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Adolescent Skin Health Literacy Across Cultures

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Abstract

Adolescent skin health literacy is crucial in shaping long-term dermatological outcomes and emotional well-being, yet it varies significantly across diverse cultural and geographic contexts. This cross-national study examines how both contexts influence adolescents' knowledge, perceptions, self-esteem, practices, and accessibility related to skincare. A self-administered survey was conducted among adolescents aged 15 to 19 from diverse backgrounds, with questions covering four sections: (1) dermatological knowledge, (2) skincare behaviors, (3) emotional and social perceptions, and (4) access to skin health resources. Responses were analyzed through two perspectives: cultural identity (CI) and current location (CL). CI was used to examine belief-based and perception-related questions, while CL guided analysis of behavior and access-related questions. This dual framework helped distinguish the influences of cultural norms from environmental and systemic factors. Results showed clear distinctions between cultural identity (CI) and current location (CL) in shaping adolescent skincare literacy and behavior. Among culturally Asian teens, 69% first learned about skincare from family, and 58% trusted influencers, compared to just 29% of Western teens in both categories. The social impact of skin issues was stronger for Asian females (77%) than for Western females (67%). CL-based patterns highlighted greater access and consistency in Western settings: 69% used sunscreen regularly (vs. 65% Asian CL), 38% followed skincare routines (vs. 12%), 56% understood ingredients (vs. 35%), and 88% had access to dermatologists (vs. 53%). Gender gaps were evident as well; girls reported higher routine engagement, ingredient literacy, and social sensitivity, while boys showed lower confidence impact. These findings suggest that CI informs beliefs, but CL exerts a stronger influence on behavior and access. These findings lead to the need for culturally responsive and scientifically accurate skincare education. Public health initiatives that address both sociocultural beliefs and systemic barriers to access may help reduce the knowledge gap and promote healthier skin and emotional wellness globally.

Keywords: *Adolescent, Skin Health Literacy, Cultural Identity, Current Environment, Cross-National Comparison, Skincare Behavior, Self-Esteem, Social Comparison, Public Health Education, Gender Differences, Dermatological Access*

1 Introduction

1.1 Teenage Skincare Knowledge and Practices

1.1.1 Everyday Influences

Daily adolescent skincare habits are influenced by constant exposure from peers, family settings, and early media interactions. Skincare routines shown by parents or older siblings often become normal behaviors, while peer-driven influences, especially through platforms like TikTok and Instagram, increase pressure to follow often expensive and complicated routines (Northwestern University study, Pediatrics). For example, viral "get ready with me" videos feature teens as young as seven using six or more products, raising risks of contact dermatitis and psychological stress (Hales et al., People, 2025).

1.1.2 Myths and Misconceptions

Myths surrounding acne, such as poor hygiene or “water-clears-skin” beliefs, persist worldwide. Despite medical consensus that hormonal fluctuation is the primary driver of adolescent acne (Zaenglein et al. 945), significant portions of teens erroneously cite hygiene or diet as root causes. Such misconceptions are deeply rooted in cultural messaging, societal stigma, and historical beauty standards, particularly in East Asian contexts where moral character is sometimes conflated with physical appearance (Del Rosso 22-27). This highlights the need to fix misinformation and misconceptions through targeted education.

1.1.3 Associated Health Effects

Misguided skincare practices often result in unintended consequences, including physical and emotional harm. Overuse of active ingredients popularized on social media, such as hydroxy acids or retinoids, can impair skin barrier integrity and increase photoreactivity, sometimes resulting in chronic eczema or dermatitis. Psychologically, fixed routines and constant comparison can erode self-esteem and raise anxiety, particularly when self-esteem becomes tied to flawless skin ideals.

1.2 Cultural Norms and Beauty Standards

1.2.1 Regional Differences in Beauty Ideals

Beauty ideals differ widely across regions, with valued skin qualities reflecting cultural histories and social contexts. In South and Southeast Asia, a long-standing preference for fair skin, rooted in colonial legacies and caste systems, continues to drive high demand for skin-lightening products. East Asian media often highlight Korean beauty (K-beauty) standards that favor pale, even-toned skin, reinforcing colorist hierarchies both within and outside the region.

