

Knowledge and Awareness Regarding Primary Teeth and Their Importance among Parents in Chennai City

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INTRODUCTION

Parents and family members are considered the primary source for knowledge about child rearing and health habits for children, which undoubtedly has a long-term influence in determining a child's oral health status. Parental decisions are influenced by their attitudes which reflect on the oral health of the child.¹

Also maternal factors are of significant importance because young children are unable to care for themselves and are dependent on mothers for their daily care. It was reported that at the age of 5-6 years the more positive mother's attitude towards dental health, the better is child's oral hygiene.² Poor attitude of parents towards oral health of infants and young children are associated with increase caries prevalence.

Many behavioural theories such as the Health Belief Model and Theory of Reasoned Action have confirmed the major role of knowledge and attitudes in explaining behavioural changes.²

Parental oral health-related knowledge, belief, and attitudes influence the tooth-brushing behaviour of their children.³

The American Dental Association recommends that to avoid oral diseases individual should brush and floss at least once a day and visit a dentist regularly.⁴

Studies have proved that the incidence of caries in the industrialised countries have reduced in the recent years.⁵

This shows that, the socio economic status also has a significant role in prevention of dental caries in children.

AIM:

The aim of this study is to analyse the knowledge of parents regarding child's oral health.

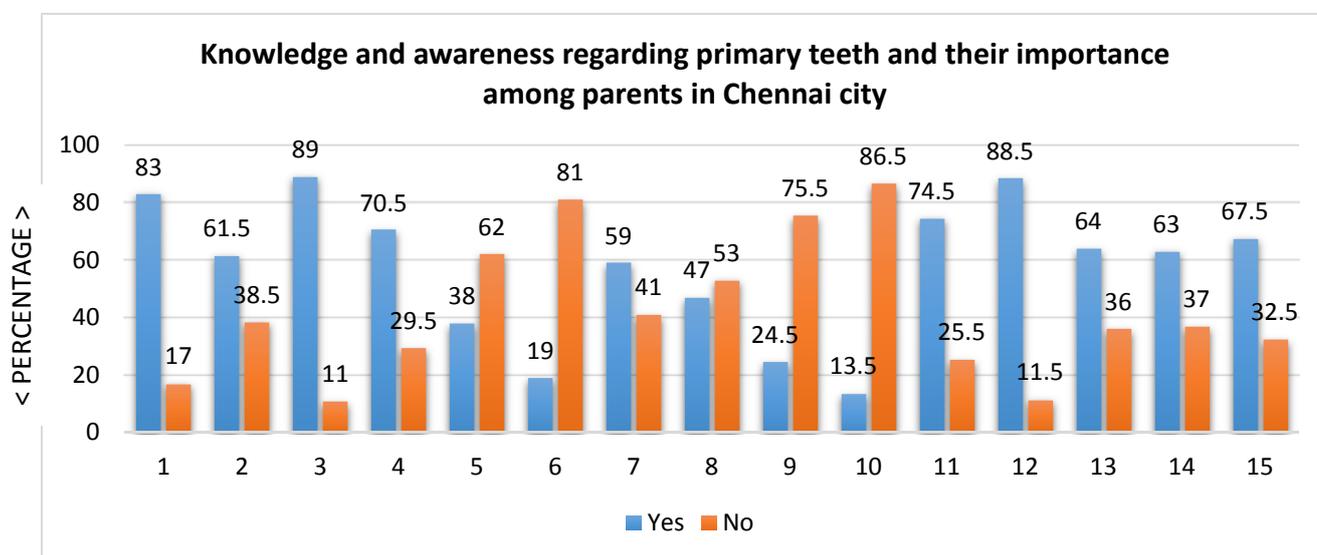
MATERIALS AND METHOD:

The cross-sectional survey was conducted during December 2016 – January 2017. This study was conducted among parents of children attending Saveetha Dental College, Chennai. A questionnaire consisting of 15 questions were distributed. The demographic details taken from the parents included questions such as parents' relationship to the child, parental age, and the number of children in the family below 12 years of age. Questions were both in English and local language (Tamil). Assistance was offered for those who desired help in understanding the questions. A total number of 200 parents participated in the study. The nature and purpose of the study was explained and strict confidentiality was assured. The filled questionnaire with responses were collected and computed immediately.

