

Exploring Factors Influencing Consumers in Seeking Aesthetic Medicine Services in Malaysia: A Cross-Sectional Study

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ABSTRACT: Although the aesthetic medicine industry in Malaysia is experiencing rapid growth, the underlying factors driving consumer behavior remain underexplored. This study aimed to identify the factors influencing consumers' decisions to pursue aesthetic treatments and their criteria for selecting aesthetic clinics. A cross-sectional survey was conducted among individuals aged 18 years and above who had previously undergone or intended to undergo aesthetic treatments. The survey collected data on respondents' sociodemographic characteristics, factors influencing decisions to seek aesthetic treatment, and criteria for selecting aesthetic clinics. A total of 141 respondents completed the survey, the majority of whom were female (n=118, 83.7%) and aged 30–39 years (n=62, 44.0%). Among the respondents, 89 (63.1%) had previously undergone aesthetic procedures, while 52 (36.9%) intended to pursue treatment in the future. The findings indicated that psychosocial factors, influence of others, personal desires, social media influence, and life events contributed to respondents' decisions to undergo aesthetic treatment. Key determinants influencing clinic selection included safety and professional credibility, social and media influence, and convenience and accessibility. Insights from this study can assist practitioners in adopting a more patient-centered approach to aesthetic services, ultimately enhancing patient satisfaction and care outcomes.

Keywords: Aesthetic medicine, Consumer behavior, Motivational factors, Psychosocial factors, Social media influence, Clinic selection

INTRODUCTION

Aesthetic medicine is a rapidly growing industry in Malaysia. According to the International Society of Aesthetic Plastic Surgery (ISAPS), the total number of procedures performed by plastic surgeons in Malaysia, including both surgical and non-surgical interventions, increased from 23,923 in 2023 to 30,885 in 2024 [1,2]. Despite this rising demand, there remains limited understanding of the factors

driving consumers to seek aesthetic treatments in Malaysia. This gap restricts practitioners' ability to tailor services and support informed consumer decision-making.

The demand for aesthetic procedures had been increasing prior to the COVID-19 pandemic; however, the pandemic further accelerated this trend, particularly for non-surgical treatments [3,4]. This increase may be attributed to greater participation in virtual meetings, prolonged screen

exposure leading to heightened self-scrutiny of facial appearance, extended periods at home, and increased engagement with social media platforms [4].

As video communication platforms and social media have become embedded in daily life, concerns about on-screen appearance have increasingly influenced consumer behavior toward aesthetic procedures [5]. During virtual interactions, individuals are continuously exposed to their own facial image, which facilitates self-comparison in ways that differ from face-to-face communication [6]. Similarly, social media plays a significant role in shaping appearance-related perceptions and decisions. Arab et al. [7] reported that exposure to cosmetic surgery-related content, prolonged social media use, and negative self-perception are associated with a higher likelihood of considering cosmetic procedures. Collectively, these factors contribute to increased appearance awareness and greater interest in aesthetic treatments [6].

Psychosocial motivations represent another key determinant of aesthetic treatment uptake. Improvements in physical appearance are often perceived as a pathway to enhanced psychosocial well-being [8]. Previous studies have identified that desire to improve self-esteem, enhance self-confidence, and conform to social or familial expectations are common motivators for undergoing or continuing aesthetic treatments [9,10]. In addition, external pressures such as societal norms and expectations from family and peers to maintain a youthful appearance further contribute to interest in aesthetic interventions [11,12].

This study aims to explore the factors influencing consumers' decisions to pursue aesthetic medicine services in Malaysia. The study is guided by a conceptual framework (**Figure 1**) comprising two interrelated domains: psychosocial factors (such as self-esteem, appearance satisfaction, and desire for confidence) and social influences (including family, peers, life events, and social media). These factors shape the decision to undergo treatment, followed by practical considerations influencing clinic selection such as accessibility, reputation, and prior experience. To the best of the authors' knowledge, at the time of manuscript preparation, no published studies in Malaysia have specifically examined the factors influencing consumers' decisions to seek aesthetic medicine treatments.

