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Construction and Standardization of Beauty Satisfaction Scale for Adolescents with Cleft Lip and Palate

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Abstract

This study outlines the methodology and findings of a study that aimed to create a tool for assessing adolescents with oral facial clefts' levels of beauty satisfaction. The development of this tool includes a well-detailed literature survey, focus group discussion with adolescents with oral facial clefts, and the wide process of consultation with the cleft surgeon, orthodontist, pediatrician, and clinical psychologist. Further test construction includes planning of the scale, item preparation, try out, scoring, and item analysis. The beauty satisfaction scale consists of 20 statements in a five-point Likert scale which consists of both positive and negative items. for beauty satisfaction with the help of the guide. This tool is a promising tool in the field of oral-facial cleft with the utility of assessing the perception of beauty satisfaction among the cleft population.

Keywords: Beauty satisfaction scale, adolescent, cleft lip and palate, oral facial clefts

INTRODUCTION

The structure surrounding the mouth and face has an opening, slit, or gap known as an oral-facial cleft (OFC), commonly known as cleft lip and cleft palate. Teenagers with clefts have a wide range of issues, necessitating multiple therapy procedures for rehabilitation that begin at birth and go into adulthood. Teenagers were shown to value physical attractiveness more highly than intelligence and humor, and this value rose over time [1]. Evidence suggests that it might be challenging to adjust to a disease-related alteration in one's facial appearance. Facial aesthetic assessment is one of the most pertinent indicators of treatment success among the several components of treatment outcome audits [2]. Problems with behaviors, and satisfaction with one's physical appearance especially beauty satisfaction, depression, and anxiety have all been reported by studies on psychological aspects of cleft lip and palate [3].

OPERATIONAL DEFINITION OF THE TERMS

The property of an object that makes it a stimulus that favorably stimulates pleasure, appreciation, and satisfaction is known as beauty satisfaction. Either the mind or the senses find this trait appealing. Even after having rehabilitation to normalize their look, adolescents with clefts still tend to worry about their appearance. One method of identifying persons at risk for adjustment issues may be to measure subjects' happiness with their physical attractiveness. Based on this perspective, researchers felt it was necessary to create a scale that primarily measured how satisfied teenagers with cleft lip and palate were with their appearance. The review of the literature projected that the major aspects regarding dissatisfaction were the inability to adjust to the visible defect, difficulty in facing or participating in the family or getting together with

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friends, reluctance in taking photographs, and failure in maintaining friendships with the same gender or opposite gender. Hence, items in the scale were prepared based on these concerns related to beauty.

NEED FOR THE DEVELOPMENT OF A BEAUTY SATISFACTION SCALE

Because of the simultaneous changes in the physical, cognitive, social, affectional, and sexual worlds, adolescence is frequently seen as a turbulent and crisis-ridden time. The effects of facial differences, functional issues, and integration into peer groups result in further difficulties. Not only are these adolescents dealing with the developmental changes common to all their peers, but they must cope with the special concerns and pressures that are part of having a chronic medical condition. These include managing heterosexual relationships despite potential dissatisfaction with facial appearance and integrating their facial characteristics into a shifting body image. Better psychosocial adjustment will result from improved facial attractiveness [4].

Teenagers with changed appearance conditions may feel more susceptible when it comes to romantic relationships due to the rising relevance of appearance and social approval. Since the degree of facial differences is not related to psychological outcomes, it is crucial to routinely inquire about how someone feels about their look [5].

Both a child's image and the placement of their cleft can be impacted by parents' assessments of their child's accomplishment. The psychological impact includes worrying about one's appearance, experiencing a sense of unity, worrying about the results of surgery, being financially burdened, and blaming or praying to God. It will have an impact on a child's identity, attitude, behavior, and personality. Additionally, it destroys the person's self-worth and self-control [6].

A study on dental anxiety predicted that among early teenagers, 8 (61.5%) expressed concern for the sound of the drill, 13 (100%) of the samples expressed fear of injury, and 10 (76%) expressed equal concern for anxiety towards RCT and embarrassment over the state of my mouth. This information makes it abundantly evident that dental anxiety was present at a young age [7].

TEST CONSTRUCTION OF BEAUTY SATISFACTION SCALE

Planning of the Scale

The investigator observed that the importance of physical appearance has demonstrated that a healthy physical appearance, regardless of facial or physical attractiveness, is deemed beautiful. This conclusion was reached after reading the relevant literature, speaking with experts, and participating in focus groups with children who had oral facial clefts. Hence evaluation of facial aesthetics is extremely important to study the overall health domains of children with oral facial clefts. Investigator while reviewing the literature identified a lack of standardized tools on beauty satisfaction for clefts in our culture context. Hence investigators identified the need to develop an accurate scale to measure the perspectives of adolescents about beauty satisfaction. So, the investigator has prepared 20 statements for beauty satisfaction with the help of the guide.

Item Preparation

Based on the review, discussion with experts, and a focus group discussion with oral facial cleft children, the investigator prepared a list of items on beauty satisfaction. The inventory focused on how they felt about their appearance. Items were examined by the experts to rule out the ambiguity and confusion.

Try Out

The list of items was administered to participants with appropriate instructions. The scale includes 20 items. The subjects are provided with four response categories. The responses are "not at all", "once in a while", "occasionally", "most of the time" and "always". Items include positive and negative statements.

Participants

Participants were selected from Jubilee Mission Medical College and Research Institute, Thrissur. For the study, adolescents between the ages of 11 and 19 who had undergone surgery for cleft lip, cleft palate, or cleft lip and cleft palate were recruited. The participants were chosen using a straightforward random procedure.

