

Original Research Article

Knowledge and Decision-Making Factors for Skincare Products among the Iraqi Population

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Article History

Received: 13.08.2026

Accepted: 05.10.2026

Published: 14.10.2026

Abstract: *Background:* The reliance on non-medical resources to obtain skin care guidance is a worldwide practice which may lead to unsafe consequences. *Objectives:* To evaluate public knowledge of skincare use and assess purchasing factors and safety attitudes among the Iraqi population. *Methodology:* A cross-sectional online survey was conducted among 375 individuals aged 18–60 years while participants with dermatological diseases were excluded participants were analyzed using SPSS ($p < 0.05$; Cramér's V). *Results:* Seventy-three percent of people used cleansers, and seventy-two percent used moisturizers, but only sixty-five percent used sunscreen. In terms of overall knowledge, 34.4% of respondents had high knowledge, 45.1% had moderate knowledge, and 20.5% had low knowledge. The age group of 40–50 years old had the highest rate of good knowledge, making up 52.6% of the total. The likelihood of females possessing good knowledge was twice as high as the likelihood of males (41.0% opposed to 21.4%). Contrary to expectations, non-medical individuals had a higher level of good knowledge (44.3%) than medical participants (28.5%). The phrase "own research" was the most influential purchasing factor across all age groups. However, females relied much more on self-directed research, whereas males were more affected by family and dermatologists ($p = 0.002$). *Conclusion:* Iraq's public health is vulnerable due to suboptimal sunscreen use and significant demographic differences. To increase photoprotection awareness and safe consumer choices, targeted educational programs are needed, especially for males, younger individuals, and medical cohorts.

Keywords: Skincare Knowledge, Photoprotection, Consumer Behavior.

INTRODUCTION

Cleansers, moisturizers, sunscreens, and active ingredients (retinoids, acids, and antioxidants) are all included in the category of skincare products. It is vitally required to apply the appropriate application of barrier maintenance and photoprotection in order to achieve the desired results [1]. Baghdad and the governorates that surround it record a maximum daily UVI of 10.16–12.43 per day, which is greater than the "high" threshold of 7 for at least seven months each year [2].

This is one of the unique dangers that are linked with Iraq's high solar radiation. Photoaging [3], and skin cancer are both caused by this, with basal cell carcinoma (43%) and squamous cell carcinoma (35%) being the most prevalent types of skin cancer in the region [4]. Photoaging [3], is also a cause of skin cancer. Solar elastosis and post-inflammatory hyperpigmentation are two additional indications of cumulative UV damage that can be found in skin types III–IV (5). Both of these conditions are caused by exposure to ultraviolet light.

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CITATION: Jasim, S., Alqurishi, A. K., & Al-Nuaimi, A. M. (2026). Knowledge and Decision-Making Factors for Skincare Products among the Iraqi Population. *South Asian Res J Med Sci*, 8(5), 190-200.
<https://doi.org/10.36346/sarjms.2026.v08i05.004>

Customers are simultaneously looking for information about skincare from platforms that have varying degrees of authenticity. This trend is expected to continue. However, despite the fact that social media influencers frequently recommend treatments "that are not evidence-based, lack efficacy, and may cause harm" [6], "there is a paucity of literature on how patients balance online health-related information with their dermatologist's recommendations" [7]. This is despite the fact that social media influencers routinely suggest therapies. Considering the current regulatory climate, which permits cosmetics to frequently evade the stringent premarket clinical testing, in-depth safety investigations, and systemic oversight that are necessary for pharmaceuticals [7], this aggressive marketing strategy is especially risky. It is especially harmful since it allows cosmetics to circumvent these requirements.

When it comes to consumer buying decisions, commercial branding and informal web advice are easily able to triumph over objective clinical data. This is caused by the fact that cosmetics do not require official premarket approval in the majority of jurisdictions [8]. Due to this legal void, the public risk is made even more complicated.

The understanding of skincare, usage patterns, and buying determinants have not been thoroughly assessed in any of the prior studies conducted in Iraq. Our prediction was that the factors that influence decision-making and the levels of knowledge fluctuate significantly depending on characteristics such as age, gender, and educational background. Specifically, we hypothesized that these factors would change significantly.