1.2.2 Role of Gender Norms in Skincare

Gender norms influence skincare behaviors and messaging differently across cultures. Women and girls are disproportionately targeted by beauty marketing that links skincare with attractiveness and social success, reinforcing prescriptive beauty norms. In contrast, boys engaging in intensive routines, sometimes known as “looksmaxxing”, are often influenced by peer competition and social media trends, facing judgment or confusion in male-oriented cultural spaces. These divergent expectations show how gender norms influence equality in skincare education and pressure.

1.3 Impact of Social Media on Skincare Behaviors

1.3.1 Influencer Culture and Product Marketing

Influencers play a dominant role in shaping teen skincare behaviors, often emphasizing aesthetics over health. A recent analysis of TikTok revealed that the average viral teenage skincare routine comprises six products, costs $168 monthly, and lacks sunscreen in 74% of cases (People; Northwestern Now, 2025). Influencer marketing's amplification of aesthetic trends without health literacy deepens reliance on unverified medical advice and increases youth insecurity (Abidin, 2016).

1.4 Impact of Public Policy on Skincare Behaviors

1.4.1 Access to Healthcare and Insurance Coverage

Healthcare access significantly shapes adolescent skincare experiences. In Western systems, insured access to dermatologists is often higher and more affordable, while in many Asian settings, dermatology may require out-of-pocket funding unless medically "necessary". As a result, Western-identifying teens report far higher access to skin professionals, with nearly 88% indicating availability compared to only 53% in Asian contexts (CL data below).

1.4.2 Environmental Conditions and Policy

Regional environmental factors and public policy influence health behaviors like sunscreen use. Nations with established skin cancer prevention campaigns and stable sunscreen access, such as Australia and parts of Europe, see higher regular use among youth (PASS Coalition). In contrast, regions without such policies or public health messaging may have lower usage despite similar UV exposure.

1.4.3 Skincare Education in Schools and Public Campaigns

Early skin science education programs effectively boost adolescent health literacy. Social media campaigns, like skin cancer awareness messages, have a broad reach and knowledge gains. These strategies show that evidence-based education through appropriate methods can lessen harmful beauty messaging.

2 Research Method

2.1 Research Design

This study employed a cross-sectional, comparative survey design to examine how cultural identity (CI) and current location (CL) influence adolescents' skin health literacy, perceptions, behaviors, and access to care. The purpose was to distinguish the effects of internal cultural norms from external environmental systems. Responses were analyzed by CI when questions related to beliefs and perceptions, and by CL when questions pertained to habits or resource access. Subgroup comparisons were conducted across gender and between Asian and Western groups.

2.2 Sample Selection

Participants were recruited using convenience and snowball sampling methods through online platforms such as social media, school-based networks, and youth-led communities. The study targeted

adolescents aged 15 to 19 and received a total of 33 valid responses. Respondents were from diverse countries, including South Korea (16), the United States (13), Indonesia (1), Canada (1), Spain (1), and Germany (1). The sample included both male (10) and female (22) participants, as well as one gender-diverse respondent, who was included in descriptive analyses but excluded from gender-based subgroup comparisons due to small sample size. The survey was offered in both English and Korean.

2.3 Survey Instrument

The survey was designed in Google Forms and divided into six sections: (1) demographics (age, gender, cultural identity, current location), (2) scientific knowledge (like causes of acne, skin barrier awareness, and myths), (3) where participants learned about skincare and how much they trust influencers, (4) personal perception and self-image (confidence, comparison, and social treatment), (5) skincare habits (routine, sunscreen use, number of products, and ingredient knowledge), and (6) access to care and education (seeing a dermatologist and interest in skin science in school). It included multiple-choice, 1-5 scale, and optional short-answer questions.

2.4 Data Collection

Data were collected through Google Forms between July 10 and July 27, 2025. The survey was anonymous, with no personal information gathered. A consent statement at the start explained that completing the form meant a voluntary agreement to participate. Incomplete responses were excluded from specific analyses using listwise or pairwise deletion, depending on the variable.

3 Research Analysis

3.1 CI

Questions about internal beliefs and perceptions, such as acne causes, skin barrier awareness, confidence, social comparison, and trust in influencers, were analyzed based on participants' self-identified cultural identity. This categorization was chosen because early beauty norms, family influences, and media exposure vary by cultural background and shape how teens view skin health and themselves. Responses were compared between culturally Asian and culturally Western groups, and gender differences were also examined within each group. In some cases, comparisons between individual countries were included if there were enough responses. Results were described using percentages for multiple-choice questions and averages for scaled items like confidence or comparison.

