

Perception Of Ideal Facial Beauty Among Females In South Indian Dravidian Population- A Questionnaire Survey

Research Article

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Abstract

Introduction: The ideals of beauty, though largely related to symmetry and averageness, is subject to diversions caused by cultural nuances. In this study, we aimed to know the esthetic facial preference of South Indian Dravidian females, to understand whether beauty affects their quality of life and their perception towards cosmetic procedures of the face.

Materials and Methods: A questionnaire survey in multiple choice format with 15 questions was distributed online. Only female participants between 16-35yrs of age were included in the study. The 15 questions included the demographic data and aimed at knowing their preference in the following: facial shape, facial profile, shapes of nose, lip, chin and eyebrow, jaw angle. Opinion on the statement "beauty affects the quality of life" and attitude towards cosmetic facial procedures were also questioned. The data was statistically analyzed using descriptive statistics.

Results: 363 responses which satisfied the inclusion criteria were included in the study. Majority of the participants preferred oval face (31.7%), straight profile (76.2%), narrow chin (51.6%), well defined lips (30.2%), straight nose (33.4%), weak jaw-line (86.2%), well-defined eyebrow (41.7%). Majority of participants believed that beauty does not affect the quality of life and elicited a reluctant attitude towards cosmetic procedures in general but were in better acceptance of non-surgical cosmetic procedures in comparison to the cosmetic ones.

Conclusion: The perception of ideal beauty in South Indian Dravidian female population exhibits mild cultural and ethnic differences. The knowledge of cultural/ethnic differences in ideal beauty standards and understanding the esthetic expectations of the population plays a crucial role in providing the most desirable results (both objectively and subjectively) in cosmetic surgery.

Keywords: Ideal; Face; Beauty; Dravidian; Ethnicity; Females; Cosmetology; Cosmetic Surgery; Plastic Surgery.

Introduction

The endeavor to understand and define the universally applicable standards of Ideal Beauty has proved to be a very long one originating from the conceptualization of Golden Ratio (the length of the face being 1.618 times the width of the face) by the Greeks as early as 400BC [1]. From popular belief that the perception of beauty varies across races and cultures, it is now scientifically proved that the core of facial beauty simply lies in averageness and symmetry. A number of recent researches, on the evolutionary behavior of attractiveness, have shown that members who are rated as attractive in their own ethnicity/culture are often deemed to be attractive in other ethnicities/cultures as well [2-6]. In line

with that, the more consistently determining parameters for facial beauty were found to be averageness and symmetry [6]. Langlois and Roggman (1990), Grammar and Thornhill(1993) and Strzalko and Kaszycka (1991) have all found positive correlation between averageness and facial attractiveness. Features deviating from the average showed decrease in attractiveness [7-9]. Similarly, many eminent researchers indicate facial symmetry as a direct reflection of phenotypic and genotypic quality; thus, bilateral facial symmetry as such is a positive correlate of facial attractiveness [8, 10].

With globalization enabling us to connect with the world in a single tap, it has made the digital generation not only well aware about the concepts of ideal beauty but has also familiarized them

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with the different ways of achieving it [11, 12]. According to the Global Survey Results of 2018 released by International Society of Aesthetic Plastic Surgery (ISAPS) and American Society of Plastic surgeons (ASPS), the rave for cosmetic correction of the face is only on the rise with more people wanting to look beautiful and young [13]. Hence, it becomes prudent for the cosmetic surgeon to not only cater to the ideal set standards of beauty but also to the actual needs and desires of the patients [14]. That being said, though the concept of beauty is now universal, certain cultural nuances do exist and is of respectable importance when aesthetic facial correction is concerned. The cosmetic surgeon should respect the uniqueness of the cultural variations and nuances in order to achieve elegant and admirable results which is not only in accordance with the universal standards of beauty but also in accordance with the patients' needs and desires [15, 16].

