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Adolescent girls' views on cosmetic surgery: A focus group study

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Abstract

This study examined adolescent girls' views of cosmetic surgery. Seven focus groups were run with girls aged 15 to 18 (N = 27). Participants read case studies of women having cosmetic surgery, followed by discussion and exploration of their views. Thematic analysis identified four themes: (1) Dissatisfaction with appearance, (2) Acceptability of cosmetic surgery, (3) Feelings about undergoing cosmetic surgery, and (4) Cosmetic surgery in the media. Results suggest the acceptability of cosmetic surgery varies according to the reasons for having it; and that the media plays an important role by normalising surgery and under-representing the risks associated with it.

Introduction

Cosmetic surgery (CS) has become relatively affordable, commonplace and more acceptable form of surgery (Frederick, Lever, & Peplau, 2007). CS differs from reconstructive surgery in that it is purely elective and does not involve congenital or other deformities; rather, it is aimed at improving features for purely aesthetic reasons. The American Society of Plastic Surgeons (ASPS 2000; 2010) reports that rates of CS are increasing and that adolescents are also undergoing such surgery. The number of CS procedures carried out in the United States (US) increased from 12.1 million in 2008 to 13.1 million in 2010, and adolescents typically account for 1.3 to 3.5% (125,397 – 298,704 adolescent patients) of procedures carried out each year (ASPS, 2010).

The increased popularity of CS is due to a number of factors. Technological advances make procedures less invasive, financial plans and loans make CS more affordable. Increased media attention to CS is also likely to play a role in promoting and normalising CS (Tait, 2007). Cosmetic surgery is widely covered in the media, including advertising, celebrity news stories, magazine articles, and reality TV shows. Cosmetic surgery associations have expressed concerns that the nature of this coverage may trivialise and misrepresent the severity of CS. Specific concern has been expressed with regards to adolescents, a "young impressionable audience...already self-conscious about their body image" (ASPS, 2004), who "are being targeted heavily" (BBC News, 19 September, 2008).

Risks of undergoing CS are substantial. The two most popular cosmetic procedures for adolescent girls are breast augmentation and liposuction (Zuckerman & Abraham, 2008). A review of these procedures shows risks associated with these procedures include normal risks of surgery, higher complication rates, financial, and health risks. All this may be amplified by the use of surgery at a time when girls' bodies are still developing. Physical complications from surgery include pain, scarring, infection and postoperative bleeding. Long-term physical complications that can arise include loss of physical sensations, implant rupture (in the case of breast augmentation),

and the need for additional surgery. With implants the risk increases over time, meaning adolescents may require repeated surgery in future years and suffer other complications. For example, breast implants interfere with the accuracy of mammographies, so cancer is less likely to be detected in these women (Zuckerman & Abraham, 2008).

Psychological research on CS originally focused on the characteristics of adults undergoing it, as well as the psychosocial outcomes of cosmetic procedures (e.g. Crerand, Cash, & Whitaker, 2006). More recently, researchers have investigated factors associated with attitudes towards CS, such as self-objectification (Calogero, Pina, Park, & Rahemtulla, 2010), celebrity worship (Maltby & Day, 2011), dieting frequency (Schofield, Hussain, Loxton, & Miller, 2002), and materialistic values (Henderson-King & Brooks, 2009). A qualitative study investigating the reasons for women seeking breast reduction found that pain, body image, and self-esteem were all factors contributing to women's desire for such a procedure (Reardon & Grogan, 2011). Researchers have also begun to examine the impact of media portrayals of CS. However, such investigations typically involve adult populations. In young women aged 19 years, Markey and Markey (2010) showed that more favourable attitudes towards CS reality television were associated with greater interest in pursuing surgery. In addition, watching an episode of a CS program led to a greater desire for CS. Similarly, Mazzeo and colleagues found that exposure to a CS makeover program led women to report increased perceptions of media pressures to be thin and stronger endorsement of their capacity to control their body's appearance (Mazzeo, Trace, Mitchell, & Gow, 2007). It therefore appears that among young women, CS media may lead to a short-term negative body image, as well as to more favourable attitudes towards surgery.

