

Knowledge and awareness of parents about their children first dental visit undergraduate – A cross-sectional survey

Roghith Kannan¹, Mebin George Mathew^{2*}

ABSTRACT

Background: The oral hygiene of pre-schoolchildren plays a very important role in bringing about the future dental health of the person. Children are more prone to dental caries and thus the prevention of dental caries is important to avoid loss of primary teeth prematurely and decreases the risk of diseases in the future. Parents play an important role in teaching and maintaining oral hygiene to their children. Thus, this study is designed to assess the parents' knowledge and awareness of their children oral hygiene and timing of the first dental visit by doing a survey among parents of pre-teen children in Saveetha Dental College, Chennai. **Aim:** A cross-sectional survey was undertaken to assess the knowledge and attitude of parents regarding their child's first dental visit. **Materials and Methods:** With prior consent, a 10-question survey including both multiple-choice and yes/no questions was distributed to 100 parents visiting Saveetha Dental College. The data collected were statistically analyzed and tabulated. **Results:** About 15.5% opted 1 year and below, 42% opted 3 years, and 34.4% opted 6 years as the ideal age for the child's first dental visit. About 65.3% opted emergency as the main reason for visiting the dentist, whereas 28.1% opted regular checkup. About 70% opted enhancing and motivating the child is the best approach in bringing the child to the dentist. About 80% of the subject opted only when their child has pain they make a visit to the dentist. About 90% of the subjects knew that their child's teeth are more prone to cavities. **Conclusion:** It was evident that the awareness level regarding the importance of the first dental visit is very low in the Indian population, with an average age of the child's first dental visit being at 3–6 years of age. The most common reason for seeking dental care at the first visit is found to be pain and dental caries.

KEY WORDS: Dental caries, Knowledge, Oral hygiene

INTRODUCTION

The first dental visit for a child is an important milestone in his/her life and the child's general health care should include a timely visit to the dentist. The first dental visit of the child is important as it helps in determining the quality of the preventive dental care that the child will receive and, thus, the future oral health of the child.^[1] Several studies have recommended that the ideal dental visit for a child should be before completion of 12 months of age.^[2,3] Dental plaque which is considered the major cause of dental diseases begins to adhere to the teeth as soon as the primary dentition is formed and due to this regular dental care for the child becomes essential. The child's oral health can be put into serious risk if the child's oral hygiene is not taken care in an early

stage. Early childhood caries (ECC) which stands for ECC is a severe disease affecting the teeth of toddlers and infants. It is mainly encountered in children and it often affects the primary maxillary incisors and then can later also progress to involve primary molars.^[4] ECC has been the most prevalent chronic infectious childhood disease in several developed and developing countries.^[5] A change in the view from seeing only the curative aspect of dental care to appreciating its preventive and educational value will improve the compliance of parents with dental health programs and this, therefore, will improve the oral health status of the child. It is the parent's responsibility to take care of their child's teeth in association with the dentist's advice. The previous studies indicate that there is a lack of parents' awareness of the importance of the primary teeth, the early dental visit for their children, and dental health knowledge.^[6,7] Therefore, the purpose of this study was to evaluate the awareness and knowledge of parents about their child's first dental visit.

Access this article online

Website: jprsolutions.info

ISSN: 0975-7619

¹Department of Pedodontics, Saveetha Dental College and Hospitals, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai, Tamil Nadu, India, ²Department of Pedodontics and Preventive Dentistry, Saveetha Dental College and Hospitals, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai, Tamil Nadu, India

*Corresponding author: Mebin George Mathew, Department of Pedodontics and Preventive Dentistry, Saveetha Dental College and Hospitals, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai, Tamil Nadu, India. E-mail: mebingmathew@gmail.com

