between the ACSS and Control Beliefs scale ( $r = -.31$ ). In other words, high levels of ACSS were associated with high levels of Body Surveillance scale and Body Shame scale but low levels of Control Beliefs scale.

**Table 3.** Mean ACSS scores on participants who have considered having cosmetic procedures and participants who have not.

	Participants who have considered having cosmetic procedures (n = 37)		Participants who have not considered having cosmetic procedures (n = 142)		t
	M	SD	M	SD	
Acceptance of Cosmetic Surgery Scale (ACSS)	4.64	0.84	3.12	1.24	8.784*
*Significant at the 0.000 level					

**Table 4.** Correlations among the study variables.

Pearson Product-moment Correlations Between Measures of ACSS and OBC					
Scale		1	2	3	4
1	Acceptance of Cosmetic Surgery Scale (ACSS)	-			
2	Body Surveillance	.11	-		
3	Body Shame	.40**	.33**		
4	Control Beliefs	-.31**	-.17*	-.53**	-
** Correlation is significant at the 0.01 level (2-tailed).					
* Correlation is significant at the 0.05 level (2-tailed).					

## 6. Discussion

In the current set of studies, we set out to investigate a person who has considered having cosmetic surgery would be associated with higher acceptance of cosmetic surgery, and measure ACSS will positively correlate with the degree of body consciousness among Macao's tertiary students.

Findings from this study revealed that a person who has considering cosmetic surgery associated with a greater likelihood of having cosmetic surgery. This is perhaps not surprising that an individual who thinks about undergoing body modification procedures will seek a means to alter his or her appearance to fulfil their expectations



and desires. As expected, one will access countless information sources from social media, surgeon and family to guide his or her decision-making of cosmetic surgery. A participant interested in cosmetic surgery will give considerable weight to potential risks, mainly physical, emotional and social risks. With the supplemental medical information, the person will acknowledge the hidden dangers and benefits of cosmetic surgery, estimate realistic expectations and outcomes, understand the recovery time and gather thoughts from previous patients (Parmeshwar, 2018). Based on the expert model regarding the influences on potential patient decision-making regarding plastic surgery (Darisi, Thorne, & Iacobelli, 2005), if the consideration of undergoing cosmetic surgery is well-informed and well-advised, participants will be more likely to accept and experience cosmetic surgery procedures. In short, the result demonstrated that a person who considered having cosmetic surgery, tended to embark his or her knowledge regarding the field, hence associated with higher acceptance on cosmetic surgery.

Correlational findings indicated ACSS would positively associate with the Surveillance scale and Body Shame scale, while negatively related to Control Beliefs scale. The Surveillance scale demonstrates that enhancement on physical appearance is a general behavioral manifestation if a person view himself or herself as an external observer. Specifically, cosmetic surgery is considered more acceptable with self-objectification on public self-awareness, reflecting body image investment. For instance, women high in public self-consciousness believed wearing makeup would enhance their physical appearances and lead to more positive social interactions (Miller & Cox, 1982). However, our results showed that the Surveillance scale was not significantly related to ACSS, which could be explained by the opposition of distorting the personal view of own self in recent years. Individuals are encouraged to focus on self-satisfaction rather than seek the perfect public presentation to impress others. In a mediational model conducted, the relationship between self-objectification and pursuits of cosmetic surgery was raised by body shame to a certain extent (Calogero, Pina, & Sutton, 2014).

On the other hand, body shame occurred when a person does not fulfil internalized expectations for his or her body. According to Y. Wang, Yang, Wang, Yin, and Lei (2020), individuals with a higher degree of body shame would face several detrimental consequences, including body image concerns (Daniel & Bridges, 2010; Jackson, Zheng, & Chen, 2016) and low self-esteem (Mercurio & Landry, 2008). Given social and cultural defined standards, a person with constant exposure to ideal expectations for attractiveness leads to self-dissatisfaction and tends to accept cosmetic surgery. Whereas it is never necessary to pursue cosmetic surgery with the consideration of these factors (Farshidfar, 2013).

