https://doi.org/10.36007/5390.2026.177

AJAK- ÉS SZÁJPADHASADÉKKAL ÉLŐ SZEMÉLYEK TÁRSADALMI BEILLESZKEDÉSÉT BEFOLYÁSOLÓ TÉNYEZŐK – SZISZTEMATIKUS IRODALMI ÁTTEKINTÉS

FACTORS AFFECTING THE SOCIAL INTEGRATION OF PEOPLE WITH CLEFT PALATE AND LIP – A SYSTEMATIC LITERATURE REVIEW

Regina BALOGH[1], Petra Dr. SZABÓNÉ PONGRÁCZ[2], Márta TREMBULYÁK[3]

ABSTRACT

There is a lot of research on cleft lip and palate in Hungary from the medical side, but the contextual aspects of the co-syndrome are still mostly unexplored. The congenital problem of the affected persons may affect several areas (speech, hearing, eating, cognitive functions) indirectly, involving many years of rehabilitation. These challenges can have a major impact on the individual's social well-being, which has received little attention in the scientific community. The practical relevance of the subject is unquestionable. In their study, the authors examine the international literature on the subject through a systematic literature review. Their research sought to identify the factors that influence the social inclusion of people with cleft lip and palate. The results highlight the need for further research on this topic, which is supported by the low number of results that are closely related to the research question and the lack of a complex approach to the topic.

KEYWORDS

social inclusion, well-being, integration, quality of life, cleft lip and palate

INTRODUCTION

One of the most common congenital abnormalities is cleft lip with or without cleft palate (Alighieri et al., 2021). In Hungary, the incidence is 2.02%, meaning that one in every 500 live births has some form of cleft, which translates to approximately 300-320 newborns affected each year (Hirschberg, 2004 in: Csák 2007). The care of children with cleft palate requires organized work in a close-knit team, drawing on the expertise of several professions from the moment of birth. Participants include public education (pedagogical services, EGYMI) and healthcare systems (hospitals, clinics, pediatricians, health visitor networks), interdisciplinary professionals (surgeons, orthodontists, ENT specialists, audiologists, phoniatrists, speech therapists, pediatricians, geneticists, family doctors, health visitors, coordinators) and parents (Fehérné–Kas–Pintye, 2018, p. 19). Surgeries begin in the first months after birth, and treatments require frequent clinical visits over several years. The long series of multidisciplinary medical

treatments place a psychological, emotional, and financial burden on the child and family, which often affects the development of social relationships and coping strategies (Opris et al., 2022).

LITERATURE REVIEW

The presence of facial differences can pose enormous challenges in both childhood and adulthood (Alighieri et al. 2023). The International Classification of Functioning, Disability and Health (ICF) emphasizes the complex interaction between a patient's health status and environmental factors. One of the most important environmental factors is considered to be the attitude of peers, which can either help or hinder the social integration of people with speech impairments (Könczei, 2009). The American Speech-Language Hearing Association (ASHA) framework for speech and language disorders states that the attitudes of peers are crucial in the rehabilitation process (ASHA, 2004). In light of these facts, the quality of life of children born with cleft lip and palate is an important issue, which we would like to approach from a sociological perspective. Quality of life is a complex concept that encompasses somatic and psychological status, mental and spiritual well-being, functional capacity, and social activity (Novák et al., 2003 in: Harjánné, 2011). If an individual is accepted by society, it is easier to achieve a sense of well-being or a good quality of life (Elmouden et al., 2020).

Medical interventions lasting into adulthood and their subsequent effects, including social stigma, can complicate challenging adjustment processes in school, peer relationships, careers, and later romantic relationships (Desal, Wadhvani, Staniec, 2023). Wydick et al. (2020) conducted a study in India examining the impact of cleft lip and palate on social integration, reporting significant negative effects. These effects stemmed from school mechanisms in which adolescents experienced teasing and mockery (Wydick et al., 2020). Based on Varga (2015), it can be said that when discussing the pursuit of equal educational opportunities, the school mechanisms in which inequalities are rooted cannot be ignored. These are most often found in the form of latent selection mechanisms (Varga 2015, in Balogh, Szabóné, 2022).

