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 SKINCARE INITIATION DURING CHILDHOOD AND ADOLESCENCE: PATTERNS OF USE, SOCIAL
 MEDIA EXPOSURE, AND CURRENT PRACTICES IN AN INTERNATIONAL ADULT SURVEY

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Doi: <https://doi.org/10.52340/jecm.2026.03.09>

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**კანის მოვლის დაწყება ბავშვობისა და მოზარდობის ასაკში: მოვლის საშუალებათა
 გამოყენების თავისებურებები, სოციალური მედიის გავლენა და კანის მოვლის მიმდინარე
 პრაქტიკა ზრდასრულთა საერთაშორისო კვლევაში**
 კენ ვოკერის საერთაშორისო უნივერსიტეტი, თბილისი, საქართველო

რეზიუმე

ბავშვობასა და მოზარდობაში კანის მოვლის დაწყება სულ უფრო თვალსაჩინო ხდება სოციალური მედიისა და კომერციულად პოპულარიზებული სილამაზის რუტინების ფონზე. მოცემულ რეტროსპექტულ ჯვარედინ კვლევაში 123 ზრდასრულ მონაწილეში შეფასდა კანის მოვლის დაწყების ასაკი, ბავშვობასა და მოზარდობაში არსებული კანის მოვლის პრაქტიკა, სოციალური მედიიდან მიღებული ინფორმაცია, კანის მოვლის მიმდინარე ჩვევები და შედეგები კითხვარის საფუძველზე. ოცდახუთმა მონაწილემ კანის მოვლა დაიწყო ≤ 12 წლის ასაკში, ხოლო 98-მა — 13–18 წლის ასაკში. მთლიანობაში, მონაწილეთა 72.4%-მა აღნიშნა, რომ კანის მოვლის შესახებ ინფორმაცია სოციალური მედიიდან მიიღო. ადრეული ასაკის ჯგუფში უფრო ხშირად აღინიშნებოდა 18 წლამდე რეგულარული და ყოველდღიური კანის მოვლა; თუმცა, ეს შედეგები შეზღუდულია, რადგან კანის მოვლის უფრო ადრე დამწყებ მონაწილეებს ასეთი ქცევის ჩამოყალიბებისთვის უფრო ხანგრძლივი პერიოდი ჰქონდათ. მრავლობითი შედეგების კორექციის შემდეგ სოციალური მედიის, გარეგნობასთან დაკავშირებულ, ფსიქოლოგიურ ან თვითშეფასებით აღნიშნულ კანის ჯანმრთელობის შედეგებში სარწმუნო განსხვავებები არ გამოვლენილა. მიღებული მონაცემები აღწერს ბავშვობასა და მოზარდობაში დაწყებული კანის მოვლის ქცევებს და მიუთითებს პერსპექტიული კვლევების საჭიროებაზე, სტანდარტიზებული დაკვირვების პერიოდებისა და ვალიდირებული საზომების გამოყენებით.

OBJECTIVES. The primary objective was to describe patterns of skincare initiation during childhood and adolescence, including skincare frequency and routine characteristics, social media-related skincare learning, appearance-related perceptions, current skincare practices, and self-reported skin-health outcomes among adults who began skincare before age 18.

A secondary exploratory objective was to compare selected characteristics between participants who initiated skincare at age ≤ 12 years and those who initiated at ages 13–18 years. Comparisons involving childhood/adolescent routine regularity and frequency were interpreted cautiously because earlier initiators had a longer potential interval before age 18 in which to establish these behaviors.

INTRODUCTION. Skincare has become increasingly visible among children and adolescents, influenced by dermatologic needs, family and peer practices, commercial marketing, and digital media [9,15]. Social media platforms expose young users to skincare education, product recommendations, influencer-generated routines, peer experiences, and appearance-related content [3,4,9,15]. At the same time, increasingly complex skincare routines and active ingredients are being promoted to younger audiences, raising clinical questions about appropriate product use, expectations, and the distinction between medically indicated skincare and commercially driven practices [9,15].

Previous research has linked social media use with body-image concerns, appearance-related self-presentation, and beauty-related consumer behavior [1–4,10,14], while other studies have examined

adolescent psychological well-being in relation to digital-media use [6,7,13]. Studies have also addressed adolescent skincare knowledge, acne-related practices, and product use [5,8,12]. However, less is known about the broader pattern of skincare initiation during childhood and adolescence, including the products and ingredients used, the role of social media as a source of skincare information, appearance-related perceptions, and whether these behaviors remain common in adulthood.

Understanding these patterns is clinically relevant because skincare practices beginning at younger ages may include both basic barrier-supportive products and active ingredients commonly used for acne or other dermatologic concerns [5,11,12]. The meaning of early skincare initiation is therefore likely to be heterogeneous: for some individuals it may reflect dermatologic need or parental guidance, whereas for others it may be influenced by peers, social media, commercial trends, or appearance-related concerns.