METHODOLOGY

A cross-sectional survey was conducted between December 2024 and July 2025 to assess the factors influencing consumers in seeking aesthetic medicine services. Ethical exemption was granted by the Hospital UMRA Medical Research Ethics Committee, as the study constituted a non-sensitive, fully anonymous educational survey. The survey instrument was developed based on a comprehensive literature review and administered using the Google Forms platform (Google Inc., Mountain View, CA, USA). The purpose of the survey and the anonymity of respondents' data were clearly stated at the beginning of the survey. Respondents were encouraged to provide honest responses and were assured that their data would remain confidential and used solely for research purposes. No personally identifiable information was collected, ensuring respondent anonymity. Informed consent was obtained electronically prior to participation. Respondents who did not provide consent were automatically excluded from the survey.

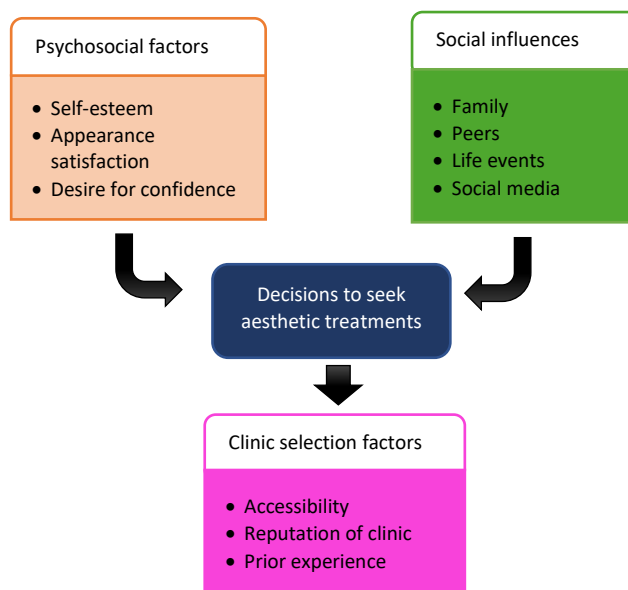


Figure 1. Conceptual framework of factors influencing consumer decisions to pursue aesthetic treatments.

Survey Respondents

Eligible respondents were individuals aged 18 years and older who had either previously undergone or intended to undergo aesthetic treatment and were willing to participate in the study. Individuals who had neither undergone nor intended to undergo aesthetic treatment were excluded. A convenience sampling approach was employed to obtain a

diverse sample across demographic variables, including age, gender, socioeconomic status, and geographic location. Participants were recruited from the Aesthetic and Cosmetic Symposium (ACOS) 2024 and during scheduled follow-up visits of individuals involved in USMARI clinical studies.

Survey Instrument

The survey comprised three sections. Section A collected respondents' sociodemographic information, including age, gender, education level, income, occupation, sources of information, and history of aesthetic treatment. Section B assessed factors influencing respondents' decisions to seek aesthetic medicine services, including personal desires, physical concerns, psychosocial influences, social media exposure, influence of others, and life events. Section C examined the criteria guiding respondents in selecting an aesthetic clinic. Sections B and C employed a Likert scale items to measure respondents' level of agreement with statements related to these factors.

Statistical Analysis

Survey data were analyzed using descriptive and inferential statistics in SPSS (IBM Corp., Armonk, NY, USA). Results are presented as frequencies (%), means, and standard errors, as appropriate. Exploratory factor analysis (EFA) with varimax rotation and Kaiser normalization was performed to identify the underlying factors influencing consumers' decisions to seek aesthetic medicine services, as well as factors affecting clinic selection. Internal consistency reliability for each factor was assessed using Cronbach's alpha. The associations between sociodemographic variables and the identified factors were further examined using multivariate analysis of variance (MANOVA). A p-value of < 0.05 was considered statistically significant.