Objectives were to: (1) measure public knowledge of proper skincare use; (2) identify commonly used products; (3) assess purchasing-decision influences; and (4) evaluate attitudes toward product safety and sun protection.

METHODOLOGY

Study Design

A cross sectional, questionnaire-based study was conducted using an online survey distributed across Iraq. Data collection took place over approximately two and a half months, from 21 November 2025 to 8 February 2026.

Study Population and Sample Size

The target population was individuals aged 18–60 years residing in Iraq. A convenience sampling method was used to recruit accessible and willing participants.

Sample size was calculated using the single proportion formula (384 participants, 50% prevalence, 5% margin of error, 95% CI). The final sample (n=375) is adequately powered to detect moderate-to-large effect sizes (as seen in gender and education), but smaller effect sizes (such as the $V=0.15$ observed for age) should be interpreted with caution.

The initial sample consisted of 447 participants. However, 72 responses were excluded due to the presence of dermatological diseases which were identified by participant self-report resulting in a final sample size of 375 participants included in the analysis, which is acceptable.

Inclusion Criteria: All individuals from the general population aged 18 to 60 years who agreed to participate.

Exclusion Criteria: Participants under 18 years, over 60 years, and those with known dermatological diseases (to avoid confounding by treatment related behaviors).

Data Collection (Questionnaire)

Google Forms was utilized in order to create an online questionnaire that was self-administered, and it was then made accessible to the individuals who participated in the survey. The link to the survey was distributed to all of the governorates in Iraq through communities on WhatsApp, Facebook, and Telegram. These communities included all of the governorates. Two basic components comprised the questionnaire, which was designed to be filled out in a context that was supposed to maintain personal confidentiality:

The first section is comprised of the sociodemographic data, which includes components such as gender, age, and level of education.

To analyze the respondent's knowledge, actions, and attitudes regarding skincare products, the second section of the questionnaire consisted of questions that were designed to assess these aspects. To give an example, the question "Do you believe sunscreen should be used when spending time outdoors, regardless of cloud cover?" was used to determine the level of awareness on the limitation of sunlight exposure.

After the questionnaire was tested on thirty different individuals, some minor alterations were made to the wording in order to guarantee that it was understandable and met the criteria for content validity. All participation was completely

voluntary and anonymous, and no information that might be used to identify the participants was collected. This was done to ensure that the participants' privacy was protected.

Matters with Ethical Implications

Through the utilization of various technical techniques, informed consent was obtained from each and every participant prior to the submission of the data. At each and every one of the stages of the research effort, both anonymity and confidentiality were protected.

In order to conduct an analysis of the data, the statistical program SPSS Statistics, version 26, was applied. The results were presented using frequencies and percentages as the primary data presentation tools. The chi-square test was applied in the process of assessing the associations between categorical variables, and Cramér's V was utilized in order to evaluate the magnitude of the effect. In terms of the magnitude of the effect, the following interpretation was made: small: 0.10, medium: 0.30, and large: 0.50.

Cells of Small Sizes:

According to the data, Fisher's exact test was applied for age subgroups that had anticipated frequencies of less than five. Results that had a p value that was less than 0.05 were considered to be statistically significant, according to the findings of the study.

RESULTS

Demographics

Only 126 males, or 33.6% of the total, were included in the sample, while 249 females, or 66.4 percent, made up the sample. Those who were between the ages of twenty and thirty made up the largest age group (31.5%). The data shown in Table 1 indicates that a substantial percentage of the cohort, particularly 62.7%, had prior experience in the field of medical education.

In terms of usage habits, the most common skincare products were cleansers and moisturizers, with more than seven out of ten individuals using these products. Serums and washes were utilized by around one third and one quarter of the sample, respectively, which indicates that the adoption rate of targeted treatments was much lower than the general adoption rate.

Regarding Knowledge and Demographics

In spite of the fact that the majority of participants achieved average (45.1% of them) or good (34.4% of them) levels of knowledge, twenty-five percent of them indicated a lack of comprehension. When it came to defining levels of knowledge, age played a significant effect, and it displayed a pattern that was gradual but gradually increasing. As can be seen in Table 2, the group of people who were between the ages of 40 and 50 years old had the highest percentage of good knowledge, which was 52.6%. The rate that was seen in the youngest cohort, which consisted of individuals under the age of 20 and accounted for 23.6% of the total, is more than twice as high as the rate that was observed in this cohort.

