

Predictors of Non-Surgical Cosmetic Procedure Consideration among Indonesians



Alim Chandra, Alvin Sebastian Agis, Giovani Sutanto

Abstract: *The non-surgical cosmetic procedure is defined by ISAPS as an effective and safer procedure for people that want a more subtle improvement, enhancing surgical results or minimize recovery time of a procedure, which often does not require extensive training to perform compared to the surgical sector as it has higher risks. ISAPS reported that the number of non-surgical cosmetic procedures has increased 51.4% from 2011 and 2017. Despite this growth, little is known about factors that prompt the willingness to consider non-surgical cosmetic procedures. Addressing this issue, this study focuses on facets of objectified body consciousness (i.e., body surveillance, body shame, appearance anxiety) and tripartite influence model features (i.e., appearance pressure, internalization through comparison, body dissatisfaction) combined with the Theory of Planned Behavior (i.e., attitude and intention) towards considerations of non-surgical cosmetic procedures. The study is conducted through online quantitative questionnaires adopted from previous researches, on a sample size of 271 Indonesians based on Cochran's formula, specifically those living in Jakarta. In line with previous research on similar practices of beauty industry (e.g., cosmetic surgery), analyses indicated that non-surgical cosmetic procedure consideration was related to the objectified body consciousness and most of the tripartite influence features. Findings highlighted that body shame and facial appearance concern is the strongest predictor. These findings will be able to help marketers to account for variability in willingness to consider non-surgical cosmetic procedure and aligned their strategies accordingly and effectively.*

Index Terms: *Non-surgical Cosmetic Procedure, Predictor, Consideration, Theory of Planned Behaviour, Objectified Body Consciousness, Tripartite Influence, Indonesian.*

I. INTRODUCTION

Being beautiful would mean to please others' aesthetic senses, especially their sight. However being beautiful only nowadays is just not enough because people are thinking of looking youthful as one of the beauty characteristics. Individuals latch onto self-preservation conception of the body in order to combat deterioration and decay [1].

Furthermore, the media has been bombarding the society with the perception of beauty, which caused individuals to chase that perception of beauty, for the sake of feeling good about themselves, to feel accepted and successful. This perception is maintained even to people with old age because there are pressures to appear young, beautiful, and slender [2]. Inevitably, personal (physical) appearance is one of the important factors to take into attention. "People who choose to use cosmetic medical treatments to enhance their appearance may be attempting to increase their self-image or self-perception, improve their social relationships, and increase their probability of success across a variety of social situations." [3]. With that in mind, some or most individuals are willing to take certain measures such as vast variety of beauty treatments to enhance their appearance resulting in the beauty industry to flourish.

Lopaciuk [4] stated that the growth of the beauty industry is 4.5% per year on average. Furthermore, data from Euromonitor stated that the emerging markets from Mexico, Argentina, Indonesia, Thailand, and Turkey have shown a growth spurt of 8 billion dollars [4]. The beauty industry encompasses beauty products, such as cosmetics and perfume, and the service sector such as salons and other cosmetic procedures. The growth of Skincare treatments has been growing fast from 16.4% in 1998 to 23% in 2010 [4].

In the service sector, as per International Society of Aesthetic Plastic Surgery (ISAPS) 2017 report, there are a total of more than 10 million surgical cosmetic procedures and over 12 million non-surgical cosmetic procedures done by plastic surgeons world-wide just on that year alone [5]. Based on the previous report, in 2011, the number of non-surgical procedures has increased as much as 51.4% within 6 years. This shows a very promising future for the non-surgical sector. However, it seems that there is little attention in research for the non-surgical cosmetic procedure. The non-surgical cosmetic procedure is defined by ISAPS as an effective and safer procedure for people that want a more subtle improvement, enhancing surgical results or minimize recovery time of a procedure, which often does not require extensive training to perform compared to the surgical sector as it has higher risks.

In the growing industry, competition inevitably will rise. Especially for beauty clinics that specializes in non-surgical cosmetic procedures, the competition is not limited to other beauty clinics but other services in the beauty industry like salons & spa that offers a few similar services too. Hence, rise the need of marketing strategies in order to stay in the competitive field.

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Previous studies have discussed the consumer's behavior in order to help marketers recognize and forecast the purchase behavior of consumers [6]. The lack of study in this area for the non-surgical cosmetic procedure hinders valuable tactical information for businesses in this field to grow further.