Given that the social context of people with cleft lip and palate has received little attention in academic circles to date, the objectives of this study were as follows: (1) To examine, within the framework of a systematic literature review, how and to what extent medical rehabilitation and special education/speech therapy, which begin in infancy as a result of congenital disorders and continue for many years, affect the quality of life of those affected. (2) To examine, within the framework of a systematic literature review, the extent to which the attitudes of peers influence the socialization processes of children living with cleft lip and palate.

RESEARCH METHODS

The PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines for systematic review publications and meta-analysis methodology (Moher et al., 2009) were helpful in the research methodology (Page et.al, 2021).

Systematic literature reviews are therefore high-level, complex, comprehensive studies prepared using transparent, professional methodology, which collect and analyze all existing research results related to a given research problem and then attempt to answer questions related to the research area by evaluating the findings through well-defined steps (Page et.al., 2021, Kamarási-Mogyorósy, 2015).

This method of literature review serves to review a clearly defined research question, using systematic, evidence-based methods to identify, select, and critically evaluate relevant research, as well as to collect and analyze data from the studies included in the review (Moher et al., 2009) .

RESULTS

As part of our research, we conducted a structured literature review of international studies accessible in four electronic scientific databases: ScienceDirect, ERIC, Google Scholar, and SpringerLink. The search was designed and reported in line with PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) principles to ensure transparency and reproducibility (Page et.al. 2021).

To identify the most recent and relevant research findings, we limited the search to publications in english, published between 2019 and 2023. No hungarian-language publications directly addressing this topic were identified. The search terms combined controlled and free-text keywords, including: *"cleft palate" AND "social inclusion" OR "integration" OR "well-being" OR "quality of life"*. Boolean operators were used to capture the conceptual variations related to social integration and psychosocial outcomes.

Our inclusion criteria were as follows: (1) empirical studies focusing on individuals with cleft lip and/or palate (CL/P); (2) research addressing aspects of social integration, quality of life, well-being, or social participation; (3) studies published in peer-reviewed journals between 2019 and 2023; (4) available in full text and written in English.
Exclusion criteria included: (1) studies focusing exclusively on medical, surgical, anatomical, or technical aspects of treatment; (2) purely clinical intervention trials; (3) conference abstracts or grey literature. Although complete exclusion of medical content was not possible—given the inherent connection between CL/P and medical care—efforts were made to retain only those studies relevant to social and psychosocial dimensions of integration.

