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Methodological Investigation of Intellectual and Behavioural Conduct of Parents and their Children Avoiding Early Dental Visit in Nagpur, India

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Abstract

Introduction: Childhood regular dental visits are of huge importance, even if there is no pain in the teeth. There are a lot of oral conditions the dentist can treat by early examination and detection. There commended age by dental professionals around the world to visit a dentist is before or by one year.

Aim: The study aimed to inspect the intellectual and behavioural conduct of parents and their children avoiding early dental visits in Nagpur, India.

Method: A cross-sectional study was conducted from May 2020 to September 2020 surveying the indigenous population, which included1842parent-children sets (819 girls and 1023 boys) aged 1-to-12-year-old. Sociodemographic information and reason were recorded for avoiding an early dental visit using self-generated 8 questionnaires, which were sent to the parents of children using emails and various social media platforms for analysing the results; descriptive data analysis was used.

Result: 82.31% (1516 families) have never taken their children to a dental specialist. Rest 17.69% (326 families) took their children to an early dental visit. It was demonstrated that the lack of awareness among parents lead to avoidance of early dental visits

Conclusion: It was revealed that the absence of proper information and no significant attention to early dental care, including parent's stories coming down from their past, especially with a bad experience and myths about dental treatment, all added hurdles to early preventive dental consideration of children

Keywords: Families, Myth, Age, Avoidance, Fear

Introduction

Oral health and excellence in school are interlinked; while guardians establish a solid framework for children's life ahead, it's likewise essential they develop good oral habits. In accordance with the American Academy of Paediatric Dentistry (AAPD), parents should schedule the first dental visit of a child at the time when the primary tooth erupts or no later than his or her first birthday [1]. The primary teeth have the purpose of keeping the space; they help in mastication of food, and most importantly, they keep a balance between the facial muscle and the tooth structures, which can help in the proper alignment of the teeth. As soon as the first teeth erupt, the dentist can analyse the pattern of eruption. Dentists can take preventive measures to make sure the teeth erupt in a proper manner. Malocclusion is a frequent condition that can be prevented with early dental check-ups [2] Also habits like thumb sucking (digit sucking). Tongue thrusting, lip biting, mouth breathing, bruxism, nail biting and other masochistic habits can be corrected at an early stage so as to reduce the adverse effects on the teeth and other structures supporting the teeth.

The dentist conducts a gentle but comprehensive examination of the child's teeth, gums, jaws, and bite. The dentist can treat oral conditions efficiently by early examination and detection like treating the teeth decay and prevention of the decay before it reaches the pulp, extraction of the primary teeth that can cause problems or stop the permanent teeth from erupting, and all other dental problems the child is likely to face in the future, like overlapping or extra teeth or missing teeth. Regular dental visit encourages the dentist to demonstrate proper tooth brushing and flossing techniques, discuss a protective diet and snacking practices, discuss thumb sucking and pacifier use and address the use of topical fluoride. It is essential to start good oral health habits like regularly visiting a dentist at a young age. Cavities left untreated for a long time compromise the health of dentition and can cause an infection that will affect the underlying permanent teeth [3].

Decays in deciduous teeth should be diagnosed, treated, and then maintained by good oral hygiene practice, dietary guidance, and regular appointments with the dentist. Maintenance of previously affected teeth of the primary dentition can unquestionably lay a strong foundation for upcoming permanent teeth [4].

Thus, cavities in primary teeth do not necessarily lead to cavities in permanent teeth if essential routine check-ups and proper oral hygiene are steadily being followed. The presence of at least one decayed (non-activated or caviated lesions), missing (because of caries), or a child's filled tooth surface in any primary tooth younger than six. In children younger than three years, any sign of smooth-surface caries is indicative of severe early childhood caries [11].

Whenever left untreated, decay on a primary tooth can prompt deep cavities, torment, disease, and loss of function. Milk doesn't stall out in the middle of teeth, yet when it pools in the child's mouth the entire evening, the microorganisms in the mouth feed on lactose and produce acids that dissolve the tooth structure and lead to cavitation in primary teeth [5]. The incidence of milk bottle caries can soar high when there's no awareness of early childhood decay, and this is one of the main reasons why early check-ups are important [12]. Hence, the motive of the study was to survey the opinion and beliefs of the average income population towards oral wellbeing and dental considerations of their children in avoiding a nearly dental visit analysed in the parent-children set. [12]

Material and Methods

For maintaining confidentiality, the names of the respondents were anonymized. As anonymity does not allow to track back any personal data, the survey does not require approval by the ethics committee.