Received on: 18-07-2019; Revised on: 22-08-2019; Accepted on: 25-09-2019

Table 1: Awareness of first dental visit

1. First dental visit should be at what age?	Answer	Percentage
	1 st year and below	15.5
	2 nd year	42
	4 th year	34.4
	Others	8.1
2. It is important to visit the dentist in the 1st year?	Answer	Percentage
	Yes	34.3
	No	65.7
3. How many times a day does your child brush his/her teeth?	Answer	Percentage
	Once a day	54
	Twice a day	41
	Rarely	5
4. Reasons for visiting the dentist	Answer	Percentage
	Emergency	65.3
	Regular checkup	28.1
	Others	6.6
5. Do you know your child's teeth are more prone to cavities	Answer	Percentage
	Yes	90
	No	10
6. How often you take your child to the dentist?	Answer	Percentage
	Only when child complains of pain	81
	Once in a year	11
	Once in 6 months	8
7. Reason for not seeing the dentist in the 1st year?	Answer	Percentage
	Teeth are not yet completed and not affected by diseases.	30.5
	Child will be uncooperative in the 1 st year	67.5
	Others	3
8. Best approach in bringing the child to the first dental visit is	Answer	Percentage
	Force child	15
	Enhance child	70
	Not to tell child	15
9. If chief complaint treated no need to visit the dentist	Answer	Percentage
	Correct	55
	Incorrect	45
10. Are you aware that oral habits such as thumb-sucking, mouth breathing, and tongue thrusting can harm the developing dentition?	Answer	Percentage
	Yes	43
	No	57

MATERIALS AND METHODS

After obtaining approval from the Ethical Committee of the Institute, this study was conducted at Saveetha Dental College, Chennai, India. Only parents were included in this study. While the intent was to maximize the representativeness of the sample, the results analyzed were only those from the parents who responded. Before the distribution of questionnaire, written consent was obtained stating that responses would be kept confidential and anonymous. A 10-question survey was distributed to

100 parents who visited Saveetha Dental College, Chennai. The questionnaire consisted of multiple choice questions as well as yes-no questions. The subjects were administered with a structured questionnaire on their habits, attitudes, knowledge, and beliefs regarding their child's dental care. Data received were decoded, tabulated, and recorded in an Excel database, and analyzed using the Statistical Package for the Social Sciences (IBM SPSS) software. Research shows that parents play an important role in the decision-making processes vis-à-vis oral health care for their children.^[8]

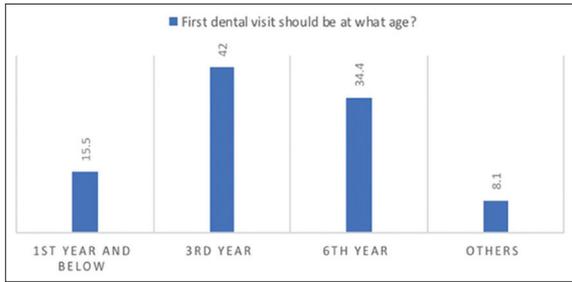


Figure 1: First dental visit should be at what age

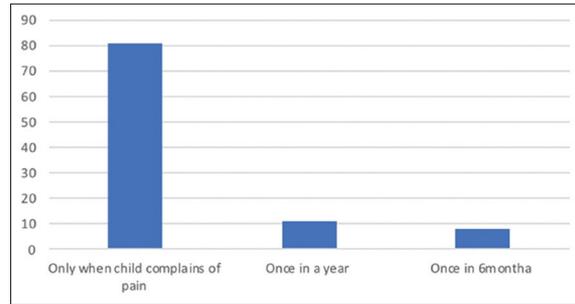


Figure 6: How often do you take your child to the dentist?

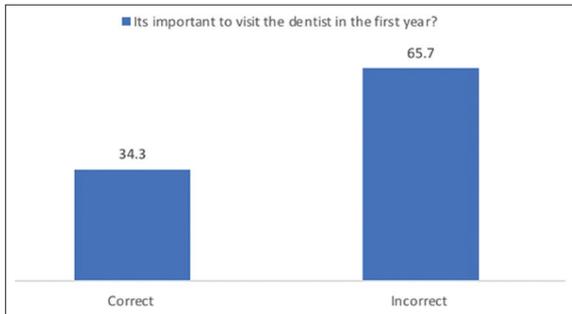


Figure 2: Its important to visit the dentist in the first year?

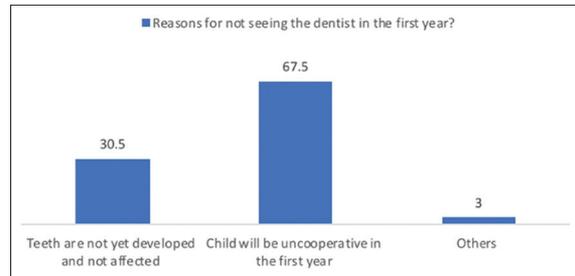


Figure 7: Reasons for not seeing the dentist in the first year?

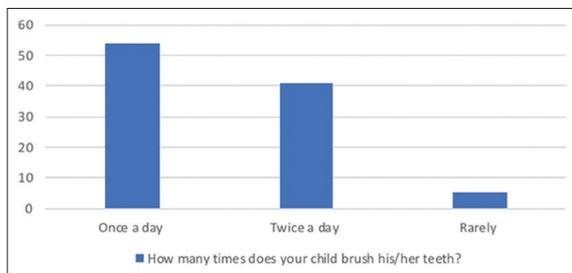


Figure 3: How many times does your child brush his/her teeth?

