

A systematic review of cosmetic surgery trends and its influence on mental health of adolescents and youths in Nigeria

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Abstract

Cosmetic surgery is increasingly visible among Nigerian adolescents and youths, yet its mental health implications remain insufficiently understood. This systematic review synthesized evidence on cosmetic surgery trends, determinants, and associated mental health and psychosocial outcomes among adolescents and youths in Nigeria, while identifying gaps in the existing evidence base. A systematic search of PubMed, Scopus, African Journals Online, ScienceDirect, SpringerLink, and Google Scholar was conducted for peer-reviewed primary studies published between 2016 and 2025. Methodological quality was assessed using Joanna Briggs Institute critical appraisal checklists alongside a complementary risk-of-bias assessment. Findings were synthesized thematically because of substantial heterogeneity in study designs, populations, exposures, and outcomes. Twelve studies met the inclusion criteria. Liposuction, Brazilian butt lift, and body contouring were among the most frequently reported procedures, particularly among young women. Reported drivers included social media exposure, celebrity and influencer culture, body dissatisfaction, peer and sociocultural pressures, and economic aspirations. Mental health and psychosocial outcomes included body dysmorphic disorder, anxiety, depression, body-image dissatisfaction, reduced self-esteem, and post-surgical regret. Psychological screening before cosmetic surgery was rarely reported. Cosmetic surgery among Nigerian youths appears to be shaped by interacting sociocultural, media, and psychological factors. Evidence-informed priorities include strengthening psychological assessment, public mental health education, appropriate regulation of cosmetic surgery practice, and longitudinal, culturally validated, mixed-gender research.

Key words: cosmetic surgery, adolescents, youths, mental health, body image, Nigeria.

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Introduction

Global perspectives on cosmetic surgery

Cosmetic surgery has experienced substantial growth globally over the past two decades, evolving from a relatively specialized service into an increasingly accessible component of contemporary aesthetic culture.^{1,2} The International Society of Aesthetic Plastic Surgery reported that more than 25 million cosmetic procedures were performed worldwide in 2022, representing a year-on-year increase of more than 11%.³ Liposuction, breast augmentation, and gluteal augmentation, including the Brazilian butt lift (BBL), consistently rank among the most frequently performed procedures globally.⁴ This growth has extended beyond high-income countries, with middle-income countries across Asia, Latin America, and increasingly sub-Saharan Africa experiencing growing demand for aesthetic procedures.⁵ Medical tourism has further facilitated access to cosmetic surgery across national borders, with patients travelling to countries such as Brazil, Turkey, and South Africa for aesthetic procedures.⁶ Cosmetic surgery is also increasingly promoted through narratives linking physical appearance with self-esteem,

social acceptance, and perceived socioeconomic or professional opportunities.⁷

The Nigerian context

In Nigeria, cosmetic surgery has increasingly become visible within contemporary beauty culture. The Chief Medical Director of Lagos University Teaching Hospital (LUTH) reported that cosmetic surgery is becoming increasingly popular among younger Nigerians, with body contouring identified as a frequently sought procedure.⁸ Private cosmetic surgery clinics have expanded in major urban centers, including Lagos, Abuja, and Port Harcourt, serving an increasingly diverse clientele.⁹ The BBL, colloquially referred to as “yansh” enhancement, has received considerable public attention and has been promoted through celebrity and social media culture.¹⁰ Social media platforms, particularly Instagram and TikTok, may contribute to the dissemination and normalization of appearance-related ideals by increasing exposure to cosmetic transformations and potentially shaping perceptions of desirable body characteristics.¹¹ A retrospective review of cosmetic surgery procedures at a private practice in Lagos reported a median patient age of 29 years, with liposuction and bilateral but-

tock augmentation comprising the majority of procedures among Nigerian women.¹²

Mental health considerations

The relationship between cosmetic surgery and mental health has received increasing attention in medical and psychological research. Body dysmorphic disorder (BDD), characterized by persistent preoccupation with perceived defects or flaws in physical appearance, has been reported at higher rates among individuals seeking cosmetic procedures than in the general population.¹³ International studies indicate that approximately 5–15% of cosmetic surgery patients may meet diagnostic criteria for BDD, although the condition remains underrecognized in many settings.¹⁴ In Nigeria, research examining the psychological dimensions of appearance-related concerns and cosmetic procedures remains limited. A study conducted at a Nigerian dermatology clinic reported a BDD prevalence of 36% among patients, with facial disorders associated with a substantial burden of anxiety and depression.¹⁵ Although dermatology and cosmetic surgery populations are not equivalent, these findings highlight the relevance of body image and psychological assessment within appearance-focused clinical populations. Furthermore, a study among female undergraduates at Lagos State University reported a significant relationship between body augmentation procedures and adverse mental health outcomes, including anxiety and behavioural changes.¹⁶

Rationale for this review

Despite increasing visibility of cosmetic surgery among Nigerian adolescents and youths, empirical evidence examining its determinants and mental health implications remains fragmented. Existing studies are predominantly observational, frequently cross-sectional, and concentrated in urban settings, with limited representation of male participants and inconsistent use of validated psychological measures. The evidence is therefore insufficient to establish temporal or causal relationships between cosmetic surgery-related exposures, body-image concerns, social media use, and mental health outcomes. In addition, the extent to which psychological assessment is incorporated into cosmetic surgery practice in Nigeria remains insufficiently documented.

This systematic review therefore synthesizes available evidence on cosmetic surgery trends, determinants, and mental health and psychosocial outcomes among Nigerian adolescents and youths. By examining reported procedures, sociocultural and media-related influences, psychological outcomes, and methodological limitations, the review seeks to provide an evidence base for clinicians, policy-makers, mental health practitioners, and researchers and to identify priorities for future research and intervention.

