A questionnaire (Fig. 1) was proposed to all parents visiting the paediatrician office, regardless the reason of the visit, to collect data from the general population. The parent was asked to fill out only one questionnaire, even if he/she had more than one child. This as to obtain general data not related to the specific situation of a particular child. The parents did not receive any compensation.

In the first part of the questionnaire parents had to provide general information about their children (sex, age, number), and about their employment and education. These information aimed to assess the kind of family environment (Fig. 2). Then parents had to answer 9 questions about the perception of their child’s deformity (Fig. 3). The first 6 items investigated their perception and attention to the problem, the other 3 investigated what they thought was their child’s perception of it (Table 1).

In the second part of the questionnaire (Fig. 4), parents had to answer 3 questions, summarised as follows. Firstly, if children’s front view or profile could be considered as the most important feature from an aesthetic point of view. Second, if a specific area of the face could be considered as the most important (forehead, eyes, nose, lips, ears, zygomatic area, teeth, chin or none in particular). Third, regarding the lower third of the face, if some specific deformity could be considered as the most important from an aesthetic point of view (chin defect, chin excess, short face, long face, irregular dental arch and smile).
In the North of Italy, all terms employed are generally well understood by ordinary people. Multiple choices were admitted in the questionnaire. The investigation was carried out for a period of 30 days and 1214 questionnaires were collected (760 in Milan area and 454 in Bologna area).

Results

The research showed no significant differences in answers between Milan and Bologna samples. No significant differences were also found between parent’s answers regarding perception of aesthetic problems of their children, regardless of age, employment and number of children in the family. The paper reports the results of the whole sample of 1668 questionnaires. Answers to the first part of the questionnaire were as follows.
1. Is the aesthetic aspect of the face generally considered as important, during childhood? It is very important for 74% of parents and important for the remaining 26%.

2. Starting from what age may it be considered important? It was always important for 86% of the parents, only 14% of responders considered it important only after puberty.

3. Is there, in your opinion, a gender difference? Almost all the interviewed (93%) believed that gender is not an important factor.

4. Do you think that your paediatrician should take care of it? The paediatrician’s role was felt as very important; only 7.3% considered it limited to general health.

5. If necessary, would you agree to an adequate therapy for your child? The majority of the parents would agree to a craniofacial treatment for their children (68%). Only 30% had doubts and needed further information. Only 2% stated that they refused craniofacial treatment.

6. What are, in your opinion, the most important problems with these treatments? Fifty-nine percent of the parents were concerned about pain and 45% by the side effects of the treatment.

7. Is your child disturbed by some psychological problem about his/her facial aesthetics? The majority (72.5%) of parents answered that their children had no subjective problems about facial aesthetics, for 6.5% they had mild problems and only 0.8% were reported to have severe problems (20.2% didn’t answer this question).

8. At what age the child had started to be concerned about it? In the sub-sample of children with a subjective problem, about 50% developed this perception at a very young age (5 years), while the remaining 50% started after 10 years of age.

9. Does your child have social problems because of his/her facial aesthetics? Only 1.8% reported problems and 57% gave a negative answer (a great number of parents did not answer the question).

The second part of the questionnaire showed that:
1. profile is felt as more important (82%) than the front view (18%);
2. The areas of the face felt as the more important are teeth (59%), eyes (42%) and nose (40%);
3. Regarding the lower third of the face, the deformities felt as the most important were an irregular dental arch and smile (62%) and chin excess (35%).

Discussion and conclusion
This study agrees with the contemporary literature demonstrating that facial aesthetics during childhood is considered important by parents [Simis et al., 2002;
Millard and Richman, 2001; Sullivan and Singer, 2001; Pope and Speltz, 1997; Endriga and Kapp-Simon, 1999; Kapp-Simon, 1995] starting from a very early age and without any gender difference [Simis et al., 2002; Sullivan and Singer, 2001; Mandall et al., 2000; Tobiasen, 1987]. Parents also consider the paediatricians’ role very important in the early diagnosis of these problems. The wide majority of parents desire a skilled attention from the paediatrician, not only about general health and growth problems, but also about craniofacial deformities. The paediatricians’ role is perceived as very important because they can screen craniofacial pathologies at a very early stage.

Almost all parents would agree, if necessary, to craniofacial treatments [Smarrito et al., 2005; Simis et al., 2002; Sullivan and Singer, 2001], they only are concerned about possible pain or side effects of the treatments, so they only need to be well informed and reassured about these questions.

The questions about the child alleged perception were not answered by the whole sample. In the subsample that answered these questions, it seems that only a little group of children have a poor self esteem or social life because of facial aesthetics. However, the small group of kids having problems starts to be concerned from a very early age.

Face profile is considered more important than the front of the face. The face areas reported as the most important are teeth, eyes and nose, and we can suppose that these opinions are related to the central position of such structures within the face. Particularly chin excess, irregular dental arch and smile were seen as the most important deformities, in particular chin excess is subjectively perceived as a bad deformity. Also, irregular dental arch and smile are strongly perceived and are considered important for social relations. These aesthetic perceptions demonstrate how important the role of the orthodontist may be in the early treatment of craniofacial problems.

**References**