The present study was designed as an exploratory retrospective cross-sectional survey of adults who reported beginning skincare before age 18. Rather than assuming that earlier initiation produces later behavioral or dermatologic effects, the study describes childhood and adolescent skincare practices, social media-related skincare learning, appearance-related perceptions, self-reported skin-health outcomes, and current adult skincare behavior. Exploratory subgroup comparisons between participants who initiated skincare at age ≤ 12 years and those who initiated at ages 13–18 years were used to characterize possible differences requiring further prospective investigation.

METHODS.

Study Design and Participants. This exploratory retrospective cross-sectional survey examined skincare initiation and related behavioral patterns during childhood and adolescence, social media-related skincare learning, appearance-related perceptions, current skincare practices, and self-reported skin-health outcomes among adults. Eligible participants were aged 18 years or older and able to complete the questionnaire in English. Participants were recruited internationally by convenience sampling through an anonymous survey link distributed via social media, electronic communication channels, and personal and professional networks. Participation was voluntary and uncompensated.

After opening the survey link, participants received information about the study and provided electronic informed consent. The questionnaire was administered in English using Google Forms (Google LLC, Mountain View, CA, USA) and consisted of 35 items organized across seven thematic sections in addition to the consent page. Data were collected from March through October 2025.

Core analytical items were mandatory, and only complete questionnaires were included in the analysis. Potential duplicate or inconsistent submissions were assessed using platform settings and manual review of response patterns. Because standardized information on recruitment exposure and survey access was unavailable across recruitment channels, a reliable recruitment denominator and response rate could not be calculated. No formal a priori sample-size calculation was performed.

Survey Instrument and Measures. The questionnaire was developed following a review of literature addressing skincare behavior, social media influences, appearance-related perceptions, and consumer health-information seeking. Four clinicians and academic researchers reviewed the questionnaire for relevance and clarity. Pilot testing in eight individuals assessed comprehension, wording, completion time, and survey flow, after which minor revisions were made. Formal psychometric validation was not performed.

Participants reported current age, gender, ethnicity, educational attainment, and country or region of residence. For descriptive and exploratory subgroup analyses, current age was categorized as 18–

25 versus ≥ 26 years, ethnicity as Asian versus non-Asian, and education as high school graduate or lower versus some college/university attendance or higher. Gender was recorded as female, male, or nonbinary/other; because of sparse subgroup counts, male and nonbinary/other responses were combined as non-female for group comparisons, while original categories were retained in the dataset.

Age of skincare initiation was recorded using five categories: <6, 7–9, 10–12, 13–15, and 16–18 years. Descriptive analyses retained these granular categories where appropriate. For exploratory subgroup comparisons, participants were categorized as having initiated skincare at ≤ 12 years or at 13–18 years.

Childhood and adolescent skincare measures included regular skincare routine before age 18, frequency of skincare product use, routine components, ingredients used, and recalled skin concerns. Frequency was recorded as daily, a few times a week, occasionally, or rarely; for exploratory binary comparisons, frequency was categorized as daily versus less frequent use.

Current skincare behavior was assessed separately and included current regular skincare routine, routine components, ingredients, skin concerns, and self-reported skin health. Current regular skincare routine was measured as a yes/no variable and was not considered equivalent to current daily skincare frequency.

Social media-related measures included whether participants had learned about skincare from social media, platforms used for skincare information, influencer or peer influence, social comparison, perceived influence of social media on beauty standards, and pressure to look a certain way. Appearance-related and well-being measures included perceived effects of early skincare on self-esteem or body image, self-reported effects of social media on self-esteem, perceived effects of skin health on well-being, and beliefs regarding skincare and self-care.

Statistical Analysis. The principal analyses were descriptive. Categorical variables were summarized as frequencies and percentages. Multi-response items, including skincare products, ingredients, platforms, and skin concerns, were summarized descriptively and were not treated as mutually exclusive categories.

Exploratory subgroup analyses compared participants who reported initiating skincare at ≤ 12 years with those who initiated at 13–18 years. Pearson chi-square tests or Fisher exact tests were used for categorical comparisons as appropriate. The four-category item assessing the perceived effect of early skincare on self-esteem or body image was compared using the Fisher-Freeman-Halton exact test. Odds ratios (ORs) with 95% confidence intervals (CIs) were calculated for selected binary outcomes.

Because multiple exploratory comparisons were performed, Benjamini-Hochberg false discovery rate correction was applied within predefined outcome families, and adjusted q values were reported.

Exploratory multivariable logistic regression models examined selected outcomes after adjustment for current age group. Because ethnicity differed between initiation groups, additional sensitivity analyses adjusted for ethnicity. These adjusted analyses were considered secondary and exploratory.

An important limitation of the subgroup analysis was the unequal potential observation period before age 18. Participants who initiated skincare at younger ages had a longer period in which they could establish and report regular or daily skincare use than participants who initiated later in adolescence. Therefore, comparisons involving regular childhood/adolescent skincare routine and daily skincare use were interpreted as descriptive exploratory associations and not as evidence that earlier initiation caused greater skincare regularity or frequency. Statistical adjustment for current age or ethnicity does not eliminate this temporal design limitation.

All statistical analyses were two-sided, with $P < .05$ used as the nominal significance threshold. Analyses were performed using IBM SPSS Statistics version 26.0 (IBM Corp, Armonk, NY, USA).

