

PARENTAL AWARENESS ABOUT THEIR CHILDREN'S FIRST DENTAL VISIT AND REASONS FOR THE VISIT

¹REHAB H ALLAM

²RASHA A AL-DABAAN

ABSTRACT

The aim of this study was to assess the awareness of parents about their children's first dental visit. A total of 114 parents accompanying their children during visits to pediatric dentistry clinics in King Saud University College of Dentistry (KSUCD) participated in the study. A self-administered questionnaire was utilized to collect information about various aspects of knowledge and attitudes of the parents toward their children's first dental visit. Only 8.8% of the participants agreed that the child's first dental visit should be at age one year or earlier. Most of the parents (85.1%) agreed that a child should visit a dentist regularly every 6 months. Whereas, less than half (48.2%) of participants agreed that it is important for a 1-2-year-old child to go for routine dental checkups even if no dental problem exists. Almost half the participants (49.6%) reported not having any barrier preventing them from taking their children to see a dentist. It can be concluded that parents of the Saudi children lack sufficient knowledge about the correct timings for a child's first dental visit and routine check-up dental visits.

Key Words: Children, pediatric dentist, first dental visit, timing of first dental visit.

INTRODUCTION

Oral health needs to be maintained from early in life. A very high prevalence of dental diseases among Saudi children makes it even more important.^{1,2,3} However, many expectant mothers are oblivious to the consequences of poor oral health for their children.⁴ Mothers with poor oral health are more likely to infect their babies with caries causing bacteria, consequently increasing the risk of early childhood caries.^{4,5} So, an early dental check-up visit after birth is of prime importance in dental disease prevention. An early check-up dental visit provides the dentist with an opportunity to educate the parents about appropriate feeding and oral hygiene practices in their child. Any abnormality in oro-facial tissues can also be detected and managed at early stage. It is recommended that the first dental check-up visit should be made as soon as first primary teeth erupt; and not be later than 12 months of age.⁶ A comprehensive age-specific prevention program may include educating parents about proper oral hygiene procedures for infants and toddlers, appropriate feed-

ing/dietary routine, fluoride application/supplements if indicated, early detection of oral habits, management of teething symptoms, prevention of accidental dental injuries, and treating incipient caries if already developed.⁷

It has been suggested by the American Academy of Pediatric Dentistry (AAPD) that the periodicity of oral health care for optimal oral health in children be based on individual needs and caries risk assessment, though a six-month period.⁶ However, several barriers that prevent parents from taking their children to see a dentist have been reported including lack of knowledge about possible consequences of tooth decay, children's anxiety towards the dental treatment, difficulty finding appointments, not having transportation, difficulty in coordinating with work, and not having family support.⁸ The purpose of this study was to assess the knowledge of parents about timings and reasons for first dental visit of their children, as well as the barriers that might prevent them from taking their children to the dentist.

METHODOLOGY

This cross-sectional study was conducted at the King Saud University College of Dentistry (KSUCD) in Riyadh, Saudi Arabia. Ethical approval was obtained from the College of Dentistry Research Center (CDRC). The study population consisted of the parents of the children attending pediatric dentistry clinics at KSUCD. A self-administered questionnaire was used to obtain the following information from the parents.

¹ Rehab H Allam, Lecturer, Division of Pediatric Dentistry, Department of Pediatric Dentistry & Orthodontics, King Saud University College of Dentistry, Riyadh, Saudi Arabia

² Rasha A Al-Dabaan, Assistant Professor, Division of Pediatric Dentistry, Department of Pediatric Dentistry & Orthodontics, King Saud University College of Dentistry, Riyadh, Saudi Arabia.

Correspondence: Dr Rehab H Allam
E-Mail: rallam@ksu.edu.sa Tele: +966 554426982

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- Knowledge and attitude of the parents toward children’s first dental visit and dental care.
- The parents’ expectations from the dentists.
- Perceived barriers preventing them from taking children for dental visits.

The questionnaire had a cover letter inviting the parents to participate in this study. The questionnaire had six demographic questions regarding the parents/guardians’ age group, relationship to the child, Nationality, marital status, education level and work type. There were seven questions related to timing of the first dental visit, reasons why a child should be seen by a dentist, frequency of routine check-up visits, guardian’s expectation from a pediatric dentist, and barriers preventing them from taking a child to the dental clinic.