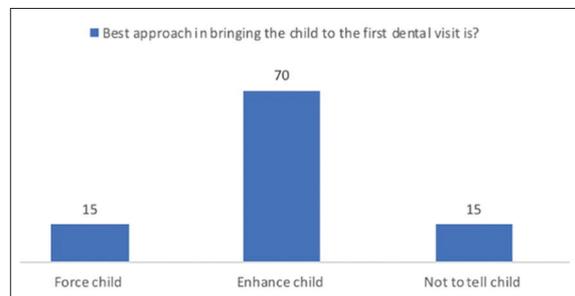


Figure 8: Best approach in bringing the child to the first dental visit it?

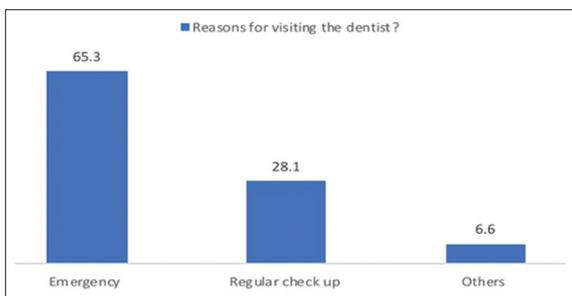


Figure 4: Reasons for visiting the dentist?

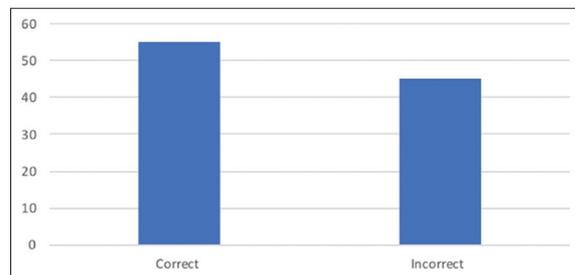


Figure 9: If chief complaint is treated no need to visit the dentist

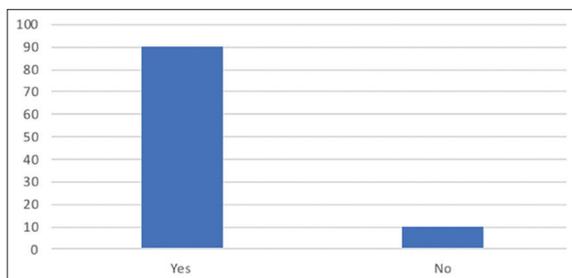


Figure 5: Do you know your child's teeth are more prone to cavities?

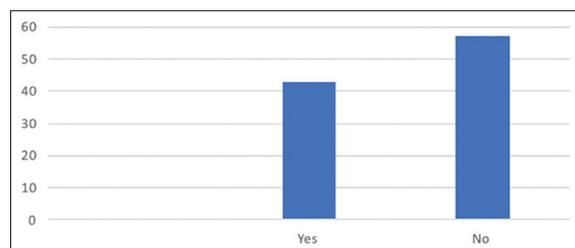


Figure 10: Are you aware that oral habits such as thumb sucking, mouth breathing, tongue thrusting etc can harm the developing dentition?

RESULTS

Results showed that awareness of first dental visit was low among students. Results have been tabulated as Table 1 and as Figures 1-10.