Ethical Considerations. The study protocol was reviewed and approved by the Biomedical Research Ethics Committee of Ken Walker International University (Approval No. 1-2025/001). All participants provided electronic informed consent before accessing the questionnaire.

Participation was voluntary and uncompensated, and participants could discontinue the survey before submission. No personally identifiable information was collected. Responses were recorded anonymously, stored on password-protected systems accessible only to the research team, and analyzed in aggregate form. The study was conducted in accordance with the Declaration of Helsinki.

RESULTS.

Participant Characteristics and Age of Skincare Initiation. A total of 123 participants were included in the analysis. Twenty-five participants (20.3%) reported initiating skincare at age ≤ 12 years, while 98 (79.7%) reported initiation at ages 13–18 years.

The largest participant groups were from Georgia (37/123, 30.1%), the United States (20/123, 16.3%), India (20/123, 16.3%), Canada (14/123, 11.4%), and Pakistan (13/123, 10.6%); 19 participants (15.4%) resided in other countries or regions. Participant characteristics are summarized in **Table 1**.

The initiation groups were similar in current age, gender, and education. Ethnicity differed between groups, with Asian participants representing 44.0% of the ≤ 12 -year group and 67.3% of the 13–18-year group ($P=.031$). Because of this imbalance, ethnicity-adjusted sensitivity analyses were conducted.

Childhood and Adolescent Skincare Patterns. Regular skincare routines before age 18 and the frequency of skincare product use varied across participants. Among those who initiated skincare at age ≤ 12 years, 84.0% reported having a regular childhood or adolescent skincare routine, compared with 41.8% of those who initiated at ages 13–18 years. Daily skincare use during childhood or adolescence was reported by 76.0% of earlier initiators and 46.9% of later initiators.

Exploratory subgroup comparisons showed an association between initiation at age ≤ 12 years and reporting a regular childhood or adolescent skincare routine (OR 7.30, 95% CI 2.33–22.87; $P<.001$; $q<.001$), as well as daily skincare use during childhood or adolescence (OR 3.58, 95% CI 1.32–9.73; $P=.009$; $q=.014$) (**Table 3, Panel A**).

These subgroup differences should be interpreted cautiously because participants who initiated skincare at younger ages had a longer potential period before age 18 in which to establish and report regular or daily skincare use.

Childhood/adolescent routine components, recalled skin concerns, and ingredient use are presented in **Tables 3 and 6**. Descriptive findings across the five granular age-of-initiation categories are shown in **Table 2**; these analyses were not subjected to inferential testing because several subgroups were very small.

Social Media-Related Skincare Learning and Exposure. Social media-related skincare learning was common across the sample. Overall, 89 of 123 participants (72.4%) reported learning about skincare from social media.

Among participants who reported social media-related skincare learning, the most frequently reported platforms were YouTube, Instagram, and TikTok (**Table 4, Panel B**).

In exploratory subgroup comparisons, 84.0% of participants initiating skincare at ≤ 12 years and 69.4% of those initiating at ages 13–18 years reported learning about skincare from social media (OR 2.32, 95% CI 0.73–7.33; $P=.145$; $q=.290$). Influence from influencers or peers was reported by 52.0% of participants in both groups (OR 1.00, 95% CI 0.41–2.40; $P=.997$; $q=.997$).

Perceptions that social media promotes unrealistic beauty standards were reported by 76.0% of earlier initiators and 85.7% of later initiators (OR 0.53, 95% CI 0.18–1.55; $P=.239$; $q=.478$). None of the social media-related subgroup comparisons remained statistically significant after multiple-comparison correction (**Table 4, Panel A**).

Current Adult Skincare Practices. Current regular skincare routines were common in both initiation groups. A current regular skincare routine was reported by 88.0% of participants who had initiated skincare at age ≤ 12 years and by 85.7% of those who had initiated at ages 13–18 years (OR 1.22, 95% CI 0.32–4.63; $P>.99$; $q>.99$).

Current routine components and skin concerns are presented in **Table 5**, and current ingredient use in **Table 6**. These variables were analyzed descriptively.

Appearance-Related Perceptions and Self-Reported Skin Health. Appearance-related and well-being outcomes are summarized in **Table 7**. Pressure to look a certain way was reported by 76.0% of participants in the ≤ 12 -year group and 57.1% in the 13–18-year group (OR 2.38, 95% CI 0.87–6.46; $P=.084$; $q=.336$). Positive self-reported skin health was reported by 72.0% of earlier initiators and 53.1% of later initiators (OR 2.27, 95% CI 0.87–5.93; $P=.088$; $q=.176$). Neither association remained statistically significant after multiple-comparison correction.

The perceived effect of early skincare on self-esteem or body image was similar between groups. Among participants initiating skincare at ≤ 12 years, 44.0% reported a positive effect, 16.0% a negative effect, 16.0% no effect, and 24.0% were unsure. Corresponding proportions in the 13–18-year group were 45.9%, 14.3%, 15.3%, and 24.5%, respectively. The response distributions did not differ significantly (Fisher-Freeman-Halton exact test, $P>.99$; **Table 7, Panel B**).