Objectives of the study

This systematic review synthesizes evidence on cosmetic surgery trends and their mental health and psychosocial implications among adolescents and youths in Nigeria. Specifically, the review aims to: i) identify and characterize the types and reported prevalence of cosmetic surgery procedures among Nigerian adolescents and youths; ii) examine the sociodemographic, cultural, social, and media-related factors associated with cosmetic surgery trends and intentions; iii) evaluate reported mental health and psychosocial outcomes associated with cosmetic surgery and appearance-related concerns; iv) identify the reported prevalence of BDD and other psychological or psychiatric outcomes within the eligible populations; v)

assess the methodological quality and limitations of the existing evidence and identify gaps for future research.

Methods

Study design

A systematic review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines. The review protocol was developed prospectively to guide the search strategy, eligibility criteria, study selection, quality appraisal, data extraction, and synthesis of evidence on cosmetic surgery trends and their mental health and psychosocial implications among Nigerian adolescents and youths. A review protocol was developed prospectively; however, it was not prospectively registered in PROSPERO or another publicly accessible systematic review registry. This has been acknowledged as a methodological limitation.

Information sources

The following electronic databases were systematically searched: PubMed, Scopus, African Journals Online (AJOL), ScienceDirect, SpringerLink, and Google Scholar. The search covered studies published between January 2016 and December 2025. Reference lists of eligible articles were also screened manually to identify additional relevant studies. Supplementary searches of gray-literature sources, including institutional repositories and conference-related materials, were undertaken to identify potentially relevant evidence; however, only eligible peer-reviewed primary studies with sufficient full-text information were included in the final synthesis.

Search strategy

A comprehensive search strategy was developed using a combination of Medical Subject Headings (MeSH) terms and free-text keywords and was adapted for each database. Boolean operators (AND, OR) were used to combine population, procedure, outcome, and setting terms. The search strategy included the following concepts.

Population terms: “adolescents” OR “youths” OR “young adults” OR “students” OR “undergraduates” OR “teenagers” OR “young women” OR “young men”.

Procedure terms: “cosmetic surgery” OR “plastic surgery” OR “aesthetic surgery” OR “reconstructive surgery” OR “liposuction” OR “Brazilian Butt Lift” OR “BBL” OR “body augmentation” OR “body contouring” OR “gluteal augmentation” OR “breast augmentation” OR “rhinoplasty” OR “abdominoplasty”.

Outcome terms: “mental health” OR “psychological well-being” OR “body image” OR “self-esteem” OR “body dysmorphic disorder” OR “anxiety” OR “depression” OR “psychosocial” OR “satisfaction” OR “dissatisfaction”.

Setting terms: “Nigeria” OR “Nigerian”.

The search was limited to English-language articles published between January 2016 and December 2025.

Eligibility criteria

Inclusion criteria

Studies were eligible if they had cross-sectional, case-control, cohort, qualitative, mixed-methods, or quasi-experimental designs; included Nigerian adolescents or youths, or reported an eligible sub-

group within this age range; examined cosmetic or aesthetic surgery or attitudes, knowledge, intentions, or willingness related to cosmetic surgery; reported outcomes relating to mental health, psychological well-being, body image, self-esteem, BDD, anxiety, depression, psychosocial outcomes, satisfaction, or dissatisfaction; peer-reviewed primary research articles; and published in English between January 2016 and December 2025.

Exclusion criteria

Studies were excluded if they were systematic reviews, scoping reviews, meta-analyses, narrative reviews, editorials, commentaries, or case reports; examined populations outside Nigeria without a separately identifiable Nigerian subgroup; included exclusively male adolescents and adults; examined non-surgical cosmetic procedures without a relevant surgical context; focused exclusively on reconstructive surgery for congenital or traumatic conditions without a cosmetic component; reported only surgical complications without relevant mental health or psychosocial outcomes; were published before 2016; were conference abstracts without sufficient full-text information; or were dissertations without peer-reviewed publication.

Study selection

Two independent reviewers screened titles and abstracts against the predefined eligibility criteria. Full texts of potentially eligible records were subsequently retrieved and independently assessed by the reviewers. Disagreements were resolved through discussion, with consultation with a third reviewer when consensus could not be reached. The study-selection process was documented using a PRISMA 2020 flow diagram (Figure 1).

Risk of bias assessment

The methodological quality of included studies was assessed using the Joanna Briggs Institute (JBI) critical appraisal checklist appropriate to each study design. In addition, a complementary risk of bias assessment was used to examine methodological domains particularly relevant to this review, including sampling strategy, measurement of exposure, outcome measurement, control of potential confounding, and completeness of reporting. Each domain was categorized as low, moderate, or high risk of bias. An overall assessment was then assigned based on the pattern of domain-level judgements rather than treating the assessment as a