The Indian population being a multi-cultural and multi-racial one poses a challenge to the cosmetic surgeon [15]. The Indian population primarily has 2 major ethnic groups: Indo-aryans and Dravidians, the former primarily inhabiting North India and the latter South India. These 2 groups have varied and unique facial features which is of clinical significance. The craniofacial features of South Indian population vary markedly from their North Indian counterparts in that they have deep seated mid-face and a more pronounced dentition [17, 18]. Prasanna et al. conducted anthropometric analysis comparing the facial indices of 200 volunteers from North and South India and concluded that North Indians of both sexes had increased facial index and upper facial height whereas South Indians of both sexes had increased facial width. It was also observed that a significant number of North Indian women had very long face (hyperleptene) whilst majority of South Indian women had round face (mesene) [19]. Hence, the intrinsic facial variations of a population and the perception of ideal beauty in the population become additional criteria for achieving satisfying results in cosmetic surgery [16].

We noticed that there are deficient data pertaining to what the general Indian population considers to be ideal beauty and whether any inter-ethnic difference in preferences exists.

In this study, we aim to understand the aesthetic facial preferences among females of South Indian Dravidian population, to know whether beauty affects their quality of life and to assess their preference for surgical and/or non-surgical facial cosmetic procedures.

Methodology

To understand the perception of ideal beauty among females in South Indian Dravidian population, an

Online survey was carried out.

The inclusion criteria for the participants were as follows:

All the participants should be of female gender between 16-35yrs of age.

The rationale of restricting the samples to this age group is because they are believed to be the major consumers of Digital media [20]. And we wanted to understand their perception about ideal beauty and to know if the influence of media has changed their outlook on cosmetic correction of the face.

A total of 15 questions were asked which was inclusive of demographic data. The questions were framed in multiple choice formats and included questions ranging from their most preferred facial shape, facial profile, nose, lip, chin and eyebrow shape and jaw angle. Diagrammatic representations were provided to assist them in answering the above questions. It also questioned their preference for surgical and non-surgical cosmetic corrections of the face and their opinion on whether beauty affects the quality of life.

An individual could only submit the form once and their response was non-modifiable after submission.

Statistical Methods

The survey responses were put together and abridged with descriptive statistical analysis.

Results

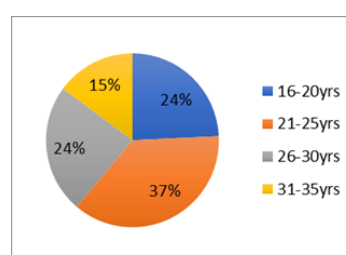
Samples

A total of 394 responses were collected of which 31 responses were excluded, as they did not fit into the inclusion criteria. The remaining 363 responses were assembled and included in the study. Most of the responders were between 21-25yrs of age followed by nearly equal responses from 16-20yr olds and 26-30yr olds with the least number of responses from 30-35yr olds (Fig1). The highest educational qualification for most of the responders was undergraduate level training followed by high school education and post graduate level training with the least number of participants having doctorate degree (Fig2).

Facial Shape (Fig. 3)

The responders were given 8 facial shapes of which they were asked to choose their most preferred one. To assist them in mak-

Figure 1. Pie chart showing the age distribution of the participants.



ing the choice, the following facial shapes were provided as illustrated diagrams: round, oval, heart, pear, inverted triangle, square, rectangle and diamond. In order to avoid bias, none of the illustrations had facial features like eyes, nose, ears, lips and eyebrows and all of them were represented only as facial outlines. To give the notion of a feminine face, all the illustrations had hair tied in a bun.

On analyzing the data, it was noted that majority of the responders preferred oval face shape which was followed by round and inverted triangle facial shapes. The preference to the facial shapes by the responders was in the following order: oval (31.7%), round (21.4%), inverted triangle (14.3%), diamond (11.9%), heart (7.9%), pear (6.3%), square (4.8%) and rectangle (1.6%).

In conclusion, among the top four facial shapes rated as most preferred, three of them have sharp pointed chin except round face, which was the second most preferred facial shape. Both square and rectangle facial shapes, which have strong box-like jaw angles, were least preferred by the responders.