RESULT:

A total of 200 subjects completed the questionnaire during the period of December 2016- January 2017. Majority of the parents interviewed were mothers (139). The collected data proved great majority (83%) of the parents agree that primary teeth are important. Regarding prevention of dental caries, only 61.5% of the parents are aware of the methods to prevent caries. 89% of the parents agree that children requires parental assistance while brushing till 6years of age. While 70% restricts their children from eating candies more than once a day only 38% restrict their children from drinking aerated drinks. 81% of the parents are unaware of the importance of flossing. Only 59% changes their child's tooth brush once in every 3 months. 53% disagree that their child requires dental visit every 6 months. Majority of the parents interviewed (75% and 86.5% respectively) are unaware of tooth paste available for children and that it contains lesser fluoride content which is safe for children. 88.5% parents restrict their children from adverse oral habits. Only 64% are aware that they have to regularly monitor their child's teeth for any decay. 37% do not agree that restoration of primary teeth is required. Only 67.5% are aware of pulp therapy procedures.

1)	Do you think primary teeth are important? A) Yes B) no.
2)	Do you think cavities can be prevented? A) Yes B) no.
3)	Do you think your child needs a parental help all the time while brushing, until the child is 6 years old? A) Yes B) no.
4)	Would you restrict your child from eating candies more than once in a day? A) Yes B) no.
5)	Would you restrict your child from drinking aerated drinks more than once in a week? A) Yes B) no.
6)	Do you think flossing helps your child's oral hygiene? A) Yes B) no.
7)	Are you aware of changing the brush once in every 3 months? A) Yes B) no.
8)	Are you aware that your child needs dentist visit once in every 6 months? A) Yes B) no.
9)	Are you aware that there are tooth paste available especially for child? A) Yes B) no.
10)	Are you aware that child's tooth paste has lesser fluoride which is safer for children? A) Yes B) no.
11)	Is it okay if your child swallow after brushing because they tend to do it often? A) Yes B) no.
12)	Would you restrict your child from habits like thumb sucking, nail biting, tongue thrusting? A) Yes B) no.
13)	Do you regularly check your child's teeth for decay? A) Yes B) no.
14)	Do you think that it is important to restore decayed teeth of your child less than 5 years? A) Yes B) no.
15)	If the decayed teeth can be saved, are you willing for a pulp therapy? A) Yes B) no.



DISCUSSION:

The adoption of consistent behavioural habits in childhood begins at home, with the parents, especially the mother, playing an important role in the child's oral health-behaviours. Parents should be informed that their dental health habits influence their children's oral health, and consequently, their quality of life. Dental caries may cause a significant reduction of children's quality of life due to

pain, difficulties in consumption of hard food and sleep disturbances.⁶ Based on several studies, the key elements that showed particular impact on children's oral health behaviour and oral health status were: parents' oral health-related attitudes, general knowledge, and health status.^{1-3,7} If dental caries in primary teeth is left untreated, different complications can arise such as pain, oral infection, problems with eating and sleeping, malnutrition, and

alterations in growth and development⁸ and possible of early loss of teeth.⁹ early exfoliation of primary teeth can lead to several adverse effects like drifting of the erupting tooth, delayed eruption of permanent teeth.

Proximal caries can be identified and prevented by regular flossing. But the current study reveals that majority of the parents are unaware of the benefits of flossing.

Early extraction of primary teeth might lead to short-term effects like problems in eating and speaking, and long-term effects like mal-alignment of permanent teeth and increased risk of malocclusion in later.⁹