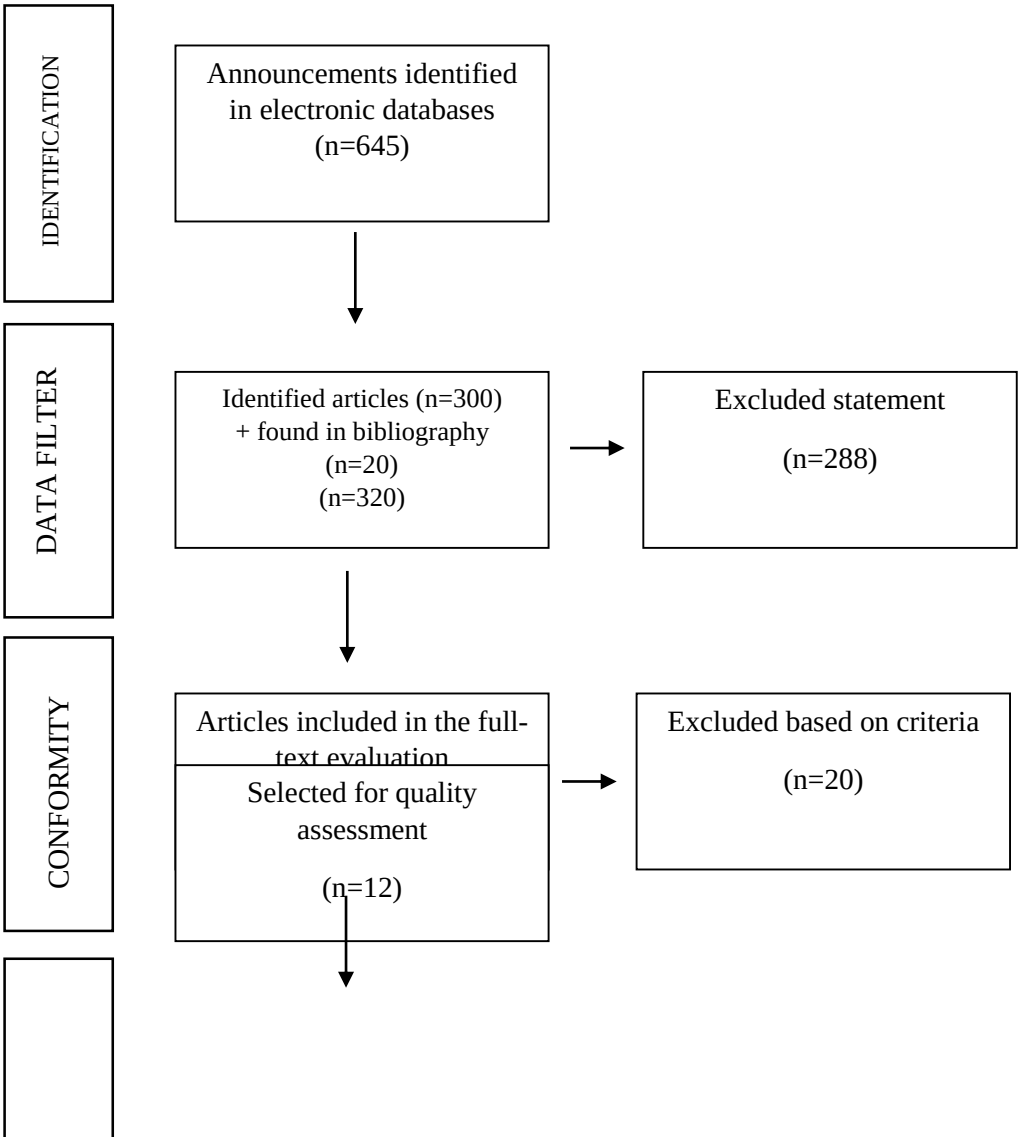
To ensure reliability, two independent reviewers screened all records for relevance based on title and abstract, followed by full-text evaluation. Any disagreements were resolved through discussion until consensus was reached. Duplicates were identified and removed. The selection process is summarized in the PRISMA flow diagram (Figure 1) (Page et. al. 2021).

The initial search yielded 645 records (journal articles and book chapters). After removing duplicates and excluding irrelevant studies based on title and abstract screening, 320 articles were retained for full-text assessment. Following detailed evaluation, 12 studies met the inclusion

criteria and were included in the final synthesis. An additional article was identified through reference screening (Table 1).

For each included study, the following data were extracted and tabulated: research topic, journal ranking, publication year, geographical location, sampling and data collection methods, analytical approach, sample size, main results, reliability, and validation procedures (Table 2). The geographical scope was highlighted, as it provides insight into the differing rehabilitation pathways available in developing versus developed countries, and how socioeconomic status may shape long-term integration outcomes.

A formal critical appraisal was not undertaken; however, the included studies were compared in terms of design and key outcomes. A narrative synthesis approach was adopted to highlight converging findings across domains such as health-related quality of life, peer attitudes, and parental perspectives. The studies included in this review were selected based on their (1) relevance to the research question, (2) alignment with the theoretical framework guiding this study, and (3) capacity to map the factors influencing the social integration of individuals with cleft lip and/or palate.



SELECTION

Figure 1: Flowchart. Source: own editing

CONCLUSION

The systematic literature search yielded 645 hits, of which only a small number, 12, were actually included in our paper. Since journals determine the scientific value of a study, it was important to check the ranking of each study (Gelencsér-Végvári-Szabó, 2021). We used Scimago Journal Rank to help us with this. Of the 12 studies, 2 were book excerpts, and we classified 10 articles based on their ranking (Table 1). Of the 10 studies, 10 were published in qualified journals, of which four received a Q1 rating, four a Q2 rating, and two a Q3 rating. This summary also confirms that the results are relevant and provide valuable findings.