Facial Profile (Fig. 4)

The responders were provided with silhouettes of five facial profiles, which are as follows:

Profile 1- class III skeletal pattern (concave profile), Profile 2-

class I/III skeletal pattern with prominent chin (mild concave), Profile 3- Class I skeletal pattern (straight profile), Profile 4- mild Class II skeletal pattern with slightly prominent mid-face (mild convex), Profile 5- severe class II with marked protrusion of mid-face (convex profile). The responders were asked to choose one facial profile according to their preference.

As expected, a clear majority of the responders (76.2%) rated straight profile (profile 3) to be the most preferred. This was followed by 19% of them preferring a mild convex facial profile (profile 4) and 4% of them preferring a mild concave profile with prominent chin (profile 2). Surprisingly, less than 1% of the responders still preferred profile 5 while none of them preferred profile 1. This may be attributed to the fact that a prominent mid-face (class II skeletal pattern) is a common occurrence in Dravidian population as opposed to less occurring class III skeletal pattern. This may have given rise to increased tolerability to convex facial profile over concave profile.

Chin Shape (Fig. 5)

The responders were provided with illustrations of four different chin shapes, which are as follows: square chin, short / narrow chin, round chin and long chin. To avoid bias, only the lower third of the face (extending from ala of nose to the chin) was represented and the lip shape was similar in all the illustrations. The responders were asked to choose a chin shape according to their

Figure 2. Pie chart showing the highest educational qualification of the participants.

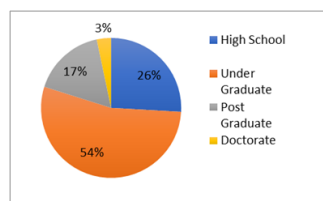


Figure 3. Simple bar graph showing the distribution of the most preferred facial shape by the participants.

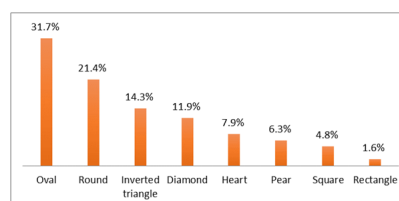


Figure 4. Simple bar graph showing the distribution of the most preferred facial profile by the participants.

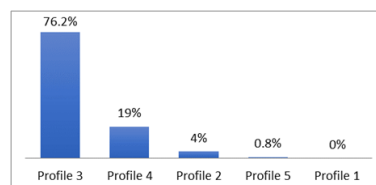
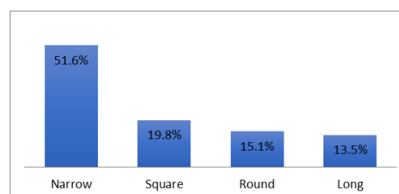


Figure 5. Simple bar graph showing the distribution of the most preferred chin shape by the participants.



preference.

The most preferred chin shapes by the responders are as follows: short / narrow chin (51.6%), square chin (19.8%), round chin (15.1%) and long chin (13.5%). Almost half of the participants favoring narrow chin, this finding is in alignment with the facial shapes preferred by the participants.

Lip Shape (Fig. 6)

The participants were provided with eight different lip shapes, which had variations in lip width, lip size and definition of lip contours. For convenience sake, the illustrated shapes were named as follows: L1- thin upper lip, L2- thin lower lip, L3- thin lips (both upper and lower), L4- oval lips, L5- downturned lips, L6- small lips, L7- large full lips and L8- sharp lips. To avoid bias, no other facial features were included in the illustration and all the lips were of similar color. The participants were asked to choose their preferred lip shape.

Majority of the participants favored L8 (30.2%) followed by L7 (17.5%) and L4 (14.3%). Equal number of participants (11.1%) preferred L6 and L1. L2 was the least preferred (1.6%) followed by L3 (4.8%).

The most preferred lip, L8 has sharp contour with well-defined cupid's bow. Equitable upper to lower lip ratio was common to the three top rated lip shapes viz. L8, L7 and L4. In addition, L7 and L8 are fuller and large in comparison to the remaining lip shapes. This shows a preferential trend towards full, well-defined and balanced lips.