Research on adolescents in this field is sparse. Studies of adolescents have predominantly focused on guidelines for appropriate patient selection (McGrath & Mukerji, 2000; Zuckerman & Abraham, 2008), and postoperative satisfaction (Kamburoğlu & Özgür, 2007; Simis, Verhulst, & Koot, 2001). For example, Simis and colleagues investigated body image changes between three

groups of adolescents: those undergoing reconstructive surgery for congenital or disease-related deformities; those undergoing surgery for aesthetic purposes; and those with self-reported 'deformities' who were not planning to have surgery (Simis, Verhulst, & Koot, 2001). A significant decrease in body image burdens was noted across all groups. However, this decrease was most pronounced in adolescents undergoing corrective surgery, which suggests that such improvements in body image are more prominent following surgery than the expected natural developmental changes that occur during adolescence. The authors concluded that adolescents are appropriate candidates for CS in the sense that they gain bodily satisfaction and body-related burdens decrease. To date, only one study has looked at adolescent boys' and girls' attitudes towards CS (Pearl & Weston, 2003). This survey found that 30% of adolescents were interested in having surgery and the main reasons they would not choose it were health risks, cost and fear of a bad result.

In sum, researchers have started to investigate CS media and the impact on individuals' attitudes toward surgery, but very little research has looked at the impact on adolescents. This is a particularly important population to investigate for several reasons. First, in many societies adolescents are the first generation to be raised in an environment where CS is a commonplace and acceptable form of appearance enhancement (Frederick, Lever, & Peplau, 2007). Second, they are at an age where their body image and self-concept is still developing, which may make them particularly sensitive to options for appearance change or enhancement. Adolescents may therefore be more prone to considering CS, which could be problematic due to its inherent riskiness.

We therefore aimed to obtain a detailed account of adolescent girls' views about CS. Given the lack of previous research examining this, qualitative focus groups were most appropriate. Focus groups enable the canvassing of a larger number of adolescents (compared to individual interviews), and facilitate the exploration and discussion of social norms and influences on the topic. By using focus groups we aimed to gain a better understanding of girl's individual views, as well as using group discussion to produce more elaborated co-constructed accounts (Wilkinson, 1998). More

specifically, we investigated adolescent girls' (1) attitudes toward CS; (2) perceptions of how their peers feel about CS; (3) attitudes towards undergoing CS for different motives; and (4) opinions about how CS is portrayed within the media and how this influences them.

Method

Participants

Participants were 27 girls attending a higher education college in England who took part in an annual 'Psychology Day' organised by the college in February 2010 and March 2011. Four focus groups were run in 2010, each consisting of 3-4 participants. In 2011, a further three focus groups were run, each consisting of 3-5 participants. Participants were all students at the same college, and often signed up with friends to take part in the study. Participants were all White European with an age range of 15-18 years (mean 16.78). This is broadly reflective of the local population, which is predominantly White European (90.7%; Office of National Statistics, 2011)

Materials and interview schedule

To instigate discussion, we used two excerpts from published articles. The first excerpt was taken from an article published in *'Sugar'* (July, 2009) on *'Operation Prom'*. This article focused on a 15-year-old girl who underwent liposuction and breast augmentation for her prom night. The second article, *'Teenage Bullying - Is Plastic Surgery the Solution?'* was published in a number of online newspapers and reported the case of a girl who received rhinoplasty after changing schools because of bullying related to her nose. Both articles were short, approximately 500 words each, and required no more than three minutes to be read. The content of these articles also allowed us to explore whether different motivations for undergoing surgery play a role in girls' acceptance of it.

A semi-structured interview was used, in which we focused on the articles first, then asked about CS more generally. Initial discussion of the articles explored adolescents' attitudes towards people who undergo surgery for different motives. The general discussion of CS focused on the media's portrayal of CS; adolescents' personal attitudes toward and expectations of CS; and their

perceptions of how their peers feel about surgery. We used follow-up questions and probes to facilitate discussion and ensure the participants' views were explored in depth. Participants were encouraged to freely express their views in as much detail as possible and the facilitator did not ask the next question until she felt that all participants had voiced their opinions. Example questions include: *"How do you think risks are portrayed in CS media"* and *"Do you think CS media may influence girls your age? How?"*

Procedure

Interviews were carried out at a higher education college. After the study was approved by the University research ethics board and the college, students voluntarily signed up to the study in the time slots available. We gave participants an information sheet which explained the procedure of the study, and assured participants anonymity and confidentiality, while also noting that should they decide to withdraw from the study, it would be difficult to remove their individual contribution due to the nature of the methodology. Participants then signed the consent form and read one of the two articles, followed by discussion around it. All participants were given time to finish reading the article before discussion was initiated. The same was repeated for the second article. The order in which the articles were presented was counter-balanced across groups to ensure subsequent opinions were not influenced by the order in which they were read. Following this, there was a more general discussion on CS and participants' personal opinions. The first author facilitated all the focus groups, which took an average of 35 minutes.