Additional self-reported well-being outcomes, including perceived effects of social media on self-esteem, perceived impact of early skincare on current skin health, the relationship between skin health and overall well-being, skincare as self-care, and perceived associations between skin health and mental or emotional state, are presented in **Table 7, Panel A**.

Exploratory Adjusted Analyses. In exploratory multivariable logistic regression models adjusted for current age group, initiation at age ≤ 12 years remained associated with reporting a regular childhood or adolescent skincare routine (adjusted OR 7.65, 95% CI 2.44–24.02; $P<.001$) and daily skincare use during childhood or adolescence (adjusted OR 3.80, 95% CI 1.40–10.32; $P=.009$) (**Table 8, Panel A**).

Adjusted associations were not statistically significant for learning about skincare from social media (adjusted OR 2.57, 95% CI 0.82–8.11; $P=.107$), pressure to look a certain way (adjusted OR 2.61, 95% CI 0.96–7.10; $P=.060$), or positive self-reported skin health (adjusted OR 2.38, 95% CI 0.87–6.51; $P=.090$).

Because these models do not account for the unequal opportunity period before age 18, the adjusted associations involving childhood or adolescent routine regularity and daily use remain exploratory and should not be interpreted as demonstrating an independent causal effect of earlier initiation.

Sensitivity Analyses. After additional adjustment for ethnicity, initiation at age ≤ 12 years remained associated with a regular childhood or adolescent skincare routine (aOR 6.73, 95% CI 2.14–21.18; $P=.001$) and daily skincare use during childhood or adolescence (aOR 3.69, 95% CI 1.34–10.15; $P=.011$). Other ethnicity-adjusted associations remained nonsignificant, including learning about skincare from social media (aOR 2.13, 95% CI 0.65–6.99; $P=.213$), pressure to look a certain way (aOR 2.21, 95%

CI 0.80–6.13; $P=.126$), and positive self-reported skin health (aOR 2.21, 95% CI 0.80–6.12; $P=.128$) (Table 8, Panel B).

DISCUSSION

Principal Findings. This exploratory international survey describes skincare initiation, childhood and adolescent skincare practices, social media-related skincare learning, current skincare behavior, appearance-related perceptions, and self-reported skin-health outcomes among adults who began skincare before age 18. Social media-related skincare learning was common, diverse skincare practices and ingredients were reported, and more than 85% of participants in both initiation groups reported a current regular skincare routine.

Earlier initiators more frequently reported regular and daily skincare use before age 18. However, these findings require cautious interpretation because they had a longer potential interval in which to develop and report these behaviors. The associations should therefore not be interpreted as evidence that earlier initiation itself caused more regular or frequent skincare use.

Skincare Initiation and Behavioral Patterns. The increasing visibility of skincare among children and adolescents has generated clinical and ethical interest, particularly as commercially promoted routines and active ingredients reach younger audiences [9,15]. Participants in the present study reported a wide range of skincare practices during childhood and adolescence, including both basic products and active ingredients.

Although regular and daily skincare use were more frequently reported among earlier initiators, the questionnaire design limits causal interpretation. Earlier initiators had a longer period before age 18 in which regular or daily use could develop, and adjustment for current age or ethnicity cannot eliminate this structural difference. Future studies should assess skincare behavior during a standardized interval after initiation or at the same chronological age across participants.

Social Media and Skincare Information. One of the clearest descriptive findings was the high prevalence of social media-related skincare learning. Nearly three-quarters of participants reported learning about skincare through social media, with YouTube, Instagram, and TikTok among the most frequently reported platforms.

Previous research has linked social media with body-image concerns and appearance-related self-presentation [1,2,10,14], while influencer content has been associated with cosmetic and beauty-related purchasing behavior [3,4]. Associations between digital-media exposure and adolescent psychological well-being have also been reported [6,7,13].

However, learning about skincare from social media did not differ significantly between initiation groups after multiple-comparison correction. The present findings therefore support describing social media as a common source of skincare information within the sample, but they do not establish that social media caused earlier skincare initiation.

The timing of social media exposure also cannot be determined precisely from the questionnaire, because the item asking whether participants learned about skincare from social media did not specify whether this learning occurred before or after skincare initiation. Future studies should distinguish exposure occurring before initiation, during early skincare use, and later in adolescence or adulthood.

Current Skincare Practices and Skin Concerns. Current regular skincare routines were highly prevalent in both initiation groups, indicating that regular skincare was common among participants at the time of the survey, regardless of whether they reported beginning before or after age 13.

Current routines included cleansing, moisturizing, sunscreen use, exfoliation, serums, masks, and a range of active and barrier-supportive ingredients. Current skin concerns included acne, dryness, sensitivity, pigmentation-related concerns, oiliness, uneven skin tone, and signs of skin aging.

These findings are descriptive and do not establish whether childhood skincare practices influenced current product use or skin condition. Current behavior may reflect multiple unmeasured factors, including dermatologic treatment, product availability, health literacy, cultural norms, and personal preferences. The similar prevalence of current regular skincare routines between initiation groups also indicates that differences reported for youth behavior cannot be assumed to persist into adulthood.