3.1.1 What is the main cause of acne?

3.1.1.1 Question Purpose

This question asked adolescents to identify the main cause of acne. While acne has multiple contributing factors, hormonal changes during puberty are the primary cause, as they increase sebum production and clog pores (Zaenglein et al. 945). Bacteria (Cutibacterium acnes) and diet can worsen acne but are not root causes (Bowe and Logan 151-157). Poor hygiene is a common myth, often shaped by cultural beliefs (Del Rosso 22-27). The question aimed to assess scientific understanding and identify misconceptions.

3.1.1.2 Rationale for CI Categorization

The question was categorized under Cultural Identity (CI) because it reflects internalized beliefs rather than behaviors. What adolescents believe about acne causes is shaped by upbringing, cultural beauty standards, health education, and media exposure.

3.1.1.3 CI-Based Data Summary

Culturally Asian Respondents (n = 26)
Hormones: 14 (53.8%)
Diet: 4 (15.4%)
Poor hygiene: 4 (15.4%)
Bacteria: 3 (11.5%)
Not sure: 1 (3.8%)
Culturally Western Respondents (n = 7)
Hormones: 3 (42.9%)
Diet: 1 (14.3%)
Bacteria: 1 (14.3%)
All of the above: 1 (14.3%)
Not sure: 1 (14.3%)

Most respondents in both groups correctly identified hormones as the main cause. However, nearly half of the culturally Asian respondents selected alternative or incorrect causes such as diet, hygiene, or bacteria, indicating the presence of mixed beliefs. One Western respondent selected "All of the above," which, while not incorrect in a broad sense, suggests a generalized rather than specific understanding of the core cause. The belief in hygiene as a cause was more prevalent among Asian-identifying respondents, which may reflect lingering cultural associations between skin conditions and cleanliness or morality.

3.1.1.4 CI-Based Data Summary between Genders

Asian Female Respondents (n = 17)
Hormones: 11 (64.7%)
Poor hygiene: 3 (17.6%)
Diet: 2 (11.8%)
Bacteria: 1 (5.9%)
Asian Male Respondents (n = 9)
Hormones: 3 (33.3%)
Bacteria: 2 (22.2%)
Diet: 2 (22.2%)
Poor hygiene: 1 (11.1%)
Not sure: 1 (11.1%)
Western Female Respondents (n = 6)
Hormones: 3 (50.0%)
Diet: 1 (16.7%)
Bacteria: 1 (16.7%)
All of the above: 1 (16.7%)
Western Male Respondents (n = 1)
Not sure: 1 (100%)

Female respondents across both cultural groups were more likely to correctly identify hormones as the main cause of acne. In contrast, male respondents, particularly those identifying as Asian, showed more varied beliefs and greater uncertainty. These patterns may reflect differences in exposure to skincare information and the influence of gender norms on health awareness.

3.1.2 True or False: "Drinking more water will clear your skin."

3.1.2.1 Question Purpose

This question tests whether adolescents can distinguish between common skincare myths and scientifically supported facts. While hydration is important for general health, drinking more water has not been proven to directly clear acne. Belief in this myth may distract teens from effective treatment and promote oversimplified views of skin health.

3.1.2.2 Rationale for CI Categorization

This item was categorized under Cultural Identity (CI) because beliefs about acne causes are shaped by cultural messaging, home education, and media exposure. In some cultures, drinking water is heavily promoted as a catch-all health solution, while others emphasize topical care or medical treatment.

3.1.2.3 CI-Based Data Summary

Culturally Asian Respondents (n = 26)
True: 15 (57.7%)
False: 11 (42.3%)
Culturally Western Respondents (n = 7)
True: 3 (42.9%)
False: 4 (57.1%)

A majority of culturally Asian respondents believed the statement to be true, while the majority of culturally Western teens identified it as false. This suggests that the water myth is more commonly accepted in Asian contexts, possibly due to traditional wellness narratives.