It was also observed that there was a large gender disparity; girls were roughly twice as likely as males to demonstrate excellent knowledge (41.0% vs. 21.4%), whilst males primarily concentrated in the average group (53.2%). Overall, the gender gap was found to be significant. The outcome was a considerable disparity between the sexes.

On the other hand, the most striking demographic finding was an educational paradox: participants who did not have a background in medicine demonstrated a significantly higher rate of good knowledge (44.3%) compared to their counterparts who had received medical education (28.5%), with the medical group primarily clustering in the "average" tier (48.5%). This was the most striking finding among the participants.

Product Usage and Knowledge

Regarding knowledge levels, 34.4% of participants demonstrated good knowledge, while 20.5% had poor knowledge. The majority were aware of sunlight restrictions (85.6%) and acknowledged the need for sunscreen when using acids or retinol (52.3%). A large proportion (89.3%) believed that overuse damages the skin barrier (Table 3)

Approach to Side Effects

Participants' responses to experiencing irritation from skincare products were assessed using a Chi-Square Goodness-of-Fit test. The analysis revealed a highly significant disparity in how participants react to side effects, $\chi^2(3, N=375) = 298.14, p < .001$, as shown in Table 4.

Post-hoc analysis of standardized residuals indicated that the most common approach—stopping the product immediately—was chosen significantly more often than expected by chance (62.7%). Conversely, reducing the frequency

of use (20.0%), consulting a healthcare professional while continuing use (10.9%), and ignoring the side effects entirely (6.4%) were all selected significantly less often than expected by chance. These findings suggest that the vast majority of consumers adopt a cautious, cessation-first approach when faced with product-induced skin irritation.

Decision Influencers

Association between Sociodemographic Factors and Purchase Influencers

Chi-square tests of independence were conducted to examine the association between sociodemographic variables and the main purchase influencer. A statistically significant association was found between gender and the main purchase influencer, $\chi^2(6, N = 375) = 19.19, p = .002$, Cramer's $V = 0.167$. Similarly, age group was significantly associated with purchase influencer preference, $\chi^2(24, N = 375) = 30.79, p = .032$, Cramer's $V = 0.147$. Both effects were small-to-medium in size. No significant association was observed between educational background and the main purchase influencer ($p = .976$).

Gender

Distinct gender-driven patterns in influencer reliance have been found. Males were significantly more likely to be influenced by "Family" (19.8% vs. 10.0% for females) and a "Dermatologist" (31.0% vs. 22.5%) as illustrated in Table 5.

Conversely, females demonstrated a significantly higher reliance on "Own research" compared to males (41.4% vs. 25.4%) and were also more likely to cite "Others" as an influencer (9.2% vs. 2.4%). Reliance on "Friends," "Pharmacists," and "Salespersons" did not significantly differ between genders.

Age Group:

The association between age and purchase influencer was primarily driven by shifting preferences in "Family" and "Dermatologist" influence across the lifespan. The percentage of participants who relied on "Family" was significantly greater among those who were younger than 20 years old (19.5%) and those who were older than 50-60 years old (36.4%), but it was significantly lower among those who were between the ages of 30 and 40 years (4). In contrast, the reliance on a "Dermatologist" exhibited a tendency to increase with age, reaching its highest point in the age group of 40-50 years old (36.8%), while the age group of less than 20 years old only made up 22.8% of the total.

In spite of these demographic disparities, "Own research" continued to be the primary influencer that was most frequent across all age categories (varying from 26.3% to 38.3%), highlighting the fact that it is of universal significance in the process of making a purchasing decision.

DISCUSSION

The purpose of this study is to provide the first population-based assessment of the knowledge and decision-making dynamics pertaining to skincare solutions throughout Iraq. In our sample, there was a significant female predominance of 66.4 percent, which is consistent with documented regional patterns, such as those shown in Turkey (9), and highlights a larger cultural trend of higher skincare engagement among women. On the other hand, the significant gap that exists between male participants and female participants in terms of both objective knowledge (only 21.4% of males demonstrated adequate knowledge, whereas 41.0% of females employed sunscreen on a consistent basis; $V = 0.25$) and consistent sunscreen application reveals a key public health risk that calls for targeted educational initiatives.