Appearance-Related Perceptions and Self-Reported Skin Health. No robust subgroup differences in appearance-related, psychological, or self-reported skin-health outcomes remained after correction for multiple comparisons. Participants in both groups reported a range of views concerning beauty standards, social comparison, appearance-related pressure, self-esteem, self-care, and well-being.

These findings require cautious interpretation because several measures were study-specific and not derived from validated psychometric instruments. The item assessing “self-esteem or body image” combined two distinct constructs, and self-reported skin health reflected participant perception rather than objective dermatologic assessment. Accordingly, the absence of statistically robust differences should not be interpreted as evidence of no relationship.

Ingredient Use and Clinical Context. Participants reported use of both barrier-supportive and active skincare ingredients during childhood or adolescence and in current routines. Reported ingredients included glycerin, hyaluronic acid, ceramides, niacinamide, salicylic acid, retinoids, vitamin C, and alpha hydroxy acids. Some of these active ingredients, particularly retinoids and salicylic acid, are used in evidence-based acne management [5]. Their reported use therefore cannot automatically be interpreted as inappropriate or excessive. At the same time, the survey did not capture product concentration, frequency of application, indication, professional supervision, treatment duration, combinations of active ingredients, or adverse effects.

The ingredient data should consequently be interpreted as descriptive evidence of product exposure rather than as an assessment of safety, appropriateness, benefit, or harm.

Strengths and Limitations. A strength of this study is the inclusion of participants from several countries and the collection of information spanning skincare initiation, behavioral practices, social media-related learning, current routines, skin concerns, ingredient use, and appearance-related perceptions. The study also distinguishes childhood and adolescent skincare behavior from current adult skincare practices, allowing descriptive comparison across different periods of participants' lives.

Several limitations are important. The retrospective cross-sectional design precludes causal inference. Participants recalled childhood and adolescent behaviors in adulthood, creating potential recall bias and uncertainty regarding the timing and frequency of past practices.

Convenience sampling may have preferentially attracted individuals with greater interest in skincare, and the recruitment denominator was unavailable, preventing calculation of a response rate or assessment of nonresponse bias. The early-initiation subgroup was small, with only 25 participants, limiting precision and subgroup stability. The most important design limitation concerns comparisons of childhood or adolescent routine regularity and frequency by age of skincare initiation. Earlier initiators inherently had a longer potential period before age 18 in which to develop regular or daily skincare

behavior. This creates partial interdependence between the exposure and these outcomes and limits interpretation of the corresponding odds ratios, even after multivariable adjustment.

The questionnaire was developed for this study and was not formally psychometrically validated. Several outcomes were self-reported and dichotomized for analysis, potentially reducing information. Current skincare routine was assessed as a yes/no measure, while current daily frequency was not directly measured.

The social media learning question did not establish the timing of exposure relative to skincare initiation, limiting conclusions about whether digital content preceded, accompanied, or followed initiation. Finally, self-reported skin-health outcomes were not supported by objective dermatologic examination.

Future Research. Future studies should use prospective or longitudinal designs with standardized observation periods, such as assessing skincare frequency during the first 6 or 12 months after initiation. Repeated assessments could clarify how skincare behavior changes across adolescence and adulthood.

Future questionnaires should separately assess the timing of social media exposure, parental and peer influence, dermatologic indications, professional guidance, product purchasing autonomy, and skincare-related health literacy. Validated psychological measures and objective dermatologic assessment, together with more detailed information on ingredient concentration, frequency, combinations, and adverse effects, would strengthen interpretation.

Conclusions. This exploratory international survey describes skincare behaviors beginning during childhood and adolescence, including routine characteristics, ingredient use, social media-related skincare learning, appearance-related perceptions, and current adult practices. Social media-related skincare learning was common, and current regular skincare routines were highly prevalent across initiation groups.

Exploratory differences in some childhood and adolescent behavioral measures should be interpreted cautiously because earlier initiators had a longer potential period before age 18 in which to establish regular or daily skincare use. The findings are therefore descriptive and hypothesis-generating and support prospective studies using standardized observation periods and validated measures.

Acknowledgments: The authors thank all study participants for their contribution to this research. The authors additionally acknowledge Rusudan Chkheidze, Ayesha Rafi, Hajira Rafi, Prerna Rajput, Anuj Rajput, and Prapthi Jagadish Alva for their assistance with survey development, questionnaire distribution, participant recruitment, pilot testing, data collection, data organization, and manuscript review.

Funding: This study was supported by an internal university research grant from Ken Walker International University. The funder had no role in study design, data collection, analysis, manuscript preparation, or publication decisions.

Conflicts of Interest: None declared.

