

FACIAL LESIONS IN FEMALES AND ITS IMPACTS ON ANXIETY LEVEL IN FEMALES

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ABSTRACT

Skin lesions on the face can have a significant impact on a woman's look and daily life, prompting many to seek treatment at beauty salons. However, difficulties can arise due to a lack of medical knowledge in these establishments. The objective of this study is to investigate the occurrence of facial skin lesions in females and their relationship with anxiety levels. The research was carried out in Lahore, Pakistan, utilizing a cross-sectional design and a combination of quantitative and qualitative data collection approaches. Individual consultations with young ladies who developed problematic skin lesions as a result of beauty parlor procedures yielded quantitative data. Participants filled out a questionnaire with information on socio-demographic parameters, lesion characteristics, treatment patterns, and anxiety levels measured on standardized measures. In-depth interviews with patients, beauticians, and dermatologists were used to acquire qualitative data. The sample included 211 female participants with an average age of 38.04 years. The majority were married (62%) and had at least a high school diploma (91%). The most common skin lesions observed were pigmentary injuries (52%), infective sores (34%), and neoplastic sores (14%). Complications and persistent lesions drove 55% of patients to seek treatment in hospitals rather than beauty salons. The study found a link between face skin lesions and greater anxiety levels in the subjects. This study sheds light on the occurrence of facial skin lesions in females, as well as their impact on anxiety levels during beauty shop treatments. It underlines the significance of better laws, as well as the role of healthcare professionals in dealing with issues linked with beauty shop operations. The ramifications of these findings can help policymakers, healthcare providers, and those looking for beauty salon services.

INTRODUCTION

Our environment's attraction commonly revolves around appealing countenances, emphasizing the significance of possessing an immaculate tone for facial beauty (Aboud, 2016). Beautiful features and fair appearances, especially for ladies, have a big impact on their daily activities. Skin lesions, whether benign or malignant, can reduce a person's

attractiveness (Black, 2002). As a result, beauty salons have become the preferred option for girls from various backgrounds looking for enhancements. The skin of the human body, the largest organ and outermost protective layer, is the object of much research (Borkowski, 2003). The skin is 70% water and contains various additional

complicated components (Brody, 2003). It makes up 15% of our overall body weight. The fact that fat cells constitute the bulk of the subcutaneous layer, the third major layer of the skin, contributes to its uniqueness. Every inch of subcutaneous tissue contains over a hundred oil glands, four yards of nerves, approximately fifteen hundred sensory glands, approximately six hundred and fifty sweat glands, and around three million additional cells. Every 28 to 45 days, these cells are renewed (Chaudhary, 2014). Human skin is not only a vital defense mechanism that keeps microbes out of the body, but it also plays a significant part in identity and attractiveness. Normal fashion concerns include innocuous skin lesions such as moles, moles, melasma, and skin irritation, which are regularly managed by dermatologists (Enemuor, 2013). Wrinkles and pigmentation changes are common indications of aging-related cutaneous disorders (Gupta, 2015). While beauty salons are excellent at makeovers, hair styling, manicures, and pedicures, it is sad that they also do medical treatments. Women with skin lesions seek help from beauty salons for a variety of reasons, including poverty, societal pressure, a lack of understanding, malpractice, and deceptive advertising, according to Li, Min, and Belk (2008). These salons' personnel typically lack the proper medical certifications and training. As a result, not only is the treatment of skin disorders delayed, but it can also lead to the development of dangerous infections as a result of misuse. Females, on the whole, believe that beauty salons are the best place to go for all skin-related disorders, only to discover later, at dermatological centers in clinics, that their basic judgment was incorrect. As a result, physicians use public health principles to assess the health of individuals and communities in order to enhance health-care delivery systems and effectively promote both. (Hassan, 2009). This study reveals the significance of beauty salons as a serious public health hazard. A "skin lesion" is any irregularity of the skin or "a superficial growth or patch of skin that does not resemble the area surrounding it." (Huijsdens, 2008)

RESEARCH METHODOLOGY

The research was carried out in Lahore, Pakistan, at six teaching hospitals with dermatological departments and three private clinics. It used a cross-

sectional design and collected data using both quantitative and qualitative methodologies.

QUANTITATIVE DATA COLLECTION

Individual consultations were held with young women who had developed complex skin lesions as a result of beauty parlor procedures.

After providing written consent and getting the required permits, participants answered a predetermined questionnaire.

During data collection, quantitative information about the participants' experiences was gathered.

QUALITATIVE DATA COLLECTION

When visiting a dermatologist, patients who had previously gotten treatment for skin lesions at beauty salons were interviewed in depth.

Additional in-depth interviews were done with beauticians and dermatologists in Outpatient Departments (OPDs) follow-up rooms.