1.Table: Summary of the classification of studies according to journal

	Author	*Journal*	*Methodology*	*Ranking*
1	Alhayek S., Alsalem M. et. al. (2019)	Maxillofacial Plastic and Reconstructive Surgery	assessment of the appearance of repaired cleft lip and/or palate	book excerpt
2	Ruiz-Guillén et.al. (2021)	Progress in Orthodontics	quality of life questionnaire (QoLAdoCleft)	Q1
3	Leopoldo-Rodado et. al. (2021)	Clinical Oral Investigations	quality of life assessment (HRQoL)	Q1
4	Desal, Wadhvani, Staniec (2023)	Psychological Studies	narrative review study	Q3
5	Aligheri et.al. (2023)	Internal Journal Othorhinolarongory	Peers' assessment through sound and audiovisual samples	Q2
6	Elmouden, Elgasmi, Ousehal (2019)	Current Treatment of Cleft Lip and Palate	quality of life questionnaire (QoL)	book excerpt

7	Aligheri, Bettens et.al (2020)	International Journal of Pedriatic Otorhinolaryngology	questionnaire of speech therapy	Q2
8	Alfwaress, Alomari (2020)	International Journal of Pedriatic Otorhinolaryngology	questionnaire on parental assessment of cleft lip and palate	Q2
9	Boonipat et.al. (2019)	Journal of Plastic, Reconstructive & Aesthetic Surgery	They tracked eye movements using infrared eye-tracking technology, while appearance had to be judged based on images.	Q1
10	Opris, Baciut et.al. (2022)	Dental Medicin	quality of life assessment questionnaire	Q3
11	Gavelle (2022)	The Cleft Palate Craniofacial Journal	interview, projective test on verbal storytelling focusing on scars	Q2
12	Wydick, Zahid et.al (2022)	Global Health	applies causal econometric methods to study the effects of the divide	Q1

Source: own editing

2. Table: Tabular summary of studies

Authors	Title	Journal	Sample	Location
Alhayek S., Alsalem M. et. al.	Evaluation of facial appearance in patiens with repaored cleft lip an palate comparing the assessment of laypeople	Maxillofacial Plastic and Reconstructive Surgery (könyv)	97	USA
Ruiz-Guillén et.al.	Perception of quality of life by children and adolescents with cleft lip/palatre after surgical	Progress in Orthodontics (Q1)	60	USA
Leopoldo-Rodado et. al	Quality of life in early age Spanish children treated for cleft lip and/or palate. A case control study approach	Clinical Oral Investigations (Q1)	171	Spain
Desal, Wadhvani, Staniec	The case for Investing in Psychosocial Care and Rights of Children with Chronic Medical Conditions in India	Psychological Studies (Q3)	-	India
Aligheri et.al.	Peer attitudes towards adolescents with speech disorders due to cleft lip and palate	Internal Journal Othorhinolarongory (Q2)	78	USA

Authors	Title	Journal	Sample	Location
Elmouden, Elgasmi, Ousehal	Quality of Life in Adolescents with Cleft Lip and Palate	Current Treatment of Cleft Lip and Palate (könyv)	40	Marocco
Aligheri, Bettens et.al.	Parent's perceptions on speech therapy delivery models in children with cleft palate	International Journal of Pedriatic Otorhinolaryngology (Q2)	12	USA
Alfwaress, Alomari	Social and religious attitudes of Jordanian parents toward children born with orofacial clefts	International Journal of Pedriatic Otorhinolaryngology (Q2)	153	Jordan
Boonipat et.al.	Measuring visual attention to faces with cleft deformity	Journal of Plastic, Reconstructive & Aesthetic Surgery (könyv)	403	UK
Opris, Baciut et.al.	The quality of life after cleft li por palate surgery	Dental Medicin (Q3)	40	Romania
Gavelle	Parental and Child diagnosis Storytelling and Self-image in French Children with Cleft lip/palate	The Cleft Palate Craniofacial Journal (Q2)	54	France
Wydick, Zahid et.al.	The impact of Cleft Lip/Palate and Surgical Intervention on Adolescent Life Outcomes	Global Health (Q1)	1118	India

Source: own editing

SUMMERY

We were able to form three groups from the 12 publications. The first group (2, 3, 6, 10) examined quality of life using questionnaires, the second group (1, 5, 9) examined the opinions of peers/adults regarding cleft lip and palate, and the third group analyzed the opinions of parents (7, 8, 11). Publication 4 is a narrative study that does not discuss research but provides fresh and relevant facts about the social integration of children with chronic illnesses, while publication 12 uses a very interesting and novel causal economics method to examine the effects of cleft palate.