Table 1. Participant Characteristics and Geographic Distribution by Age of Skincare Initiation**Panel A. Participant characteristics**

Characteristic	Category	Total (N=123), n (%)	≤12 years (n=25), n (%)	13–18 years (n=98), n (%)	P value
Current age group	18–25 years	91 (74.0)	17 (68.0)	74 (75.5)	.445
	≥26 years	32 (26.0)	8 (32.0)	24 (24.5)	—
Gender	Female	103 (83.7)	19 (76.0)	84 (85.7)	.240
	Non-female	20 (16.3)	6 (24.0)	14 (14.3)	—
Ethnicity	Asian	77 (62.6)	11 (44.0)	66 (67.3)	.031
	Non-Asian	46 (37.4)	14 (56.0)	32 (32.7)	—
Education level	High school graduate or lower	22 (17.9)	5 (20.0)	17 (17.3)	.754
	Some college/university or higher	101 (82.1)	20 (80.0)	81 (82.7)	—

Panel B. Country or region of residence

Country/Region	Total (N=123), n (%)	≤12 years (n=25), n (%)	13–18 years (n=98), n (%)
Georgia	37 (30.1)	8 (32.0)	29 (29.6)
United States	20 (16.3)	7 (28.0)	13 (13.3)
India	20 (16.3)	3 (12.0)	17 (17.3)
Canada	14 (11.4)	4 (16.0)	10 (10.2)
Pakistan	13 (10.6)	0 (0.0)	13 (13.3)
Other countries/regions	19 (15.4)	3 (12.0)	16 (16.3)

Note: The non-female category comprised 16 male participants and 4 participants identifying as nonbinary/other. Percentages may not total 100 because of rounding. Country/region distributions are descriptive; formal statistical comparisons were not performed because subgroup frequencies were sparse and heterogeneous.

Table 2. Descriptive Patterns Across Granular Age-of-Skincare-Initiation Categories

Age of skincare initiation	Daily skincare use during childhood or adolescence, n/N (%)	Learned about skincare through social media, n/N (%)	Pressure to look a certain way, n/N (%)	Positive self-reported skin health, n/N (%)
<6 years	1/2 (50.0)	1/2 (50.0)	1/2 (50.0)	2/2 (100.0)
7–9 years	3/4 (75.0)	4/4 (100.0)	4/4 (100.0)	4/4 (100.0)
10–12 years	15/19 (78.9)	16/19 (84.2)	14/19 (73.7)	12/19 (63.2)
13–15 years	20/29 (69.0)	21/29 (72.4)	20/29 (69.0)	18/29 (62.1)
16–18 years	26/69 (37.7)	47/69 (68.1)	36/69 (52.2)	34/69 (49.3)

Note: These analyses are descriptive only. The <6-year and 7–9-year categories contain very small numbers of participants and should be interpreted with particular caution.

Table 3. Childhood and Adolescent Skincare Patterns by Age of Skincare Initiation**Panel A. Regularity and frequency**

Outcome	≤12 years (n=25), n (%)	13–18 years (n=98), n (%)	OR (95% CI)	P value	q value
Regular childhood or adolescent skincare routine	21 (84.0)	41 (41.8)	7.30 (2.33–22.87)	<.001	<.001
Daily skincare use during childhood or adolescence	19 (76.0)	46 (46.9)	3.58 (1.32–9.73)	.009	.014

Panel B. Routine components among participants reporting a regular childhood/adolescent skincare routine

Component	≤12 years (n=21), n (%)	13–18 years (n=41), n (%)
Cleanser	14 (66.7)	33 (80.5)
Facial oils	2 (9.5)	2 (4.9)
Lotions or emulsions	10 (47.6)	20 (48.8)
Makeup wipes	8 (38.1)	11 (26.8)
Masks	12 (57.1)	18 (43.9)
Mists	0 (0.0)	1 (2.4)
Moisturizer	17 (81.0)	36 (87.8)
Pimple patches	4 (19.0)	5 (12.2)
Serum or active treatments	14 (66.7)	35 (85.4)
Specific acne treatments	8 (38.1)	15 (36.6)
Sunscreen (SPF)	8 (38.1)	25 (61.0)
Toners	7 (33.3)	13 (31.7)

Panel C. Childhood or adolescent skin concerns

Skin concern	≤12 years (n=25), n (%)	13–18 years (n=98), n (%)
Acne	15 (60.0)	46 (46.9)
Dryness	8 (32.0)	26 (26.5)
Sensitivity	7 (28.0)	10 (10.2)
Eczema or dermatitis	5 (20.0)	8 (8.2)
Hyperpigmentation	4 (16.0)	9 (9.2)
Oiliness	4 (16.0)	32 (32.7)
Rosacea	3 (12.0)	4 (4.1)
Uncertain/not sure	0 (0.0)	3 (3.1)
No prior skin concerns	4 (16.0)	24 (24.5)

Note: Routine components and skin concerns allowed multiple responses; percentages therefore may exceed 100%. ORs in Panel A compare participants initiating skincare at ≤12 years with those initiating at 13–18 years. Because earlier initiators had a longer potential period before age 18 in which to establish regular or daily skincare use, Panel A comparisons are exploratory and should not be interpreted causally.