Analysis

Interviews were analysed using systematic thematic analysis. This involves interpreting and categorising linguistic data into theme-based groupings. The categorisation process was inductive and continual in the sense that pieces of text categorised as falling within a specific theme may be adjusted and placed in relation to other pieces. Interviews were analysed in two phases. To begin with, the first author read through the first wave (2010) of transcribed focus group interviews,

identifying themes and commonalities within and between interviews, and then placing them in

higher-order categories or themes. Four main themes emerged from this analysis of the first wave

interviews. The same process was carried with the second wave of interviews (2011). The original

four main themes remained, although some further information emerged. Reliability of coding

(Boyatzis, 1998) was checked through an independent rater coding approximately 25% of

participants' comments and indicating which of four themes the comments fell within. There was a

90% agreement between the author's coding and the independent rater. Any minor disagreements

were resolved through discussion.

Results

Four themes were identified of girls' (1) dissatisfaction with their appearance, (2) acceptability of

CS, (3) personal feelings about undergoing CS, as well as perceptions of peers' feelings and

opinions towards surgery, and (4) CS in the media.

Theme 1. Dissatisfaction with our appearance: "Everyone is self-conscious"

This theme summarises how adolescent girls felt about their appearance and perceived pressures to

look good. Participants believed the majority of girls are dissatisfied with their appearance and that

this is due to pressure from peers, media and society to look good. Participants argued that girls

their age are almost invariably dissatisfied and unhappy with their appearance with comments such

as 'I don't really know a single girl that's completely happy with her body' and 'If you're a girl

everyone, however good looking, however thin, whatever, everyone's self- conscious.'

Girls perceived various pressures to look good, the most prominent source being the media.

This was mentioned by the majority of girls as influencing how they felt about their body image.

'I think the majority of everyone being unhappy with themselves is down to the media. If

you didn't see these perfect people and you saw them normally, you wouldn't be half as bad.

I think everyone would be much happier if we weren't so focused on the way you look,

and... images in magazines and stuff.'

Interestingly, girls were aware of airbrushing and image manipulations that occur within the media, but still felt negatively influenced by them. Many stated that the image of how they could potentially look is now so engraved in their mind that it is hard to remind themselves that what they are looking at and comparing themselves to is not real.

'I think the problem is that you see so many people in magazines and on TV so airbrushed and trimmed in..., so therefore you almost compare it to yourself, and no matter how hard you try, you still have an image in your head of what you could look like.'

Other sources of pressure to look good came from peers and comparison with peers. One participant even argued that peer pressure was more important than media pressure:

'I don't really know if we get it off the media, I think we probably get it more from friends 'cos I compare myself to them, I don't really compare to really stick thin people because it's not realistic is it?'

Finally, girls went on to say that they thought there was more pressure to look good when you are younger, and that concern with appearance decreases with age and women become more accepting of themselves, focusing on things other than appearance: 'When you're younger there's a lot more pressure around you to look better, but as you get older you sort of realise there's no point really, you are who you are.'

Theme 2. Acceptability of cosmetic surgery: "I don't know how people can get through life thinking the only way of fixing things is to have surgery."

Girls' perceptions of how acceptable and justified CS is varied depending on the conditions under which CS is chosen. In discussing the stimulus articles, girls were more accepting of the girl who was being bullied having surgery (although not without reservations), than the girl who had surgery for her prom. Participants said appearance-based bullying happens a lot in UK schools, that they understood the pain of it and therefore perhaps the decision to have surgery. On the contrary, the idea of surgery for a prom was characterised as "extreme" and "silly". Concerns about surgery in

response to bullying included the ideas that bullying also relates to a person's self-confidence.

Therefore, one concern was that although a specific feature may be 'fixed' through surgery, the

person's confidence may not change, which could lead to bullying about a different feature: 'I think

[surgery] would stop them bullying her about her nose...but they would find something else to bully

her about.'