Against this background, the highly popular behavioral model, the theory of planned behavior (TPB), will be used as a basis in this study due to its robustness [7]. Ajzen, founder of the TPB, stated in his book that attitude is

typically viewed as a latent or underlying variable that is assumed to guide or influence behavior. Therefore, in

order to understand what prompts the consumer's willingness to consider non-surgical cosmetic procedure, in this study, the research will focus on determining predictors that increases favorable attitude, as one of the determinants of behavioral intention, toward non-surgical cosmetic procedure. This is to allow a deeper understanding of the consumers, which will provide valuable tactical information.

For instance, determining factors that influence them the most to consider taking a treatment, allowing beauty clinics to utilize the information and incorporate into their marketing strategy to be able to expand their market share.

II. LITERATURE REVIEW

This research focuses on non-surgical cosmetic procedures, which are defined by ISAPS as a cosmetic procedure that provides an effective yet safer option for consumers. The non-surgical cosmetic procedures includes procedures such as Botulinum Toxin (Botox) - mainly used for correction of expression wrinkles, Photo Rejuvenation - skin resurfacing procedure to improve the appearance of skin (e.g. sun-damaged skin, scars caused by acne, or treat minor facial flaws), Non-surgical Fat Reduction - procedure that destroys fat cells that lie directly beneath the skin without harming the skin surface, Non-surgical Skin Tightening - by stimulating collagen production in the deeper layers of the skin to restore elasticity, Chemical Peel - using a chemical solution to peel away the skin's top layers to restore facial skin (e.g. wrinkled, blemished, unevenly pigmented, or sun-damaged), Dermabrasion - exfoliation of the outer skin in order to improve skin appearance, and many more procedures that does not require hospitalization or large incision [5].

Previous research related to the beauty industry have explored reasons for consumers considering or taking cosmetic / aesthetic treatments such as in the popular dental aesthetic area Wędrychowska-Szulc & Syryńska [8] did a study of 'Patient and parent motivation for orthodontic treatment-a questionnaire study' that encompasses the motivations of parents and patients in making decisions to take orthodontic treatment. The study revealed that between 63 and 67 percent of parents pressuring their children to take such treatment in order to avoid future claims of neglect. Press & Simms [9] focuses on segmenting the Whitening service in United Kingdom, focusing on benefit sought.

Closer approaches to the non-surgical treatments are research revolving the cosmetic surgery. Schouten [10], in his research of Symbolic Consumption in Personal Rites

of Passage and Identity Reconstruction, stated that elective cosmetic surgery is a means of improving one's physical appearance attractiveness to facilitate success in social, romantic and economic endeavors. His study mainly discusses about the importance of consumption activities in restoring unsatisfying self-concept and its occurrence in major role transitions of individuals. Zare-Hoseini et al [11] takes The Restoration and Beauty Clinic of Iran University as a case study and segmented the market using value types (current value expected value and loyalty) in predicting the probability of customer churn and future purchase services in the clinic. Yulfajar & Rofiaty [12] also studied the switching behavior of Surabaya's (Indonesia) beauty clinic consumers, revealing factors that cause them to select a certain beauty clinic and reasons or barriers to switch to other clinics.

While specific to non-surgical cosmetic procedure previous research have mainly focus on the technicality (function or complications) and benefits of the procedure such as Crerand et. al. [13], Ogden & Griffiths [14], and Clarke [15]. Other focuses the research on defining the market such as Sobanko [16]. Sarwer & Crerand [17] focuses on finding antecedents of motivation of individuals in taking beauty procedures (include all treatments), while, Imadojemu et. al. [18] discusses the impact of beauty procedures in general (both surgical and non-surgical). To the best of the researcher's knowledge, none have previously focused on the factors affecting the behavioral intention (i.e. attitude) specific to the non-surgical cosmetic procedures in Indonesia, hence the purpose of this study.

From these past studies, it can be derived that the study of behavior and factors explaining the behavior offers valuable tactical information for marketers to plan effective strategies from predicting or changing the consumer's deliberate and planned behavior. Fishbein & Ajzen [19] stated that attitude is typically viewed as a latent or underlying variable that is assumed to guide or influence behavior. Few researches such as Calogero et al. [20], Menzel et al. [21] and Jackson & Chen [22] in the *Sex Roles Journal*, explored objectification theory construct and tripartite influence model features towards acceptance or willingness to consider cosmetic surgery. Promising results emerged from each study to clarify psychological factors that are salient to understanding gender attitude variability [22]. Hence the approach of determining the salient factors that increase favorable attitudes toward non-surgical cosmetic procedures, may be able to compensate for the lack of deeper understanding of consumers in this field.