3.1.2.4 CI-Based Data Summary between Genders

Asian Female Respondents (n = 17)
True: 11 (64.7%)
False: 6 (35.3%)
Asian Male Respondents (n = 9)
True: 4 (44.4%)
False: 5 (55.6%)
Western Female Respondents (n = 6)
True: 3 (50.0%)
False: 3 (50.0%)
Western Male Respondents (n = 1)
True: 0 (0%)
False: 1 (100%)

Asian females were most likely to believe the myth, with nearly two-thirds answering "true." Western males, though a small sample, rejected the myth entirely. These results reflect how gendered beauty advice and cultural health norms may perpetuate or challenge misinformation.

3.1.3 Have you ever heard of the skin barrier? Do you know what ingredients support or harm the skin barrier?

3.1.3.1 Question Purpose

This question evaluates whether adolescents are aware of the skin barrier, a key concept in dermatology. The skin barrier, primarily the stratum corneum, protects the body from pathogens, prevents water loss, and regulates inflammation (Elias, 2005). Damage to the skin barrier can lead to dryness, sensitivity, and conditions like eczema and acne.

3.1.3.2 Rationale for CI Categorization

This is a Cultural Identity (CI) question because it reflects what participants have learned—likely through family, media, or national education systems—rather than what they do in their current location. For example, South Korea's beauty culture emphasizes barrier-repair ingredients in mainstream media, while Western consumers may learn about barrier repair later or in niche skincare communities.

3.1.3.3 CI-Based Data Summary

Culturally Asian Respondents (n = 26)
Yes: 15 (57.7%)
No: 11 (42.3%)
Culturally Western Respondents (n = 7)
Yes: 4 (57.1%)
No: 3 (42.9%)

Both Asian and Western participants showed nearly identical awareness (≈57%) of the skin barrier. This suggests that skin barrier education is not deeply emphasized across either cultural group at the teen level, though some adolescents may learn about it from online skincare communities.

3.1.3.4 CI-Based Data Summary between Genders

Asian Female Respondents (n = 17)
Yes: 13 (76.5%)
No: 4 (23.5%)
Asian Male Respondents (n = 9)
Yes: 2 (22.2%)
No: 7 (77.8%)
Western Female Respondents (n = 6)
Yes: 4 (66.7%)
No: 2 (33.3%)
Western Male Respondents (n = 1)
Yes: 0 (0%)
No: 1 (100%)

Across both CI groups, females were significantly more aware of the skin barrier than males. In the Asian group, 76.5% of females answered yes, compared to just 22.2% of males. This gap suggests a gender divide in scientific skincare knowledge, likely influenced by beauty norms and skincare marketing targeted more toward females (Voegeli, 2021).

3.1.4 Where and when did you first learn about skincare?

3.1.4.1 Question Purpose

This question investigates the initial source of skincare knowledge among adolescents. Early exposure to skincare concepts influences long-term habits, product choices, and trust in skin-related information. Whether teens first learn from family, friends, social media, or formal education affects their ability to filter misinformation and adopt effective practices. Early learning from credible sources is associated with higher skincare literacy and lower susceptibility to marketing myths (Draelos, 2010).

3.1.4.2 Rationale for CI Categorization

This is a Cultural Identity (CI) question because it reflects what participants learned during their upbringing, shaped by cultural norms, family routines, and media content in their home environments, not their current geographic access to care.

3.1.4.3 CI-Based Data Summary

Culturally Asian respondents (n = 26)
Family/Home: 18 (69.2%)
Friends/School: 3 (11.5%)
Social Media/Influencers: 5 (19.2%)
Never Learned: 0 (0%)
Culturally Western respondents (n = 7)
Family/Home: 2 (28.6%)
Friends/School: 2 (28.6%)
Social Media/Influencers: 3 (42.9%)
Never Learned: 0 (0%)

These results suggest that Asian-identifying adolescents overwhelmingly rely on family, particularly mothers, as their primary skincare educators. This aligns with conceptions highlighting the centrality of intergenerational beauty knowledge in Asian households. Conversely, Western-identifying teens demonstrate a broader reliance on peer-driven and digital sources, consistent with the growing role of media in shaping Western adolescent health behaviors (Perloff, 2014).