      A further concern about CS in response to bullying was that surgery cannot deal with the

psychological and emotional challenges that are caused by bullying.

> '...if people think that's the only way to deal with it; at such a young age they're being taught
>
> the only way you can deal with it is go and get plastic surgery, you can't work it out yourself,
>
> you can't talk to people, you just go on and get this procedure. I don't know how people can
>
> get through life thinking the only way of fixing things is to have surgery.'
>
> 'I think it's a really bad message to give people 'if you're suffering from bullying, then you
>
> can just go get it fixed and you'll be fine'. It's, you know, it's not that easy to fix, it's not just
>
> a physical problem, it's gonna take its toll mentally as well.'

Related to this idea, was that surgery may simply mask and leave unresolved other underlying

insecurities. In this sense, CS was viewed as a "quick fix", with the potential of underlying

problems eventually resurfacing.

> 'There are other ways of dealing with [low self-esteem]. You can have counselling...which
>
> can boost your self-esteem. I don't think covering [insecurities] up by having cosmetic
>
> surgery is a good idea 'cos they're still underneath, you'll still think about them, you still
>
> won't be happy with them.'

Acceptance of CS also varied as a function of the age of people undergoing it. Participants

expressed a strong concern about young girls undergoing surgery in the sense that they may not

have fully developed yet.

> 'I think it's a bit worrying at 18...I mean, you're still not fully developed, you're still

growing...so I really think it's damaging in a way...I think there should really be a minimum age for surgery.'

Type of surgery also affected the extent to which it was perceived as acceptable. Surgery for features which cannot be altered through other means was seen as more acceptable than procedures on features which can change and be improved without surgery.

'It depends on what kind of surgery it is, whether it is a nose job, which is something you can't fix, or whether it's something like liposuction 'cos they're a bit overweight - then you'd say "why don't you try dieting first?"'

Irrespective of the conditions under which CS is selected, participants felt strongly that surgery should be a last resort. They stated that there are other, less drastic ways in which people can make themselves feel better about their appearance, such as going to the hairdresser or buying clothes which are flattering for one's body type, saying 'I think if you can fix it without surgery, you should do that' and 'I don't think surgery should be the initial answer to everything. I think that should be the last resort.'

Theme 3. Feelings about undergoing cosmetic surgery. "I think everyone would consider it at some point"

This theme summarises girls' feelings and opinions about the prospect of undergoing CS. Girls expressed concern about CS in terms of potential poor awareness and consideration of risks associated with procedures. Without being against the idea of CS, girls made the point that careful consideration of the risks associated with procedures is essential, saying 'it's a whole life-changing thing. I think maybe young people should be more aware of the risks... There's so many things that could go wrong' and 'You're kind of risking your life when you go for surgery, the anaesthetics and stuff, it's really dangerous, so you gotta weigh out the benefits.'

Discussion of the article about the girl having surgery for her prom raised further concerns over the desire for more surgery. Girls thought that if this girl chose surgery for a special event, she is likely to do it again. The risk of becoming addicted to surgery was also discussed in terms of

appearance dissatisfaction, such that when one feature is improved, the desire and temptation to improve another may lead to further surgeries. In this sense, having a first cosmetic procedure was viewed as crossing a threshold: 'With cosmetic surgery, you can have one thing done and then you think there's another thing [to be] done, and another, and it just goes in one big circle' and 'I think it could become a bit of an obsession...and it can really get out of hand.'

Girls had mixed views over whether they would ever consider surgery themselves. Some said they would seriously consider it, with specific procedures already in mind; some categorically rejected the possibility of it both now and in the future; while others stated that they would consider it, but probably never go through with it: 'I'd go for rhinoplasty, and then laser eye surgery, veneers, Botox, and that' or alternatively, 'I wouldn't do it, but I have nothing against it, if one of my friends got it done, it wouldn't even shock me anymore...I know quite a lot of people that have had things done and it's quite normal now'. As this last quote indicates, although girls differed in whether they would personally consider surgery, they believed a large proportion of their peers, ranging from 40 to 75 per cent, would consider having surgery. Importantly, girls thought the main barrier to their peers having surgery was cost rather than the risks involved in CS: 'I think everyone would consider it at some point, even if they wouldn't take it further than just a quick thought...everyone has their things they don't like about themselves', 'If it wasn't a money issue, I think a lot of people, a scary amount of girls would do it.'