A. Theory of Planned Behavior

The Theory of Planned Behavior (TPB), founded by Icek Ajzen in 1985, was developed from the Theory of Reasoned Action (TRA) that was proposed by himself and Martin Fishbein in 1980. The TPB consists of three independent determinants of behavioral intention which are, attitude towards a behavior, subjective norm and perceived behavioral control [7]. Attitude toward the behavior is the degree to which the performance of the behavior is positively or negatively valued.

Subjective norm is the overall perceived social pressure on individuals toward performing a particular behavior. Perceived behavioral control is the extent to which people believe that they can perform a given behavior if they are inclined to do so [23]. These three variables determine the immediate antecedent of a particular behavior, the intention [24].

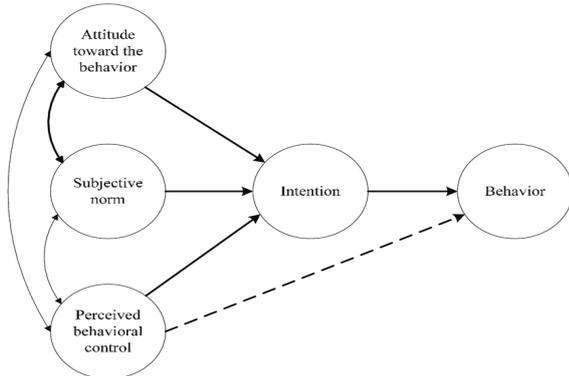


Fig. 1. Theory of Planned Behavior [25]

Previously mentioned, attitude is typically viewed as a latent or underlying variable that is assumed to guide or influence behavior [19].

An analogy was described in their book as an example:

“Suppose that a new product is introduced on the market and that a person’s only information concerning this product is that it is a bedtime drink. On the assumption that he has a neutral evaluation of bedtime drinks, the person would be expected to hold a neutral attitude toward the product in question. Now imagine that through an advertising campaign he learns that the product is good for digestion. Since he is positively evaluates things that are good for digestion, his attitude toward the product may shift in a positive direction.”

Hence, it can be derived from this that attitude, as one of the main determinants of behavioral intention, is able to be changed by factors that could direct an individual towards a more favorable attitude towards a behavior. Jackson & Chen [22] evaluates using the objectified body consciousness (i.e., self surveillance, body shame), tripartite influence model features (i.e., appearance pressure from mass media and one’s close social network, appearance social comparisons, general body dissatisfaction), possible salient appearance concerns and willingness to consider cosmetic surgery. Their research reveals that among young Chinese women and men, features of objectified body consciousness and the tripartite influence model in addition to specific sources of appearance concern as correlates of willingness to consider cosmetic surgery. Multivariate models identified elevations in body surveillance and facial appearance concerns as the strongest individual predictors of willingness to consider future cosmetic surgery [22].

In the context of cosmetic surgery, it can be concluded that body surveillance and facial appearance are the main concerns of young Chinese women and men [22], hence, allowing marketers to address the issue and use as a method of marketing strategy (e.g. offering availability of solution for the addressed issues through cosmetic surgery) to pull in more interest and purchase decisions of the services. This depicts the relevance of determining predictors of non-surgical cosmetic procedure attitudes

using the objectification theory construct and tripartite influence model features in this study. Following the main purpose of this study, hence the focus of the current research is conveyed on figure 2, in determining OBC & Tripartite Influence Model features and the correlation to the willingness to consider (intention) non-surgical cosmetic procedure.

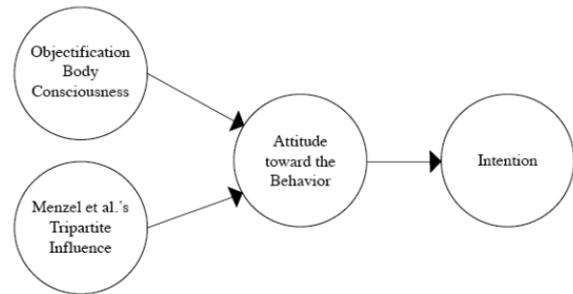


Fig. 2. Study Model

B. Overview of Objectification Body Consciousness

Objectification theory posits that for whatever the reasons are, in these society as women their bodies always become an object to be looked at, evaluated, and potentially objectified. According to Fredrickson and Roberts [26] analysis, girls and women may view themselves as objects or “sights” to be appreciated or acknowledged by others to a certain point of level. This distinctive perspective on self, may conduct a form of self-consciousness characterized by habitual external appearance observing of the bodies. Many women use and develop this behavior as a strategy to help them discover how other people will behave towards them, which has clear implications for their quality of life.