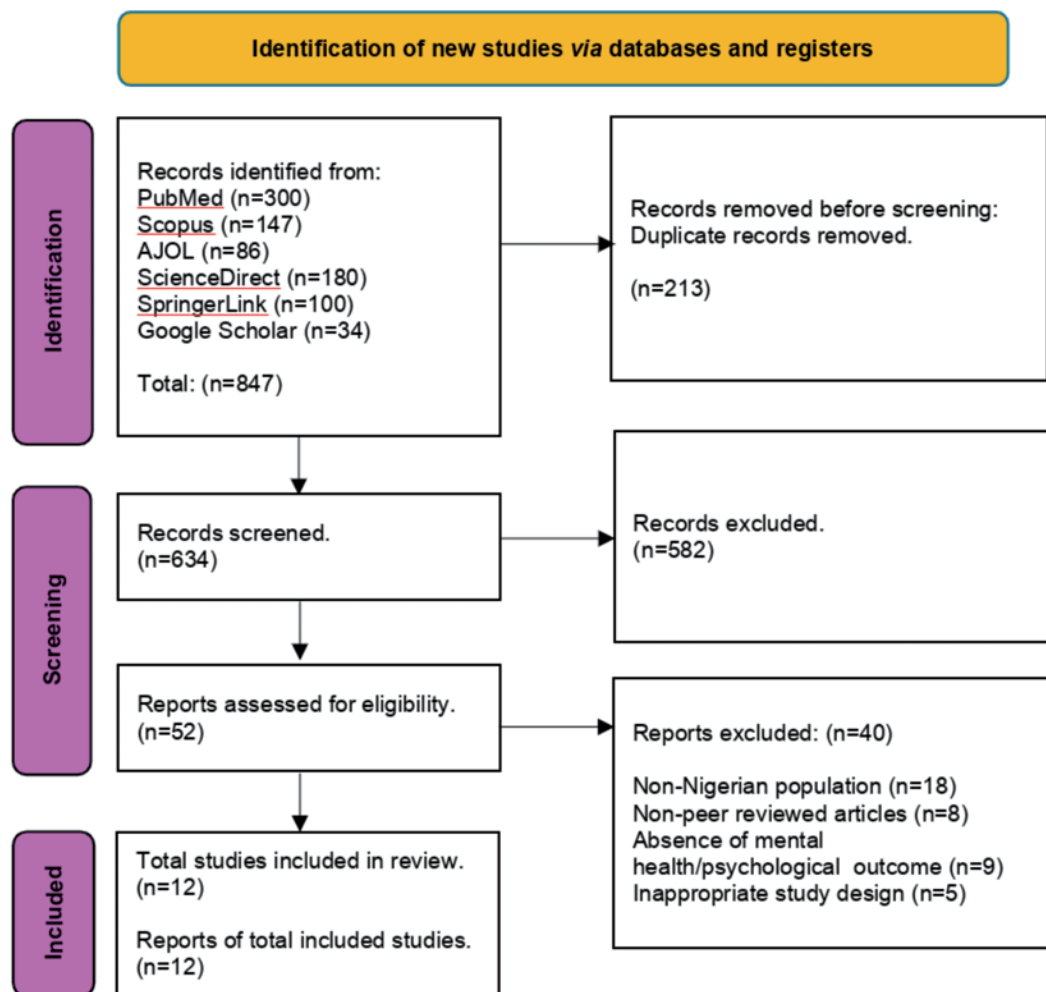


Figure 1. Diagram of the PRISMA 2020 Process for Systematic Reviews and Meta-Analyses.

substitute for the design-specific JBI appraisal. The use of these complementary assessments enabled consideration of both study-design-specific methodological quality and review-specific sources of potential bias. Risk of bias was categorized as low, moderate, or high based on the predefined assessment domains. Overall methodological quality was categorized as high, moderate, or low using the JBI critical appraisal criteria and the study-specific assessment framework. The risk-of-bias assessment was used to inform interpretation of the findings and did not constitute a quantitative effect-size weighting. The results are presented in *Supplementary Table 1* and are summarized narratively in the Results section.

Data extraction and synthesis approach

A standardized data-extraction form was developed and piloted on three studies. Extracted information included authors, year of publication, study design, geographical setting, sample size, participant characteristics, type of cosmetic surgery, relevant determinants or exposures, mental health and psychosocial outcomes, principal findings, and study conclusions.

Given the substantial heterogeneity in study designs, populations, procedures, exposures, outcome measures, and reporting formats, statistical meta-analysis was not considered appropriate. Findings were therefore synthesized thematically. The synthesis proceeded in several stages. First, findings relevant to the review objectives were extracted and coded according to recurring concepts, including cosmetic surgery trends, motivations and intentions, social media and celebrity influences, body-image concerns, sociocultural pressures, and psychological outcomes. Related codes were then grouped into descriptive categories. These categories were compared across studies and iteratively refined into broader analytical themes through discussion among the review team. Where differences in interpretation arose, they were discussed until consensus was reached. No formal statistical measure of inter-coder reliability was calculated.

Screening procedure

The database searches identified 847 records. Following removal of 213 duplicates, 634 unique records remained for title and abstract screening. Of these, 582 records were excluded because they did not meet the predefined eligibility criteria. Fifty-two full-text articles were subsequently assessed for eligibility. Forty articles were excluded for the following reasons: non-Nigerian population ($n=18$), non-peer-reviewed article ($n=8$), absence of relevant mental health or psychosocial outcomes ($n=9$), and inappropriate study design ($n=5$). Twelve studies were therefore included in the final qualitative synthesis.

Quality appraisal

The methodological quality of the twelve included studies was assessed using the appropriate JBI critical appraisal checklist for each study design, supplemented by the review-specific risk-of-bias assessment described above. The appraisal considered methodological rigor, appropriateness of study design, sampling procedures, measurement of exposures and outcomes, potential confounding, analytical methods, and completeness of reporting. Overall judgments were categorized as high, moderate, or low quality/risk according to the predefined assessment framework. Detailed results are presented in *Supplementary Table 1*.