In response to a hypothetical scenario of undergoing a procedure there was a contrast between girls believing they would feel negatively about themselves following surgery because "it's lazy" and "an easy option", yet perceiving positive benefits of surgery: 'I think I'd feel worse if I had plastic surgery 'cos I'd feel fake and that it wasn't actually me, and that people would look at me and think "oh she's done plastic surgery"...and in a bad way.' Positive expectations of what CS would do for them included psychological benefits, such as improvements in self-confidence and self-esteem: 'Confidence and feeling more secure within yourself when you go out, like when you

go clubbing, feeling a lot better about yourself.' Some girls had even stronger expectations, viewing

surgery as a marker of a "new start" in a person's life, as well as the creation of a "new life".

Finally, girls mentioned benefits in terms of social life and being seen as more attractive by others.

'You see people and they're all slim with big boobs, I know it's really pathetic, but they get

all the lads, they have lots of friends, they're confident - it's that perception of the whole

thing. Yeah, I'm quite a confident person, but that would just give me the extra boost.'

Theme 4. Cosmetic surgery in the media. "It's shoved in our faces"

This theme summarises girls' views of how CS is portrayed within the media and its influence.

Girls thought CS is widely covered in the media, saying "it's everywhere" and "shoved in our

faces". In their views, CS coverage has become standard in certain media.

'I think it's like the norm now...you wouldn't pick up a magazine and go 'oh my' because

there's surgery in there...you see it every day. There's always another celebrity saying they've

had surgery and it's helped them or...stories about regular people as well that have had it.'

There was a strong consensus that the risks and dangers associated with CS are not adequately

covered in the media. In cases where such risks are covered they tend to be in the form of extreme

stories, rather than portraying the more common side-effects and complications: 'They don't state

the dangers of it, they just show how you could look, and the best things that come out of it, but

they don't say that you could die...it's only the good bits'. Other girls commented 'They only show

the extremes of it...[when] surgery goes really wrong, or when people have gone over the top with

it' and 'they don't show the small things. They don't show the fact that you could have pain, or

headaches, or sickness...they won't show that 'cos it's not extreme enough. So they'll either show it

perfect or really bad.'

Surgery was viewed as being glamorised by the media. This glamorisation and focus on the

positives of CS in the media was perceived to lead to greater acceptance and desire for surgery:

'You see more pros than cons, and when you see pictures of it…they airbrush the whole body to make it look perfect...and then you're like "I want that, I want to look like that!"' Another girl commented 'They're trying to make surgery look glamorous, they try to make it look like a good thing, like everyone should be having it 'cos it's the 'in' thing, but...it's still surgery! If they actually told the whole story, I think people's opinions would change completely - so they wouldn't think it's such a good thing.'

Media coverage was also perceived as normalising CS, as well as setting standards for acceptable appearance: 'It's just the norm now…because it got so big, it's not a big deal anymore, people just have it' and 'It sets a benchmark, if you don't look like this, it's not acceptable.' Interestingly, girls denied the media influenced or put pressure on them to have CS, yet believed that other girls their age are quite strongly influenced by such media: 'They definitely do [influence girls our age]. A lot of people see it and straight away, as soon as they know it's there and they can have it, they will try and get it.'

Celebrity stories were thought to be a powerful influence. Girls stated that celebrities are important for girls their age and act as role models. Highly publicised stories of celebrities undergoing surgery were viewed as increasing young girls' desire for surgery, as well as increasing awareness of CS as an option for appearance enhancement: 'I think it makes them more aware of having that option and they're more likely to choose it if celebrities have it done' and 'They [celebrities] are role models. We look up to them so when they have [CS] done you think "if they get it done, I should get it done"'. Linked to this was the idea that by emulating celebrities' looks, young girls think they will then have a chance of being successful in life. In this sense CS was not viewed as a tool just for improving one's appearance but also one which can enhance a person's life overall.

'They'll see their celebrity idols getting plastic surgery and think "Oh I need to do that then to be as good as them or to be successful"….If they see everyone doing it, they'll think it's a

good thing to do, and they'll wanna do it themselves.'