Objectified body consciousness (OBC) is an assumption of the outsider’s perspective of one’s own body, which consists of three components: body surveillance, body shame, and appearance control beliefs. However, following Jackson [22], control beliefs will not be evaluated in this study as it is not significantly related to body esteem [27]. OBC can bring negative impacts to body image [28], The higher the level of OBC, speculated to lead to negative body experience for women [27].

In OBC, the body surveillance involves a frequent self-viewing of body shape and weight in order to ensure conformity in beauty standards which imposed culturally and socially [27]. In a research conducted by Carver and Scheier [29], they stated that continual self-surveillance has negative implications for women. When we focus our attention on ourselves, we compare ourselves to certain standards of behavior and try to minimize any differences. If we cannot do so, we feel bad. According to Jackson [22], eventually, body surveillance which induce recognition that their appearances are distance from the cultural body standards may experience appearance anxiety, and body shame. These factors may predict favorable attitudes toward the standards and appearance modification efforts (e.g., surgical or non-surgical cosmetic procedures) that situate one’s appearance with prescribed standards and reduce body shame (figure 3).

Recent research on undergraduate British women [30] exposed that they predicted more consideration of cosmetic surgery in the future due to body shame for failing to meet cultural body standards. The current study seeks to understand how the various components of OBC (body surveillance, body shame and appearance anxiety) affecting consumer attitudes in taking non-surgical cosmetic procedure.

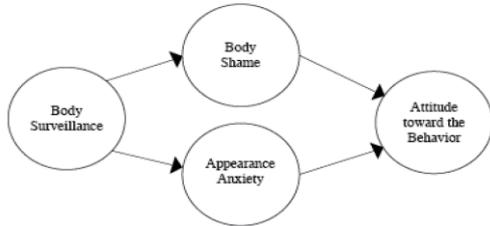


Fig. 3. Objectification Body Consciousness

C. Overview of Tripartite Influence Model Features

The tripartite influence model included three significant sociocultural and intrapersonal factors that have been seen to be notable predictors of body image; (a) appearance pressure, (b) internalizations of appearance ideals, and (c) body dissatisfaction. These factors are associated with more favorable attitudes towards a behavior. In females, perceived appearance pressures and internalization of beauty ideals were more greatly associated with favorable attitudes towards cosmetic surgery. Meanwhile in male, body dissatisfaction was more greatly associated with favorable attitudes towards cosmetic surgery [21]. The present study seeks to further understanding of tripartite influences on both female and male attitudes towards non-surgical cosmetic procedures.

Young women with higher tendency of being anxious are expected to be more receptive to negative cultural, parental, and peer influences forming their body image [31]. These influences (parental criticism or peer teasing around body shape and size) play a role in the initiation of body dissatisfaction. Body modification efforts such as cosmetic treatment will appear in order to reduce dissatisfaction. Rodgers, Chabrol & Paxton [32] did research about an exploration of the tripartite influence model of body dissatisfaction and disordered eating among Australian and French college women. The results show that in Australia, the outcome of parental influence was not mediated by appearance comparison and internalization. While in French, align with Yamamiya et al., [33] findings within Japanese University students there was a notable relation between parental influence and appearance comparison.

Jackson & Chen [22] also reported that appearance pressure fosters body dissatisfaction both directly and indirectly by increasing appearance comparisons. While, frequent appearance social comparisons correlate with more favorable cosmetic surgery attitudes among Australian women [34]. Hence the tripartite influence towards attitudes is shown in figure 4.

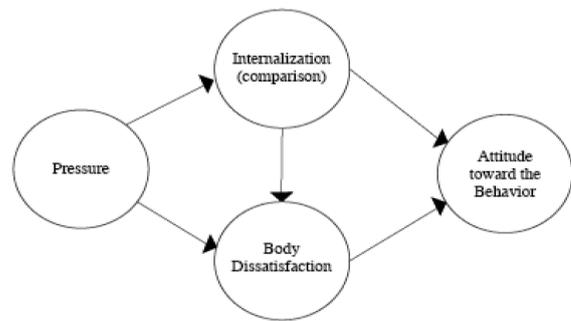


Fig. 4. Tripartite Influence

D. Specific Source of Appearance Concerns/Anxiety

Being cognizant of self-consciousness was most strongly related by physical attractiveness [35]. Chang disclosed that people who looked more attractive physically were likely to engage higher attention from others. In addition, positive evaluation generated by surroundings following the physical attractiveness could escalate self-confidence and less likely to care about others' opinion. Naomi Woodspring [36] revealed in her study that face is one of the essential physical manifestations of an individual along with the rest of the embodied selves. Our face is principal to who we are and how we are perceived by others.