The study was an observational cross-section survey study which was held in Nagpur, India, from May 2020 to September 2020 for an 1842 parent-children set aged 1- to 12-year-old. The sample size for the study was calculated based on the number of responses received for the google form floated. Basic arithmetic mathematics was used to calculate the sample size.

The questionnaire was circulated in the form of google form, with the help of social media, and a time limit of 5 months was given to the respondents to fill the google form. As the date for the survey was in the middle of lockdown due to COVID, this situation made it possible for such a huge number of Responses as all of the respondents were in work from home environment.

After the responses were received, the respondents were divided into two groups. The 1st group was the parents who had their children aged between 1-12 years old. Another group was the respondents who had their children above 12 years old.

A pro forma that was designed contained eight questions (Annexure 1) divided into two sections in both English and the local language Marathi for recording all applicable information identified with the objective of the investigation. It was made sure that the meaning of the questions did not change while converting them from English to the local language. A combination of both open and close end questions was used. The proforma consisted of two sections; the first section was used to gather information about the sociodemographic details comprised of 1)Name 2)Age 3)Sex of the children and 4)Qualification 5)Average income of the parents. The second section included the questionnaire containing 8 questions which were exclusively based on past experience, and basic human nature or phycology was self-prepared directly related to oral well-being, oral hygiene, dental beliefs, perspectives, and reasons like regarding guardians past dental experience, awareness about dental health, routine check-up, consequences, the anxiety level of each child to a dental visit, pressure, treatment expenses and queries amongst child's friends' group regarding oral health and use of non-scientific home remedies until the tooth pain gets worst for avoiding early dental visit was filled by the participating parents. Additional space was provided in the proform a for parents to list their thought processes and beliefs regarding early dental treatment.

This pro forma was circulated to the parents using various social media platforms (Instagram, WhatsApp, Facebook, telegram)

The assembled data obtained from this survey was analyzed carefully to study parents' patterns and thought processes regarding oral health. The results were expressed in percentages.

Inclusion criteria

The first group who had their children aged between 1-12 years were included. The reason behind considering the children within the age of 1 -12 years is that if the oral health is not maintained at this age, this inversely affects children's learning, speaking, and eating habits. Because as recommended the first dental visit should be by 12 months or by six months when the first teeth erupts, and this is in accordance with the American Academy of Paediatric Dentistry (AAPD), parents should schedule the first dental visit of a child at the time when the primary tooth erupts or no later than his or her first birthday [1].

Exclusion Criteria

The 2nd group that had children aged above 12 years was excluded as the study was solely concerned about the children aged between 1-12 years old. The study was based on the early dental visits and that too when the first teeth erupt, which is in accordance with the American Academy of Paediatric Dentistry (AAPD), parents should schedule the first dental visit of a child at the time when the primary tooth erupts or no later than his or her first birthday [1].

Annexure 1

Section 1

Name

Age of child

Sex of the child

Parents Qualification

Average Income of Parents

Section 2

1. Are you aware that you have to take your child to the dentist after his/her first teeth erupts?
2. You do not prefer taking your child to a dentist because of the repeated appointment and the amount charged for each appointment?
3. Have you ever observed any abnormality in your child's teeth?
4. Do you prefer home remedies for small-scale dental problems?
5. Does your child get uncomfort able around a dental setup?
6. Do you casually take the dental issue of milk teeth because you think it will eventually shred off?
7. Did you at any point have a bad dental experience in the past and hence you do not want your child to undergo the same experience at this tender age?
8. Did you had a hard time finding an appropriate dentist?

Statistical analysis

The study utilized descriptive data analysis. The descriptive data analysis tells us about the data features and summarizes the data in tables, charts, and graphs. The responses collected were formulated using descriptive analysis, where the child's age, name, sex of child, income, and qualification of parents were tabulated. Moreover, the responses were graphed by calculating simple percentages.