In their study of quality of life, Opris et al. (2022) compare the quality of life of children before and after surgery in a retrospective study following surgical interventions. The areas most affected in their study were coping, the impact on the child, and social relationships. The authors discuss in their article that children born with a cleft lip and/or palate have a lower level of facial attractiveness than their typically developing peers, and their speech processes are also affected, putting them at risk of teasing and exclusion. The study reports that after surgery, the parents surveyed reported significantly better results in all three areas, meaning that surgery is also essential for positive social integration.

In the study, parents believe in changing their child's appearance, as they see this as the best chance for improving their quality of life. In addition, the study found that children born with cleft palate have more psychosocial and behavioral problems than the control group (typically developing children).

Ruiz-Guillen et al. (2021) also examined quality of life (QoLAdoCleft) among children and adolescents aged 8-18 born with cleft lip and/or palate. Quality of life was examined in the areas of physical, psychological, and social health. According to the authors, physical attractiveness is an important psychological variable in the area of appearance, which greatly influences the development of children's social relationships, so children with clefts are considered a very vulnerable group in this respect as well. Their research aimed to assess the emotional state related to body image, the improvement of which can increase self-confidence and social competence, both of which have a positive impact on quality of life. The results show that after surgical, orthodontic, and speech therapy treatment, all areas evaluated (physical, psychological, social) showed significantly better results. The greatest impact was seen in communication skills, so the importance of speech therapy is unquestionable.

In Spain, Leopoldo-Rodado et al. (2021) also conducted a survey to assess health-related quality of life (HRQoL) in children aged 4-7 years born with cleft lip and/or palate. A total of 171 children with clefts were included in their study, in which they used the Kiddy-KINDL and COHIP-14

questionnaires and compared the results between the children, parents, and control group. The study describes that after evaluating the questionnaires, self-esteem was the only category that did not show similar values between the groups. In terms of self-esteem index, the group of children with cleft lip and palate showed significantly worse results compared to the control group. The authors describe that surgical procedures primarily aim to restore health functions, while non-surgical techniques—speech therapy and dental care—improve the emotional and social well-being of children.

In a monocentric cross-sectional and descriptive analytical survey, Elmouden, Elgasmi, and Ousehal (2020) studied 40 adolescents with cleft palate (25 boys and 15 girls) and their parents. The questionnaire used in the study was the VSP-A (Vécu et Santé Perçue de l'Adolescent), which examined self-reported French indicators of health-related quality of life.

Nine areas were examined: (1) relationship with parents, (2) self-esteem, (3) energy and vitality, (4) friendships, (5) leisure time and activities, (6) psychological well-being, (7) physical well-being, (8) schoolwork and relationships with teachers, and (9) relationships with nursing staff. Their results showed that the quality of life index assessed by parents (60.58) was very close to the quality of life index self-reported by children (59.61). However, when looking at the subdomains, parents overestimated their children's quality of life in terms of their relationship with their parents, self-esteem, education, and physical and psychological well-being. Approximately 47.5% of adolescents were satisfied with their academic performance, but only 42.5% had an adequate level of self-confidence. Approximately 67.5% felt self-conscious when thinking about their physical appearance. Fifteen percent of parents noticed early signs of depression in their children, and 35% found that they were not at all disturbed or shocked by what had been happening around them since birth. Fifty-five percent of parents believed that their children had no complexes about their physical appearance.

Aligheri et al. (2023) asked 78 typically developing adolescents (aged 15–18) to describe their impressions of people born with cleft lip and/or palate. The study measured three components: cognitive, affective, and emotional attitudes (speech intelligibility, appearance, aesthetic impact, emotions toward the clefted person, focus on attribution). Aligheri et al. (2023) found a significant positive correlation between the percentage of speech intelligibility and the three different attitude components. More positive attitudes were observed when the speech of the person with a cleft was more intelligible. Since the primary goal of speech therapy for children with cleft palate is to improve speech intelligibility, the result highlights the importance and significance of speech therapy (logopedics) in terms of social integration and social acceptance. An important finding is that, based on the authors' research, a different appearance due to a cleft lip and/or palate does not lead to more negative attitudes.

In a study using eye-tracking technology, Boonipat et al. (2019) examined attention to faces with cleft deformities. 403 observers were asked to evaluate 273 clinical images while their eye movements were tracked unobtrusively using infrared sensors.