During these interviews, open-ended questions were used to elicit extensive qualitative observations.

SAMPLE SIZE

The study had a total of 23 participants, including 13 patients, 8 beauticians, and 5 dermatologists.

In Lahore, Pakistan, patients were chosen from both government and commercial dermatological clinics. Initially, 249 individuals from beauty salons with previously treated difficult facial skin lesions were discovered, however 38 patients were rejected for various reasons.

211 patients eventually signed the consent form, and their data was evaluated for the study.

DATA ANALYSIS

The acquired data was thoroughly examined in order to discover anomalies, check data consistency, and resolve errors.

Definitions were developed to ensure that key terminology utilized in the study, such as skin lesion, complication, and outcomes, were understood precisely.

The study's outcomes were based on the remission or exacerbation of the skin lesions.

In summary, this organized technique included quantitative data gathering via individual consultations and prepared questionnaires, as well as qualitative data collection via in-depth interviews

with patients, beauticians, and dermatologists. The study sought to get a thorough understanding of the experiences of people who had developed complex skin lesions as a result of beauty salon treatments in Lahore, Pakistan.

ANALYSIS OF DATA AND RESULTS

The data for the study came from previously planned and tested in-depth interviews and questionnaires. For data analysis, the factual programming SPSS was employed. 77% of the women who participated were between the ages of 31 and 50, with a mean age of 38.04 7.05. Sixty-two percent were married, while 38 percent were single. 17% of those polled were single, 21% were divorced, and 17% were unmarried. Nine percent of patients had no formal education, while the other ninety-one percent did. In particular, 43% had completed high school, 25% had completed intermediate education, 14% had graduated, and 9% had obtained a postgraduate degree. 74% of the women who participated in the survey were from cities, 26% were from rural areas.

According to the study, 33% of patients had skin lesions on their forehead, 16% on their nose, 10% on their chin, and 41% on their cheeks. In terms of lesion duration, 11% of patients had lesions that lasted less than a year, 73% had lesions that lasted between 12 and 18 months, and 16% had lesions that lasted longer than 18 months.

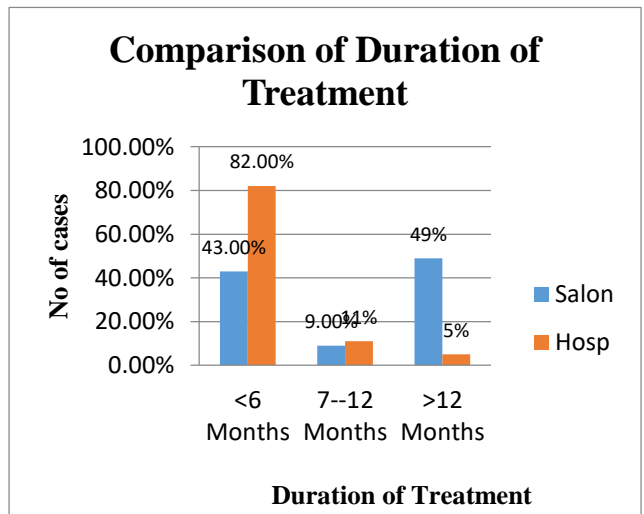
Table 01
Details of Socio-demographics of the study population

Character	Frequency	Percentage
Age		
<30	13	13.0
31-50	77	77.0
>51	10	10.0
Marriage		
Married	62	62.0
Unmarried	17	17.0
Divorced	21	21.0
Education		
No formal Education	9	9.0
SSC	43	43.0
HSSC	25	25.0
Graduation	14	14.0
Postgraduation	9	9.0
Employment		
Employed	22	22.0
Unemployed	78	78.0

Locality		
Urban	74	74.0
Rural	26	26.0
Income		
<250\$	42	42.0
250-500\$	46	46.0
>500\$	12	12.0
Area of Face involved		
Forehead	33	33.0
Nose	16	16.0
Chin	10	10.0
Cheeks	41	41.0
Duration of Lesion		
<12 Months	11	11.0
12-18 Months	73	73.0
>18 Months	16	16.0

The patients' skin difficulties were caused by 52% pigmentary damage, 34% infective sores, and 14% neoplastic sores (ulceration or development). Within the pigmentary damage category, melasma was responsible for 73% of the cases, cholasma for 21%, and post-horrendous pigmentation for 6%. 93% of the infective injuries were classified as skin inflammation vulgaris, whereas 7% were classified as pustular emissions. 84% of the neoplastic sores were well-known discharges, while 16% were ulcerations.