In turn, the Control Beliefs scale was consistent with the previous paper (Bazner, 2002), which was negatively related to the acceptance of cosmetic surgery. One possible explanation for this is that, perhaps because a person who feels he or she can control over his or her body and appearance should have engaged positive attitudes about pursuing natural beauty rather than cosmetic surgery. Individuals may find out that cosmetic surgery may not make him or her ultimately happier and more confident; thus, he or she will be more likely to pay effort to control their appearance. In short, OBC can be classified as the comprehensive motivations for (ACSS).

Findings from this study revealed that a person who has considering cosmetic surgery associated with a greater likelihood of having cosmetic surgery. This is perhaps not surprising that an individual who thinks about undergoing body modification procedures will seek a means to alter his or her appearance to fulfil their expectations and desires. As expected, one will access countless information sources from social media, surgeon and family to guide his or her decision-making of cosmetic surgery. A participant interested in cosmetic surgery will give considerable weight to potential risks, mainly physical, emotional and social risks. With the supplemental medical information, the person will acknowledge the hidden dangers and benefits of cosmetic surgery, estimate realistic expectations and outcomes, understand the recovery time and gather thoughts from previous patients (Parmeshwar, 2018). Based on the expert model regarding the influences on potential patient decision-making regarding plastic surgery (Darisi, 2005), if the consideration of undergoing cosmetic surgery is well-informed and well-advised, participants will be more likely to accept and experience cosmetic surgery procedures. In short, the result demonstrated that a person who considered having cosmetic surgery, tended to embark his or her knowledge regarding the field, hence associated with higher acceptance on cosmetic surgery.

## **7. Limitations and Recommendations for Future Research**

### *Sample size*

During the 2019/2020 academic year, there were 36,107 registered students in Macao's tertiary education institutions (Government Information Bureau of the Macao Special Administrative Region, Macao yearbook, 2019). This includes 300 programmes – including a doctorate, master's and bachelor's degree programmes, postgraduate certificates and higher diploma (including associate degree) programmes.

We expected to collect more samples than what we had in the survey, but due to the COVID-19 lockdown situation, we were limited to reduce outgoing activities and to use social media and communication applications (WeChat, WhatsApp, etc.) as the only channel to issue the survey. To ensure the reliability in our research, we excluded a large number of samples from Mainland China. The target sample size was 95% confidence level with a 5% margin of error, but to maintain high reliability, we decrease the sample acquisition to 179 samples and decrease the confidence level to 90% and increase the margin of error to 10%.

Also, since this research is social science research, the expectancy of social science results is that we will have a wider variance in our findings. Therefore, we reduce the confident level as well as the margin of error to fit the special characteristic it holds.

### *Respondent identity verification*

Moreover, we aimed to protect the respondents' privacy. We did not collect personal information, such as name, personal identity, in the survey. Therefore, the verification of respondent was ignored in the research, which might increase the limitation of samples collected.

We suggest scholar to do further study on other population range in Macao, as to close the research gap on different age range, gender, family background, ethnicity, income and other possible perspectives among population in Macao.

### *Risk awareness of cosmetic surgery*

From the result of our findings, we found out that 93 of participants aware of the risk in cosmetic surgery, and they have an average score of 3.29 on the ACSS. In other words, they are aware of the risk associated with cosmetic surgery and have generally higher acceptance of cosmetic surgery. On the other hand, they do not like to have cosmetic surgery due to the risk. In the result of our research, we found that risk exposure is one of the main factors for tertiary students not to do cosmetic surgery.

### *The unexpected difference in the Control Beliefs scale*

We noticed that one of the OBC scale indicators had a significantly different result than the other two indicators. The Control Beliefs scale was negatively correlated to the ACSS, while Body Surveillance and Body Shame scale were positively correlated to ACSS. We suspected that the reliability of the OBC scale might not be appropriate in the modern world since the scale was built in 1996, which was twenty-five years ago. The scale believed that the women who were high in Control Beliefs scale believed that themselves had the power to alter the body shape, and the body itself is changeable. In contrast, women who were low in the Control Beliefs scale believed that they were born to have a particular body character. Therefore, according to our hypothesis, if a participant has high Control Beliefs scale, they will have higher ACSS (McKinley & Hyde, 1996).