Among the 273 clinical images, 41 portraits of repaired cleft lips were shown to the study participants. Faces with surgically repaired cleft scars were rated as less attractive, and observers' attention was significantly more frequently documented in the upper lip viewing zones. The less attractive images received greater visual attention in the viewing zones affected by the cleft. The eye-tracking method showed excellent sensitivity to the laterality of cleft deformity. Among the results, it was particularly interesting to note that there was a significant increase in perceived fixation in the upper lip zone of images depicting cleft lip. This accounted for 17.42% of the time for cleft images and 8.74% of the time for control images. In all comparisons between cleft and control images, the interaction effect between viewing zones was significant. The evaluation of facial appearance was conducted by Alhayek et al. (2019). They compared laypeople and professionals (orthodontists, plastic surgeons, facial surgeons) who are not involved in the multidisciplinary care team established for cleft patients. The observers were given images of five children with clefts (aged 10-14) who had already undergone all stages of cleft treatment. In this study, the results show that the professional groups' ratings are significantly lower than those of the laypeople.

This can be attributed to the fact that professionals are more familiar with surgical techniques and are therefore less tolerant of imperfect aesthetic results. Laypeople had less demand for further treatment. Participants who gave lower aesthetic ratings explained their scores by saying that further correction was essential, as cleft lip and palate can have a negative impact on social activities and professional life.

Aligheri et al. (2021) examined parents' perceptions of two different speech therapy models for children born with cleft palate using a questionnaire. Namely, an innovative, high-intensity speech intervention (HISI: 10 x 1-hour sessions spread over 2 weeks) and a low-intensity speech intervention (LISI: 10 x 1-hour sessions spread over 10 weeks). Parents reported that years of speech therapy were very stressful for their children and families. High treatment costs, waiting lists, and long travel distances were additional problems that arose during the treatment process. In developing countries, speech therapy is almost impossible due to long travel distances and limited availability of speech therapists, making it more difficult for children with cleft palate to receive weekly speech therapy in these countries. There was no significant difference between the two groups studied in terms of satisfaction with "general speech development." After HISI, parents noticed greater improvement in spontaneous speech intelligibility and speech disorder development. It is important to note that parents in the HISI group reported two concerns: (1) the lack of variety in the daily intervention tasks, and (2) the emotional burden that the child faces on a daily basis in relation to their speech disorder.

Supporting children in handling difficult social interactions is essential, as they must be prepared to answer questions, explain their differences, and cope with stares or teasing from primary school through late adolescence (Gavelle, 2022). Gavelle’s study explored this through semi-structured interviews with both parents and children, later focusing only on the children. Children were asked

to explain their scars and took part in a projective test called *"not the same teddy bear."*Parents were asked whether and how they had explained the history of their child's cleft. Responses fell into four categories: (1) showing only early photos without explanation, (2) giving explanations without photos, (3) combining photos and explanations, or (4) providing neither.

Findings showed that 50% of parents gave both explanations and photos, 10% only explanations, and 16.6% neither. Among children, 38.9% reported never being questioned about their scars or differences, while 61.1% had been asked about them. Within this group, 15.1% experienced repeated or uncomfortable questions and/or teasing.

Wydick, Zahid et al. (2020) used causal econometric methods to assess the impacts of cleft conditions. Their results show that adolescents born with cleft lip and/or palate in India experience statistically significant disadvantages in speech quality, physical health, academic and cognitive performance, and social integration. While children in high-income countries generally have access to corrective surgery, surgical care remains limited in low- and middle-income countries, leaving large numbers untreated—reportedly up to one million in India alone.

The study examined two aspects of social integration: (1) social inclusion—how well individuals connect with their community, and (2) social behavior—how well they conform to social norms. Cleft status had a significant negative effect on their social integration index, indicating lower integration compared to age-matched peers. This was largely attributed to bullying and teasing. Overall, the study highlights that in India and other developing countries, the consequences of clefts are broad, severe, and statistically significant, leading to poorer speech outcomes, reduced physical performance, greater social exclusion, higher depression, and lower cognitive abilities.

COMPLETION

The study employed a systematic literature review with a unique approach to examine recent international research on factors influencing the social integration of individuals with cleft lip and/or palate. The research focused on how long-term medical rehabilitation and special education/speech therapy, beginning in infancy, affect quality of life, and to what extent peer attitudes shape the socialization of children with clefts.