RESULTS

Sociodemographic Profile

A total of 141 respondents completed the survey (**Table 1**). While the participant-to-item ratio falls below traditional guidelines for EFA, a total sample size of 100–200 respondents is considered methodologically acceptable [13]. Furthermore, sampling adequacy was confirmed prior to analysis

Table 1. Sociodemographic characteristics of respondents (n=141).

Characteristic	Frequency (%)
Age (years)	
18 - 29	36 (25.5)
30 - 39	62 (44.0)
40 - 49	28 (19.9)
50 - 80	15 (10.6)
Gender	
Male	23 (16.3)
Female	118 (83.7)
Marital status	
Married	78 (55.3)
Single	54 (38.3)
Divorced	9 (6.4)
Ethnicity	
Malay	101 (71.6)
Chinese	23 (16.3)
Indian	14 (9.9)
Others	3 (2.1)
Highest education level	
Doctorate degree	5 (3.5)
Master's degree	17 (12.1)
Bachelor's degree	85 (60.3)
Diploma	25 (17.7)
High school	9 (6.4)
Occupation	
Employed	93 (66.0)
Self-employed	28 (19.9)
Pensioner	1 (0.7)
Student	12 (8.5)
Housewife	5 (3.5)
Unemployed	2 (1.4)
Household income	
< RM2500	18 (12.8)
RM2500 - RM5000	48 (34.0)
RM 5001 - RM9999	35 (24.8)
> RM10000	40 (28.4)
Aesthetic treatment history	
Previously received treatment	89 (63.1%)
Intention to undergo treatment	52 (36.9%)

using the Kaiser-Meyer-Olkin (KMO) measure.

The demographic profile of respondents showed that the majority were female (n=118, 83.7%) and aged between 30 and 39 years (n=62, 44.0%). Most respondents were employed (n=93, 66.0%) and had attained a bachelor's degree as their highest level of education (n=85, 60.3%). Household income was predominantly between RM2,500 and RM5,000 (n=48, 34.0%). Regarding aesthetic treatment, 89 respondents (63.1%) had previously undergone aesthetic procedures, while 52 respondents (36.9%) reported an intention to undergo treatment in the future.

Aesthetic Treatment Characteristics

Table 2 summarizes the characteristics of aesthetic treatments among the 89 respondents who had previously undergone such procedures. The majority received treatment in clinics (n=60, 67.4%), and most reported initiating treatment between the ages of 30 and 39 years (n=38, 42.7%). A total of

61 respondents (68.5%) indicated that their most recent treatment had occurred within the past year, and the most common treatment frequency was 2–5 times per year (n=40, 44.9%). Non-invasive procedures were the most frequently reported, with skin-lightening or laser treatments being the most common (n=63, 70.8%).

Source of Information and Desired Areas for Improvement

Figures 2 and 3 present the sources of information regarding aesthetic treatments and the body areas respondents wished to improve. Most respondents reported learning about aesthetic treatments through social media (n=98, 69.5%), followed by internet searches (n=50, 35.5%). Regarding desired areas for improvement, skin texture was the most commonly reported concern (n=84, 59.6%), followed by the periocular region (n=52, 36.9%) and hair (n=49, 34.8%).