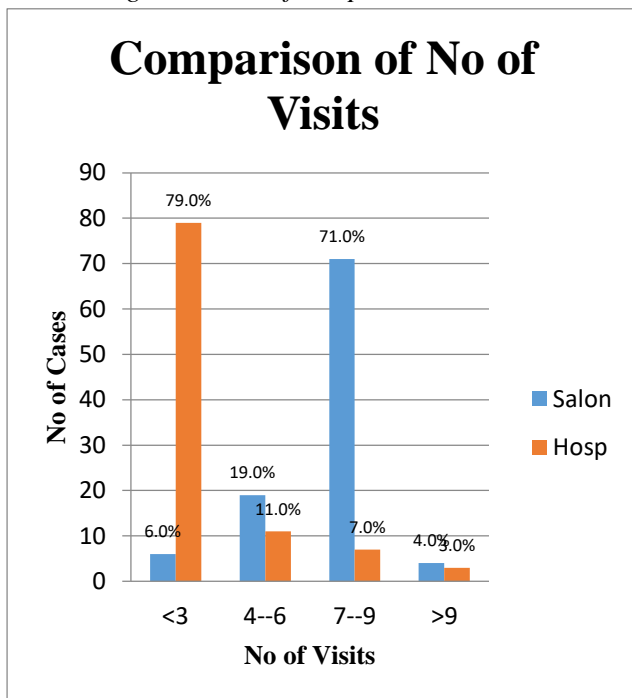
Figure 1
Treatment Duration at a Beauty Salon and at a Hospital Dermatological Clinic



According to the findings, whereas 79% of patients required several hospital visits, only 6% required less than three sessions for treatment at beauty salons. In

contrast, whereas 11% of patients visited hospitals on a regular basis, 19% visited beauty salons four to six times for treatment. Furthermore, 71% of study participants visited beauty salons seven to nine times for lesion care, whereas 7% visited hospitals the same amount of times.

Figure 2
Comparison between Visits at Beauty Salon and Dermatological Clinic of Hospital



DISCUSSION

According to the study, more than half of the participants had pigmentary lesions. The persistence of fundamental difficulties, complications, and financial incapacity to pay were the primary reasons for patients migrating from beauty salons to hospitals for treatment. One in every two female patients who received treatment at a beauty shop encountered difficulties. The outcomes of the study underscored the importance of treatment duration in the management of face skin lesions. Long-term treatments at beauty salons typically aggravated rather than resolved skin problems. On the other hand, the majority of the participants in the research received hospital care for less than six months, and many of their skin problems improved in less than three visits. . In-depth interviews were conducted with eleven patients who had received treatment for

complex facial skin lesions at beauty salons. The beauticians unintentionally diagnosed the bulk of the lesions, while others were identified by the patients themselves. Traditional methods for identifying skin lesions on the face were utilized in beauty salons, frequently with the goal of selling new goods. Patients' fear of visiting hospitals played a significant role in their decision to visit beauty salons on a regular basis. Despite beauticians' occasional advice, patients were generally hesitant to seek treatment in hospitals. Females sought treatment for facial skin lesions at beauty salons based on recommendations from friends and relatives. Despite beauticians' initial refusal to treat any type of lesion, when complications arose, they completely delegated care to patients.

Dermatologists who treated patients with complex facial skin lesions treated by beauticians voiced worry about beauticians' delayed referral behavior, which frequently resulted in major financial, time, and health losses for patients. (Imtiaz, 2023) Dermatologists discovered that beauticians were unable to differentiate between common skin diseases and lesions. (Kokoi, 2008) They also stated that because beauticians were unfamiliar with the qualities and workings of chemicals, they utilized imbalanced compounds that made it difficult to control lesions. (Kubba, 2009) These bad formulations not only worsened the skin lesions on the face, but they also destroyed the healthy skin around the lesions. The general public's lack of awareness was also noted as an issue. (Kumar, 2007) Furthermore, because there was no accountability system in place, the majority of beauty shops remained unregistered. (Kumari, 2007) Dermatologists emphasized the critical need for comprehensive beauty salon legislation. (MacFarlane, 2009) According to in-depth discussions with beauticians, patients only prefer to undergo treatment at beauty salons. (Rathore, 2011) The beauticians indicated that rather than insisting on treatment, patients were motivated by successful case studies from their surroundings to seek therapy at beauty salons to improve their appearance and become more attractive. Beauticians considered the treatment of facial lesions to be a routine aspect of their job. (Sadler, 2007) (Sen, 2009)

CONCLUSION AND RECOMMENDATION

Beauty salons should have complete rules in place, as well as standardized procedures and unambiguous authority established through suitable legislation. People should be educated about the restricted role of beauty salons, and hygiene and safety procedures should be promoted. Healthcare personnel should be trained in stress management, and quick involvement by healthcare commissions can resolve issues caused by beauty salon procedures.

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