The questionnaire was in Arabic language, and was tested for face validity by a pilot test on parents of children attending the pediatric dental clinic. Content validity was also assessed by expert judgement, and as a result, modifications were made in the final version of the questionnaire. Parents of children attending the pediatric dental clinics in KSUCD from January-May 2017 were invited to participate. Parents were handed over the self-administered questionnaires at the beginning of their child’s appointment. The questionnaires were completed and returned to the dentist in the same appointment. Data were entered and analyzed using SPSS version 22.

RESULTS

A total of 114 parents of children who visited the pediatric dental clinics of KSUCD participated in the study; 86 (75.4%) mothers, 19 (16.7%) fathers and 9 (7%) were lawful guardians. The demographic information of the participants is presented in Table 1.

Only 8.8% of the participants thought that the first dental visit for children should be at the age of one year (Table 2). No significant differences were found between respondents in terms of the age of first dental visit and any of the demographic variable. As for the reasons of taking their children to the dentist; more than half of the participants (53%) reported dental decay as the main reason (Table 2).

Regarding the participants’ perceptions in relation to the frequency of a child’s regular dental visits (every 6 months); most of the participants (85.1%) agreed that a child should visit a dentist regularly every 6 months. A significant difference was observed between working and non-working parents in this regard; 89.4% of those working agreed to six monthly regular visits compared to 78.3% of the unemployed participants (p= 0.046). However, when asked if it was important for a 1-2 year old child to go for routine dental check-ups with no

TABLE 1: DEMOGRAPHIC INFORMATION OF PARTICIPANTS

Demographic Variable		Number (%)
Age of the parent	Less than 20 years	6 (5.3)
	21-30 years	23 (20.2)
	31-40 years	59 (51.8)
	More than 40 years	26 (22.8)
Relation with the child	Mother	86 (75.4)
	Father	19 (16.7)
	Other	9 (7.9)
Nationality	Saudi	95 (83.3)
	Non-Saudi	19 (16.7)
Marital Status	Married	100 (91.7)
	Divorced	6 (5.5)
	Widowed	3 (2.8)
Educational level	Incomplete high school	13 (11.5)
	High school	26 (23)
	Bachelor degree	60 (53.1)
	Postgraduate degree	13 (11.5)
	Other	1 (0.9)
Occupation	Housewife	47 (41.6)
	Teacher	30 (26.5)
	Administrative	27 (23.9)
	Business	3 (2.7)
	Health care	5 (4.4)
	Other	1 (0.9)

TABLE 2: TIMING OF FIRST DENTAL VISIT AND REASONS FOR TAKING THE CHILD TO THE DENTIST

Question	Response	Number (%)
Ideally, when do you think the first dental visit for your child should be?	At age one year old	10 (8.8)
	At age 2-4 years old	48 (42.1)
	At ages 5-7 years old	26 (22.8)
	When my child develops a dental problem	28 (24.6)
	Only in an emergency	2 (1.8)
Reasons for taking your child to the dentist	Check up	40 (34.8)
	Dental decay	61 (53.0)
	Pain	25 (21.7)
	Abscess	7 (6.1)
	Trauma	5 (4.3)
	Ortho consultation	2 (1.7)
	Other	3 (2.6)

TABLE 3: OPINIONS OF PARTICIPANTS IN REGARD TO TASKS OF A PEDIATRIC DENTIST

Question	Response	Number (%)
In your opinion, what are the tasks of a pediatric dentist? (Check all that apply)	Only treat pathology and restore decayed teeth	80 (69.6)
	Simple orthodontic treatment	51(44.3)
	Dietary advice and counseling	46 (40.0)
	Oral Hygiene instructions, cleaning teeth and fluoride application	91(79.1)

TABLE 4: BARRIERS THAT PREVENT PARTICIPANTS FROM TAKING THEIR CHILDREN TO SEE A DENTIST

Question	Response	Number (%)
What is the main barrier that prevents you from taking your child to the dentist?	There are no obstacles. I can take my child to the dentist	57 (49.6)
	I am very busy. I do not have time.	17 (14.8)
	Primary teeth are not as important as permanent teeth. There is no real need to go to the dentist at a young age	8 (7.0)
	Lack of transportation.	22 (19.1)
	Lack of appointments	25 (21.7)
	My child will be uncooperative with the dentist	15 (13.0)
	My child is not complaining from oral disease. There is no need to take him/her to the dentist	3 (2.6)
	I am afraid of dentists	3 (2.6)

dental problems, only 48.2% of the participants agreed to it. No significant differences existed in relation to demographic variables. Responses of participants to a question related to what they thought were the main tasks of a pediatric dentist are shown in Table 3.