Results

(Table 3) Analysis of the total answers provided by the-1842families from Nagpur, India, were recorded, which were then divided into three groups on the basis of age. The first group comprises children aged between 1-4 years, the second group is 5-8 years, and the third is 9-12 years. Out of these 1842 responses, 1516 families (82.31%) have never taken their children to a dental specialist. And the rest of 326 families (17.69%) took their child to an early dental visit. Most of the parents who did not take their child to early dental visits were from the age group of 1–4-year-old followed by 8–12-year-old children (Table 2). Among those 1516 families who did not take their children for an early dental visit, 957 families (63.12%) were not aware of seeing a dentist after the first tooth erupts.757 families (49.93%) out of the 1516 families pre-judged that dental visits are very expensive.802 families (52.90%) out of the 1516 families did not face any dental problem. 486 families (32.05%)out of the 1516 families attempted to deal with manifestations at home. 351 families (23.15%) out of the 1516 families figured out children would experience issues in the dental climate. 429 families (28.29%) out of the 1516 families did not consider milk teeth issues seriously. 117 families (7.71%)out of the 1516 families had a bad past dental experience themselves. And 97 families (6.39%) out of the 1516 families couldn't track down an appropriate dental specialist [Graph 1]. It was revealed that the absence of proper information and no significant attention to early dental care, including parents' stories coming down from their past, especially with a bad experience and myths about dental treatment, all added hurdles to early preventive dental consideration of children. A few of the main reasons given by parents behind not having regular dental visits include:

Long appointment wait time

The overall treatment expenses

The wrong belief that deciduous teeth do not require care

Ignorance in mild aches and pains around the gum area

Tantrums by children to the fear of dental check-ups

The thought is that children are hard to deal with when it comes to dental treatment.

Table 1: Demographic Details of Children and Parents

Variable	Total no
Sex of Child	
Male	1023 (55.53%)
Female	819 (44.46%)
Age Group In Years	
1-4	50.07% (934)
5-8	17.75% (327
9-12	31.54% (581)
Qualification of Parents	
12thpassed	084 (4.56%)
Graduate	1758 (95.43%)
Average income (Annual)	
>500000	800 (43.43%)
<500000	1042 (56.56%)

Table 2: Data Distribution on the basis of Age Group

Age Group (in years)	Percentage of children who did not undergone early dental visit
1-4	55.01% (834)
5-8	14.97% (227)
9-12	30.01% (455)

Graph1: Frequency distribution based on the reasons for avoiding an early dental visit