DISCUSSION

The rationale of this study is to improve and motivate the parents regarding their children dental health and treatment needs. The parent's support and involvement in child's oral health are important in influencing the dental health of the child.^[9] On knowledge and attitude toward their kids' oral health, we found that only 15.5% of the parents opted 1 year and below is the ideal age for their child's first dental visit and 34.4% knew that it is important to visit the dentist in the 1st year. The present recommendations for the first dental visit range from as soon as the first teeth erupt to 1 year of age.^[10] Wyne (2003) in his study of Saudi ECC children has reported that the mean age of the first dental visit in these children was much higher than the recommended age for the first dental visit.^[11] The literacy level of the parents is considered important for assessing oral health status as it relates to the level of information about the importance of the oral health of children in the society. It is generally assumed that a well-educated person is generally more aware of the overall health.^[12] About 65.3% of the parents opted emergency as the reason for visiting the dentist and the reason for not seeing the dentist in the 1st year is due to the fact that the child will be uncooperative during the 1st year. About 70% of the parents opted enhancing and motivating the child is the best approach in bringing the child to the first dental visit. Parents in this study reported that the first dental visit for a 1-year-old child is inappropriate due to the inability of the child to cooperate. This view might be due to the lack of appropriate information to the parents.^[6] About 90% of the parents knew that their child's teeth are more prone to cavities, whereas in a study conducted by Jhanvi Manohar also, the results were similar where 92% of the subjects knew that their child's teeth are more prone to cavities.^[13] Only 15.5% of the participants knew the right age for a child's first dental visit. These results clearly explain the increasing cases of ECC in India. The majority of the parents were not aware of the oral habits such as mouth breathing and thumb-sucking which can cause harm to the developing dentition. After the exfoliation of the deciduous dentition, when the permanent dentition sets in, thumb-sucking may cause changes in the roof of the mouth and also leads to problems with the proper growth of the mouth and alignment of the teeth.^[14] Providing anticipatory guidance regarding dental and oral development, injury prevention, habits, teething, fluoride

treatment, oral hygiene instruction, non-nutritive sucking, and the effects of diet on the dentition is also important components of the initial visit.^[15] The goal of early dental visit is to build the relationship between the child and dental staff. In addition, parents can be informed about different preventive methods. Therefore, the infant oral health-care visit should be seen as the foundation on which a lifetime of preventive education and dental care can be built. This present study has gathered information on the knowledge and attitude of parents regarding their child/children's oral health. From this study, it was evident that parents were still uneducated about some important facets of their child's oral health.

CONCLUSION

A parents' knowledge of their kids' oral health and its importance and methods to promote are poor, and there is an awareness among the parents but with insufficient knowledge.^[16]

1. It is evident that the awareness level regarding the importance of the first dental visit is very low in the Indian population, with an average age of the child's first dental visit being at 3–6 years of age
2. The most common reason for seeking dental care at the first visit is found to be pain and dental caries.

REFERENCES

1. Widmer R. The first dental visit: An Australian perspective. *Int J Paediatr Dent* 2003;13:270.
2. Rayner JA. The first dental visit: A UK viewpoint. *Int J Paediatr Dent* 2003;13:269.
3. Nainar SM, Straffon LH. Targeting of year one dental visit for United States children. *Int J Paediatr Dent* 2003;13:258-63.
4. Tinanoff N, O'Sullivan DM. Early childhood caries. Overview and recent findings. *Pediatr Dent* 1997;19:12-6.
5. Hallett KB. Early childhood caries. A new name for an old problem. *Ann R Australas Coll Dent Surgery* 2000;15:268-75.
6. Grindeford M, Dahllof G, Modeer T. Prediction of the dental caries development in 1-year-old children. *Caries Res* 1995;29:343-8.
7. Tang JM, Altman DS, Roberston DC, O'Sullivan DM, Douglass JM, Tinanoff N. Dental caries prevalence and treatment levels in Arizona preschool children. *Public Health Rep* 1997;12:65-75.
8. Gross GJ, Howard M. Mother decision-making processes regarding health care for their children. *Public Health Nurs* 2001;18:157-68.
9. Paunio P, Rautava P, Sillanpää M, Kaleva O. Dental health habits of 3-year-old finnish children. *Community Dent Oral Epidemiol* 1993;21:4-7.
10. Wyne AH. Oral hygiene practices and first dental visit among early childhood caries children in Riyadh. *Pak Oral Dent J* 2003;23:161-6.
11. Al-Zahrani AM, Al-Mushayt AS, Otaibi MF, Wyne AH. Knowledge and attitude of Saudi mothers towards their preschool children's oral health. *Pak J Med Sci* 2014;30:720-4.
12. Kaur B. Evaluation of oral health awareness in parents of preschool children. *Indian J Dent Res* 2009;20:463-5.
13. Manohar J, Mani G. Knowledge and attitude of parents regarding children's primary teeth and their willingness for treatment. *J Pharm Sci Res* 2017;9:194-8.

14. Mark AM. Your child's teeth. *J Am Dent Assoc* 2019;150:160.
15. Ashkanani F, Al-Sani M. Knowledge, attitude and practices of caregivers in relation to oral health of preschool children. *Med Princ Pract* 2013;22:167-72.
16. Alshehri A, Nasim VS. Infant oral health care knowledge and awareness among parents in Abha city of Aseer region, Saudi Arabia. *Saudi J Dent Res* 2015;6:98-101.

Source of support: Nil; Conflicts of interest: None Declared