

KNOWLEDGE AMONG SULAIMANIYAH POPULATION TOWARDS INJECTABLE FACIAL FILLERS

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ABSTRACT

Background

Any operation that involves cosmetic correction and alteration of existing bodily features is referred to as a cosmetic procedure. It also covers surgical operations like liposuction, rhinoplasty, breast augmentation, and minimally invasive procedures like botulinum toxin injections and fillers.

Objectives

To explore and evaluate participants' personal and subjective views on facial fillers in the Sulaimani governorate

Patients and Methods

One hundred and sixty-one participants were recruited over three months from 6 January 2022 to 8 April 2022; all the participants were approached with a questionnaire regarding their personal and subjective views on facial fillers, and informed consent was taken before participating.

Results

The recruited population for the work includes 111 females and 60 males, with an F/M ratio of 1.85. The main reason listed by most of the participants (n=102, 69.56%) who have or are considering undergoing facial fillers are their concerns about visible ageing signs and facial appearance; the (n=29, 18.01%) listed that people's influence and the fact that they compare themselves with other people and people from the social media has encouraged them to opt facial fillers.

Conclusion

Half of the participants understood the procedure enough, although they needed more information regarding the facial fillers' side effects. Most participants do not even feel they would need to hide that they have undergone any procedure, which is the ultimate level of acceptance.

Keywords: *Acceptance, facial fillers, facial ageing* .

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INTRODUCTION

In the year 2016, the American Society of Plastic Surgeons announced that patients for facial rejuvenation seek injectable fillers with over 2 million filler procedures sought that year alone ⁽¹⁾. Facial fillers reverse the signs of ageing, rejuvenate facial volume, the contours and shape of the face, this has made facial fillers popular and the main case for their rapid spread ⁽²⁾. Facial fillers have many benefits, which appeal to people in the age group of 29-45 years who notice early wrinkles and signs of ageing and directly approach alternatives to ageing and delaying their signs of ageing. In today's technologically advanced times and with the safer materials produced, people are opting for facial fillers more than in the early 1980s when bovine collagen was used to manufacture filler associated with hypersensitivity ⁽³⁾. While now, even more, commercial filler types are available, such as hyaluronic acid (HA), calcium hydroxylapatite, and Poly-L-lactic acid products ⁽²⁾.

Under the skin of the face, there is a superficial tissue which extends deeply to the facial skeleton; Genetics and the environment cause changes in skin texture, elasticity and strength which leads to superficial rhytids forming ^(4,5). When the dermis and epidermis become thinner, signs of ageing show because of a decrease in collagen, dermal elastosis, and actinic damage, causing laxity, rhytids, and pigment irregularities ⁽⁶⁾. The changes related to ageing per decade are shown. Most muscles in the face contribute to facial expressions; when their activities, the dermal attachment laxity, their atrophy changes, and the fat pads surrounding it descend, this causes major changes in the static and dynamic appearance of the face ⁽⁷⁾. Cosmetic procedures are any intervention that alters existing body features, including minimal and major invasive procedures such as botulinum toxin injections, fillers, liposuction, rhinoplasty, and breast augmentation ⁽⁸⁾. Cosmetic procedures, particularly facial fillers, have become a popular phenomenon that people opt for to reduce the signs of ageing on their faces.

This work is a trial to explore and evaluate participants' personal and subjective views on facial fillers in the Sulaimani governorate.

MATERIALS AND METHODS

A randomised prospective study was conducted for three months, from 6 January 2022 to 8 April 2022.

Two hundred of the population and patients were conducted; they were from diverse backgrounds. After achieving inclusion and exclusion criteria, one hundred sixty-one patients participated in the work.

The data was collected using a preformed questionnaire through a face-to-face interview approach. The questionnaire comprises 16 questions; the first part focuses on the general knowledge of the subjects regarding facial fillers and undergoing any previous facial fillers; this is to examine the general overview that the people of Sulaimani City have on the subject. The second part of the questionnaire goes deep into the personal reasons for choosing or staying away from facial fillers and their biased views on the new trend in the city. The questionnaire also included a personal section which collected demographic data, such as educational level, age, gender, and the reasons for opting for facial fillers or the reasons they have chosen to stay away from them. The questionnaire has been designed neither to encourage biasedness towards any side of the research nor to cause any judgment on the participants' point of view.

All the participants signed informed consent.

The Ethics Committee of the Kurdistan Board for Medical Specialties approved the work.

Inclusion criteria included subjects with a history of facial fillers, responders to the work, and Males and females between the ages of 18-65 years of age. Exclusion criteria included males and females <18 years of age and <65 years of age, Those with morbid obesity, Those with mental health problems, non-responders

The patients were divided into two groups:

Group A: eighty-one persons without a history of any facial fillers.