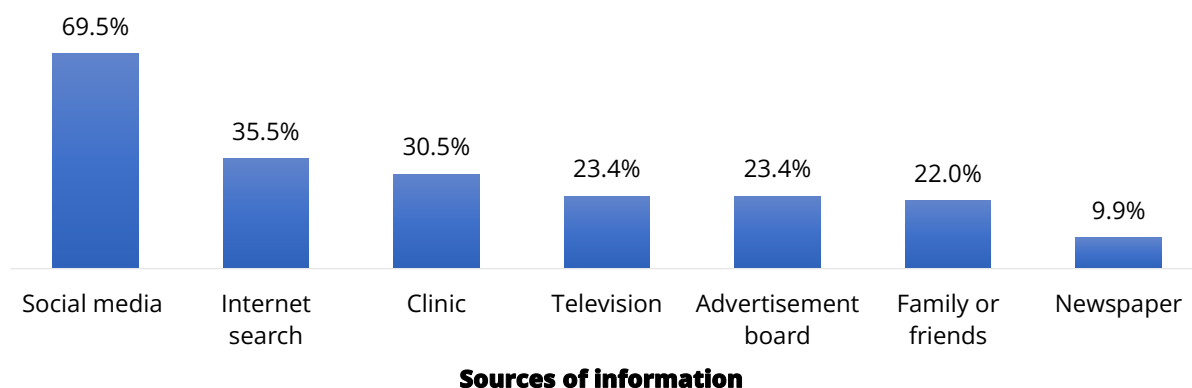


Figure 2. Sources of information regarding aesthetic treatments among respondents (n=141).

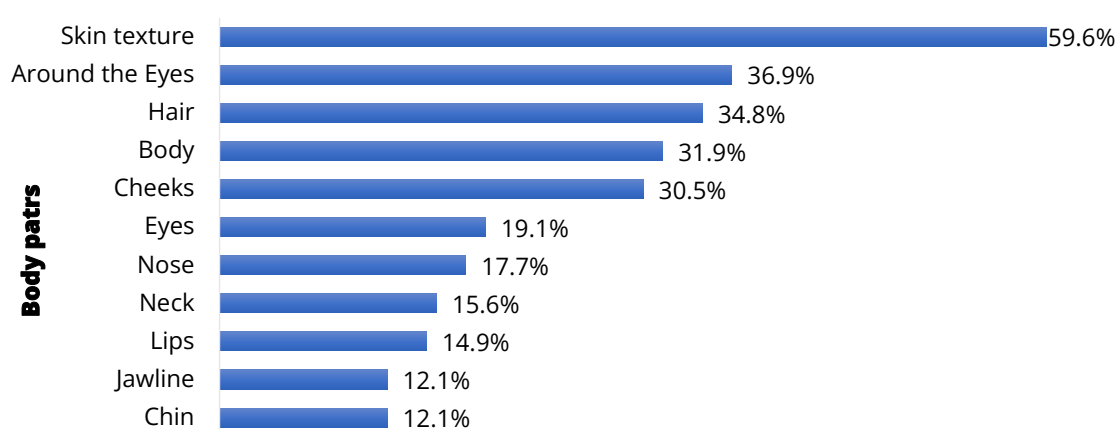


Figure 3. Body parts respondents wish to improve (n=141).

Table 2. Aesthetic treatment characteristics of respondents (n = 89).

Characteristic	Frequency (%)
Place of treatment	
Clinic	60 (67.4)
Beauty Centre	29 (32.6)
Age at first aesthetic treatment (years)	
15 -19	3 (3.4)
20 - 29	36 (40.4)
30 - 39	38 (42.7)
40 - 49	11 (12.4)
50 - 80	1 (1.1)
Most recent aesthetic treatment	
Less than 1 year ago	61 (68.5)
1 - 5 years ago	24 (27.0)
More than 5 years ago	4 (4.5)
Frequency of treatments within the past year	
Once	21 (23.6)
2 times - 5 times	40 (44.9)
6 times - 10 times	9 (10.1)
>10 times	1 (1.1)
Never	18 (20.2)
Treatment type:	
Invasive treatment	
Face lift or thread lift (inclusive of neck lift)	18 (20.2)
Nose reconstruction	8 (9.0)
Eyelid surgery	2 (2.2)
Breast augmentation or reduction	1 (1.1)
Tummy tuck	5 (5.6)
Buttock lift	1 (1.1)
Hair transplantation	6 (6.7)
Non-invasive treatments	
Skin lightening or laser treatments	63 (70.8)
Skin tightening procedures	23 (25.8)
Botulinum toxin injections	18 (20.2)
Fillers	18 (20.2)
Liposuction or fat-dissolving injections	5 (5.6)
Microneedling	34 (38.2)
Dermabrasion	20 (22.5)
Chemical peel	41 (46.1)
Platelet - rich plasma (PRP)	19 (21.3)