In a research conducted by Harris and Carr [37], revealed that among women physical appearance is more concerning than it is among men. For both sexes, physical appearance is most salient for relationships and social activity during their late teens and early twenties. Data collected from the samples revealed that nose, body weight, and skin disorders are the most frequent attributes which physically concerning. In addition, breasts and abdomen or stomach are highly concerned by women, while premature balding hair is highly concerned by men. Based on International Society of Aesthetic Plastic Surgery or ISAPS (2017), actual non-surgical cosmetic treatments are specifically and most typically target facial features with injectables procedures (Botulinum Toxin and Hyaluronic Acid) and hair removal procedures, not overall appearance.

III. RESEARCH DESIGN & METHODOLOGY

Based on the preceding review, this study's main purpose is similar to Jackson & Chen [22], which is to determine the features of models (i.e. objectified body consciousness, tripartite influence) designed to explain attitudes towards, in this context, non-surgical cosmetic procedures and non-surgical cosmetic procedure consideration, due to the geographical limitations in the collection of data, among Indonesians - Jakarta. Adapting from Jackson & Chen [22], the study will be conducted through quantitative questionnaires handed out to a wide range of respondents.

A. Sample

The sample size required for this study is calculated using Cochran's formula where z stands for z-score, p is the value of estimated proportion of the population, e is the margin of error (in decimal form) and N is the number of population:

$$\text{Sample size} = \frac{z^2 \times p(1-p)}{e^2} \div \left(1 + \left(\frac{z^2 \times p(1-p)}{e^2 N} \right) \right)$$

Considering Z-score of, one of the most common, 90% confidence levels is 1.645, p value of 0.5, and margin of error 5% (suggested by Smith), while the population of Indonesia reaches 10,467,629 (BPS 2018) the sample size would be 270.6. Thus the necessary sample size for this quantitative research is 271 participants.

B. Procedure

Questionnaires will be distributed online to people living in Indonesia specifically Jakarta. The items used in the questionnaire were adopted from Jackson & Chen [22] combined with additional Theory of Planned Behavior questionnaire of Perugini & Bagozzi [38], rephrased accordingly to the non-surgical cosmetic procedure context before being distributed. The items mainly involve demographic and other questions related to the variables in this study. All English-language questionnaires had been translated previously into Indonesian and back-translated into English by one of the researchers that has professional translating experience in a global company in Indonesia. Data involves measures stated below and will be analyzed with AMOS in order to identify significance through regression weights of each variables and ultimately towards favourable considerations of non-surgical cosmetic procedure.

C. Measures

Based on Jackson & Chen [22] research OBCS (Objectified Body Consciousness Scales) related to self-objectification were used in the current study. (1) Body Surveillance, reflects tendencies to view of one’s body through the eyes of an outside observer (e.g., “During the day, I think about how I look many times.”), (2) body shame, reflect the feelings of shame when one’s appearance does not conform to cultural standards (e.g., “I feel ashamed of myself when I haven’t made the effort to look my best”), (3) perceived control belief was not assessed in this study as previously mentioned, response measurement from 1 = Strongly disagree to 5 = Strongly Agree. The Negative Physical Self Scale (NPS) was used to measure appearance concerns/anxiety (e.g., “I think I am fat in others’ eyes”), response was measured from 1 = Not like Me at all to 5 = Always Me.

While SATAQ-3-Pressure (Sociocultural Attitudes Towards Appearance Questionnaire-3 Media Pressures) taps perceived pressure to conform with the portrayal of physical appearance from media (e.g. “I’ve felt pressure from TV or magazines to change my appearance”), response was measured from 1 = Strongly disagree to 5 = Strongly Agree. Pressure from friends, family and current/desired dating partners to change one’s appearance measured by Perceived Sociocultural Pressure Scale-Interpersonal (PSPS) (e.g., “I have felt pressure from my friends to change my physical appearance”), response was measured from 1 = None to 5 = A lot. PACS (Physical Appearance Comparison Scale) was used to assess appearance comparison tendencies (e.g., “At

parties and other social occasions I compare my physical appearance to that of others”), measured from 1 = Never to 5 = Always. Satisfaction and Dissatisfaction with Body Parts Scale used to examine dissatisfaction with physical appearance features (e.g., face, waist, stomach, body build) measured from 1 = Extremely dissatisfied to 5 = Extremely satisfied).