3.1.4.4 CI-Based Data Summary between Genders

Asian Female Respondents (n = 17):
Family/Home: 13 (76.5%)
Friends/School: 2 (11.8%)
Social Media/Influencers: 2 (11.8%)
Asian Male Respondents (n = 9):
Family/Home: 5 (55.6%)
Friends/School: 1 (11.1%)
Social Media/Influencers: 3 (33.3%)
Western Female Respondents (n = 6):
Family/Home: 2 (33.3%)
Friends/School: 2 (33.3%)
Social Media/Influencers: 2 (33.3%)
Western Male Respondents (n = 1):
Social Media/Influencers: 1 (100%)

Gender-based analysis reveals that Asian females are most likely to have learned about skincare from family (over 75%), reinforcing traditional maternal influence in Asian cultures. Asian males,

however, exhibited a more diverse range of sources, with a notable portion citing social media. Western females were evenly divided across all three source categories, reflecting the decentralized and media-integrated nature of skincare learning in Western settings.

3.1.5 Do you trust online skincare influencers for advice?

3.1.5.1 Question Purpose

This question assesses adolescents' trust in online skincare influencers as sources of advice. Given the rising role of influencers in beauty culture, especially on platforms like YouTube and TikTok, it's important to evaluate whether teens perceive them as credible.

3.1.5.2 Rationale for CI Categorization

This is a Cultural Identity (CI) question because trust is shaped by internalized media norms, beauty standards, and the credibility assigned to digital figures in one's cultural environment. In East Asian contexts, influencers are often integrated into beauty education, while Western cultures may encourage greater media skepticism.

3.1.5.3 CI-Based Data Summary

Culturally Asian Respondents (n = 26)
Yes: 15 (57.7%)
No: 11 (42.3%)
Culturally Western Respondents (n = 7)
Yes: 2 (28.6%)
No: 5 (71.4%)

More than half of culturally Asian respondents trusted online influencers for skincare advice, compared to less than one-third of Western-identifying adolescents. This suggests that influencer-led education is more normalized and accepted in Asian contexts, whereas Western teens are more critical or cautious. The data reflects broader media trust patterns across cultures.

3.1.5.4 CI-Based Data Summary between Genders

Asian Female Respondents (n = 17)
Yes: 11 (64.7%)
No: 6 (35.3%)
Asian Male Respondents (n = 9)
Yes: 4 (44.4%)
No: 5 (55.6%)
Western Female Respondents (n = 6)
Yes: 2 (33.3%)
No: 4 (66.7%)
Western Male Respondents (n = 1)
Yes: 0 (0%)
No: 1 (100%)

Asian females showed the highest trust in skincare influencers, followed by Asian males. Western respondents, especially males, showed low or no trust. This gender divide may reflect the way beauty content is marketed, often more directly at young women. The stronger skepticism among Western youth, particularly males, suggests differences in both exposure and perception of influencer credibility.

3.1.6 How confident do you feel about your skin most days?

3.1.6.1 Question Purpose

This question measures adolescents' day-to-day self-esteem in relation to their skin. Skin confidence plays a major role in social comfort, emotional resilience, and overall mental health, especially during teenage years when appearance-based pressures are high. Low confidence has been linked to avoidance behaviors, anxiety, and even depression (Bowe et al., 2017).

3.1.6.2 Rationale for CI Categorization

This is categorized under Cultural Identity (CI) because confidence levels are shaped by internal cultural values, beauty standards, and how individuals are taught to perceive flaws. In many East Asian societies, clear skin is tied to self-discipline and morality, whereas in Western cultures, diversity in appearance may be more normalized.

3.1.6.3 CI-Based Data Summary

Culturally Asian Respondents (n = 26)
High (4-5): 9 (34.6%)
Moderate (3): 9 (34.6%)
Low (1-2): 8 (30.8%)
Culturally Western Respondents (n = 7)
High (4-5): 5 (71.4%)
Moderate (3): 1 (14.3%)
Low (1-2): 1 (14.3%)

Only about one-third of Asian-identifying teens reported high skin confidence, with the rest split between moderate and low. In contrast, Western-identifying teens expressed significantly more confidence overall. This may reflect differences in societal pressure, skin ideals, and cultural comfort with imperfection.