Factors Influencing Respondents to Undergo Aesthetic Medicine Services

The factors influencing respondents' decisions to seek aesthetic medicine services were analyzed using EFA. The KMO measure of sampling adequacy was 0.905, and Bartlett's test of sphericity was statistically significant ($p < 0.05$), indicating the suitability of the data for factor analysis. Five underlying factors were identified (**Table 3**): psychosocial factors, influence of others, personal desires, social media influence, and life events. All factors demonstrated good to excellent internal consistency, with Cronbach's alpha values ranging from 0.80 to 0.97.

Clinic Selection Factors for Aesthetic Medicine Service

The EFA was also utilized to analyze clinic selection criteria. The KMO measure of sampling adequacy was 0.894, and Bartlett's test of sphericity was statistically significant ($p < 0.05$), indicating that the data were suitable for factor analysis. Three distinct factors were identified (**Table 4**): safety and professional credibility, social and media influence, and convenience and accessibility. All factors demonstrated excellent internal consistency, with Cronbach's alpha values above 0.90.

Associations Between Sociodemographic Characteristics and Factors Influencing Respondents to Undergo Aesthetic Medicine Services

The associations between sociodemographic characteristics and factors influencing consumers' decisions to undergo aesthetic medicine treatment were analyzed (**Table 5, Supplementary Material**). Age, gender, marital status, ethnicity, highest education level, and occupation were not significantly associated with any of the identified factors ($p > 0.05$). However, household income was significantly associated with psychosocial factors and life events. Post-hoc comparisons revealed that psychosocial factors and life events were significantly more influential among respondents with a household income of RM2,500–RM5,000 compared with those earning >RM10,000 and RM5,001–RM9,999, respectively ($p < 0.05$).

Associations Between Sociodemographic Characteristics and Clinic Selection Factors

The associations between sociodemographic characteristics and clinic selection factors were assessed (**Table 6, Supplementary Material**). The results indicated that age, gender, marital status, education level, occupation, and household income

were not significantly associated with any of the clinic selection factors ($p > 0.05$). However, ethnicity showed a significant association with the professional credibility factor ($p < 0.05$), with post-hoc comparisons revealing that respondents of Malay and other ethnicities placed more emphasis on professional credibility compared with Chinese respondents ($p < 0.05$).

Table 3. Factors influencing aesthetic treatment decisions.

Determinants	Factors					Cronbach's Alpha	
	1	2	3	4	5		
To eliminate discomfort due to societal judgments about me	0.809					0.968	
To look normal like others	0.806						
To be accepted by those around me (such as family, partner, friends, co-workers)	0.785						
To make it easier to make friends	0.769						
To eliminate discomfort caused by my physical defects	0.767						
To reduce the stress caused by my appearance	0.755						
To socialize more easily with people around me	0.751						
To make it easier to find a partner	0.747						
Due to fear of being left behind compared to others	0.726						
Due to societal pressure emphasizing beauty	0.722						
So that I am not looked down upon	0.719						
To look attractive in the eyes of others	0.693						
To reduce the stress, I am experiencing	0.686						
To feel more appreciated by others	0.659						
So that I do not feel embarrassed when facing others	0.657						
When my friend suggested I do it		0.876					0.946
When a family member suggested I do it		0.828					
Because my friend did it		0.800					
Because my friend looked beautiful after doing it		0.774					
Because my partner asked me to do it		0.771					
Because one of my family members did it		0.761					
Because my family member looked beautiful after doing it		0.719					
To look as beautiful as my friends		0.581					
To match my partner's appearance		0.569					
So that my appearance remains beautiful even as I age			0.863			0.942	
To look younger			0.849				
To achieve the appearance I've always desired			0.832				
To get smoother and clearer skin			0.807				
To look beautiful without makeup			0.799				
To become more beautiful			0.777				
I see online reviews on social media about aesthetic treatments				0.838		0.943	
I see posts about aesthetic treatments shared on social media				0.828			