Table 4. Social Media-Related Skincare Learning and Appearance-Related Exposure by Age of Initiation**Panel A. Exploratory subgroup comparisons**

Variable	≤12 years (n=25), n (%)	13–18 years (n=98), n (%)	OR (95% CI)	P value	q value
Learned skincare from social media	21 (84.0)	68 (69.4)	2.32 (0.73–7.33)	.145	.290
Influenced by influencers or peers	13 (52.0)	51 (52.0)	1.00 (0.41–2.40)	.997	.997
Social media promotes unrealistic beauty standards	19 (76.0)	84 (85.7)	0.53 (0.18–1.55)	.239	.478
Social comparison	14 (56.0)	58 (59.2)	0.88 (0.36–2.13)	.773	.773
Social media influences beauty perception	20 (80.0)	72 (73.5)	1.44 (0.49–4.24)	.502	.669
Pressure to look a certain way	19 (76.0)	56 (57.1)	2.38 (0.87–6.46)	.084	.336

Panel B. Platforms among participants reporting social media-related skincare learning

Platform	≤12 years (n=21), n (%)	13–18 years (n=68), n (%)
YouTube	13 (61.9)	33 (48.5)
Instagram	11 (52.4)	42 (61.8)
TikTok	7 (33.3)	25 (36.8)
Other	3 (14.3)	4 (5.9)

Note: Overall, 89 of 123 participants (72.4%) reported learning about skincare from social media. Participants could report more than one platform.

Table 5. Current Adult Skincare Practices and Skin Concerns by Age of Skincare Initiation**Panel A. Current regular skincare routine**

Outcome	≤12 years (n=25), n (%)	13–18 years (n=98), n (%)	OR (95% CI)	P value	q value
Current regular skincare routine	22 (88.0)	84 (85.7)	1.22 (0.32–4.63)	>.99	>.99

Panel B. Current routine components among participants reporting a current routine

Component	≤12 years (n=22), n (%)	13–18 years (n=84), n (%)
Cleanser	22 (100.0)	76 (90.5)
Moisturizer	21 (95.5)	77 (91.7)
Sunscreen (SPF)	19 (86.4)	63 (75.0)
Serums	14 (63.6)	50 (59.5)
Exfoliants	15 (68.2)	39 (46.4)
Masks	16 (72.7)	32 (38.1)

Panel C. Current skin concerns

Skin concern	≤12 years (n=25), n (%)	13–18 years (n=98), n (%)
Sensitivity	12 (48.0)	23 (23.5)
Dryness	12 (48.0)	43 (43.9)
Fine lines or wrinkles	10 (40.0)	18 (18.4)

Skin concern	≤12 years (n=25), n (%)	13–18 years (n=98), n (%)
Uneven skin tone	9 (36.0)	33 (33.7)
Acne	7 (28.0)	42 (42.9)
Oiliness	7 (28.0)	25 (25.5)
Hyperpigmentation	6 (24.0)	22 (22.4)
Rosacea	2 (8.0)	1 (1.0)

Note: Routine components and skin concerns allowed multiple responses. These findings are descriptive.

Table 6. Self-Reported Ingredient Use During Childhood/Adolescence and in Current Skincare Practices

Panel A. Childhood or adolescent ingredient use

Ingredient	≤12 years (n=25), n (%)	13–18 years (n=98), n (%)
Vitamin E	7 (28.0)	12 (12.2)
Glycerin	7 (28.0)	14 (14.3)
Ceramides	3 (12.0)	5 (5.1)
Aloe vera	9 (36.0)	44 (44.9)
Cocoa butter	2 (8.0)	14 (14.3)
Hyaluronic acid	5 (20.0)	18 (18.4)
Salicylic acid	8 (32.0)	19 (19.4)
Niacinamide	3 (12.0)	17 (17.3)
Retinoids	2 (8.0)	4 (4.1)
Vitamin C	6 (24.0)	25 (25.5)
Alpha hydroxy acids (AHAs)	3 (12.0)	8 (8.2)
Other	3 (12.0)	3 (3.1)
Not sure	9 (36.0)	29 (29.6)
None of these	1 (4.0)	18 (18.4)

Panel B. Current ingredient use

Ingredient	≤12 years (n=25), n (%)	13–18 years (n=98), n (%)
Glycerin	8 (32.0)	15 (15.3)
Aloe vera	3 (12.0)	25 (25.5)
Cocoa butter	3 (12.0)	7 (7.1)
Hyaluronic acid	14 (56.0)	47 (48.0)
Vitamin E	5 (20.0)	14 (14.3)
Ceramides	6 (24.0)	25 (25.5)
Squalane	2 (8.0)	9 (9.2)
Niacinamide	13 (52.0)	36 (36.7)
Salicylic acid	10 (40.0)	29 (29.6)
Retinols or retinoids	11 (44.0)	30 (30.6)
Vitamin C	7 (28.0)	35 (35.7)
Peptides	4 (16.0)	16 (16.3)
Alpha hydroxy acids (AHAs)	8 (32.0)	21 (21.4)

Ingredient	≤12 years (n=25), n (%)	13–18 years (n=98), n (%)
Other	3 (12.0)	3 (3.1)
Not sure	1 (4.0)	15 (15.3)
None of these	3 (12.0)	5 (5.1)

Note: Ingredient-use variables were exploratory and based on self-report. These data do not establish appropriateness, benefit, harm, duration, concentration, or professional supervision of ingredient use.

