


# Assessment of Social Anxiety and Associated Factors in Patients with Cleft Lip and Palate in Ilam City in 2026

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**Abstract**

**Introduction:** Cleft lip and palate are among the congenital anomalies of the head and neck that often require surgical intervention. Therefore, the present study was conducted to determine the level of social anxiety among patients with cleft lip and palate.

**Methods:** In this cross-sectional study, 80 patients with cleft lip and palate were evaluated. The data collection tool was the La Greca Social Anxiety Questionnaire, which consists of 16 items and measures three components. After identifying individuals with cleft lip and palate and explaining the objectives of the study, the researchers recruited participants. Finally, the collected data were entered into SPSS software version 18 and analyzed using descriptive and inferential statistical tests, and the results were reported.

**Results:** Result showed, 57.5% of the participants were male, 71.3% were aged 12–14 years, 73.8% lived in rural areas, 52.5% had no history of reconstructive surgery, and 97.5% were classified as having poor family financial status. The mean (standard deviation) of the total social anxiety score was 60.47 ± 6.88. The mean score for fear of negative evaluation was 26.47 ± 5.46, social avoidance and distress in new situations was 18.36 ± 2.08, and general social avoidance and distress was 15.63 ± 1.75. A significant relationship was also observed between social anxiety scores and variables such as gender, place of residence, and history of reconstructive surgery ($p < 0.05$). Female patients, those living in urban areas, and those without a history of reconstructive surgery reported higher levels of social anxiety.

**Conclusion:** The results showed that the mean level of social anxiety in this group was relatively high, with the highest score related to fear of negative evaluation. Social anxiety was significantly higher among females, urban residents, and individuals who had not undergone reconstructive surgery. Therefore, demographic factors and treatment status may play an important role in the severity of social anxiety in these patients.

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**Keywords:** Social anxiety, Cleft lip and palate, Anxiety

## Introduction

Anxiety, as an inseparable part of human life, involves an unpleasant and pervasive feeling of worry with an unknown origin and is often accompanied by physiological symptoms. It becomes a disorder when it is experienced subjectively, continuously, and repeatedly and interferes with individuals' daily functioning [1,2]. Anxiety is considered the most common mental health disorder and a psychological condition that most people experience at various times in their lives. It is also the most common psychological response to changes and new experiences.

Furthermore, it is a diffuse and highly unpleasant feeling, often accompanied by one or more physical indicators such as a sensation of emptiness in the stomach, shortness of breath, palpitations, sweating, headache, urge to urinate, restlessness, and a tendency to move [3, 5].

Various definitions of anxiety have been proposed. One definition describes it as excessive fear in real or imagined situations. Anxiety disorders are characterized by chronic, excessive, and uncontrollable worry about various issues, accompanied by anxiety, hypervigilance, and related physical symptoms [5, 7]. Among the most common anxiety disorders that significantly affect an individual's daily life and functioning is Social Anxiety Disorder (SAD). SAD, also known as social phobia, refers to intense fear or anxiety in social situations in which an individual may be exposed to the attention or scrutiny of others [8, 9]. SAD is a psychological disorder characterized by intense and persistent fear of social or performance situations in which the individual fears negative evaluation by others. This disorder can lead to avoidance of social interactions, reduced occupational and academic performance, and decreased quality of life [10, 11]. The main feature of SAD is a marked fear or anxiety about social situations in which the individual may be closely observed by others. In such situations, the individual fears acting in a certain way or showing anxiety symptoms that may be negatively evaluated by others [9,12,13].

The body is not merely a biological and psychological entity; rather, it is also a phenomenon that is socially constructed and shaped. With the emergence of major social, cultural, and political changes in the late twentieth century, new technologies such as gene therapy, medical interventions in the body, and the growth of consumer culture in modern industrial societies have increased attention to the body and body-related behaviors in contemporary consumer societies. One of these behaviors observed in many societies is the increasing tendency toward cosmetic surgery. Among these are surgeries related to cleft lip and palate [14, 16].

Cleft lip and palate are among the congenital anomalies of the head and neck. The nature of cleft lip and palate is multifactorial, involving both environmental and genetic factors. Considering the relatively high prevalence of cleft lip and palate among children, timely and appropriate treatment of this anomaly is essential to achieve optimal outcomes [17, 18]. Therefore, the present study was conducted to determine the level of social anxiety among patients with cleft lip and palate.

## Methods

In this cross-sectional study, 80 patients with cleft lip and palate were evaluated. Before the study began, the objectives of the research were fully explained to the participants and their parents. After providing the necessary explanations and obtaining informed consent, the data collection process was initiated.

The inclusion criteria were having cleft lip and palate, being within the age range of 12 to 18 years, and willingness to participate in the study. Data collection tools included a demographic information form (age, gender, family economic status, place of residence, etc.) and a social anxiety questionnaire. The questionnaire used was the La Greca Social Anxiety Questionnaire, which consists of 16 items and measures three components: fear of negative evaluation (items 1–7), social avoidance and distress in new situations (items 8–12), and general social avoidance and distress (items 13–16). Scoring of this instrument is based on a five-point Likert scale, ranging from "very much like me" with a score of 5 to "not at all like me" with a score of 1. In this study, the total score ranged from a minimum of 16 to a maximum of 80 [19].

After identifying individuals with cleft lip and palate and providing the necessary explanations about the study objectives, the researchers recruited participants. The questionnaires were then provided to the participants and completed through interviews. Ethical considerations included obtaining informed consent, explaining the purpose of the study, and maintaining the confidentiality of participants' information.

Finally, the collected data were entered into SPSS software version 18 and analyzed using descriptive and inferential statistical tests, and the obtained results were reported.