Administration

The investigator met the participants individually. The purpose of the study was explained. Confidentiality of the response was assured. Respondents were asked to carefully read the statements and appropriately tick the choices ranging from "not at all" to "always". To mark their responses, the individuals had their spot on the scale. By placing a tick mark in the corresponding place provided for each question, the subject might indicate his or her answers for each item. At the end of the administration of the scale, the investigator checked the scale for any missing items.

Scoring

The score 0, 1, 2, 3, and 4 were given to the responses "not at all", "once in a while", "occasionally", "most of the time" and "always" respectively for positive statements. The negative statements have reversed scoring. The scores are then summed up to obtain the score of everyone. Thus, the maximum score is 80 and the minimum is 0.

Planning of the scale

The English version of the questionnaire was translated into Malayalam by the investigator with the help of experts in Malayalam. The inventory was administered to 120 normal children and 40 children with oral facial clefts. The response was scored and arranged in descending order. It was decided to take the 60 participants with the lowest scores and the 60 people with the greatest marks. The upper and lower groups were created as a result. The t-value for the low and high group items was then calculated. The amount to which each statement distinguished between the high and low groups was measured by the value of the t that was obtained. The t-value of each item was calculated to find out the discriminating power. As the t-value is significant at 0.01 level, all the items are taken into the final scale of beauty satisfaction. The instructions and the scoring procedure for the final version are the same as that for the draft scale [8–13].

DETAILS OF ITEM ANALYSIS FOR BEAUTY SATISFACTION SCALE

Reliability

The test-retest method, split-half method, and equivalent method are the three frequently used approaches for computing reliability coefficients. The reliability of the test has been determined for the current tool using Cronbach's alpha methodology. The reliability of the inventory was determined to be 0.895 and the Cronbach's alpha. The high correlation value shows the higher rate of the reliability of the tool.

Validity

The scale's translated version was given to subject matter experts, who agreed that the scale's items adequately covered the relevant concepts for the task at hand, demonstrating the scale's face validity. To find the criterion validity for the beauty satisfaction scale, the scale was administered to 40 children with oral facial clefts. (Mean=31.25 and SD=10.69) and an equal number of normal children (Mean=12.97 and SD=7.80) using an independent sample t-test gave a t-value of 8.74, which was found to be significant at 0.01 level (Table 1) [14].

Beauty Satisfaction Scale

Instructions

Read the following statements and mark your opinion against the column provided (Table 2).

Table 1. Item analysis of Group 1 and Group 2.

Item No.	Group 1 (N=60)		Group 2 (N=60)		t-value	Selected items
	Mean	*SD(High)*	*Mean*	*SD(Low)*		
1	3.47	1.15	1.15	1.47	9.6**	✓
2	3.07	1.28	1.41	1.21	7.2**	✓
3	.10	.399	1.72	1.318	9.1**	✓
4	.83	1.23	1.90	1.28	4.6**	✓
5	1.47	1.25	1.95	1.45	1.9**	✓
6	.20	.632	1.98	1.21	10.0**	✓
7	1.57	1.37	.05	.220	8.18**	✓
8	.05	.220	1.82	1.45	9.31**	✓
9	.13	.430	2.15	1.54	9.71**	✓
10	.07	.312	1.90	1.46	9.47**	✓
11	.03	.181	1.41	1.41	7.45**	✓
12	.12	.585	1.98	1.63	8.32**	✓
13	.18	.676	1.54	1.54	6.24**	✓
14	.10	.440	1.93	1.53	8.89**	✓
15	.13	.468	1.33	1.48	5.96**	✓
16	.40	.807	1.89	1.26	7.68**	✓
17	.05	.287	1.95	1.46	9.86**	✓
18	.37	.663	1.67	1.48	6.24**	✓
19	.00	.000	1.87	1.48	9.72**	✓
20	.03	.181	2.41	1.37	13.31**	✓

Selected items

Table 2. Beauty satisfaction scale questionnaire.

S.N.	Not at all (0)	Once in a while (1)	Occasionally (2)	Most of the time (3)	Always (4)
1	I am happy with the way I look				
2	I think I am good-looking.				
3	I am not satisfied with my face how appears.				
4	I avoid looking at my features in mirrors.				
5	I spend time making my appearance more attractive.				
6	I am dissatisfied with my appearance when dressed.				
7	I change my gestures to avoid my features at a certain angle.				
8	I avoid smiling because of the defect in the face				
9	I avoid taking videos/photos because of my appearance				
10	I avoid social gatherings because of my appearance				
11	I failed to maintain friendships with others as I was not satisfied with my body				
12	I avoid falling in love because of my facial appearance				
13	I feel my body image is a disadvantage to me				
14	My mood gets affected when I think about my body's appearance				
15	I compare my beauty to my friends and get tense				
16	I feel hurt when someone criticizes my body				
17	I feel depressed when I see other children whom I think are more attractive than me.				
18	I usually prefer others' opinions about my body image				
19	I feel that I am not physically fit due to my facial disfigurement				
20	I remark negatively about my body to myself and to others.				

CONCLUSION

The researcher anticipates that this scale will prove beneficial in assessing satisfaction regarding beauty among adolescents dealing with cleft lip and palate. It is also believed that the above scale would aid in counseling and exploring the realistic features of the face which will improve the acceptance of the physical appearance of adolescents. Thus, it is hoped that the scale will be utilized and extended in the same for future researchers.

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Conflicts of Interest

There are no conflicts of interest.

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