

International Journal of Community Dentistry

Original Article

Knowledge, attitude and experience of children's first dental visit – A Survey among Chennai population

Westeous Dominic Perera¹, Hariprasath Nagarajan^{2*}

1Smile care dental clinic, Anna nagar, Chennai - 600040

2* Post Graduate Student, Department of Public Health Dentistry, Saveetha Dental College & Hospitals, Saveetha Institute of Medical and Technical Sciences, Chennai – 6000077

How to cite: Westeous Dominic Perera & Hariprasath Nagarajan, Knowledge, attitude and experience of children's first dental visit – A Survey among Chennai population. Int J Comm Dent 2022; 10(2): 70-78.

DOI: https://doi.org/10.56501/intjcommunitydent.v10i2.622

Abstract

Background: Pediatric dental visit aimed at early identification of dental problems and provision of preventive dental care. The aim is to determine their attitudes and level of knowledge about their children's first dental visit among parent visiting the outpatient department of a Dental College, Chennai

Materials and Methods: 220 parents/guardians were chosen as a convenient sample for this cross-sectional questionnaire study. The study included all parents and guardians who were interested in taking part in the study and whose kids had just gone to the dentist for the first time. Using Frankl's scale, the behavior of children was evaluated. Frequency distribution was given by descriptive statistics.

Results: The most (37%) of the kids went to the dentist for the first time when they were 3-6 years old, while 12% of them went when they were 0-1 years old. Majority (72.67%) of the kids went to the dentist for the first time with their parents. During their first dentist appointment, about 41.16% of the kids behaved well. For about 27.53% of the participants, taking their kids to the dentist was mostly motivated by pain.

Conclusion: It was shown that the majority of parents were ignorant of their children's first dental appointment. Most parents took their kids to the dentist after they complained of pain or dental caries. The general public has to be made more aware of the value of treating their children's dental health seriously from the very beginning of their lives.

Keywords: Children, Dental caries, Dental visit

Address for Correspondence:

Hariprasath Nagarajan, Post Graduate Student, Department of Public Health Dentistry, Saveetha Dental College & Hospitals, Saveetha Institute of Medical and Technical Sciences, Chennai -600077

Email-Id: drharithedentist@gmail.com

Mob: 8056720879

INTRODUCTION

The total well-being of a child includes their oral health. Healthy teeth and gums in childhood lay the foundation for lifelong dental health (1). Identification of high-risk children and the implementation of preventive measures are made possible by early intervention. A positive first dental appointment increases parental and guardian awareness of oral health. Identification of high-risk children and the implementation of preventive measures are made possible by early intervention. It should be seen as an integral part of pediatric medical care because it may benefit the child in the long run.

A lot of focus has been placed in recent years on the issue of when a young child without evident dental problems should first visit a dentist. It has been proposed by a number of trials that it would be possible to live in a perfect setting before your first birthday (2–4). In any case, it has been discovered that fewer kids under the age of one attend the dentist for prophylactic cleaning (5,6). Additionally, it has been discovered that early dental visits lead to fewer necessary procedures and cheaper costs. Childhood dental neglect can have an effect on a child's speech, nutrition, academic achievement, and general quality of life.

A child's dental anxiety can be reduced through early exposure to the dental environment. It enables parents to voice their worries and inquiries regarding their child's dental health (7). The guardians receive training on oral hygiene for newborns, parenting techniques, preventive care at home and in the doctor's office, food guidelines, oral infections, and how to avoid dental injuries. Most parents still take their kids to the dentist for curative care rather than for routine checkups and cleanings. To lower the occurrence of dental caries, a considerable barrier still needs to be removed. Dental specialist's advice to take children to the dentist before the age of one year is one indicator of the significance of early first dental visits (8–10).

A dental visit around the fourth month of intrauterine life has been advised since oral health progress for the extremely young should be directed at their moms. This will assist in educating moms about the significance of a child's early dental visit, per the recommendations (11). Each child's timing and reasoning may vary and are influenced by a number of circumstances. According to studies, a child's age and the causes for their initial dental visit have an impact on discrepancies in access to medical care and usage of dental consideration administrations. Likelihood of subsequent supportive and emergency visits was higher in children who had their first preventive visit before the age of two or three years, but the likelihood of subsequent preventive visits was higher in children who had their first preventive visit before the age of one year.