3.1.6.4 CI-Based Data Summary between Genders

Asian Female Respondents (n = 17)
High (4-5): 5 (29.4%)
Moderate (3): 5 (29.4%)
Low (1-2): 7 (41.2%)
Asian Male Respondents (n = 9)
High (4-5): 4 (44.4%)
Moderate (3): 4 (44.4%)
Low (1-2): 1 (11.1%)
Western Female Respondents (n = 6)
High (4-5): 4 (66.7%)
Moderate (3): 1 (16.7%)
Low (1-2): 1 (16.7%)
Western Male Respondent (n = 1)
High (4-5): 1 (100%)

Among Asian females, over 40% reported low confidence, more than double the rate of Western females. Asian males were more evenly distributed and notably more confident than females in their group. Western participants across genders generally felt more secure about their skin. These results highlight how gendered beauty pressures affect self-image more strongly in certain cultural settings.

3.1.7 How often do you compare your skin to others online?

3.1.7.1 Question Purpose

This question explores how often teens engage in appearance-based comparison on digital platforms. Social comparison, especially on Instagram, TikTok, and YouTube, can lower self-esteem, create unrealistic expectations, and amplify dissatisfaction with one's appearance (Fardouly et al., 2015).

3.1.7.2 Rationale for CI Categorization

This is a CI question because frequency of comparison is linked to internalized ideals and what is culturally reinforced as "good skin."

3.1.7.3 CI-Based Data Summary

Culturally Asian Respondents (n = 26)
Often (4-5): 11 (42.3%)
Sometimes (3): 9 (34.6%)
Rarely/Never (1-2): 6 (23.1%)
Culturally Western Respondents (n = 7)
Often (4-5): 2 (28.6%)
Sometimes (3): 3 (42.9%)
Rarely/Never (1-2): 2 (28.6%)

Asian respondents were more likely to report frequent comparison with others' skin online, with over 40% selecting "often." Western respondents showed a more moderate pattern. This suggests that beauty pressure and media exposure may be more internalized in Asian-identifying youth.

3.1.7.4 CI-Based Data Summary between Genders

Asian Female Respondents (n = 17)
Often (4-5): 9 (52.9%)
Sometimes (3): 5 (29.4%)
Rarely/Never (1-2): 3 (17.6%)
Asian Male Respondents (n = 9)
Often (4-5): 2 (22.2%)
Sometimes (3): 4 (44.4%)
Rarely/Never (1-2): 3 (33.3%)
Western Female Respondents (n = 6)
Often (4-5): 2 (33.3%)
Sometimes (3): 3 (50.0%)
Rarely/Never (1-2): 1 (16.7%)
Western Male Respondents (n = 1)
Rarely/Never (1-2): 1 (100%)

Asian females showed the highest frequency of comparison, with over half selected "often." Asian males compared less often, and Western teens, especially males, were least likely to engage in appearance comparison. This reinforces how cultural expectations and gender roles intersect in shaping online self-monitoring behaviors.

3.1.8 How has your skin troubles affected the way others treat you?

3.1.8.1 Question Purpose

This question examines the perceived social consequences of skin issues, such as being treated differently, teased, or excluded. Stigma associated with visible skin conditions like acne can influence mental health and social confidence. Measuring perceived treatment helps identify psychosocial burdens of dermatological issues (Magin et al., 2006).

3.1.8.2 Rationale for CI Categorization

This is categorized under CI because it reflects internal perception influenced by cultural stigma and beauty norms. In some cultures, visible skin issues carry more moral judgment or assumptions about hygiene and self-care, affecting how teens believe they are viewed or treated.

3.1.8.3 CI-Based Data Summary

Culturally Asian Respondents (n = 26)
Strong impact (4-5): 10 (38.5%)
Moderate (3): 10 (38.5%)
Minimal/None (1-2): 6 (23.1%)
Culturally Western Respondents (n = 7)
Strong impact (4-5): 2 (28.6%)
Moderate (3): 3 (42.9%)
Minimal/None (1-2): 2 (28.6%)

Over 75% of Asian-identifying teens felt their skin troubles had at least a moderate effect on how others treated them. Western-identifying teens reported slightly less impact, though trends were still significant. This suggests that perceived skin-based judgment may be more intense in appearance-focused or collectivist cultures.