As for the main barriers that prevent participants from taking their children to see the dentist, around half the participants (49.6%) reported not having any barrier. The various responses to this question are presented in Table 4.

DISCUSSION

This study aimed at assessing the knowledge and behavior of parents in relation to early dental visits,

the reasons why a child should be taken to a dentist, expectations the parents may have from the dentist as well as barriers that might prevent them from taking a child for a dental visit in Riyadh, Saudi Arabia.

Very few parents in this study knew that the first dental visit for children should be at age one year or before. Previous studies in Saudi parents have reported similar results about timings of first dental visit.^{12,13} Several studies have reported high dental caries prevalence in Saudi children aged 12-24 months.^{9,10,11} The AAPD has recommended that the first dental examination should be at the time of eruption of first tooth and no later than 12 months of age.⁶ A study by Schroth et al (2007) reported that parents who believed that primary teeth are important had children with a high number of sound primary dentition.¹⁴ On the other hand, low parental knowledge and poor attitudes towards oral health have been associated with higher caries experience in infants and young children.¹⁵ Dental caries and its complications affect the child's quality of life, both physically and psychologically.¹⁶ Childhood oral disease, if untreated, can lead to pain and other serious health problems, such as oral abscess, cellulitis, bone loss, and spread of infection via the bloodstream.¹⁷ An early dental check-up visit ensures that a relationship is built between the child and the dental staff. In addition, early dental visits provide the dentist with an opportunity to educate the parents about different preventive modalities both professional and at home. Any oral/dental condition can be diagnosed early and treatment provided. Most of the parents in this study would take their children to see a dentist only in case of pain or dental decay. Similar findings have been reported by Mounissamy et al in 2016.¹⁸

A majority of the parents agreed to frequent recalls (every 6 months), and interestingly, the working parents had a significantly better response as compared to those not working. This could be attributed to a high number of school teachers (30/67) among the working parents who might have been exposed to preventive dental programs in their schools. However, when the age of the child was specified (1-2 years of age), the percentage of parents whom agreed to half-yearly dental check-up visits dropped. In this study the educational level of parents was not related to awareness about their child's first dental visit, regular dental check-up visits and knowledge about tasks of a pediatric dentist. This result suggests the importance of educating parents about the early first dental visit and then regular dental check-up visits.

The results of this study show lack of awareness among parents about a pediatric dentist's role in oral health prevention and treatment. Previous studies have also reported lack of parental awareness about the importance of the primary teeth, early dental visit

for their children and dental health knowledge.^{12,19,20} About half of the participants in this study reported not having any barrier preventing them from taking their children to the dentist. If these parents have had early preventive oral health care awareness, they would have been more likely to prevent oral diseases in their children at an early age.

This study was limited to the parents of children attending pediatric dentistry clinics of a teaching institution. A larger randomized sample would be needed to validate these results. Nevertheless, the results of this study indicate a need for educating Saudi parents about the importance of an early dental visit after birth and follow-up routine check-up visits. Creating an early dental home for children would reduce or eliminate oral disease, and will also create awareness in parents about the importance of oral health care and oral disease prevention.^{21,22} Such an awareness can be achieved by involving primary care physicians and nurses in these efforts, and utilizing both electronic and print media in spreading the appropriate prevention message.

CONCLUSIONS

The results of the present study show that parents of the Saudi children attending pediatric dentistry clinic of a teaching dental institution lack sufficient knowledge about the timing for their child's first dental visit and recommended frequency of routine dental check-up visits.

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CONTRIBUTIONS BY AUTHORS

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| 1 Rehab Allam: | Research concept, literature search, data acquisition & analysis; manuscript preparation, editing, review. |
| 2 Rasha Al-Dabaan: | Study design, data analysis, manuscript preparation & editing. |