Results

Characteristics of included studies

Twelve studies met the inclusion criteria and were included in the final synthesis.^{12,15–25} The eligible studies were published between 2016 and 2025, with most published from 2022 onward, suggesting increasing research attention to cosmetic surgery and related psychosocial issues in Nigeria. Study designs included cross-sectional surveys, retrospective reviews, qualitative studies, and mixed-methods studies. The studies were conducted across several Nigerian geopolitical zones, with a concentration in the Southwest (Lagos and Ibadan) and Southeast (Enugu and Anambra). Sample sizes ranged from 114 participants in a clinical study of BDD to 1287 participants in a multi-university survey examining perceptions of cosmetic surgery. Participant groups included university undergraduates, medical students, online media users, dermatology clinic patients, and individuals attending private cosmetic surgery practices. Participants were predominantly female, with limited representation of male adolescents and youths. The most frequently investigated procedures included liposuction, BBL, and body contouring. Reported mental health and psychosocial outcomes included BDD, anxiety, depression, body-image dissatisfaction, self-esteem, behavioral changes, and post-surgical regret.

Quality appraisal of included studies

The methodological quality of the twelve included studies varied. Two studies were assessed as high quality, eight as moderate quality, and two as low quality. Studies rated as higher quality generally demonstrated stronger sampling strategies, more appropriate or validated measurement instruments, clearer analytical procedures, and more transparent reporting. Moderate- and low-quality studies commonly had limitations relating to convenience sampling, non-validated or self-developed questionnaires, limited reporting of non-response, small sample sizes, inadequate control of potential confounders, and incomplete reporting of methodological procedures. Reliance on self-reported measures represented an additional concern across several studies. Although self-report instruments can provide valuable information about sensitive psychological and appearance-related experiences, their findings may be affected by recall and social desirability biases.

Moreover, the cultural validity and psychometric performance of some instruments within Nigerian adolescent and youth populations were insufficiently reported. These limitations may affect the comparability and interpretation of psychological outcomes across studies. The predominance of cross-sectional designs also limits causal interpretation. Although associations were reported between social media exposure, body dissatisfaction, cosmetic surgery intentions, and psychological outcomes, the available evidence cannot establish whether these exposures preceded the outcomes or whether pre-existing psychological and body-image concerns influenced participants' exposure, attitudes, or decisions. Longitudinal evidence was not identified, limiting assessment of temporal relationships. Overall, the evidence base should therefore be interpreted cautiously. The observed associations provide important signals regarding potential relationships between cosmetic surgery, appearance-related pressures, and mental health, but they do not establish causality.

Thematic review/key synthesis

The thematic synthesis of the included studies yielded four overarching analytical themes:^{12,15–25} i) the evolving landscape of cos-

metic surgery among Nigerian youths; ii) sociocultural and media-related drivers of cosmetic surgery attitudes and demand; iii) mental health and psychosocial outcomes; iv) systemic and regulatory gaps.

The evolving landscape of cosmetic surgery among Nigerian youths

The available evidence suggests that cosmetic surgery has become increasingly visible and socially discussed among Nigerian adolescents and youths. Liposuction and bilateral buttock augmentation, including the BBL, were among the most frequently reported procedures, with the abdomen, back, and arms identified as common anatomical sites of intervention in one retrospective review.¹² The typical patient in that clinical sample was a single woman in her late twenties; the median age of patients presenting for cosmetic surgery was 29 years, and more than 70% were unmarried.¹² These findings, however, reflect a specific clinical population and should not be interpreted as nationally representative estimates of cosmetic surgery prevalence among Nigerian youths.

Awareness of cosmetic surgery was generally high among university and online populations. More than 90% of online media users surveyed demonstrated good knowledge of cosmetic procedures, while 97.3% of medical students reported awareness of plastic and reconstructive surgery as a specialty.^{20,24} Despite this relatively high awareness, important knowledge gaps remained. Some university students conflated cosmetic surgery with general plastic surgery or non-surgical aesthetic treatments, while fewer than half of tertiary students in one southeastern sample were aware of plastic surgeons practicing in their locality.^{17,18} These findings suggest that awareness of cosmetic procedures does not necessarily equate to comprehensive knowledge sufficient for informed decision-making.

Attitudes toward cosmetic surgery were associated with several demographic and socioeconomic characteristics. Younger age, Christian religious affiliation, higher personal income, and single marital status were identified as factors associated with more favorable attitudes in some studies.^{18,20} Conversely, cultural and religious beliefs were associated with less favorable attitudes in another university sample.¹⁹ These findings should be interpreted as study-specific associations rather than universal predictors because the underlying studies were predominantly observational and differed in population and measurement approaches.

An important distinction emerged between awareness and willingness to undergo cosmetic surgery. Despite widespread awareness, more than three-quarters of respondents in a national online survey reported unwillingness to undergo cosmetic surgery, most commonly because they were satisfied with their current appearance.²⁰ Thus, cosmetic surgery appears to be a highly visible and increasingly discussed phenomenon among Nigerian youths, but awareness does not necessarily translate into personal intention or actual uptake.

Sociocultural and media drivers of cosmetic surgery demand

Sociocultural and media-related influences emerged consistently across the included studies. Social media platforms, particularly image- and video-oriented platforms such as Instagram and TikTok, provide frequent exposure to appearance-focused content and may influence body-image perceptions and attitudes toward cosmetic procedures. Exposure to digitally altered images and influencer content was associated with greater body dissatisfaction and more favorable attitudes toward cosmetic surgery in the included evidence.²² The concept of “Snapchat dysmorphia”,

describing the desire to reproduce highly filtered or digitally altered appearances through cosmetic procedures, provides a useful conceptual framework for understanding the relationship between social media and appearance concerns. However, the available Nigerian evidence does not establish that social media exposure causes cosmetic surgery intentions. Given the predominantly cross-sectional designs, the relationship may be bidirectional: exposure to appearance-focused content may contribute to body dissatisfaction, while individuals with pre-existing appearance concerns may also preferentially engage with such content.