From an initial screening of 645 articles in online databases, 12 were identified as relevant. Due to the small sample, a detailed analysis was possible, resulting in three main thematic groups: quality of life, peer perceptions, and parental perspectives on treatment and cleft conditions. Additionally, two further studies were particularly valuable: one narrative review and one applying causal econometric methods.

Findings show that early surgical intervention is essential for improved quality of life, appearance, and speech outcomes—factors also emphasized in peer evaluations. Interestingly, peers considered speech intelligibility more important than visible scarring, with boys showing greater critical and prejudiced attitudes. Cleft education was highlighted as a useful tool in addressing these biases.

Parents reported significant psychological and financial burdens due to frequent treatments and travel, while both parents and children expressed concerns about exclusion and teasing—concerns supported by some studies.

One of the most notable conclusions was that in developing countries, especially in small or disadvantaged rural communities, access to surgery and follow-up rehabilitation (orthodontics, speech therapy) is often limited, with clear negative effects on social integration.

The research questions were also addressed: peers notice cleft-related scars and may perceive affected children as less attractive, but speech clarity proved far more critical for acceptance, underscoring the importance of speech therapy. School socialization involves frequent questions about appearance, making parental conversations at home crucial for preparation. While long-term rehabilitation is demanding for both children and families, timely and comprehensive care—including non-surgical interventions such as orthodontics, speech therapy, and psychological support—significantly reduces the risk of social exclusion later in life.

REFERENCES

Alfwaress, F., & Alomari, M. (2020). Social and religious attitudes of Jordanian parents toward children born with orofacial clefts. *International Journal of Pediatric Otorhinolaryngology, 137,* 110222. https://doi.org/10.1016/j.ijporl.2020.110222 (2023.10.12.)

Alhayek, S., Alsalem, M., Alotaibi, Y., & Omar, A. (2019). Evaluation of facial appearance in patients with repaired cleft lip and palate comparing the assessment of laypeople and healthcare professionals. *Maxillofacial Plastic and Reconstructive Surgery, 41,* 5. https://doi.org/10.1186/s40902-019-0189-1 (2023.10.12.)

Alighieri, C., Bettens, K., Vanoost, L., Demuynck, K., Verhaege, S., & Van Lierde, K. (2021). Parents' perceptions on speech therapy delivery models in children with a cleft palate: A mixed methods study. *International Journal of Pediatric Otorhinolaryngology, 151,* 110958. https://doi.org/10.1016/j.ijporl.2021.110958 (2023.10.14.)

Alighieri, C., Haeghebaert, Y., Bettens, K., Kissel, I., D'haeseleer, E., Meerschman, I., Van Der Sanden, R., & Van Lierde, K. (2023). Peer attitudes towards adolescents with speech disorders due to cleft lip and palate. *International Journal of Pediatric Otorhinolaryngology, 165,* 111447. https://doi.org/10.1016/j.ijporl.2023.111447 (2024.10.12.)

American Speech-Language-Hearing Association. (2004). *Preferred practice patterns for the profession of speech-language pathology.* https://www.asha.org/siteassets/publications/pp2004-00191.pdf (2023.10.06.)

Balogh, R., & Szabóné Pongrácz, P. (2022). Chances and opportunities for social integration of a minority group. In V. Fehér, L. Kalmár, & J. Raffai (Eds.), *16. Nemzetközi tudományos konferencia: Paradigmaváltás az oktatásban és a tudományban. Tanulmánygyűjtemény* (pp. 26–31). Újvidéki Egyetem Magyar Tannyelvű Tanítóképző Kar.

Boonipat, T., Brazile, T., Darwish, O., Montana, P., Fleming, K., & Stotland, M. (2019). Measuring visual attention to faces with cleft deformity. *Journal of Plastic, Reconstructive & Aesthetic Surgery, 72*(6), 982–989. https://doi.org/10.1016/j.bjps.2018.12.024 (2023.09.10.)

Csák, Sz. (2007). *Az archasadékos gyermeket nevelő szülők és a problémái* [Undergraduate thesis]. https://www.hasadek.hu/kiadvanyok/pdf/szakdolgozat_cssz.pdf (2023. 10.11.)

Desai, P., Wadhvani, P., & Staninec, E. (2023). The case for investing in psychosocial care and rights of children with chronic medical conditions in India. *Psychological Studies.* https://doi.org/10.1007/s12646-022-00711-5 (2023.06.22.)