India is a huge nation with a wide range of socio-cultural customs. A few dental institutions (universities) in a big city like Chennai have pediatric dental offices that treat kids' teeth at affordable prices. Additionally, there are many general practitioners and constrictive private pediatric dental practises. Children have easier access to dental treatment if they live in urban or semi-urban locations (12). In any event, there aren't many Indian studies available on when Indian youngsters get their first dental checkup. As a result, this study was conducted to determine the age at which parents first seek dental care for their children in chennai, as well as the most common reasons for the first visit in various types of dental practices.

MATERIALS & METHODS

Parents and guardians of children who visited Outpatient Department of a Dental College & Hospitals, Chennai were the subjects of this cross-sectional questionnaire survey. 220 people were chosen as the study's sample size. All of the guardians, including the mother and father, gave their agreement to participate in the study. Cronbach's alpha was considered to be sufficient ($\alpha = 0.7$). The questionnaire was asked about a child's age at their first dental visit, person accompanying them, the reasons for the visit, choice of their treatment location, children's behaviour in their dental visit, the general information and care they received at the appointment, and their reasons for attending or skipping follow-up dental visits. The responses, which ranged from categorically negative to positive, were recorded using Frankl's scale. To maintain privacy, the members received a promise that their responses wouldn't be made public. Forms were completely filled by 200 of the 220 respondents and the incomplete responses were excluded from the study.

RESULTS

Majority (37%) of children visited dental clinic when they were 3-6 years old, while the minority (12%) did so when they were 0–1 year old. More children (72.67%) had their guardians with them when they went to the dentist for the first time. Majority of parents (44.21%) said that their children's first visit was great overall. As per Frankl's scale, 41.16% of the children behaved positively during their initial dentist appointment. About 53.67% of the participants claimed they might return for the next arrangement for their children, while 28.67% were unaware of their plan to make a follow-up visit. Since their children don't require any further dental care, approximately 47.33% of the members agreed that they would miss the following arrangement for them at the dental specialist. A majority of the members (37.33%) claimed that frustration was the primary reason they took their children to dental specialists. [Table 1-7].

Table 1: Child's age at the time of the initial dental visit

Age	n (%)
0-1 years	4 (8)
1-3 year	31 (17)
3-6 years	67 (29)
6-9 years	66 (28.67)
>9 years	32 (17.33)

Table 2: Person accompanied child during the initial dental visit

Person	n (%)
Parent	98 (72.67)
Sibling	16 (8.67)
Grand parent	17 (9.00)
Guardian	19 (9.67)
Alone	0 (0.00)

Table 3: Overall First Dental Visit Experience of child

Experience	n (%)
Very good	77 (34.00)
Good	96 (40.33)
Satisfactory	33 (14.33)
Bad	14 (8.00)
Very bad	5 (3.33)

Table 4: Child's behaviour during their first dentist appointment

Experience	n (%)
Definitely positive	76 (32.00)
Positive	99 (39.67)
Negative	34 (18.00)
Definitely negative	11 (10.33)

Table 5: Willingness to come for next dental appointment

Responses	n (%)
Definitely yes	24 (11.33)
Probably no	46 (28.67)
Definitely no	11 (6.33)
Probably yes	119 (53.67)

Table 6: Type of care received at the first dental visit

Responses	n (%)
Problem for visit was treated	91 (40.33)
Only oral examination/X-ray done	54 (24.67)
Only medication prescribed	28 (16.00)
Only advice provided	30 (19.00)

Table 7: Basis for choosing the treatment facility

Responses	n (%)
Quality of treatment	52 (27.33)
Advice from friends/relatives	50 (23.33)
Previous personal experience	69 (33.00)
Distance from home	25 (11.67)
Other	4 (4.67)

DISCUSSION:

Early preventive measures are actually quite important because it has been discovered that the prevalence of dental caries is higher before the age of three years (13,14). The prevalence of nursing dental caries was estimated to be 27.3% in a prior study done in Riyadh, Saudi Arabia, by Wyne et al. in 2001(15,16), which caused great concern for guardians. Nursing dental caries can have a variety of detrimental impacts on a kid, including suffering and mental disabilities (17).