Attitude of the parents regarding malocclusion and their awareness about the causes and preventive measures can help in reducing the incidence of malocclusion in children. Premature loss of primary teeth is regarded as the most common local factor leading to a malocclusion¹⁰ Apart from this, adverse oral habits like thumb sucking, tongue thrusting etc can lead to malocclusion in future. These habits must be identified and rectified from the very beginning. In this study when 85% of the parents are aware of this while there is still an 11.5% who have no idea about the ill-effects of these habits. Malocclusion and dentofacial deformities are highly prevalent and can influence physical, social, and psychological functioning, thus playing an important role in social acceptance and interactions^{11,12}. Undetected proximal caries can be a main cause of this. It is therefore essential that the parents must be enlightened with the necessity for regular dental check-ups and treatment of dental caries in children. When all these key elements were compared, parents' behaviours appeared to be more strongly related to children's behaviour than are parents' knowledge and attitudes, supporting the findings that children learn behaviours from their parents.⁴⁷¹³In a study ,Mothers' oral health-related knowledge was found to be associated with dental caries in 3-year-old children.¹⁴ Our survey revealed a discrepancy between the knowledge of principles of dental caries prevention and their implementation in everyday life among mothers of young children .

Plans for a child's early dental examination and establishing proper oral health behaviours and routines at an early age can certainly assist in preventing the initiation of dental diseases throughout life.

CONCLUSION:

From this survey it is identified that parents have basic knowledge of caries prevention. However, their theoretical knowledge has been not fully reflected in the way they cared for their children's teeth. We have concluded that they need better education on oral health promotion, with emphasis on the implementation of appropriate behaviour in the daily routine. Educational activities should be promoted not only by dentists, but also by general practitioners and paediatricians.

REFERENCES:

1. Lee AMP. Preschool oral health education programme, mid-programme surveys, part IV Survey on parent's knowledge and attitude towards preschool Oral health education programme and oral hygiene habits and dental attendance patterns of pre-school children. Hong Kong: Department of Health 19 97.
2. . Noar SM. A health educator's guide to theories of health behaviour. *Int Q Community Health Educ* 2005-2006;24:75-92.
3. Adair PM, Pine CM, Burnside G, et al. Familial and cultural perceptions and beliefs of oral hygiene and dietary practices among ethnically and socio-economically diverse groups. *Community Dent Health* 2004;21(Suppl 1):102-111
4. Hayward RA, Meetz HK, Shipiro MF, Freeman HE. Utilisation of dental services 1986 patterns and trend. *J Public Health Dent.* 1989 Summer;49(3):147-152.
5. Burt Ba. Trends in caries prevalence in North American children. *Int J Paediatr Dent.* 1994; 44:403-413
6. Acharya S, Tandon S: The effect of early childhood caries on the quality of life of children and their parents. *Contemp Clin Dent.* 2011; 2 (2): 98- 101.
7. Mattila ML, Rautava P, Ojanlatva A, Paunio P, Hyssälä L, Helenius H, et al. Will the role of family influence dental caries among seven-year-old children? *Acta Odontol Scand.* 2005;63:73-84.
8. Robert J Schroth, Jeremy A Levi, Elizabeth A Sellers, James Friel, Eleonore Klierer and Michael EK Moffatt. Vitamin D status of children with severe early childhood caries: a case-control study. *BMC Pediatrics* 2013;13:174 DOI: 10.1186/1471-2431-13-174
9. LE Kagihara et al. Assessment, Management, and Prevention of Early Childhood Caries. *J Am Acad Nurse Pract* 21 (1), 1-10. 1 2009
10. Freeman JD. Preventive and interceptive orthodontics: a critical review and the results of a clinical study. *J Prev Dent* 1977; 4(5):7-14, 20-3
11. Rusanen J, Lahti S, Tolvanen M, Pirttiniemi P. Quality of life in patients with severe malocclusion before treatment. *Eur J Orthod.* 2010;32:43-48
12. Silvola AS, Rusanen J, Tolvanen M, Pirttiniemi P, Lahti S. Occlusal characteristics and quality of life before and after treatment of severe malocclusion. *Eur J Orthod.* 2012;34:704-709
13. Poutanen R, Lahti S, Tolvanen M, Hausen H. Parental influence on children's oral health-related behaviour. *Acta Odontol Scand.* 2006;64:286-92
14. Szatko F, Wierzbicka M, Dybizbanska E, Struzycska I, Iwanicka-Frankowska E. Oral health of Polish three-year-olds and mothers' oral health-related knowledge. *Community Dent Health.* 2004;21:175-80.