Celebrity culture also emerged as an important contextual influence. Nigerian entertainment personalities, musicians, and social media influencers who publicly display cosmetic procedures may contribute to the normalization and increased visibility of aesthetic modification.¹⁷ However, these influences should be understood as potential sociocultural drivers rather than established causal determinants. Traditional Nigerian beauty ideals may also interact with globalized aesthetic standards. Fuller body shapes have historically been valued within some Nigerian cultural contexts, while global media have simultaneously promoted diverse and sometimes conflicting body ideals. The BBL may therefore represent a convergence of locally valued body characteristics and globally circulated aesthetic practices.^{12,21} However, the available evidence does not permit definitive conclusions about the extent to which this cultural convergence directly explains the popularity of gluteal augmentation. Economic considerations were also reported as potential motivations. Some young women described cosmetic appearance as a form of social or economic capital, particularly in relation to romantic relationships, entertainment, social media activity, and perceived professional opportunities.^{21,23} Peer, and romantic-partner influences were similarly reported.²¹ These findings suggest that cosmetic surgery decisions may occur within broader social environments in which physical appearance is perceived as having interpersonal or socioeconomic value.

Mental health and psychosocial consequences

Mental health and psychosocial outcomes represented a major theme across the included evidence. A Nigerian dermatology-clinic study reported a BDD prevalence of 36% among patients, while anxiety and depressive symptoms were present in 30.7% and were associated with substantially increased odds of BDD.¹⁵ Although this finding indicates considerable psychological vulnerability within that clinical population, it should not be interpreted as a prevalence estimate for Nigerian cosmetic surgery patients or Nigerian youths generally because the study population consisted of dermatology patients. Among university undergraduates, associations were reported between body augmentation procedures and adverse psychological and behavioural outcomes.^{16,25} These findings indicate that appearance-related interventions may coexist with psychological concerns among young Nigerians, but the cross-sectional nature of the evidence limits conclusions regarding whether the procedures preceded or followed psychological difficulties.

Qualitative evidence among young Nigerian women who underwent BBL described experiences including post-surgical regret, persistent body dissatisfaction, psychological distress, and financial strain.²³ These accounts provide important contextual insight into postoperative experiences that may not be captured by quantitative surveys. However, qualitative findings from a specific group should not be generalized to all individuals undergoing cosmetic surgery. Body dissatisfaction appeared to occupy an important position within the evidence base, functioning both as a factor associated with

favorable attitudes toward cosmetic surgery and as an outcome that may persist following cosmetic procedures. Body dissatisfaction among female university students was significantly associated with attitudes toward cosmetic surgery, while social media exposure moderated this relationship.²² These findings suggest a potentially reinforcing relationship between appearance-focused media exposure, body dissatisfaction, and cosmetic surgery attitudes. Nevertheless, the available evidence does not establish a causal feedback loop.

Systemic and regulatory gaps

The included literature suggests gaps in the documentation of psychological assessment and regulatory practice surrounding cosmetic surgery in Nigeria. Psychological screening before cosmetic procedures was rarely reported in the included studies, despite evidence of body-image concerns and psychological morbidity within some relevant populations.^{15,21} However, the absence of reported screening in the included studies should not be interpreted as evidence that psychological assessment is absent from all Nigerian cosmetic surgery settings. Similarly, concerns regarding regulation, provider qualifications, patient safety, and geographical access warrant attention, but these issues should be distinguished from findings directly demonstrated by the included primary studies.

The concentration of available evidence and cosmetic surgery services in major urban centers may contribute to inequalities in access and may limit understanding of practices in peri-urban and rural populations.¹² Further research is required to assess the implementation and effectiveness of existing regulatory mechanisms and to determine the extent to which psychological assessment is incorporated into routine cosmetic surgery practice. The evidence also indicates a distinction between general awareness of cosmetic procedures and knowledge of their psychological implications.^{17,18} This knowledge gap provides a rationale for strengthening public education concerning realistic expectations, body image, psychological vulnerability, informed consent, and potential psychosocial outcomes.

Discussion

Principal findings in global context

This systematic review synthesised^{12,15-25} the available primary evidence concerning cosmetic surgery trends, determinants, and mental health and psychosocial outcomes among Nigerian adolescents and youths. The findings indicate increasing visibility of cosmetic surgery and a predominance of body-contouring procedures, particularly liposuction and BBL, among the populations represented in the available Nigerian studies.^{12,26-28} This pattern differs from some Western and East Asian settings, where facial procedures such as rhinoplasty and blepharoplasty feature more prominently.

The observed preference for body-contouring procedures may reflect the interaction between culturally valued body shapes and globally circulating aesthetic ideals.^{29,30} However, the available evidence is insufficient to establish that cultural preferences alone account for procedure-specific patterns. The median age of 29 years reported in the Nigerian clinical study is broadly consistent with the concentration of aesthetic procedures among young adults internationally.^{2,12} Importantly, however, awareness and attitudes toward cosmetic surgery were also evident among university students and other younger populations.^{11,30} This highlights an opportunity for

preventive body-image and mental health interventions before cosmetic surgery becomes an active consideration.

Social media and the amplification of body dissatisfaction

The association between social media exposure, body dissatisfaction, and cosmetic surgery attitudes was one of the recurring findings in the evidence base.^{22,31-35} Appearance-focused content may increase exposure to idealized or digitally modified body images, potentially influencing body-image evaluation and attitudes toward cosmetic procedures. In the Nigerian context, young people may encounter both globally circulating appearance ideals and locally produced beauty narratives through social media and entertainment culture.³⁶⁻³⁸ The BBL and other body-contouring procedures may therefore be positioned within a complex aesthetic environment in which different body ideals coexist.³⁹ Nevertheless, the cross-sectional nature of the available evidence means that causal direction cannot be established. Social media exposure may influence body dissatisfaction, but individuals who already experience body dissatisfaction may also be more likely to consume appearance-focused content. Longitudinal research is therefore required to determine the temporal sequence and strength of these relationships.