Elmouden, L., Zahra Elgasmi, F., & Ousehal, L. (2020). Quality of life in adolescents with cleft lip and palate. In *Current Treatment of Cleft Lip and Palate.* IntechOpen. https://www.intechopen.com/chapters/71216 (2023.10.11.)

Fehérné Kovács, Zs., Kas, B., & Sósné Pintye, M. (2018). *Szempontok a nyelv- és beszédfejlődési zavarok szűréséhez és állapotmegismeréséhez.* Családbarát Ország Nonprofit Kft. http://real.mtak.hu/85740/1/Feh%C3%A9rn%C3%A9_Kas_Pintye_2018.pdf (2023.06.10.)

Gavelle, P., Dissaux, C., Dupont, M., Hossein Khonsari, R., & Picard, A. (2022). Parental and child diagnosis storytelling and self-image in French children with cleft lip with or without cleft palate. *The Cleft Palate-Craniofacial Journal.*https://doi.org/10.1177/10556656221126268 (2023.11.02.)

Gelencsér, M., Végvári, B., & Szabó-Szentgróti, G. (2022). A munkaerő-megtartás és a well-being kapcsolatának elemzése nemzetközi kutatásokban. *Vezetéstudomány / Budapest Management Review, 53*(6), 40–51. https://doi.org/10.14267/VEZTUD.2022.06.04 (2024.01.10.)

Harjánné Brantmüller Éva (2011). Down-szindrómások életminőségét befolyásoló faktorok vizsgálata. Doktori PhD értekezés. Pécsi Tudományegyetem Bölcsészettudományi Kar, „Oktatás és társadalom" Neveléstudományi Doktori Iskola, Pécs.

Hirschberg, J. (2004). Az ajak- és szájpadhasadékos gyermekek gondozása a háziorvosi gyakorlatban. *Lege Artis Medicinae, 14*(10), 665–671.

Kamarási, V., & Mogyoróssy, G. (2015). Szisztematikus irodalmi áttekintések módszertana és jelentősége: Segítség a diagnosztikus és terápiás döntésekhez. *Orvosi Hetilap, 156*(38), 1523–1531. https://doi.org/10.1556/650.2015.30255 (2023.10.16.)

Könczei, Gy. (Ed.). (2009). *FNO. A funkcióképesség, a fogyatékosság és az egészség nemzetközi osztályozása.* Eötvös Loránd Tudományegyetem Bárczi Gusztáv Gyógypedagógiai Kar.

Leopoldo-Rodado, M., Pantoja-Pertegal, F., Belmonte-Caro, R., Garcia-Perla, A., Gonzalez-Cardedo, E., & Infante-Cossio, P. (2021). Quality of life in early age Spanish children treated for cleft lip and/or palate: A case-control study approach. *Clinical Oral Investigations, 25,* 477–485. https://doi.org/10.1007/s00784-020-03394-2 (2023.08.11.)

Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *BMJ, 339,* b2535. https://doi.org/10.1136/bmj.b2535 (2022.11.16.)

Opriș, D., Băciuț, G., Bran, S., Dinu, C., Armencea, G., Opriș, H., Mitre, I., Manea, A., Stoia, S., Tamas, T., Barbur, I., & Băciuț, M. (2022). The quality of life after cleft lip and palate surgery. *Medicine and Pharmacy Reports, 95*(4), 417–423. https://doi.org/10.15386/mpr-2472 (2022.11.16.)

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., ... & Moher, D. (2021). *The PRISMA 2020 statement: An updated guideline for reporting systematic reviews*. *BMJ*, 372, n71. https://doi.org/10.1136/bmj.n71 (2023.08.10.)

Ruiz-Guillén, A., Suso-Ribera, C., Romero-Maroto, M., Gallardo, C., & Penacoba, C. (2021). Perception of quality of life by children and adolescents with cleft lip/palate after surgical treatment. *Progress in Orthodontics, 22,* 10. https://doi.org/10.1186/s40510-021-00354-8 (2023.08.28.)

Wydick, B., Zahid, M., Manning, S., & Maller, J. (2020). The impact of cleft lip/palate and surgical intervention on adolescent life outcomes. *Annals of Global Health, 88*(1), 25. https://doi.org/10.5334/aogh.3679 (2023.10.11.)