However, we believed women nowadays have different thoughts. If they have no ability to change the body, they will more likely accept cosmetic surgery. Cosmetic surgery is a tool for women to have a new body using it as a tool now. This hypothesis requires further research to support. Moreover, we also suggest further study to reconsider and update the reliability on OBC scale, especially on Control Beliefs scale.

### *Further investigation on the other factors of acceptance towards cosmetic surgery*

We included four open-ended questions in our survey that was no related to either OBC scale or ACSS. The results of those questions were not included in our research analysis. Hence, future scholars are recommended to use the result as further research.

**Table 5.** Results for open-ended questions.

No.		Questions	Responses	
			Answer	Frequency
1	a	Are you aware of any risks associated with cosmetic procedures?	Yes	51.96% ( $n = 93$ )
			No	48.04% ( $n = 86$ )
	b	If yes, please state the risks that you know of.	Death	20.43% ( $n = 25$ )
			Disfigured	26.88% ( $n = 19$ )
			Others	52.69% ( $n = 49$ )
2	a	Would you consider having cosmetic procedures for yourself?	Yes	20.67% ( $n = 37$ )
			No	78.77% ( $n = 141$ )
	b	If yes, which part of your face or body would you most like to change or improve by cosmetic procedure?	Eyes	37.84% ( $n = 14$ )
			Nose	40.54% ( $n = 15$ )
			Chin	5.00% ( $n = 2$ )
			Liposuction	8.11% ( $n = 3$ )
			Others	8.11% ( $n = 3$ )
3		In the past, have you had any cosmetic procedure?	Yes	2.23% ( $n = 4$ )
			No	97.77% ( $n = 175$ )
4		Would you be embarrassed about undergoing cosmetic procedures if your family or friends knew about it?	Yes	18.99% ( $n = 34$ )
			No	30.17% ( $n = 54$ )
			Maybe	49.72% ( $n = 89$ )

### *Quantitative approach*

Our research was heavily based on OBC scale and ACSS to test our hypotheses. All the data collected was processed by using SPSS and we only used quantitative method to analysis result and make conclusion. This result only generalized the acceptance of cosmetic surgery by according to OBC scale. We did not investigate other factors, neither internally nor externally elements, affect the acceptance of cosmetic surgery. For instant, Macao population structure, life expectancy index, income level, and education. We suggest further study to test the result by using interview and qualitative approach to investigate the similar situation.

## **8. Conclusion**

Before conducting the survey, we had proposed two hypotheses: first, participants who have considered having higher cosmetic surgery would score higher in the Acceptance of Cosmetic Surgery Scale (ACSS). Secondly, ACSS would positively correlate with the degree of body consciousness. We concluded that the first hypothesis was strongly supported through the research, and the second hypothesis was partially supported. For instance, the tertiary students who have considered having cosmetic procedures would be associated with higher ACSS, and ACSS was positively correlated with the Body Surveillance scale and Body Shame scale but negatively correlated to the Control Beliefs scale.

We found that Control Beliefs scale might not be appropriate for modern world as the scale was built in 25 years ago. Therefore, on the above part, we suggested the future scholars to improve and update the Control Beliefs scale to enhance the reliability of

the further studies, fitting with the attitude of public nowadays. Our finding from this study also demonstrated that a tertiary student who has considered having cosmetic procedures tends to embark his or her knowledge in cosmetic surgery, hence, is associated with a greater likelihood of having cosmetic surgery. This report closed the gap of tertiary students' attitude, and it can also be used to make a regional and age comparisons in future research.