Group B: Eighty patients with a history of previous facial fillers.

Statistical Package for the Social Sciences (SPSS), version 21, collected, organized, and analysed all data. P = 0.05 was considered statistically significant.

RESULTS

The sample was composed of 111 females and 60 males; the most common age groups were 30-39 years in (n=62, %), and 40-49 years in (n=45, %), with the mean age of (37±2 years). A nearly equal number of

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females and males responded in Group A, but the number of males in Group B was 10 participants versus 70 females, as shown in Tables 1 and 2. Seventy-eight female and fifty male participants answered the question about the procedure and sites of injections (90 females versus 60 males) excellently.

But male participants had more information regarding the mechanism of action (80 males versus 48 females, perks (65 males versus 40 females), and composition (13 males versus 11 females in comparison to females, while both genders (3 males versus 1 females) were unaware of the side effects of the facial fillers, with a significant difference in rates of excellent answers between the genders: P-value 0.0026. There were different reasons behind the participants' notions in opting for facial filler about 2/3 of both genders in both groups A and B have aesthetic purposes, such as correcting ageing features and correcting their face images. While the rest aimed to improve their quality of life, encouraged by partners or close social circles,

or under the influence of social media, a small number were unhappy with their facial image and opted to raise their self-esteem.

Eighty-three participants were determining facial fillers for correcting ageing features. A smaller number of 26 participants aimed to correct their face image. Other causes for opting were encouraging by partners and social circle (10.56%), and impact of social media (9, 94%), improving their QoL (7.45%), and improving self-esteem (2, 48%).

Those who affirmed (n=121, 75.15%) claimed it is their free will to choose or encouraged by others, and some of them were bragging and proud of their selection. While those were covering up it, trying to avoid judgments and teasing by others, considering it a personal issue, or they want to pretend that the new image is their natural image with statistically significant (P-value 0.00617). Look at Table 6.

Table 1. Gender, female/male ratio and number of participants in groups A and B.

Variables	♂	♀	Ratio ♀/♂
Group A	40	41	1.03
Group B	10	70	007
Total	60	111	1.85

Table 2. Age groups of the participant persons and patients in groups A and B.

Age groups (Year)	♀	Group A	Group B	♂
		♂	♀	
19-29	11	5	12	5
30-39	18	19	15	10
40-49	17	5	16	7
50-59	5	2	4	5
60-64	2	1	1	1
Mean age	39	37	35	36

Table 3. Participants' responses in both groups regarding information and knowledge of the participant persons and patients of both genders.

Questions	Response rates for each question Excellent		False		No Response		P-value
	♀	♂	♀	♂	♀	♂	
Where are the locations where facial fillers are used?	78 48.44%	50 31.05%	15 09.31%	9 05.59%	2 01.24%	6 03.72%	0.0026
What is the mechanism facial fillers work with?	90 55.90%	62 38.50%	1 00.62%	2 01.24%	10 06.21%	6 03.72%	
What are the perks of facial fillers?	48 29.81%	80 49.68%	4 02.48%	1 00.62%	8 04.97%	4 02.48%	
What is the composition of facial fillers?	40 24.84%	65 40.37%	20 12.42%	28 17.39%	8 04.97%	0 00.00%	
What are the side effects of facial fillers?	11 06.83%	13 08.07%	50 31.05%	70 43.47%	3 01.86%	1 00.62%	
	1 00.62%	3 01.86%	5 03.10%	13 08.07%	18 11.18%	10 06.21%	

Table 4. Variety of reasons behind opting to think and choose facial fillers in both genders in groups A and B.

Reasons of opting		♀ Group A	Group B	♂ Group A	Group B	Total	P value
Aesthetic purposes	Correcting ageing features	27	18	23	15	83 51.55%	0.00012
	Correcting face image	6	6	11	6	29 18.01%	
Other effects of	Improving QoL	2	3	4	3	12 07.45%	
	Partners & social circle	6	3	5	3	17 10.56%	
	Social media	8	1	5	2	16 09.94%	
	Improving self-esteem	1	1	1	1	4 02.48%	
Total		50	32	49	30		

Table 5. Covering up or bragging of the notion about coveting facial fillers and or choosing facial fillers.

Causes of declaring or hiding		♀		♂		Total %	P value
		Group A	Group B	Group A	Group B		
Affirming	Free will	11	12	14	12	49 33.43	0.00617
	Encouraging others	15	14	10	6	45 27.95	
	Bragging	6	10	5	6	27 16.77	
Covering up	Avoiding judgments	4	5	3	3	15 09.31	
	Personal issue	5	3	2	3	13 08.07	
	Pretending it is natural	1	4	1	1	7 04.34	
	Teasing fillers	1	2	1	1	5 03.10	

DISCUSSION

In the new era, people are opting for physical adjustments through medical procedures more ⁽⁹⁾, which are safe procedures at the moment compared to the past focusing on volumetric consistency ⁽¹⁰⁾. Current results show how aware the general population of Sulaimani governorate is regarding facial fillers, even the participants who have yet to go through these procedures themselves. When the human being loses the power to change his environment and outer world, he shifts his efforts to change parts of his body and asks for body-image changes in body contouring, especially in exposed areas such as the face.