Following Jackson & Chen [22], the Acceptance of Cosmetic Surgery Scale (ACSS) was adopted and rephrased to the non-surgical cosmetic procedure context and used to measure favourable attitude. The subscale assesses the degree to which people are willing to consider non-surgical cosmetic procedure in the future (e.g. “I have sometimes thought about having non-surgical cosmetic procedure) and factors that can affect such decisions (e.g., cost, pain, side-effects), which are measured from 1 = Strongly disagree to 5 = Strongly Agree. While additional Intention questionnaire is measured from 1 = Very Unlikely to 5 = Very likely (e.g., “I intend to perform non-surgical cosmetic procedure in the near future”) following Perugini & Bagozzi (2001).

IV. RESULT

A. Confirmatory Factor Analysis

Data analysis was done using AMOS with 30 total questions eliminated after CFA was conducted. To ensure the model is fit, Confirmatory Factor Analysis is used to prove the significance of each variable. Salem Al-Mamary & Shamsuddin [39] stated that the model fit indexes are as such in table 1.

Table 1: Model Fit Indexes [39]

Name of Index	Level of Acceptance
Chisq	p > 0.05 / (Awang ,2012)
Chisq/df	chisq/df < 5.0 / (Awang ,2012)
NFI	NFI >= 0.9 means satisfactory / (Awang ,2012). Fit 0.8 < NFI < 0.9 means acceptable fit / (Foza & Filippini,1998)
CFI	CFI >= 0.9 means satisfactory fit/ (Awang ,2012) ; (Hair et al., 2010)
GFI	GFI >= 0.9 means satisfactory fit/ (Awang ,2012); (Hair et al., 2010). 0.8 < GFI < 0.9 means acceptable fit / (Greenspoon & Saklofske,1998) ; (Foza & Filippini, 1998)
TLI	TLI >= 0.9 means satisfactory fit / (Foza & Filippini,1998); (Awang ,2012)
RMSEA	RMSEA < 0.08 / (Awang ,2012)

The CFA results of this study are as shown below:

CMIN

Model	NPAR	CMIN	DF	P	CMIN/DF
Default model	119	1172.342	584	.000	2.007
Saturated model	703	.000	0		
Independence model	37	7298.258	666	.000	10.958

RMR, GFI

Model	RMR	GFI	AGFI	PGFI
Default model	.125	.806	.767	.670
Saturated model	.000	1.000		
Independence model	.524	.216	.172	.204

Baseline Comparisons

Model	NFI Delta1	RFI rho1	IFI Delta2	TLI rho2	CFI
Default model	.839	.817	.912	.899	.911
Saturated model	1.000		1.000		1.000
Independence model	.000	.000	.000	.000	.000



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RMSEA

Model	RMSEA	LO 90	HI 90	PCLOSE
Default model	.061	.056	.066	.000
Independence model	.192	.188	.196	.000

The Chi-square/df has the value of 2.007, NFI has the value of .806, CFI has the value of .911, GFI has the value of .806, TLI has the value of .899, RMSEA has the value of .061. The results are showing that the model is a good fit.

B. Regression Weights Results

Table 2: Regression Weights (***) = < 0.001

			Estimate	S.E.	C.R.	P
INTERNALIZATION	<--	PRESSURE	0.811	0.073	11.045	***
BODY_SHAME	<--	BODY_SURVEILLANCE	1.477	0.293	5.041	***
APPEARANCE_ANXIETY	<--	BODY_SURVEILLANCE	1.17	0.228	5.131	***
BODY_DISSATISFACTION	<--	INTERNALIZATION	0.38	0.189	2.007	0.045
BODY_DISSATISFACTION	<--	PRESSURE	-0.048	0.171	-0.279	0.78
ATTITUDE	<--	APPEARANCE_ANXIETY	0.003	0.177	0.016	0.987
ATTITUDE	<--	BODY_SHAME	0.921	0.253	3.64	***
ATTITUDE	<--	INTERNALIZATION	-0.041	0.143	-0.286	0.775
ATTITUDE	<--	BODY_DISSATISFACTION	0.061	0.096	0.636	0.525
BEHAVIORAL_INTENTION	<--	ATTITUDE	0.946	0.044	21.384	***

Table 2 conveys the regression weights results. The estimate value reveals its positive or negative effect, while P-value below 0.05 depicts its significance. In the Objectified Body Consciousness block, result reveals estimate values of 1.17 and 1.477 of body surveillance towards both appearance anxiety and body shame respectively, also P-value of less than 0.001 towards both. Body shame reveals a positive significant effect towards attitude as it has an estimated value of 0.921 and P-value of less than 0.001. On the other hand, appearance anxiety depicts an estimated value of 0.003 and P-value of 0.987 towards attitude showing that it has a positive non-significant effect. This reveals that the Objectified Body Consciousness features (i.e. body surveillance, body shame and appearance anxiety) have positive relation towards attitude (favourable) of non-surgical cosmetic procedures though differing in its significance. Specific to appearance anxiety, 7 questions were related to facial features and 5 of them conveyed significance with p-value of less than 0.001. While 4 questions are related to body weight where only 1 of them is significant with a p-value lower than 0.001.