Nose Shape (Fig. 7)

The participants were provided with seven nasal contours. To avoid bias, all the sketches of were presented in lateral view. The nasal shapes showed variability in length, curvature of the bridge and the relative position of the dome. For better understanding, the sketches of the nose shapes are given below. Majority of the responders (33.4%) preferred straight nasal profile while mild na-

sal convexity and slightly upturned nasal dome was preferred by 21.4% and 19% respectively. A smooth convex nasal profile with rounded dome was preferred by 14% of the participants while upturned nasal dome was preferred by 6.3% of the participants. The least preferred nasal shapes had flat or hooked bridge.

Jaw Angle (Fig. 8)

Two illustrations for the jaw angles (obtuse/weak jawline and angular/well-defined jawline) were provided to the participants. Both the illustrations had the other facial features to be identical in order to avoid bias. Of the two, a clear majority (86.2%) of the participants opted for weak/obtuse jawline while the remaining 13.8% opted for well-defined jawline.

Eyebrow Shape (Fig. 9)

Four diagrammatic representations of eyebrow shapes were provided to the participants. The eyebrows varied in their relative curvature and the definition of the arch with respect to which they are named as follows: B1- medium arch, B2- steep arch, B3: S shaped brow, B4: rounded brow, and B5: straight brow.

The most preferred eyebrow shapes, B1 (41.7%), has a well-defined arch. This is followed by B4 (22.2%), which has a less prominent arch with smooth rounded curvature of the brow and B2 (21.4%), which has well defined but steep arch.

Quality Of Life (Fig. 10)

When the participants were asked to give their opinion on the statement "beauty affects the quality of life", a majority of them responded negatively (40.3%). Though 27% of them agreed to the statement, 28% of the participants gave a neutral response with 4.7% showing indifference to the question.

Cosmetic Procedures (Fig.11,12)

A vast majority of the participants had never undergone corrective cosmetic procedures (surgical or non-surgical) (95.3%), while

Figure 6. Simple bar graph showing the distribution of the most preferred lip shape by the participants.

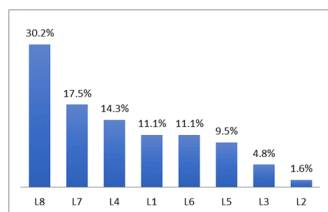


Figure 7. Simple bar graph showing the distribution of the most preferred nose shape by the participants.

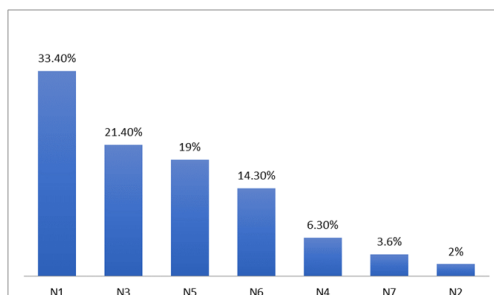


Figure 8. Simple bar graph showing the distribution of the most preferred jaw angle by the participants.

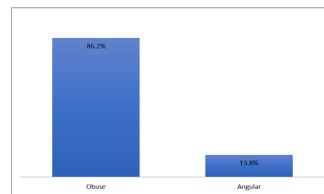


Figure 9. Simple bar graph showing the distribution of the most preferred eyebrow shape by the participants.

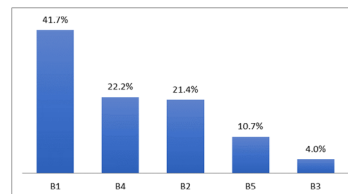


Figure 10. Pie chart showing the distribution of the participants' response to the statement "beauty affects the quality of life".

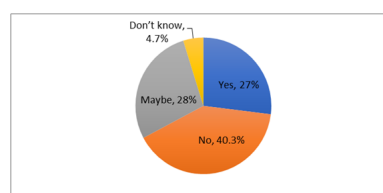


Figure 11. Pie chart showing the distribution of the participants' past experience with cosmetic procedures of the face.