I see an advertisement for aesthetic treatments on social media	0.804	
I see advertisement on social media stating that "aesthetic treatments can make me beautiful"	0.720	
I see celebrities or influencers I follow on social media undergoing aesthetic treatments	0.657	
Celebrities/influencers on social media recommend undergoing aesthetic treatments.	0.600	
I know the latest trend on social media is to undergo aesthetic treatments	0.577	
Because I will be attending a celebration soon	0.808	0.898
Because I have an important event to attend soon	0.786	
Because I have a job interview coming up soon	0.746	

Factor 1- psychosocial factors; Factor 2- influence of others; Factor 3- personal desires; Factor 4- social media influence; Factor 5- life events

Table 4. Factors influencing clinic selection for aesthetic treatment.

Determinants	Factors			Cronbach's Alpha
	1	2	3	
Go to a clinic with a good reputation	0.878			0.923
Ensure the procedure is safe	0.843			
Look for a doctor with LCP (Letter of Credentialing & Privileging)	0.761			
Look for an experienced doctor in the treatment I want	0.754			
Choose a clinic recommended by the doctor (such as a dermatologist) who has treated me before	0.750			
Go to a clinic with up-to-date equipment	0.721			
Go to a clinic run by a specialist doctor	0.711			
Check the background of the doctor performing the treatment	0.674			
Ensure the procedure is painless	0.613			
Go to a clinic with many good reviews regarding its treatment	0.593			
Go to a clinic recommended by my friend		0.876		0.932
Go to a clinic my family/partner has previously visited		0.836		
Go to a clinic my friend has previously visited		0.835		
Go to a clinic recommended by my family/partner		0.813		
Go to a clinic recommended by many on social media		0.700		
Go to a clinic run by a doctor who is famous on social media		0.669		
Go to a clinic with affordable treatment prices		0.604		
Go to a clinic that a celebrity I like or follow visits		0.590		
Go to a well-known clinic		0.548		
Go to a clinic that is easy to reach			0.842	0.906
Go to a clinic with convenient opening and closing hours for my schedule			0.788	
Go to a clinic near my house			0.748	
Go to a clinic with easy appointment scheduling			0.692	
Go to a clinic offering free trials or first-time free treatments			0.654	
Go to a clinic with beautiful decor			0.636	
Go to a clinic offering discounts			0.558	

Factor 1- safety and professional credibility; Factor 2- social and media influence; Factor 3- convenience and accessibility

DISCUSSION

This study aimed to identify factors influencing consumer decisions to undergo aesthetic treatments in Malaysia. The majority of respondents who had undergone or planned to undergo such treatments were women aged 30–39 years with a bachelor's degree. These findings align with previous studies reporting that women constitute the majority of individuals seeking aesthetic procedures [10,14–16], likely reflecting greater attention to physical appearance and a desire to maintain youthfulness [17].

Regarding treatment priorities, skin texture was the most commonly identified feature respondents wished to improve, followed by the periocular area. Previous studies have reported varying priorities, including the eyes and cheeks [14], under-eye bags and dark circles [18,19], crow's feet, forehead lines, and uneven skin tone [18], as well as general facial rejuvenation [16]. In the present study, most respondents reported social media as their primary source of information, highlighting its role as a key platform for both information dissemination and consumer education in aesthetic medicine [20–22].