Sunscreen Utilization and Photoprotection Awareness

Given Iraq's extremely hot and sunny climate, the fact that just 60.5% of participants frequently apply sunscreen is a highly poor outcome. With peak daily ultraviolet index (UVI) levels ranging from 10.16 to 12.43, which are higher than the essential threshold of 7 for more than half of the year, the local population is exposed to significant dangers of photoaging, solar elastosis, and malignant skin neoplasms [2].

As a result of the prevalence of basal cell carcinoma (43%) and squamous cell carcinoma (35%) in the local area, routine photoprotection is not a cosmetic luxury but rather a therapeutic need [4].

Furthermore, there is a clear and noticeable lack of safety literacy across the entire region: only 52.3% of respondents were aware of the fundamental necessity of using sunscreen concurrently while applying active substances such as retinoids or exfoliating acids. There is a systemic failure throughout Middle Eastern cohorts to retain key product safety knowledge, as indicated by this rate, which is in close alignment with data from Saudi Arabia (10). Importantly, the fact that the effect size that was attributed to educational background was quite minor ($V = 0.18$), highlights the fact that academic or professional training does not necessarily translate into practical skincare literacy.

The Lifespan Knowledge Trend: Experience vs. Digital Exposure

One strong demographic trend is revealed by the fact that there is a positive association between age and skincare literacy. The cohort of individuals aged 40 to 50 years displayed the highest percentage of good knowledge, which was 52.6%. This rate is more than twice as high as the rate recorded in the youngest cohort, which was less than 20 years old, which was 23.6%. Among mature consumers, this gap is presumably the result of cumulative experiential learning and more deliberate, evidence-based information-seeking habits; this is a pattern that has previously been found in Oman [11].

Conversely, the poor knowledge scores among participants aged less than 20 years occur despite their heavy immersion in digital platforms. Because of this gap, there are substantial issues regarding the validity, safety, and scientific integrity of popular beauty information that can be found on the internet. Commercial influencers frequently advocate for routines that are not supported by research and that have the potential to disturb the skin barrier [12, 13].

On the other hand, it is important to point out that the practical importance of these age-based differences is rather low, as demonstrated by the fact that the total effect size is relatively tiny ($V = 0.15$). In addition, because the sample size of the cohort of people aged 50 to 60 years old was so small, ($n=11$), it is impossible to draw any reliable conclusions about the demographic group that would be considered the oldest.

Unpacking the "Medical Education Paradox"

This study's most remarkable discovery is the "medical education paradox," which indicates that participants without a medical background exhibited a significantly higher rate of excellent skincare knowledge (44.3%) than those with formal medical training (28.5%; $p=0.005$, $V=0.18$). This difference, despite the fact that it is counterintuitive, is merely descriptive rather than causal; it should not be construed as proof that medical training deliberately lowers skincare literacy.

Rather, this situation is consistent with patterns that have been observed in medical literature pertaining to global health, and it can be related to structural inadequacies that exist within standard academic curriculum. The study of severe systemic pathologies, clinical dermatological illnesses, and oncological diagnostics are given a significant amount of importance in undergraduate medical colleges and universities.

As a consequence of this, there is a significant educational gap concerning the chemistry of common cosmetics, active substances that are available without a prescription, and fundamental consumer safety concepts such as cosmetovigilance [14, 15].

As a consequence of this, medical students consistently demonstrate suboptimal baseline knowledge regarding everyday photoprotection parameters, product selection, and commercial safety guidelines [14, 15]. This is despite the fact that they excel in complex pharmacological mechanisms.

On the other hand, the aesthetic marketplace provides a significant incentive for the broader consumer public, particularly young women within the demographics, to participate in extensive, self-directed digital research [16, 17].

This self-taught demographic frequently demonstrates a highly specialized and functional familiarity with basic skin barrier maintenance guidelines, which can outpace the practical knowledge of a busy medical student or clinician who lacks organized training in cosmetic dermatology [16, 18]. This is because this demographic is better able to maintain their skin barrier.

There is a possibility that psychological and response biases played a role as well. Individuals who had received medical training might have applied more stringent standards of self-assessment, which would have resulted in conservative responses. On the other hand, non-medical participants might have been more prone to overestimating their proficiency due to social desirability bias [19].