3.1.8.4 CI-Based Data Summary between Genders

Asian Female Respondents (n = 17)
Strong impact (4-5): 7 (41.2%)
Moderate (3): 6 (35.3%)
Minimal/None (1-2): 4 (23.5%)
Asian Male Respondents (n = 9)
Strong impact (4-5): 3 (33.3%)
Moderate (3): 4 (44.4%)
Minimal/None (1-2): 2 (22.2%)
Western Female Respondents (n = 6)
Strong impact (4-5): 2 (33.3%)
Moderate (3): 3 (50.0%)
Minimal/None (1-2): 1 (16.7%)
Western Male Respondents (n = 1)
Minimal/None (1-2): 1 (100%)

Across both cultural groups, female respondents were more likely to feel socially impacted by their skin. Asian females in particular reported stronger effects, suggesting a link between cultural beauty ideals and social treatment. Western males again showed the lowest concern, possibly due to weaker societal pressure around appearance in male populations.

3.2 CL

Behavior- and access-related questions, such as sunscreen use, skincare routine, product use, dermatologist access, and ingredient understanding, were analyzed by participants' current country of residence. This allowed exploration of how healthcare systems, climate, public messaging, and accessibility may affect daily skincare practices. Participants were grouped into Asian vs. Western regions. Gender differences were also examined within these groups.

3.2.1 How often do you apply sunscreen?

3.2.1.1 Question Purpose

This question measures behavioral consistency in sun protection, a key preventive habit in skincare. Regular sunscreen use protects against UV-related skin aging and skin cancers. It also reflects general skincare awareness and responsiveness to health messaging.

3.2.1.2 Rationale for CL Categorization

This is categorized as a Current Location (CL) question because sunscreen usage depends on access, public health education, climate, and prevailing attitudes about sun exposure in one's geographic setting.

3.2.1.3 CL-Based Data Summary

Culturally Asian Respondents (n = 17)
Yes: 11 (64.7%)
No: 6 (35.3%)
Culturally Western Respondents (n = 16)
Yes: 11 (68.8%)
No: 5 (31.2%)

Both groups showed moderate sunscreen usage, with slightly higher rates among Western teens. This may reflect stronger sun safety education or beauty trends promoting lighter, even-toned skin in Western settings.

3.2.1.4 CL-Based Data Summary between Genders

Asian Female Respondents (n = 10)
Yes: 6 (60.0%)
No: 4 (40.0%)
Asian Male Respondents (n = 7)
Yes: 5 (71.4%)
No: 2 (28.6%)
Western Female Respondents (n = 11)
Yes: 8 (72.7%)
No: 3 (27.3%)
Western Male Respondents (n = 5)
Yes: 3 (60.0%)
No: 2 (40.0%)

Female respondents in both regions reported slightly higher sunscreen use. However, Asian males showed strong usage, potentially reflecting rising awareness among boys due to K-beauty trends.

3.2.2 Do you follow a skincare routine?

3.2.2.1 Question Purpose

This question explores the presence of structured skincare habits beyond occasional product use. A consistent routine suggests greater engagement, exposure to skincare marketing, and influence of role models.

3.2.2.2 Rationale for CL Categorization

Categorized under CL, as routines often depend on current access to products, cultural norms about self-care, and individual vs. collective prioritization of appearance.

3.2.2.3 CL-Based Data Summary

Culturally Asian Respondents (n = 17)
Yes: 2 (11.8%)
No: 15 (88.2%)
Culturally Western Respondents (n = 16)
Yes: 6 (37.5%)
No: 10 (62.5%)

Western respondents were over three times more likely to report a skincare routine. This may reflect cultural emphasis on individual health habits and higher exposure to commercial skincare systems.

3.2.2.4 CL-Based Data Summary between Genders

Asian Female Respondents (n = 10)
Yes: 2 (20.0%)
No: 8 (80.0%)
Asian Male Respondents (n = 7)
Yes: 0 (0.0%)
No: 7 (100%)
Western Female Respondents (n = 11)
Yes: 5 (45.5%)
No: 6 (54.5%)
Western Male Respondents (n = 5)
Yes: 1 (20.0%)
No: 4 (80.0%)

Western females were the most likely to follow a routine. Asian males reported no routines, highlighting potential cultural or social gaps in routine-building behavior.

3.2.3 Do you feel you understand the ingredients in your skincare products?

3.2.3.1 Question Purpose

This question assesses ingredient literacy, which is essential for making safe, informed skincare decisions and avoiding misinformation about "clean" or "toxic" products.