The most common age groups were 30-39 years in (n=62, %) and 40-49 years in (n=45, %), with a mean age of (37±2 years), which is, going with literature, as "people in their 29-45 who are noticing early signs of ageing on their faces, which directly opt for facial fillers to delay their ageing process." ⁽²⁾

Male persons have opted equally in number to female persons to declare their notion about the subject and answer different questions in the questionnaire. However, more females went for and underwent facial fillers, as shown in Table 2, which is in line with Faria et al., who state ⁽¹¹⁾, "In women, the goal is more triangulated and smoother faces, more oblique zygomatic arches, delicate noses, more voluminous and well-shaped lips, as well as a tapered and poorly designed chin." this declared that women are more

sensitive about their beauty and have more correcting demands in their facial images in comparison to men and females demand more impactful results.

Females were seeking information about facial fillers from social media; as we know, social reclaims are advertising and marketing things and products. As a result, they gain efficient information about the fillers and the site of injections, not finding other aspects in these advertising pages like the mechanism of action, perks, and composition. While all do not reach the facts of its side effects (P-value=0.00345), look to Table 3. This variation in getting information from social media may be explained by the fact that "The disparate quality of available information might reinforce social disparities among Web users. This heterogeneity is also linked to the perception of reliability and credibility Web users have regarding the information found on the Internet" ⁽¹²⁾. While males may be "more confident in seeing a doctor for health-related questions, they are not confident with the information provided on the Internet." ⁽¹³⁾

More than 2/3 of the participants in both genders declare their opinion about facial fillers, either because they know their insight that human beings have free will (33.43%) or because they are free to choose the options to improve their face image while more than quarter (27.95%) talk about it to encourage others, but small number bragging with this modern procedure (16.77%), shown in Table 6.

Those who affirm their selection of facial fillers believe that they and others have free will, which is important to people's responsibility for their actions ⁽¹⁴⁾.

While those who affirm his idea about the subject encourage others to suggest that what they did that others believe would be good, they thought that "It is important to engage visibly in the goals that you want them to adopt." ⁽¹⁵⁾

Recent research by Allergan, the makers of BOTOX and Juvederm, suggests that more women are now opting for injectable facial fillers to boost their self-confidence while boosting their appearance is taking somewhat of a backseat. Looks may very well be tied to one's sense of self. However, when asked about their motivations for getting injectable fillers, most women ranked boosting confidence above or equal to improving their appearance ⁽¹⁶⁾.

On covering up the subject, they were unwilling to talk and declare their notions, either to avoid judgment and teasing by others, or its issue, some others to show it as a natural shape and pretending it is their normal facial image, Table 5.

Some think that "Cheek and lip reshaping is still considered a taboo for most patients." ⁽¹⁷⁾

, they will not declare their notion to avoid judgement and teasing by others, some others will not talk about and cover up the subject, even if they did the treatment, some people consider it as a personal issue, and "Sharing too much information about your personal life may create conflict" ⁽¹⁸⁾ and problems and judgements.

Eighty-three participants opted for facial fillers to correct ageing features, which aligns with the literature. ⁽¹⁷⁾ Smaller 26 participants aimed to correct their facial image. Other causes of opting were encouraged by partners and social circle (10.56%), and impact of social media (9, 94%), improving their Quality of Life (QoL) (7.45%), and improving self-esteem (2, 48%) as seen in Table 5.

All these causes of opting were in the line of literature as aiming for changing oneself to be more liked by their partners or to be more like the pictures advertised on social media, which may "contribute to the emotional welfare of the patients through the effects they have on reducing signs of ageing, contouring of the facial image and enhancing some desired facial features." ⁽⁹⁾

Studies evaluating patients' motives for pursuing

cosmetic procedures cite experiences with social media as a key factor ⁽¹⁹⁾. Information available on social media can vary dramatically, from online educational materials and physician-run accounts to patient experiences and advertisements ⁽²⁰⁾.

In conclusion, half of the participants had enough understanding of the procedure, although they had minimal information regarding the facial fillers' side effects. Most participants do not even feel they would need to hide that they have undergone any type of procedure, which is the ultimate level of acceptance.

Conflict of Interest

The authors have no conflict of interest to declare.

Ethical approval

The Ethics Committee of the Kurdistan Board for Medical Specialties approved the work.

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