Consumer Autonomy and Purchasing Influences

According to our findings, there is a significant disparity in the manner in which customers choose skincare products. However, females were also notably responsive to brand popularity and salesperson advice, a dual pattern reflecting purchase characteristics found in the United Arab Emirates [20], and Indonesia (21). Females displayed a high level of autonomy, relying considerably on their "own research" (41.4%).

In contrast, male participants relied more significantly on collective or institutional advice, demonstrating a larger dependence on family recommendations (19.8%) and official dermatological assistance (31.0%). In addition, male participants were more likely to seek expert advice.

It was found that individual research and recommendations from family members were more influential than professional healthcare advice from dermatologists and pharmacists across all demographic cohorts. Through this interaction, a significant divergence between clinical oversight and the purchase behavior of consumers is brought to light.

Reactivity to Side Effects and Clinical Implications

As soon as they experience localized skin irritation, the vast majority of customers (62.7% of them) immediately discontinue using the product that caused the irritation. However, despite the fact that this cautious, cessation-first strategy safely reduces the risk of serious adverse outcomes, it also indicates that there is a shortage of informed skin education. It is necessary to make regulated adjustments to the frequency of application rather than completely abandoning some dermatological therapies, the most notable of which being the initial adaption period of topical retinoids [22].

It is necessary for public health messaging to reposition community pharmacists and dermatologists as accessible, frontline evaluators of product safety. This is due to the fact that a fraction of consumers either overlook active irritation or continue using the product without immediately seeking expert triage.

Table 1: Represents the demographics of the participants as well as the general skincare usage patterns (N = 375)

Variable	Category	Frequency (n)	Percentage (%)
Gender	Female	249	66.40%
	Male	126	33.60%
Education Background	Medical Background	235	62.70%
	Non-medical Background	140	37.30%
Age Group	=< 20 years	55	14.70%
	21–30 years	118	31.50%
	31–40 years	98	26.10%
	41–50 years	93	24.80%
	50–60 years	11	2.90%
Most Used Products	Cleanser	290	77.30%
	Moisturizer	267	71.20%
	Sunscreen	227	60.50%
	Serum	127	33.90%
	Scrub/Exfoliant	97	25.90%

Table 2: Illustrates the correlation between demographic variables and skin care proficiency

Demographic Factor	Poor Knowledge (n, %)	Average Knowledge (n, %)	Good Knowledge (n, %)	p-value	Cramér's V
Age Group				0.013*	0.15
=< 20 years	15 (27.3%)	27 (49.1%)	13 (23.6%)		
21–30 years	22 (18.6%)	60 (50.8%)	36 (30.5%)		
31–40 years	21 (21.4%)	41 (41.8%)	36 (36.7%)		
41–50 years	17 (18.3%)	27 (29.0%)	49 (52.6%)		
Gender				< 0.001*	0.25
Female	45 (18.1%)	102 (41.0%)	102 (41.0%)		
Male	32 (25.4%)	67 (53.2%)	27 (21.4%)		
Education				0.005*	0.18
Medical	54 (23.0%)	114 (48.5%)	67 (28.5%)		
Non-medical	23 (16.4%)	55 (39.3%)	62 (44.3%)		

*Significant at $p < 0.05$. Note: Total Good Knowledge $N=129$ (34.4%), Average $N=169$ (45.1%), Poor $N=77$ (20.5%).

Table 3: Knowledge and awareness regarding skincare (N = 375)

Variable	Category	Frequency (n)	Percentage (%)
Knowledge level	Poor	77	20.5
	Average	169	45.1
	Good	129	34.4
Knowledge about sunlight restriction	Yes	321	85.6
	No	54	14.4
Sunscreen requirement with acids/retinol	Yes	196	52.3
	No	179	47.7
Overuse of some products damages skin barrier	Yes	335	89.3
	No	40	10.7

Variable	Category	Frequency (n)	Percentage (%)
Read instructions before use	Yes	271	72.3
	No	104	27.7

Table 4: Participant approaches to side effects experienced during skincare use (N = 375)

Approach	n	(%)
Stopped using the product immediately	235	(62.7) ^a
Reduced the frequency of use	75	(20.0)
Consulted a healthcare professional while continuing use	41	(10.9)
Ignored the side effects while continuing use	24	(6.4)
Chi-Square (Goodness-of-Fit)		
χ^2	298.14	
p-value	<0.001	

^a Indicates a statistically significant category (Standardized residual > 3.0), meaning this response was chosen significantly more often than the others. Chi-Square Goodness-of-Fit test was used to compare observed frequencies against equal distribution.