Five key factors influencing consumers' decisions were identified: psychosocial factors, influence of others, personal desires, social media influence, and life events. These can be broadly categorized into internal motivations (psychosocial factors and personal desires) and external motivations (influence of others, social media, and life events), which interact to shape consumer decision-making. Psychosocial factors and personal desires are well-established drivers of aesthetic treatment uptake. Consumers often seek procedures to improve self-confidence [10,23], reduce self-consciousness around others [23], enhance attractiveness or improve appearance [23–25], and modify undesirable physical features [24]. Additionally, aesthetic treatments may be pursued to improve overall quality of life, enhance happiness, or serve as a form of self-reward [23].

External influences also play a significant role. Individuals are more likely to consider aesthetic treatments if they are exposed to others who have undergone such procedures [14,23,26]. Social media further amplifies this effect by increasing awareness, shaping perceptions, and normalizing aesthetic treatments. Prior studies have demonstrated associations between aesthetic-related search trends and the number of

active social media users [27], as well as positive correlations between social media engagement and interest in aesthetic procedures [27–29]. Increased exposure to social media may contribute to heightened appearance-related pressure, thereby further motivating individuals to seek aesthetic procedures [28]. In addition, influencers' portrayals of aesthetic treatments may reinforce acceptance and desirability [30]. Life events such as marriage, divorce, bereavement, or upcoming important occasions may also act as triggers that intensify motivation and accelerate decision-making [14,26,31].

In the present study, it was found that, in selecting aesthetic clinics, respondents prioritized safety and professional credibility, followed by social and media influence, as well as convenience and accessibility. These findings are consistent with previous studies, which have identified practitioner competence as a key determinant in consumers' decisions to undergo aesthetic medicine services, given the inherent risks associated with such procedures [32]. Beyond practitioner credibility, social and media influence, as well as convenience and accessibility, also play important roles in clinic selection. Al Qurashi et al. [33] reported that, in addition to surgeons' qualifications, advice from friends and relatives and the clinic environment were key considerations when selecting an aesthetic surgeon. Patients often rely on past patient experiences, including direct referrals from personal acquaintances and indirect referrals through patient reviews, as these sources are perceived as highly trustworthy [34]. Furthermore, Ankiel et al. [32] further highlighted that clinic infrastructure, communication quality, flexibility toward patients, and overall clinic image influence decision-making.

All the factors identified in the present study align with the Theory of Planned Behavior (TPB), which posits that human behavior is guided by three main components: attitude toward the behavior, subjective norms, and perceived behavioral control (PBC) [35]. Internal factors, including psychosocial influences and personal desires, reflect the role of attitudes in shaping behavioral intentions, as described in the TPB. These factors are likely to influence the formation of favorable attitudes toward aesthetic procedures by strengthening individuals' beliefs in their benefits, thereby influencing consumer decision-making. The external factors identified correspond to subjective norms within the TPB framework, as

they capture the influence of social and media-related pressures on individuals' decisions. In addition, clinic-related factors reflect PBC, as they influence individuals' perceived ease, confidence, and ability to access aesthetic medicine services. When expectations regarding the clinic are met, the likelihood of proceeding with treatment increases. Collectively, these components predict behavioral intention, which in turn influences the likelihood of performing the behavior, in this context, undergoing aesthetic procedures. The conceptual framework of consumer decision-making based on TPB is illustrated in **Figure 4**.

Practical and Ethical Implications

These findings have several practical implications for aesthetic clinics and practitioners. Understanding the interplay between internal motivations and external influences can help practitioners tailor consultation approaches, address psychosocial concerns, and manage patient expectations more effectively. Emphasizing patient education, transparent communication, and professional credibility may enhance patient

trust and satisfaction, ultimately improving treatment outcomes.