Mental health outcomes: aligning with global evidence

The reported BDD prevalence of 36% among Nigerian dermatology patients falls within the broad range reported in international clinical populations, although estimates vary substantially according to diagnostic criteria, population, and assessment method.^{14,15,40} The finding is clinically relevant because BDD has important implications for cosmetic-surgery decision-making and postoperative satisfaction.^{28,41} However, the Nigerian estimate should not be interpreted as representative of cosmetic surgery patients or the general Nigerian youth population because it originated from a dermatology clinic sample. The association between anxiety or depression and increased odds of BDD in the Nigerian study further illustrates the potential co-occurrence of psychological symptoms among individuals presenting with appearance-related concerns.^{15,42,43} However, these associations do not demonstrate that cosmetic surgery causes BDD, anxiety, or depression.

Similarly, associations between body augmentation and adverse psychological outcomes among Nigerian undergraduates are broadly consistent with international literature reporting heterogeneous psychological outcomes following cosmetic procedures.^{16,25,44-46} Some individuals may experience improved body image or satisfaction, whereas others may report persistent dissatisfaction, regret, or psychological distress. The qualitative evidence describing post-BBL regret and body-image concerns among young Nigerian women adds contextual depth to these findings but should be interpreted as evidence of reported experiences rather than evidence of a universal postoperative trajectory.^{23,47-50}

Cultural specificity and global convergence

Cosmetic surgery in Nigeria appears to operate within an interaction between culturally embedded appearance preferences and globalized beauty commerce.⁴⁸ The continued cultural value placed on fuller body shapes in some Nigerian contexts may intersect with globally circulating ideals of the hourglass figure. The BBL may consequently appeal to individuals seeking to modify their bodies in

ways that are consistent with both local and global appearance ideals. Comparable interactions between cultural body ideals and cosmetic surgery have been described in other settings, including Brazil.^{37,49,50} Nevertheless, cultural interpretations should be approached cautiously because Nigeria is culturally, ethnically, religiously, and socioeconomically diverse. Findings from specific regions or study populations should therefore not automatically be generalized nationally.

Religion and ethnicity were also associated with attitudes toward cosmetic surgery in some studies.^{18,19} These associations may reflect differences in cultural values, social environments, socioeconomic circumstances, or exposure to appearance-related media. However, the observational nature of the available evidence prevents definitive conclusions about the mechanisms underlying these associations.

Regulatory and ethical considerations

The findings raise important regulatory and ethical considerations concerning the protection of young people considering cosmetic procedures. The limited reporting of psychological assessment in the included studies, together with evidence of body-image concerns and psychological vulnerability, supports consideration of structured pre-operative psychological assessment, particularly where there are indications of BDD, significant psychological distress, or unrealistic expectations. However, the evidence synthesized in this review is insufficient on its own to establish the effectiveness of mandatory psychological screening or to determine the optimal regulatory model for Nigeria.^{7,41} Regulatory interventions should therefore be informed by further clinical, health-system, and policy research. Areas requiring investigation include provider accreditation, informed-consent standards, advertising practices, psychological assessment protocols, management of vulnerable patients, and mechanisms for monitoring adverse outcomes.

The geographical concentration of available evidence in major urban centers also highlights the need for research into access, quality, and regulation across peri-urban and rural settings.⁴ Rather than assuming that individuals outside major cities are necessarily channelled toward unregulated providers, future studies should empirically examine differences in access, provider availability, cost, patient preferences, and regulatory compliance.

Strengths and limitations of the study

Strengths

This systematic review has several methodological strengths. It synthesizes an emerging and relatively under-explored area of public health research concerning cosmetic surgery, body image, and mental health among Nigerian adolescents and youths. The search strategy covered multiple bibliographic databases and included reference-list screening to maximize identification of relevant primary studies. The use of predefined eligibility criteria and two independent reviewers for study selection enhanced the transparency and rigor of the review process.

The review incorporated evidence from quantitative surveys, qualitative studies, mixed-methods research, and retrospective clinical reviews. The thematic synthesis approach enabled findings from methodologically heterogeneous studies to be integrated while preserving important contextual differences between study populations and outcomes. The focus on peer-reviewed primary research ensured that the synthesis was based on original empirical evidence rather than relying primarily on findings from previous

reviews. A further strength was the use of design-specific JBI critical appraisal tools alongside a complementary risk-of-bias assessment. This enabled methodological quality and potential sources of bias to be considered explicitly when interpreting the findings. The review also identified important evidence gaps, including the limited representation of male youths, absence of longitudinal research, inconsistent use of culturally validated psychological instruments, and limited evidence concerning BDD specifically among Nigerian cosmetic surgery patients.

Limitations

Several limitations should be considered when interpreting the findings. First, the methodological quality of the primary studies was variable, with studies ranging from high to low quality. Several studies relied on convenience sampling, self-developed or insufficiently validated instruments, small samples, and limited control of potential confounding. Consequently, the conclusions of this review are necessarily dependent on the quality and scope of the underlying evidence and should be interpreted cautiously. Second, most included studies were cross-sectional, preventing determination of temporal or causal relationships. The available evidence therefore cannot establish whether cosmetic surgery or related exposures cause adverse mental health outcomes or whether individuals with pre-existing psychological or body-image concerns are more likely to consider or undergo cosmetic procedures. Third, several studies relied on self-reported measures, and the cultural validity and psychometric properties of some instruments were insufficiently reported. Recall bias, social desirability bias, and differences in interpretation of psychological and appearance-related constructs may therefore have influenced reported outcomes. Future research should prioritize culturally appropriate and psychometrically validated instruments for Nigerian populations.