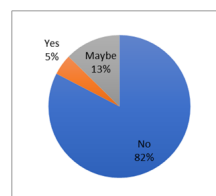
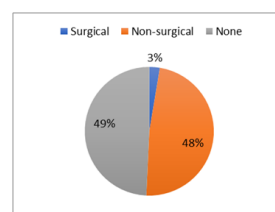


Figure 12. Pie chart showing the distribution of the participants' preference for cosmetic procedures of the face.



the remaining 4.7% had undergone non-surgical cosmetic corrections. None of the participants had undergone surgical corrections. Though 82.6% participants stated that they would never undergo surgical corrections of the face in order to achieve they preferred beauty standards, when given a choice between surgical and non-surgical procedures, 45.7% of them opted non-surgical procedures as a way of achieving their ideal beauty standards. Conversely, 51.8% of them declined both surgical and non-surgical corrections and only 4.7% were open to surgical corrections of the face.

Discussion

There exists a split opinion even amongst aesthetic professionals regarding the universal nature of beauty. When some advocate averageness and symmetry, others insist on the often overlooked

cultural/racial influences [2-4, 5, 7, 8, 16, 21]. Though we accept the universality of beauty, we strongly believe in respecting the cultural variations that may be pertinent. Well aware about the ethnic difference among the Indians, we aimed to assess the perception of beauty among females of South Indian Dravidian population and their willingness towards cosmetic procedures. The results of our survey revealed that South Indian Dravidian women considered an oval face with straight facial profile, straight nose, narrow chin, well-defined lips, arched brow with obtuse jawline to be the most attractive. This is in alignment with findings from similar surveys done in other Asian ethnicities [14, 15, 22]. And it can be agreed that multicultural perception of beauty is more unified than diverse. Interestingly, we found that South Indian Dravidian population had more tolerance for convex profile as opposed to concave profile. This may be because of the increased occurrence of class II skeletal pattern in this population which has made them more accepting of a convex profile. This finding

is in contrast to what was noted in Hans Chinese population by Souphiyeh et al where they demonstrated a complete intolerance to convex profile but were more accepting of a concave profile [22]. Since such cultural nuances are of clinical significance, it is important for the cosmetic surgeons to broaden their knowledge on these cultural differences, however small, in order to provide results which are desirable to the patient. Like females of other Asian ethnicities, the South Indian Dravidian females markedly preferred an obtuse jawline [15].

It is an undeniable fact that globalization has bridged the world and widened the cosmetic market. With digital marketing and social media providing a reliable platform for the same, the consumer spectrum of cosmetic industry has seen a drastic increase in the last decade. Along with it, awareness of the various cosmetic procedures has also widened, mainly, among the digital generation. Not surprisingly, the pressure to present oneself as likable in social media has also increased [11, 13, 20]. With all the above in mind, we wanted to know our participants' perception about cosmetic facial procedures and their opinion on the statement "beauty affects the quality of life". Majority of the participants in our study denied that beauty affects the quality of life (40.3%). Though only 27% of them agreed to the statement, 28% of them gave a neutral response. This is in contrast to the findings presented by Souphiyeh et al in Hans Chinese population where majority believed beauty affects the quality of life [22]. Since our participants were from the age group (16-35yrs) considered to be the highest consumers of social media, we anticipated a more open mindedness towards cosmetic facial corrections. But the willingness of our participants to undergo cosmetic facial corrections to achieve their ideal beauty standards was low (5%) with majority of them being reluctant to the same (82%). Interestingly, when given an option between surgical and non-surgical cosmetic procedures, 48% of them opted for non-surgical facial corrections and only 3% opted for surgical corrections. Still, 49% of them absolutely declined both surgical and non-surgical procedures. This exhibits the apprehension of the population to aesthetic facial surgeries and provides an area of scope for the surgeons in educating their patients.

Conclusion

To conclude, the South Indian Dravidian population prefers the following facial features: oval face, straight profile, short narrow chin, straight nose, well-defined nose, arched brow and obtuse jawline. The South Indian Dravidian population is reluctant to cosmetic surgeries but is more open to non-surgical facial corrections. They also believe that beauty does not affect the quality of life. That being said, beauty will never cease to be a debatable topic and in our opinion, will continue to evolve in definition and perception.

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