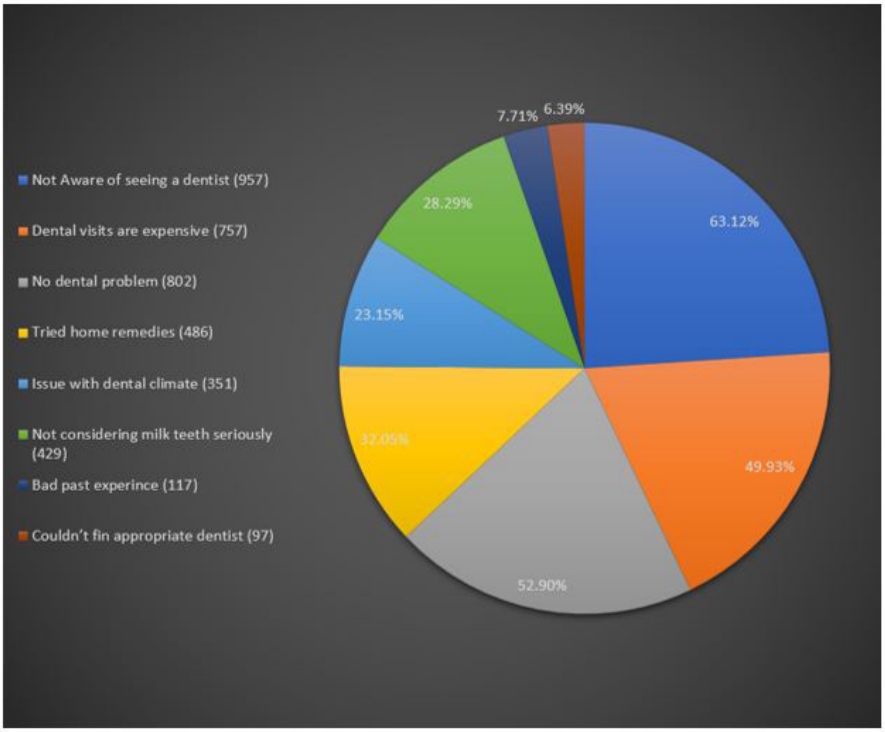

Table 3: Analysis of the total answers provided basis of age

Questions	YES N (%)	NO N(%)
Are you aware that you have to take your child to the dentist after his/her first teeth erupts?	559 (36.87%)	957 (63.12%)
You do not prefer taking your child to a dentist because of the repeated appointment and the amount charged for each appointment	757 (49.93%)	759 (50.07%)
Have you ever observed any abnormality in your child's teeth	714 (47.1%)	802 (52.90%)
Do you prefer home remedies for a small-scale dental problem	486 (32.06%)	1030 (67.94%)
Does your child get uncomfortable around a dental setup	351 (23.15%)	1165 (76.85%)
Do you casually take the dental issue of milk teeth because you think it will eventually shred off	429 (28.29%)	1087 (71.71%)
Did you at any point have a bad dental experience in the past, and hence you do not want your child to undergo the same experience at this tender age	117 (7.71%)	1399 (92.29%)
Did you had a hard time finding an appropriate dentist	97 (6.39%)	1419 (93.61%)

Discussion

This study provides a snapshot of the reasons and myths of the parents and children regarding oral health and dental visits who participated in a survey carried from May 2020 to September 2020 in Nagpur, Maharashtra.

Although 95.43% i.e., 1758 of the parents, were graduates, 63.09% (957) of the parents were not aware of taking the child to an early dental visit. This shows the lack of awareness among the people about the early dental visit.

56.56% of parents had their monthly salary under 50000, which shows the strength of the working-class family, and might be the justification for guardians considering the dental visits costly.

With regards to this, Parents information, perspectives, and convictions about the significance of dental well-being needs to be changed because, according to the current examination, children from a very young aged o look upto their elders to learn about hygiene behaviour, self-health [13]. The study has also revealed that 117 families (7.71%) had a past dental fear, anxiety, experience, and based on these experiences, parents made assumptions about treatment ending up wrong. As none of the parents wants their child to suffertrough any anxiety or dental fear that they have experienced in the past, hence these assumptions need to be mitigated by proper counselling [5]. In addition, 351 families (23.15%) accepted that their kid might deal with issues in the dental climate or could panic seeing different children cry. A significant number of people in India believed in visiting a dentist only when they faced a severe problem, rather than a preventive and healthy approach towards the oral cavity [16]. Likewise, 486 families (32.05%)tried to manage the symptoms at home429 families (28.29%)didn't consider milk teeth issues seriously and consequently didn't think about taking the kid to a dental visit as 97 families (6.39%)couldn't find suitable dental specialists [15].

For the context with the comparable article, none of the writers have done the overview connected with the evasion and the purposes for not taking the youngster to an early dental visit The authors have done the investigations dependent on the age for the first dental visit.

Facilitated endeavours by pediatric dental specialists and other experts need to include dental wellbeing training in handling fearful patients, demonstrating the procedure to the parents even before their child undergoes the specific dental treatment. By knowing what the child is going to go through, a lot of fear and anxiety can calm down [6]. More light needs to be thrown around the significance of both primary and permanent dentition with the help of advanced preventive dental projects. More in-school information sessions need to be organized, so kids are exposed to various methods and treatments to reduce pain and all eviate the fear of dental procedures [7,14].

The study's limitation is that it is a self-reported survey; hence, in this way, there are chances of the responses being biased. The examination, however, was done on a small scale may give an underlining advance in understanding factors and beliefs of parents, which are significant in avoiding early dental check-ups [8]. A small-scale study in a restricted period of time does not respond to all the inquiries; in further examinations, it will be essential to stretch out the examination to a more significant number of people [9,10].

Conclusions

In the Indian populous, there is still some stereotype related to parents' beliefs, past experience, and basic human psychology, leading to fewer people taking their children to an early dental visit. This stereotype must be changed, and proper guidance and knowledge should be given so that young children do not lose out on the opportunity of an early dental visit and their oral health is maintained. At a young and tender age, oral health is essential, and maintaining that oral health from such young age will further decrease the risk of any oral problem in children.

As the saying goes, prevention is better than cure; hence, maintaining the integrity and health of the primary dentition is the main objective to preserve the primary teeth in the absence of succedaneous teeth. Parents must try to inculcate the values of discipline in their children for maintaining oral hygiene from a tender age. The dentist should establish effective communication and gain confidence in the child and parents to mitigate the beliefs and myths regarding dental visits.

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