## References

- Bazner, J. (2002). Attitudes about cosmetic surgery: gender and body experience. *McNair Scholars Journal*, 6(1), 3.
- Calogero, R. M., Pina, A., & Sutton, R. M. (2014). Cutting Words: Priming Self-Objectification Increases Women's Intention to Pursue Cosmetic Surgery. *Psychology of women quarterly*, 38(2), 197-207. doi:10.1177/0361684313506881
- Cohen, J. (1988). *Statistical Power Analysis for the Behavioral Sciences*. Florence: Taylor & Francis Group.
- Dakanalis, A., Timko, A. C., Clerici, M., Riva, G., & Carrà, G. (2017). Objectified Body Consciousness(OBC) in Eating Psychopathology: Construct Validity, Reliability, and Measurement Invariance of the 24-Item OBC Scale in Clinical and Nonclinical Adolescent Samples. *Assessment (Odessa, Fla.)*, 24(2), 252-274. doi:10.1177/1073191115602553
- Daniel, S., & Bridges, S. K. (2010). The drive for muscularity in men: Media influences and objectification theory. *Body Image*, 7(1), 32-38.
- Darisi, T., Thorne, S., & Iacobelli, C. (2005). Influences on decision-making for undergoing plastic surgery: a mental models and quantitative assessment. *Plastic and Reconstructive Surgery*, 116(3), 907-916.
- Elder, G. H. (1969). Appearance and Education in Marriage Mobility. *American Sociological Review*, 34(4), 519-533. doi:10.2307/2091961
- Farshidfar, Z., Dastjerdi, R., & Shahabizadeh, F. (2013). Acceptance of Cosmetic Surgery: Body Image, Self Esteem and Conformity. *Procedia - Social and Behavioral Sciences*, 84, 238-242. doi:https://doi.org/10.1016/j.sbspro.2013.06.542
- Ferraro, G. A., Rossano, F., & D'Andrea, F. (2005). Self-Perception and Self-Esteem of Patients Seeking Cosmetic Surgery. *Aesthetic Plastic Surgery*, 29(3), 184-189. doi:10.1007/s00266-004-0124-3
- Haas, C. F., Champion, A. B. S. N., & Secor, D. B. S. N. (2008). Motivating Factors for Seeking Cosmetic Surgery: A Synthesis of the Literature. *Plastic Surgical Nursing*, 28(4). Retrieved from [https://journals.lww.com/psnjournalonline/Fulltext/2008/10000/Motivating\\_Factors\\_for\\_Seeking\\_Cosmetic\\_Surgery\\_\\_A.6.aspx](https://journals.lww.com/psnjournalonline/Fulltext/2008/10000/Motivating_Factors_for_Seeking_Cosmetic_Surgery__A.6.aspx)
- Henderson-King, D., & Henderson-King, E. (2005). Acceptance of cosmetic surgery: scale development and validation. *Body Image*, 2(2), 137-149. doi:10.1016/j.bodyim.2005.03.003
- Holliday, R., Cheung, O., Cho, J. H., & Bell, D. (2017). Trading faces: The 'Korean Look' and medical nationalism in South Korean cosmetic surgery tourism. *Asia Pacific viewpoint*, 58(2), 190-202. doi:10.1111/apv.12154
- Hua, W. (2013). China's First "Artificial Beauty". In *Buying Beauty* (pp. 51-72): Hong Kong University Press.
- Jackson, T., Zheng, P., & Chen, H. (2016). Features of objectified body consciousness and sociocultural perspectives as predictors of eating and body image disturbances among young women and men in China. *Journal of Gender Studies*, 25(5), 599-612.
- Jung, J., & Hwang, C. S. (2016). Associations between attitudes toward cosmetic surgery, celebrity worship, and body image among South Korean and US female college students. *Fashion and textiles*, 3(1), 1-14. doi:10.1186/s40691-016-0069-6
- Knauss, C., Paxton, S. J., & Alsaker, F. D. (2008). Body Dissatisfaction in Adolescent Boys and Girls: Objectified Body Consciousness, Internalization of the Media Body Ideal and Perceived Pressure from Media. *Sex roles*, 59(9), 633-643. doi:10.1007/s11199-008-9474-7
- Lindberg, S. M., Grabe, S., & Hyde, J. S. (2007). Gender, Pubertal Development, and Peer Sexual Harassment Predict Objectified Body Consciousness in Early Adolescence. *Journal of Research on Adolescence (Wiley-Blackwell)*, 17(4), 723-742. doi:10.1111/j.1532-7795.2007.00544.x