3.2.3.2 Rationale for CL Categorization

This is a CL question because ingredient awareness is shaped by current access to consumer information, school curricula, and regional marketing.

3.2.3.3 CL-Based Data Summary

Culturally Asian Respondents (n = 17)
Yes: 6 (35.3%)
No: 11 (64.7%)
Culturally Western Respondents (n = 16)
Yes: 9 (56.2%)
No: 7 (43.8%)

Western teens report higher ingredient awareness. This may be due to stronger regulation of product labeling in Western countries and more public discussion around ingredients like parabens or alcohols in the U.S. and Europe (FDA, 2023).

3.2.3.4 CL-Based Data Summary between Genders

Asian Female Respondents (n = 10)
Yes: 5 (50.0%)
No: 5 (50.0%)
Asian Male Respondents (n = 7)
Yes: 1 (14.3%)
No: 6 (85.7%)
Western Female Respondents (n = 11)
Yes: 7 (63.6%)
No: 4 (36.4%)
Western Male Respondents (n = 5)
Yes: 2 (40.0%)
No: 3 (60.0%)

Ingredient knowledge was highest among Western females. Asian males showed the lowest confidence, suggesting a need for targeted education.

3.2.4 Do you have access to a dermatologist or professional skin care?

3.2.4.1 Question Purpose

This question evaluates healthcare access, a critical factor in managing skin conditions like acne or eczema and in receiving accurate skin education.

3.2.4.2 Rationale for CL Categorization

This is a CL question because it depends on the healthcare infrastructure, affordability, and medical availability in the participant's current country.

3.2.4.3 CL-Based Data Summary

Culturally Asian Respondents (n = 17)
Yes: 9 (52.9%)
No: 8 (47.1%)
Culturally Western Respondents (n = 16)
Yes: 14 (87.5%)
No: 2 (12.5%)

Western teens were more likely to report dermatological access. Though countries like Korea offer universal healthcare, dermatology is often treated as cosmetic and requires additional fees.

3.2.4.4 CL-Based Data Summary between Genders

Asian Female Respondents (n = 10)
Yes: 5 (50.0%)
No: 5 (50.0%)
Asian Male Respondents (n = 7)
Yes: 4 (57.1%)
No: 3 (42.9%)
Western Female Respondents (n = 11)
Yes: 10 (90.9%)
No: 1 (9.1%)
Western Male Respondents (n = 5)
Yes: 4 (80.0%)
No: 1 (20.0%)

Access was highest among Western females. The data suggests gender and regional disparities in professional skin health access, despite similar reported needs.

4 Discussion

Cultural identity (CI) mainly influenced beliefs and knowledge about skin health, while current location (CL) shaped behaviors and access to care. For example, Asian-identifying teens often learned skincare from family, while those living in Western countries reported more consistent sunscreen use and better access to dermatologists.

Awareness of the term *skin barrier* was similar across both CI groups, despite expectations that Asian teens would show higher familiarity. Many teens also reported trusting skincare influencers, yet their scientific understanding—such as about acne causes or ingredient functions—remained limited. This suggests a gap between media consumption and evidence-based knowledge.

Small subgroup sizes in certain countries or gender categories limit generalizability. Additionally, discrepancies between participants' CI and CL may have blurred some effects. Lastly, self-reported data is subject to perception bias and may not reflect actual behavior.

5 Conclusion

This study underscores how both cultural background and current living environments contribute to shaping how adolescents understand and care for their skin. While cultural norms influenced how teens perceive acne, beauty, and self-image, local systems, such as climate, healthcare access, and public messaging, were more influential in shaping actual skincare behaviors and resource availability.

To improve adolescent skin health, targeted education programs should consider both cultural sensitivity and local infrastructure. Messaging should balance scientific accuracy with relevance to each region’s common myths, beauty standards, and access barriers.

Despite its insights, the study faced limitations. The relatively small and uneven sample limited some subgroup comparisons, and the use of self-reported data may have introduced bias. To build on these findings, future studies should include in-depth qualitative interviews to explore the cultural and emotional dimensions of skincare, and track behavior changes over time through longitudinal research. Broader, more inclusive sampling across cultures and ethnicities will also strengthen the global relevance of this work.

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