Table 5: Association between sociodemographic variables and the main purchase influencer

	Category	Family n (%)	Friends n (%)	Pharmacist n (%)	Dermatologist n (%)	Salesperson n (%)	Own research n (%)	Others n (%)	P- value
Gender	Male	25 (19.8) ↑	11 (8.7)	14 (11.1)	39 (31.0) ↑	2 (1.6)	32 (25.4) ↓	3 (2.4) ↓	0.002
	Female	25 (10.0) ↓	20 (8.0)	20 (8.0)	56 (22.5) ↓	2 (0.8)	103 (41.4) ↑	23 (9.2) ↑	
Age group	<20	24 (19.5) ↑	6 (4.9)	11 (8.9)	28 (22.8)	0 (0.0)	45 (36.6)	9 (7.3)	0.032
	20–30	16 (9.9)	13 (8.0)	14 (8.6)	41 (25.3)	3 (1.9)	62 (38.3)	13 (8.0)	
	30–40	2 (4.9) ↓	5 (12.2)	4 (9.8)	11 (26.8)	0 (0.0)	15 (36.6)	4 (9.8)	
	40–50	4 (10.5)	5 (13.2)	5 (13.2)	14 (36.8) ↑	0 (0.0)	10 (26.3)	0 (0.0)	
	50–60	4 (36.4) ↑	2 (18.2)	0 (0.0)	1 (9.1)	1 (9.1)	3 (27.3)	0 (0.0)	

↑ Significantly HIGHER than expected: This group chose this influencer significantly more than the other groups. ↓ Significantly LOWER than expected: This group chose this influencer significantly less than the other groups. Because of the predicted frequencies being less than five in certain cells, Fisher's exact test was also carried out.

Family influence is significantly HIGHER for the youngest group <20 (↑) and the oldest group 50-60 (↑), but significantly LOWER for the 30-40 age group (↓). A large increase in the influence of dermatologists is observed in the age range of 40-50 years old (↑).

CONCLUSION

The findings of this study demonstrate that the level of knowledge and purchasing patterns about skincare products among the Iraqi population vary along diverse demographic lines; nonetheless, all of the connections that were observed remain entirely correlational. There is a severe lack of crucial safety knowledge regarding photoprotection during active cosmetic therapies in Iraq, despite the fact that the ambient UV index in Iraq is extremely high. Regular sunscreen use is still not adhered to to the best of standards.

The premise that digital fluency inevitably assures excellent cosmetic literacy is called into question by the fact that the most significant deficiencies in baseline knowledge are found among male cohorts and early adulthood-aged individuals. On the other hand, there is a correlation between the highest rates of skincare proficiency and mature adults. In conclusion, the "medical education paradox," which is characterized by the fact that non-medical cohorts outperformed their medical contemporaries, ought to be construed as an artifact of survey design, sampling distributions, or self-assessment caution, rather than a failure of formal medical programs.

The exploratory nature of this study, its emphasis on convenience online sampling, and the poor representation of the oldest age tier are all factors that led to the proposal of various culturally tailored guidelines.

Implementation of public health interventions should include the initiation of extensive public health campaigns that prioritize the use of sunscreen on a daily basis as a cancer-prevention tool, with an emphasis on the necessity of photoprotection when retinoids or alpha-hydroxy acids are being utilized.

It is necessary for stakeholders to design specialized skincare and sun-safety education programs directed at men in order to address demographic outreach aimed at males. These programs should utilize workplace wellness efforts or primary healthcare networks in order to circumvent the many beauty marketing channels that are typically utilized.

Acknowledgements: none

Availability of Data and Materials: The data generated in the present study may be requested from the corresponding author.

Authors' Contributions:

Saba Jasim: Concepts, design, literature search, data analysis, statistical analysis, manuscript preparation, and manuscript review.

Ali Kadhim Alqurishi: Concepts, design, literature search, data analysis, and manuscript review.