- Macao yearbook. (2019). *Macao yearbook. Government Information Bureau of the MSAR, 2019*
- Maisel, A., Waldman, A., Furlan, K., Weil, A., Sacotte, K., Lazaroff, J. M., . . . Alam, M. (2018). Self-reported Patient Motivations for Seeking Cosmetic Procedures. *JAMA Dermatology, 154*(10), 1167-1174. doi:10.1001/jamadermatol.2018.2357
- McKinley, N. M., & Hyde, J. S. (1996). The Objectified Body Consciousness Scale. *Psychology of women quarterly, 20*(2), 181-215. doi:10.1111/j.1471-6402.1996.tb00467.x
- Mercurio, A. E., & Landry, L. J. (2008). Self-objectification and well-being: The impact of self-objectification on women's overall sense of self-worth and life satisfaction. *Sex roles, 58*(7), 458-466.
- Miller, L. C., & Cox, C. L. (1982). For appearances' sake: Public self-consciousness and makeup use. *Personality and Social Psychology Bulletin, 8*(4), 748-751.
- Mortada, H., Seraj, H., & Bokhari, A. (2020). Screening for body dysmorphic disorder among patients pursuing cosmetic surgeries in Saudi Arabia. *Saudi Medical Journal, 41*, 1111+. Retrieved from <https://link.gale.com/apps/doc/A638791270/AONE?u=macaucrri&sid=AONE&xid=0f078fd4>
- Parmeshwar, N., Reid, C. M., Park, A. J., Brandel, M. G., Dobke, M. K., & Gosman, A. A. (2018). Evaluation of Information Sources in Plastic Surgery Decision-making. *Cureus, 10*(6), e2773-e2773. doi:10.7759/cureus.2773
- Quan, H. (2019). The representation and/or repression of Chinese women: from a socialist aesthetics to commodity fetish. *Neohelicon (Budapest), 46*(2), 717-737. doi:10.1007/s11059-019-00487-0
- Samizadeh, S., & Samizadeh, S. (2019). The Ideals of Facial Beauty Among Chinese Aesthetic Practitioners: Results from a Large National Survey. *Aesthetic plastic surgery, 43*(1), 102-114. doi:10.1007/s00266-018-1241-8
- Spyropoulou, G.-A. C., Pavlidis, L., Herrmann, S., Tsimponis, A., Foroglou, P., Delimpaltas, A., Cohen, M. (2020). Can Cosmetics' Advertisements Be An Indicator of Different Perceptions of Beauty Amongst Countries? *Aesthetic plastic surgery, 44*(5), 1871-1878. doi:10.1007/s00266-020-01679-1
- Sun, S., He, J., Yang, X., & Wang, F. (2021). Benefit-Seeking or Risk-Taking? Examining the Portrayal of Cosmetic Surgery in Chinese News, 2000–2019. *International Journal of Environmental Research and Public Health, 18*(1). doi:10.3390/ijerph18010048
- Wang, W., Zheng, X., Yue, X., & Zhong, N. (2020). The role of beauty as currency belief in acceptance of cosmetic surgery and career aspirations among Chinese young women. *The Journal of Social Psychology, 1*-12. doi:10.1080/00224545.2020.1842314
- Wang, Y., Yang, J., Wang, J., Yin, L., & Lei, L. (2020). Body talk on social networking sites and body dissatisfaction among young women: A moderated mediation model of peer appearance pressure and self-compassion. *Current psychology (New Brunswick, N.J.)*. doi:10.1007/s12144-020-00704-5