Discussion

This study qualitatively examined adolescent girls' attitudes and beliefs about CS. Our findings suggest appearance dissatisfaction was present in many girls in this study and that they held complex attitudes towards CS. Important findings include girls' beliefs about the normalisation of CS, its glamorisation in the media, and the underrepresentation of the risks associated it. These results are consistent with previous research showing that body dissatisfaction is normative in adolescents (Ricciardelli & McCabe, 2004), as well as sociocultural theory which emphasises the role of the media as contributing to this dissatisfaction (c.f. Grabe, Ward, & Hyde, 2008). In this sample, adolescent girls' acceptance of CS varied according to the conditions under which surgery was selected, in that bullying or extreme personal unhappiness made the decision to have surgery more justifiable. Still, concerns were expressed with regards to these conditions, with participants making the point that surgery may not be the correct way of dealing with issues such as bullying. Moreover, while not categorically against surgery, participants placed strong emphasis on using it as a last resort, particularly for body features that can be altered through other means, such as exercise. In this sense, surgery was perceived as an easy and quick fix, which does not solve potential underlying issues with low self-esteem and confidence. Such concerns point to a critical appraisal of the meanings and motivations involved in the decision to undergo surgery, suggesting that these adolescent girls did not take surgery lightly.

Responses to whether participants would consider undergoing surgery were mixed, though there was consensus that many of their peers would consider doing so. Interestingly, the biggest perceived barrier between desiring CS and undergoing it was money, which was viewed as more important than potential risks or complications. This is consistent with a previous study which found that cost is one of the main reasons adolescents do not choose to have CS (Pearl & Weston, 2003). It must be noted, however, that cost issues may simply relate to the fact that adolescent girls

do not have the means to afford CS. Therefore, the barriers between wanting and having surgery may change with age and better financial circumstances, in that finances may not be a major concern to adults. Whichever is the case, this point warrants further investigation, and could be a cause for concern, particularly given the widespread availability of financial plans, loans and discount offers for CS.

Cosmetic surgery was perceived as being widely available in all types of media, leading to its normalisation, as well as setting a 'benchmark' for an acceptable appearance. In terms of actual media coverage, girls thought CS was mostly presented in a glamorised way, with a strong emphasis on the psychological benefits of undergoing it, whereas the risks associated with it were almost entirely disregarded. This is consistent with studies of media content which find that risk information is rarely present in advertising (Hennink-Kaminski, Reid, & Whitehill King, 2010). It is also consistent with concerns expressed by CS associations that the mass media does not adequately represent the severity of CS (BAAPS, 2008). Cosmetic surgery therefore appears to be marketed as a consumer product rather than a serious medical intervention, which may impact on how consumers view it. Future research should try to identify the actual impact of different types of CS media coverage through experimental studies.

Interestingly, although participants gave mixed responses as to whether they would consider surgery they believed many of their peers would consider it. Similarly, participants felt little or no influence by CS media in terms of pressure to undergo a procedure, but believed that the influence on their peers was significant and strong. Celebrities and highly publicised stories of CS were seen as strong encouragement to have surgery, particularly for adolescent girls who see celebrities as role models. This idea is consistent with research which showed that celebrity worship is predictive of the desire of CS (Maltby & Day, 2011). Future research should try to identify further factors which may predict adolescent girls' interest in CS, as well as trait characteristics which may make girls more susceptible to negative CS media effects.

These findings provide an interesting initial picture of adolescent girls' attitudes towards CS. For preliminary research such as this, focus groups are ideal for sampling views from a large number of girls, exploring social norms and the co-construction of views (Wilkinson, 1998). However, focus groups can involve self-presentation biases, and the influence of peers opinions can lead to conformity of views. Future studies should therefore replicate and extend this research through using individual interviews or quantitative self-report methods. Nonetheless, this study provides a good preliminary basis for us to further understand adolescent girls' attitudes to CS. Future research extending this work in other sociodemographic groups, such as ethnic minority groups or girls of a younger age, would be useful to see whether results can be generalised.

In sum, our findings suggest adolescent girls have sophisticated attitudes and perceptions of CS. Without being against CS, girls expressed concerns about the risks associated with having surgery, the way it is portrayed within the media and how this may affect people, particularly their peers. Nonetheless, their attitudes towards having CS were complex, and girls thought the majority of their peers would consider undergoing it. The greatest perceived barrier was cost rather than risks associated with surgery. This suggests consideration of CS maybe normal in adolescent girls and the media may play a significant role in normalising and glamorising such surgery. Further research is needed to examine the impact of CS media on girls and which factors determine whether girls choose to have CS or not.

Acknowledgements

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