The widespread promotion of aesthetic procedures through influencers and digital content raises important ethical concerns. Such content may contribute to unrealistic beauty expectations, body dissatisfaction, and increased psychosocial pressure, particularly among vulnerable individuals. Ethical issues are further amplified when marketing strategies exploit insecurities for commercial gain.

Therefore, practitioners and service providers have a responsibility to ensure that promotional content is transparent, accurate, and evidence-based, avoiding exaggerated claims or minimization of risks. Informed consent should also incorporate discussion of psychological and social influences that may affect decision-making. Furthermore, regulations governing aesthetic advertising should be strengthened and strictly enforced to protect consumers. Balancing patient autonomy with ethical marketing practices is essential to maintaining professional integrity and safeguarding consumer well-being in an increasingly social media-driven aesthetic industry.

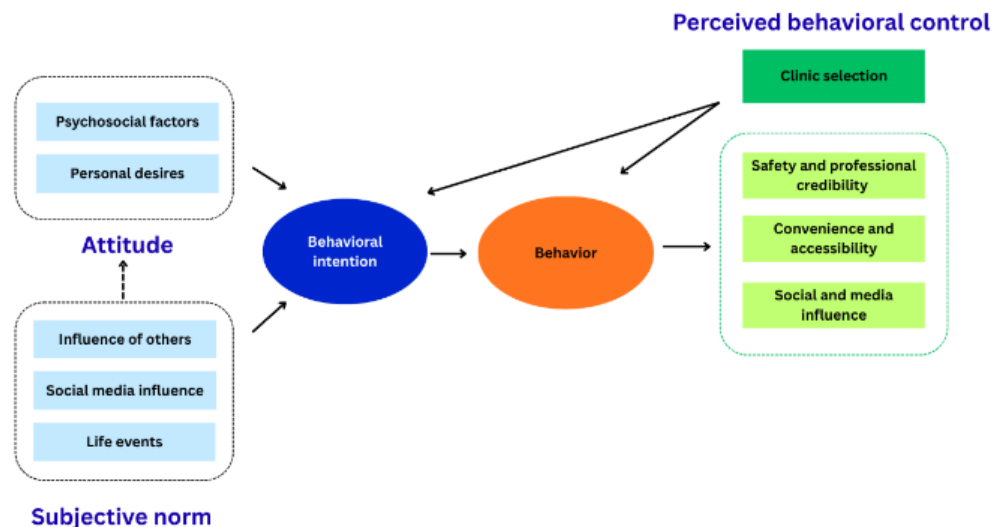


Figure 4. Conceptual framework of consumer decision-making based on the Theory of Planned Behavior.

Limitation of Study

This study is not without limitations. The relatively small sample size and the sampling method employed may have introduced selection bias, thereby limiting the generalizability of the findings and reducing the statistical power to detect certain associations. A larger sample with more balanced representation across sociodemographic groups

would improve the robustness of the results and provide a more comprehensive understanding of consumer motivations. In addition, respondents were recruited using convenience sampling from events and existing databases, which may not fully represent the broader population of aesthetic medicine consumers. Conducting future studies directly through clinics or centers that provide aesthetic treatments may enhance data accuracy

and improve representativeness. Furthermore, the findings should be interpreted with caution, as the use of self-reported surveys relies on respondents' personal perceptions and may be subject to response bias, potentially affecting the reliability of the data.

CONCLUSION

This study provides foundational insights into the multi-dimensional factors driving the uptake of aesthetic medicine services in Malaysia. The findings underscore that aesthetic interventions are rarely sought for purely physical modifications; rather, they are deeply intertwined with psychosocial well-being, social influence, and the pervasive impact of social media. For the aesthetic medicine industry, these results highlight the urgent need for ethical marketing practices and comprehensive, patient-centered consultations that explore underlying psychological motivations. By prioritizing professional credibility and transparent communication, practitioners can mitigate the risks of social media-induced body dissatisfaction and foster safer, more satisfactory patient outcomes.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

[Supplementary Table](#)

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