Table 7. Self-Reported Skin Health, Appearance-Related, and Well-Being Outcomes

Panel A. Binary exploratory outcomes

Variable	≤12 years (n=25), n (%)	13–18 years (n=98), n (%)	OR (95% CI)	P value	q value
Positive self-reported skin health	18 (72.0)	52 (53.1)	2.27 (0.87–5.93)	.088	.176
Reported skin changes over time	21 (84.0)	86 (87.8)	0.73 (0.21–2.50)	.739	.739
Social media effect on self-esteem	15 (60.0)	56 (57.1)	1.12 (0.46–2.75)	.796	.924
Impact of early skincare on current skin health	15 (60.0)	40 (40.8)	2.18 (0.89–5.33)	.085	.160
Skin health affects overall well-being	15 (60.0)	75 (76.5)	0.46 (0.18–1.16)	.096	.160
Skincare contributes to self-care	20 (80.0)	91 (92.9)	0.31 (0.09–1.07)	.067	.160
Skin health and mental/emotional correlation	14 (56.0)	56 (57.1)	0.95 (0.39–2.31)	.924	.924

Panel B. Perceived effect of early skincare on self-esteem or body image

Response	≤12 years (n=25), n (%)	13–18 years (n=98), n (%)
Yes, positively	11 (44.0)	45 (45.9)
Yes, negatively	4 (16.0)	14 (14.3)
No effect	4 (16.0)	15 (15.3)
Not sure	6 (24.0)	24 (24.5)

Note: Panel B was compared using the Fisher-Freeman-Halton exact test ($P > .99$). The survey item combined self-esteem and body image and should not be interpreted as a validated or independent measure of either construct.

Table 8. Exploratory Adjusted and Sensitivity Analyses

Panel A. Models adjusted for current age group

Outcome	Predictor	Adjusted OR	95% CI	P value
Regular childhood/adolescent skincare routine	Early initiation (≤12 vs 13–18 years)	7.65	2.44–24.02	<.001
	Current age group (≥26 vs 18–25 years)	1.67	0.70–3.95	.248
Daily skincare use during childhood/adolescence	Early initiation (≤12 vs 13–18 years)	3.80	1.40–10.32	.009
	Current age group (≥26 vs 18–25 years)	1.22	0.53–2.81	.642
Learned skincare from social media	Early initiation (≤12 vs 13–18 years)	2.57	0.82–8.11	.107
	Current age group (≥26 vs 18–25 years)	1.32	0.52–3.30	.560

Outcome	Predictor	Adjusted OR	95% CI	P value
Pressure to look a certain way	Early initiation (≤ 12 vs 13–18 years)	2.61	0.96–7.10	.060
	Current age group (≥ 26 vs 18–25 years)	0.95	0.42–2.19	.913
Positive self-reported skin health	Early initiation (≤ 12 vs 13–18 years)	2.38	0.87–6.51	.090
	Current age group (≥ 26 vs 18–25 years)	6.43	2.26–18.27	<.001

Panel B. Sensitivity analyses additionally adjusted for ethnicity

Outcome	Early-initiation aOR	95% CI	P value
Regular childhood/adolescent skincare routine	6.73	2.14–21.18	.001
Daily skincare use during childhood/adolescence	3.69	1.34–10.15	.011
Learned skincare from social media	2.13	0.65–6.99	.213
Pressure to look a certain way	2.21	0.80–6.13	.126
Positive self-reported skin health	2.21	0.80–6.12	.128

Note: Panel A models included initiation group and current age group. Panel B additionally adjusted for ethnicity (Asian vs non-Asian). These analyses are exploratory. Adjustment does not resolve the unequal opportunity period before age 18 for outcomes measuring childhood/adolescent routine regularity or frequency.

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KETEVAN GULDEDAVA, MARIAM ROCHIKASHVILI, MZEKALA KONDRATIEVA
**SKINCARE INITIATION DURING CHILDHOOD AND ADOLESCENCE: PATTERNS OF USE, SOCIAL
 MEDIA EXPOSURE, AND CURRENT PRACTICES IN AN INTERNATIONAL ADULT SURVEY**

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SUMMARY

Skincare use beginning in childhood and adolescence is increasingly visible in the context of social media and commercially promoted beauty routines. This exploratory retrospective cross-sectional survey described skincare initiation, youth skincare patterns, social media-related skincare learning, current practices, and self-reported outcomes among 123 adults. Twenty-five participants initiated skincare at age ≤12 years and 98 at ages 13–18 years. Overall, 72.4% reported learning about skincare from social media. Earlier initiators more often reported regular and daily skincare use before age 18; however, these comparisons are limited because earlier initiators had a longer period in which to develop and report such behaviors. No robust differences in social media-related, appearance-related, psychological, or self-reported skin-health outcomes remained after multiple-comparison correction. These findings provide a descriptive overview of skincare behavior beginning during childhood and adolescence and support the need for prospective studies using standardized observation periods and validated measures.

Keywords: skincare; adolescence; social media; skin health