Ahmed M. AL-Nuaimi: Concepts, design, literature search, data analysis, statistical analysis, and manuscript preparation.

All Authors have Read and Approved the Final Manuscript.

Ethical Approval: The study was approved by the Ethical Review Board of the Al-Kindy College of Medicine, University of Baghdad, Baghdad, Iraq (Approval No. 887 on 20th October 2025).

Consent to Participate and Publish: Electronic informed consent was obtained from all individual participants prior to data submission.

Use of Artificial Intelligence Tools: None.

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Appendix:

Questionnaire:

1. Age:

- ☐ <20
- ☐ 20–30
- ☐ 30–40
- ☐ 40–50
- ☐ >50

2. Gender:

- ☐ Male
- ☐ Female

3. Education:

- ☐ Medical
- ☐ Non-medical

4. Do you have any dermatological disorders? (e.g. acne, eczema, psoriasis, dermatitis, fungal infections)

- ☐ Yes
- ☐ No

5. How often do you use skincare products?

- ☐ Daily
- ☐ 2-3 times per week
- ☐ Occasionally
- ☐ Rarely

6. Which of the following do you use regularly? (You can select more than one)

- ☐ Cleanser
- ☐ Moisturizer
- ☐ Sunscreen
- ☐ Serum (Vitamin C, Hyaluronic, etc.)
- ☐ Exfoliating acids (AHA/BHA)
- ☐ Spot treatment
- ☐ Makeup
- ☐ Other

7. Do you usually follow the instructions written on the product (how to use, how often)?

- ☐ Yes
- ☐ No

8. Do you think it is okay to sleep without washing off skincare or makeup products?

- ☐ Yes
- ☐ No

9. Do you know that some products should not be used under strong sunlight (e.g. retinol, strong acids)?

- ☐ Yes
- ☐ No
- ☐ Not sure

10. When using skincare that can irritate the skin (like acids or retinol), do you think sunscreen is necessary during the day?

- ☐ Yes
- ☐ No
- ☐ Not sure

11. Do you know that overusing some products (like scrubs or acids) can damage the skin barrier?

- ☐ Yes
- ☐ No
- ☐ Not sure

12. Have you ever had side effects from a skincare product? (e.g. redness, burning, pimples)

- ☐ Yes
- ☐ No

13. If you get irritation from a product, what do you usually do?

- ☐ Stop using it immediately
- ☐ Reduce the frequency
- ☐ Continue and wait
- ☐ Ask a pharmacist
- ☐ Ask a dermatologist
- ☐ Ask friends or social media

14. When you decide to buy a new skincare product, who influences your decision the most?

- ☐ Dermatologist
- ☐ Pharmacist
- ☐ Salesperson at cosmetics shop
- ☐ Friends
- ☐ Family member
- ☐ Social media influencer
- ☐ My own research
- ☐ Other

15. Where do you MOSTLY hear about “good skincare products”?

- ☐ Instagram
- ☐ TikTok
- ☐ YouTube
- ☐ Dermatology clinic
- ☐ Pharmacy
- ☐ Friends
- ☐ Other

16. Have you ever bought a skincare product mainly because a seller in a cosmetics shop recommended it?

- ☐ Yes
- ☐ No

17. How would you rate your knowledge about how to properly use skincare products (when, how often, with/without sun, etc.)?

- ☐ Good
- ☐ Average
- ☐ Poor

18. Does the brand name or price of a skincare product influence your decision to buy it?

- ☐ Yes, strongly
- ☐ Yes, to some extent
- ☐ Slightly
- ☐ Not at all
- ☐ I never pay attention to brand or price

19. Do you believe that expensive or well-known brands are more effective than cheaper or lesser-known brands?

- ☐ Yes, always
- ☐ Sometimes
- ☐ It depends on the product
- ☐ Not necessarily
- ☐ No, price/brand does not determine effectiveness

20. Have you ever bought a skincare product ONLY because it was from a famous brand?

- ☐ Yes
- ☐ No

18. How much does the brand name or price of a skincare product influence your decision to buy it?

- ☐ Strongly
- ☐ To some extent
- ☐ Slightly
- ☐ Not at all

20. Have you ever bought a skincare product only because it was from a famous brand?

- ☐ Yes
- ☐ No