In the Tripartite Influence block, appearance pressure reveals estimate value of 0.811 and P-value of less than 0.001 towards internalization of ideals through comparison revealing a positive significant effect. While it shows -0.048 estimate value and 0.78 P-value revealing a negative not significant effect towards body dissatisfaction. Internalization of appearance ideals' conveys positive significant effect towards body dissatisfaction (estimate value 0.38 and P-value 0.045) and a negative non-significant effect towards attitude directly (estimate value -0.041 and P-value 0.775). While body dissatisfaction reveals a positive estimate value of 0.061 and P-value of 0.525 towards attitude revealing a positive non-significant effect to favourable attitude of considering non-surgical cosmetic procedure. Specific to body dissatisfaction, there are 3 out of 5 significant questions, with each of them are related to waist, thighs, and stomach with a p-value lower than 0.001.

On the other hand facial features show insignificance from the CFA stage while overall body shape shows insignificance in the path analysis. Specifically, in the tripartite appearance pressure, out of 6 questions that are related to the pressure to change their looks, 3 significant variables, with p-value lower than 0.001, are related to social media as the source. While the other 2 questions are related to TV and magazines as source, yet not significant.

Finally, 1 related to pressure from friends and family shows significant relation with p-value below 0.001.

Following the TPB's robustness, the value of attitude reveals positive and significant relation towards intention of taking non-surgical cosmetic procedure. With an estimated value of 0.946 and P-value of less than 0.001.

V. DISCUSSION

According to the most recent report by the ISAPS or International Society of Aesthetic Plastic Surgery (2018), the total number of non-surgical procedures performed worldwide in the year alone was more than 12 million. There is a significant growth of non-surgical procedures performed from 2017 to 2018 with a difference of more than 35 thousand procedures, increased by 10.4% in 2018. 48.2% of total non-surgical procedures is Botulinum Toxin which is known as Botox, a popular injection procedure that temporarily banish or decrease facial lines and wrinkles. However, little is known about the factors which influence people in Jakarta the most that increase favorable attitude towards taking non-surgical cosmetic procedures. This study utilized the highly popular behavioral model as a basis, the theory of planned behavior (TPB), which was founded by Icek Ajzen in 1985.

Aligned with Jackson & Chen [22] research on young Chinese women and men, this study showed that there are significant correlations between objectified body consciousness [27] towards Jakarta's both women and men considerations in taking non-surgical cosmetic procedures. This study evinces that high consideration level of Jakartans coincided with elevations in body surveillance and body shame which are the core features of objectified body consciousness.

Matched with Carver and Scheier [29] statement that continual high body surveillance made people compare themselves to certain standards and as a result, also revealed in this study, eventually body surveillance inflicts body shame and appearance anxiety.

These results in line with recent research on undergraduate British women [30], which predicted more consideration of taking surgical cosmetic procedures, in this case, non-surgical cosmetic procedures, in the time ahead due to body shame for failing to reach the cultural body standards.

From research conducted, seen that body shame is the highest predictor that promotes more of Jakartans' favorable attitude and consideration for taking non-surgical cosmetic procedures.

Followed by appearance anxiety as the second highest predictor. This study also suggests a message that facial appearance is the strongest single attribute of Jakartans' concern with how their appearance is perceived by others. They would experience shame when aspects of their face appearance differ from prescribed ideals or cultural standards. This statement also supported by Waldman et al., [40] qualitative research in Chicago about the motivation of patients for undergoing non-surgical or minimally invasive cosmetic procedures. It says that many of the patients conveyed a desire to go through a cosmetic procedure in order to feel less embarrassed or self-conscious.

While in the tripartite influence model, correlated with Jackson & Chen [22] study, continual appearance pressure and comparison with others were also more likely to drive people to consider surgical cosmetic procedures as a future alternative for transforming self-appearance. However in the case of non-surgical cosmetic procedure, in Jakarta, it seems that continual appearance pressure does not directly promote favorable attitude towards the procedure. The result revealed that it is in a more indirect relation through body dissatisfaction, though also insignificant. This study conveyed the positive significant relation between appearance internalization and body dissatisfaction following Jones [41] where appearance internalization to the ideals or cultural standards was found to be a robust predictor of conversions in body dissatisfaction. In addition, appearance pressure seems to have a negative non-significant effect towards body dissatisfaction, conveying that in Jakartan's case, appearance pressure does not directly promote body dissatisfaction, but indirectly through internalization of comparison.