## Result

According to the findings, 57.5% of the participants were male, 71.3% were in the age range of 12–14 years, 73.8% lived in rural areas, 52.5% had no history of reconstructive surgery, and 97.5% were classified as having poor family financial status (Table 1).

**Table 1:** Demographic and Clinical Characteristics of Participants (n = 80)

| Variable | Category | Frequency (n) | Percentage (%) |
|---|---|---|---|
| Gender | Male | 46 | 57.5 |
| | Female | 34 | 42.5 |
| Age Group | 12–14 years | 57 | 71.3 |
| | 15–18 years | 23 | 28.7 |
| Place of Residence | Urban | 21 | 26.3 |
| | Rural | 59 | 73.8 |
| History of Reconstructive Surgery | Yes | 38 | 47.5 |
| | No | 42 | 52.5 |
| Family Economic Status | Poor | 78 | 97.5 |
| | Moderate | 2 | 2.5 |

According to the findings, the mean (standard deviation) of the patients' total social anxiety score was 60.47 ± 6.88. The mean score for fear of negative evaluation was 26.47 ± 5.46, for social avoidance and distress in new situations was 18.36 ± 2.08, and for general social avoidance and distress was 15.63 ± 1.75 (Table 2).

**Table 2:** Central Tendency and Dispersion Indices of Social Anxiety Scores and Its Dimensions

| Variable | Minimum | Maximum | Mean ± SD |
|---|---|---|---|
| Total Social Anxiety Score | 45 | 69 | 60.47 ± 6.88 |
| Fear of Negative Evaluation | 16 | 34 | 26.47 ± 5.46 |
| Social Avoidance and Distress in New Situations | 10 | 21 | 18.36 ± 2.08 |
| General Social Avoidance and Distress | 11 | 18 | 15.63 ± 1.75 |

According to the findings, a significant relationship was observed between social anxiety scores and variables such as gender, place of residence, and history of reconstructive surgery. Female patients, those living in urban areas, and patients without a history of reconstructive surgery reported higher levels of social anxiety (Table 3).

**Table 3:** Comparison of the mean social anxiety scores based on demographic and clinical variables.

| Variable | Category | Mean ± SD | Test | P-value |
|---|---|---|---|---|
| Gender | Male | 63.49 ± 5.24 | t-test | 0.000 |
| | Female | 53.00 ± 4.27 | | |
| Age Group | 12–14 years | 60.47 ± 6.92 | t-test | 0.999 |
| | 15–18 years | 60.46 ± 6.91 | | |
| Place of Residence | Urban | 65.23 ± 4.41 | t-test | 0.000 |
| | Rural | 58.77 ± 6.83 | | |
| History of Reconstructive Surgery | Yes | 56.60 ± 6.71 | t-test | 0.000 |
| | No | 63.97 ± 4.92 | | |

## Discussion

Social anxiety disorder is a condition in which an individual experiences excessive and irrational fear of social situations. This disorder, as a disabling condition, has adverse effects on the quality of social relationships, motivation, academic progress, and well-being [20]. Considering the complications resulting from diseases, especially among adolescents, the present study was conducted to determine the status of social anxiety in patients with cleft lip and palate.

According to the findings, a significant relationship was observed between the level of social anxiety and gender. In the study by Eisazadeh *et al.*, students from Qazvin were selected through cluster sampling. The results showed that the mean social anxiety score was 33.1 in girls and 32.6 in boys. A positive and significant relationship was also observed between mentalization and social anxiety, while a negative and significant relationship was found between mentalization and social anxiety as well. In fact, the results indicated that adolescents in social environments are not able to properly regulate their emotions and mental states, and as a result they develop social anxiety [21].

In contrast, the study by Aliakbari Dehkordi *et al*., conducted among 277 students, found no relationship between gender and social anxiety scores, which is inconsistent with the results of the present study [22]. This discrepancy may be due to differences in the study populations. In the present study, patients with cleft lip and palate were examined, whereas the mentioned study evaluated general student populations.

According to the findings, the level of social anxiety among the patients was reported to be high. In the study by Hashemi Nosrat Abad *et al*., a positive and significant relationship was found between body dysmorphic concerns and social anxiety, while negative and significant relationships were observed between body dysmorphia and self-esteem, as well as between self-esteem and social anxiety. Reduced self-esteem in individuals with body dysmorphic concerns may lead to the emergence or intensification of social anxiety, whereas increased self-esteem may reduce the severity of this disorder [23].Similarly, in the study by Harouni *et al*., university students from different academic levels under the age of 40 were examined. The findings showed a statistically significant relationship between social anxiety and body image, such that students with lower body image scores had higher levels of social anxiety [24]. In another study by Mohammadi *et al*., 226 university students from different academic levels were examined. According to the results, 71% of the students had social anxiety scores below 50, indicating no significant symptoms of social anxiety. Meanwhile, 6% of the students had scores above 80, placing them in the severe or very severe social anxiety category. A significant relationship was also observed between social anxiety and variables such as description, conscious action, non-judgment, non-reactivity, perfectionism, and orderliness [25]. In summary, previous studies indicate that negative body image and related psychological factors are associated with increased social anxiety. In line with these findings, the results of the present study also showed that the presence of cleft lip and palate—as a factor affecting physical appearance—may be associated with increased social anxiety.

## Conclusion

The results of this study on 80 patients with cleft lip and palate showed that the mean level of social anxiety in this group was relatively high, with the highest score related to fear of negative evaluation. Social anxiety was also significantly higher among females, urban residents, and individuals who had not undergone reconstructive surgery. Therefore, demographic factors and treatment status may play an important role in the severity of social anxiety among these patients.

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