Fourth, the evidence base was geographically concentrated in urban areas and was disproportionately composed of female participants. Consequently, the findings may not adequately represent youths living in rural or semi-urban settings or the experiences of Nigerian male youths. Fifth, the number of studies directly examining mental health outcomes among Nigerian cosmetic surgery patients was limited. Some evidence relevant to the review question came from related populations, including dermatology patients and university students, and therefore requires cautious interpretation when applied to cosmetic surgery populations. In particular, findings concerning BDD among dermatology patients should not be interpreted as prevalence estimates among Nigerian cosmetic surgery patients. Sixth, substantial heterogeneity in study designs, populations, exposures, outcome measures, and reporting approaches prevented quantitative meta-analysis. The use of thematic synthesis was therefore appropriate, but it limits the ability to estimate pooled prevalence or effect sizes.

Seventh, publication bias cannot be excluded. Studies reporting statistically significant associations or adverse psychological outcomes may be more likely to be published than studies reporting null, inconclusive, or favorable findings. Because only twelve heterogeneous studies were included, formal statistical assessment of publication bias was not undertaken. The possibility that the published evidence overrepresents adverse psychological associations should therefore be considered. Finally, the review was restricted to English-language publications. Although English is the principal language of academic publishing in Nigeria, relevant evidence published in other languages may have been missed.

Review of existing gaps in literature

The review identified several important gaps in the Nigerian evidence base. First, longitudinal studies examining psychological trajectories before and after cosmetic surgery are lacking. Consequently, the temporal relationship between cosmetic procedures, body-image concerns, psychological distress, and postoperative experiences remains unclear. Second, there is limited evidence concerning Nigerian male youths. The strong predominance of female participants means that motivations, procedure preferences, body-image concerns, social influences, and psychological outcomes among young men remain poorly understood.

Third, the prevalence of BDD specifically among Nigerian cosmetic surgery patients has not been adequately established. Although a high prevalence was reported among patients attending a dermatology clinic, this population should not be equated with cosmetic surgery patients. Dedicated studies using validated diagnostic or screening approaches are therefore required. Fourth, the roles of family relationships, peer networks, romantic partners, and broader social environments in cosmetic surgery decision-making and postoperative adjustment remain insufficiently studied.

Fifth, the economic dimensions of cosmetic surgery require further investigation. Future studies should examine the financial burden of cosmetic procedures among young people, sources of financing, perceived socioeconomic benefits, and the concept of physical appearance as social or economic capital. Sixth, there is limited empirical evidence evaluating the implementation of psychological assessment, informed-consent procedures, provider regulation, advertising standards, and patient-safety mechanisms within Nigerian cosmetic surgery services. Policy and health-system research is needed to determine the effectiveness and implementation of existing regulatory arrangements.

Conclusions

This systematic review synthesized the available evidence on cosmetic surgery trends, determinants, and mental health and psychosocial outcomes among Nigerian adolescents and youths. The available evidence indicates that cosmetic surgery is an increasingly visible phenomenon among young Nigerians, with liposuction, BBL, and other body-contouring procedures frequently reported, particularly among young women. The evidence also indicates that cosmetic surgery attitudes and intentions are associated with a combination of social media exposure, celebrity and influencer culture, body dissatisfaction, sociocultural expectations, and perceived socioeconomic or interpersonal benefits.

Mental health concerns represent an important component of the evidence base. BDD, anxiety, depression, body-image dissatisfaction, reduced self-esteem, and postoperative regret were reported across different study populations. However, the reported 36% prevalence of BDD was derived from a dermatology-clinic population and should not be interpreted as the prevalence of BDD among Nigerian cosmetic surgery patients or youths generally. The evidence therefore supports greater attention to psychological vulnerability and assessment in cosmetic surgery settings but does not establish a national prevalence estimate. The review also highlights important evidence and health-system gaps. Psychological assessment before cosmetic surgery was rarely reported, while the regulatory and clinical environments surrounding cosmetic procedures require further empirical evaluation. Rather than assuming that psychological screening is universally absent or that all cos-

metic surgery providers operate without adequate safeguards, future research should systematically examine current clinical practices, regulatory compliance, patient assessment, and access to psychological support.

Overall, the findings support a multidisciplinary approach combining physical and psychological assessment, informed decision-making, body-image and mental health education, appropriate regulatory oversight, and improved research capacity. Particular attention should be given to male youths, populations outside major urban centers, culturally validated psychological assessment, and longitudinal research capable of clarifying causal and temporal relationships.

Recommendations

Based on the available evidence and the limitations identified in this review, the following recommendations are proposed.

Psychological assessment and clinical practice

Cosmetic surgery providers should consider structured pre-operative psychological assessment, particularly for individuals presenting with severe body dissatisfaction, significant psychological distress, unrealistic expectations, or possible BDD. Validated assessment instruments should be used where available, and patients with identified psychological vulnerabilities should have access to appropriate mental health referral and support. The development and evaluation of standardized psychological assessment protocols for cosmetic surgery settings in Nigeria should be prioritized before nationwide implementation of mandatory screening requirements.