Body dissatisfaction is described as a person's negative evaluation of feelings or perceptions about their body such as body weight [42]. Therefore, in order to mend their body dissatisfaction, transforming or improving their body appearance, people tend to proceed with other behavior such as taking cosmetic surgery which as stated by ISAPS (2017), liposuction (fat removal) procedure is the top two famous procedure in cosmetic surgery sector. Or else, in much earlier research about body dissatisfaction, most of those leads to the changing of eating behavior and eventually arise the occurrence of eating disorders [43]. However, from this study it is revealed that body dissatisfaction, though positively correlated towards non-surgical cosmetic procedure, is not significant. This can be derived from the initial CFA result where facial dissatisfaction is removed due to its insignificance, signifying that Jakartans appearance pressure and internalization through comparison strongest factor are more related towards the body features rather than facial features.

This leads them to taking alternatives such as cosmetic procedure, eating disorder or similar behaviors that are believed to have more significant result towards changing the body conditions, as it can be assumed from this study that non-surgical cosmetic procedures are perceived more as a facial concentrated procedure.

VI. CONCLUSION & IMPLICATION

In conclusion, like previous research on consideration of cosmetic surgery procedures, most objectified body consciousness (i.e body surveillance, body shame and appearance anxiety) and tripartite influence features (i.e Appearance pressure and body dissatisfaction) have positive correlations with favourable attitudes in consideration of taking non-surgical cosmetic procedures, though the tripartite block do not show significance correlation. Specifically because, internalization of the tripartite influence feature shows negative relation toward attitude, in Jakartan's case, conveying that it only has an indirect positive relation through body dissatisfaction. This signifies that people's tendencies of body surveillance, shame, appearance anxiety and body dissatisfaction prompts their consideration and decision in taking non-surgical cosmetic procedures. While significance could seen highest on body shame towards favourable attitude in consideration of non-surgical cosmetic procedures, with facial appearance concerns as the strongest individual predictor. Revealing that non-surgical cosmetic procedures are an alternative for those who want to improve themselves especially in the facial area, in contrast with the cosmetic surgery case where Liposuction (fat removal), due to body weight concern, is more common compared to facial modifications [5].

This result benefit marketers by allowing them to mold their marketing strategies accordingly and effectively to grow further, as it uncovers the most significant predictor of consideration towards non-surgical cosmetic procedure is of an individual's concern on their appearance, specifically the face. For those individuals, non-surgical cosmetic procedures aiming to treat imperfections or flaws in the face is a method of dealing with their appearance concerns in order to minimize their feelings of shame, as body shame was the most significant predictor in the objectified body consciousness block. Hence businesses and/or marketers can focus their service offerings and marketing communication towards facial concerns highlighting it as a method to avoid or eliminate feelings of shame. This will further increase favourable attitude and also the intention to purchase the offer, as proven in this research.

On the other hand, results of the tripartite reveals that appearance pressure and comparison focuses on the body features which results in dissatisfaction. Though body dissatisfaction still promotes favourable attitudes towards non-surgical cosmetic procedure,

its insignificant relation may be assumed that Jakartans perceives non-surgical cosmetic procedure more of an effective facial concern solution rather than body feature concerns or lack of knowledge of the potential/effectiveness of the available services,

though further research of reasoning behind this fact needs to be further confirmed. Therefore, marketers in this case can possibly educate the consumers of the available service and its effectiveness of non-surgical body features modification or refining procedures, in order to be able to catch a wider market. In addition, results identify that appearance pressure an individual obtained is mostly from the social media (with 3 significant values), which can be considered as the main channel of communication in offering the services more effectively as a means to counter the direct pressured concerns.

VII. LIMITATION & SUGGESTED FUTURE RESEARCH

Despite the above result and implications, researchers and marketers need to consider the limitations of this current study. This research uses convenience sampling technique which is considered less generalizable, as the limited geographical data collection in Jakarta. The study also has no segregation or demographic segmentation such as in the gender differences and age group. To overcome these downsides, researchers can use a more generalized sampling techniques and to specify target markets marketer could conduct the same type of research on specific age groups or specified segments for future research. In addition, the study incorporates the objectified body consciousness and tripartite influence with the Theory of Planned Behavior model, yet only focuses on the attitude and intention towards a behavior. Due to the TPB's robustness, future research may incorporate the relation of OBC and Tripartite influence with the complete TPB model to determine the possibility of correlation and significance of those features with the other independent determinants of intention towards taking non-surgical cosmetic procedure (i.e. Social Norm and Perceived Behavioral Control).

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