Regulatory strengthening

Relevant Nigerian regulatory and professional bodies should strengthen standards governing cosmetic surgery practice, including practitioner qualifications, facility accreditation, informed consent, advertising, patient assessment, and adverse-event reporting. The effectiveness and implementation of existing regulatory mechanisms should be systematically evaluated, with particular attention to patient safety and protection of vulnerable populations.

Public mental health education

Universities, secondary schools, health institutions, and community organizations should strengthen education on body image, mental health, social media influences, and informed decision-making concerning cosmetic procedures. Educational interventions should avoid stigmatizing individuals who consider cosmetic surgery while providing balanced information about potential benefits, limitations, psychological considerations, and risks.

Media literacy interventions

Targeted media-literacy programs should equip adolescents and youths with skills to critically evaluate appearance-focused social media content. Such programs should address digital manipulation, filters, selective presentation of cosmetic outcomes, influencer marketing, and unrealistic beauty standards.

Post-surgical psychological support

Cosmetic surgery providers should establish appropriate referral pathways to mental health professionals for patients experiencing significant postoperative psychological distress, persistent dissatisfaction, regret, or other psychological difficulties. Research

should evaluate the feasibility and effectiveness of structured post-operative psychological support.

Research capacity building

Funding agencies and academic institutions should prioritize research examining the psychological dimensions of cosmetic surgery in Nigeria. Particular emphasis should be placed on longitudinal studies, male youths, rural and semi-urban populations, culturally validated instruments, and multicenter research.

Interdisciplinary collaboration

Plastic surgeons, dermatologists, psychologists, psychiatrists, public health professionals, and other relevant healthcare providers should develop collaborative approaches to cosmetic surgery care that recognize the interaction between physical appearance, psychological well-being, and social context.

Implications of the study

Clinical practice

For clinicians, particularly plastic surgeons, dermatologists, psychologists, and psychiatrists, the findings highlight the importance of considering psychological and body-image factors alongside physical assessment. The evidence of BDD and other psychological concerns among relevant clinical populations indicates the potential value of psychological assessment, appropriate counseling, realistic expectation-setting, and referral pathways.¹⁵ However, the findings should not be interpreted as evidence that all individuals seeking cosmetic surgery have psychological disorders.

Public health

For public health practitioners, the findings highlight the need for upstream interventions addressing body dissatisfaction, social media influences, media literacy, and mental health literacy among adolescents and youths. Prevention strategies should focus on strengthening resilience and critical engagement with appearance-related messaging rather than solely discouraging cosmetic surgery.

Policy and regulation

For policymakers and regulators, the review identifies areas requiring further examination, including practitioner qualifications, facility standards, informed consent, psychological assessment, advertising practices, and adverse-event monitoring. The evidence provides a rationale for strengthening patient-safety frameworks while recognizing that specific regulatory interventions require further policy and implementation research.

Education

For educators, particularly in secondary schools and universities, the findings support the integration of age-appropriate body-image, mental health, and media-literacy education. Such programs may help young people critically evaluate appearance ideals and understand the distinction between social media representations and realistic physical expectations.

Research

For researchers, the review identifies priorities including culturally validated instruments for assessing body image, BDD, psychological distress, and cosmetic surgery outcomes; longitudinal

research; mixed-gender studies; and research extending beyond major urban centers. These approaches would strengthen the methodological quality and generalizability of the evidence.

Young people and communities

For Nigerian adolescents and youths, the review provides evidence that cosmetic surgery decisions should be informed by balanced information concerning physical and psychological considerations rather than promotional narratives alone. Accessible information about body image, mental health, realistic expectations, potential risks, and available professional support may contribute to more informed decision-making.

Future directions

Several priorities emerge from the findings of this review.

First, longitudinal cohort studies are needed to examine psychological outcomes before and after cosmetic surgery and to establish temporal relationships between body dissatisfaction, social media exposure, psychological distress, cosmetic surgery intentions, and postoperative outcomes. Studies should use validated measures at multiple time points and, where feasible, include appropriate comparison groups.

Second, culturally appropriate and psychometrically validated instruments for assessing body-image dissatisfaction, BDD, self-esteem, anxiety, depression, and cosmetic surgery-related psychosocial outcomes should be developed or validated in Nigerian populations. Measurement studies should examine reliability, construct validity, criterion validity, and cultural appropriateness.

Third, research involving male youths should be prioritized. Studies should examine gender-specific motivations, procedure preferences, social media influences, body-image concerns, psychological outcomes, and barriers to seeking psychological support.

Fourth, research should extend beyond major urban centers such as Lagos and Enugu to include rural and semi-urban populations and other geopolitical zones. Multicentre studies would improve the geographical representativeness of the evidence.

Fifth, qualitative and mixed-methods research should examine the lived experiences of Nigerian youths who consider or undergo cosmetic surgery. Particular attention should be given to decision-making processes, family and peer influences, romantic relationships, social media, financial considerations, postoperative adjustment, and experiences of satisfaction or regret. Research should also consider the intersection of gender, socioeconomic status, ethnicity, religion, and geographical location.

Sixth, intervention research should evaluate psychological assessment protocols, pre-operative counselling, postoperative psychological support, school-based body-image programmes, and media-literacy interventions. Such interventions should be assessed using rigorous study designs and culturally appropriate outcome measures.

Finally, policy and health-system research should systematically examine the regulatory environment for cosmetic surgery in Nigeria, including provider qualifications, facility accreditation, advertising practices, informed consent, psychological assessment, adverse-event reporting, and enforcement mechanisms. Comparative assessment against relevant international standards may help identify contextually appropriate approaches to strengthening patient safety and quality of care.

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Online supplementary material:

Supplementary Table 1. Quality appraisal and risk of bias scores of included studies.

Supplementary Table 2. Summary of included studies.

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