Good oral hygiene and a modified eating schedule, awareness of the need to plan children's first dental visit, follow-up visits, behaviour of children in dental offices, and a positive attitude on the part of guardians/parents are important components helpful to establishing children's oral wellbeing in addition to other common preventive measures (18, 19). According to the current study, 29% of kids aged 3-6 saw a dentist for the first time, compared to only 8% of babies aged 0-1 years. This result is consistent with earlier research done in South India, when parents and guardians took kids to the dentist between the ages of three and six. (20). The main cause of their confusion is that they don't have to send their children to pedodontists or dental specialists unless a problem arises, especially before the age of one year.

Previous researches reported that the primary dental visit for their kids was above the age of 6 years (2, 11). In a one more review conducted in Bulgaria, the scientists noticed that the review members didn't take their youngsters to dental specialists prior to the age of 1 year and they just visited the dental specialist in the event that their kids experienced dental caries or its complications (21). Such discoveries are very characteristic of the ignorance among guardians with respect to the suitable age of their kids for visiting the dental specialist interestingly. The suggested age by the American Academy of Pediatrics (23) is the period between a half year old enough and the emission of the first tooth.

Early dental visits are important for a number of reasons, including the prevention of children's caries, the early detection of dental caries injury to stop it from progressing further, and the evaluation of dental and craniofacial development. Other elements include directing parents toward appropriate preventive actions for reaching wonderful dental wellbeing in their youngsters, such as fluoride usage, altered eating habits, and instructing parents in proper and powerful oral hygiene propensities.

According to the latest data, 72.67% of kids who went to the dentist for the first time were accompanied by parents. It is evident that parents, especially overprotective mothers, prefer to keep their kids with them while receiving dental care. According to earlier research, a kid's conduct and their aversion to dental care have a major impact on their guardians' profession and personality, which has a substantial impact on the oral health of the child (23).

During their first dental visit, 39.67% of the children demonstrated positive behavior. This finding was similar to a previous study in Riyadh, Saudi Arabia, in which a larger proportion of the members were found to have acted emphatically during their first dental visit (24). One of the reasons for this could be that they were provided with a supportive environment while undergoing treatment. Furthermore, a greater proportion of children aged 3-6 years were regarded as more agreeable.

Frankl's scale, which has been rated the most trustworthy scale for surveying children's behaviour in clinics, was used to evaluate the child's conduct. This scale helps with planning for future paediatric patient arrangements. According to the present research, the majority of parents (40.33%) were pleased with their

kids' first dental appointment because of their good behaviour while getting dental work done and alsowith the overall outcome of their children's first dental appointment.

When questioned about their children's first dental visit, the parents most frequently cited dental irritability (37.33%), followed by dental caries (21%). Previous studies have shown that tooth cavities and pain were the main triggers for children's initial dental visits. (22). These results demonstrate that the general public is not aware of the need to take their children to dental professionals for regular checkups in order to avoid diseases like dental caries and its complications. Dental professionals are required to fully inform the parents/guardians while providing dental care to their children during office hours. Additionally, throughout various health awareness campaigns, oral health education should be addressed at the local and school levels.

CONCLUSION:

Majority of the guardians were unaware of the appropriate age for their children's first dental visit and they took their children to dental specialists after they experienced problem in oral cavity. There is a great need to educate people about the need of taking care of their children's oral health.

Financial support and sponsorship

Nil

Conflicts of interest

There are no conflicts of interest

REFERENCES

- 1. American Academy of Pediatric Dentistry, Stigers J. The Reference Manual of Pediatric Dentistry: Definitions, Oral Health Policies, Recommendations, Endorsements, Resources [Internet]. American Academy of Pediatric Dentistry; 2019. 559 p. Available from: https://play.google.com/store/books/details?id=1JrTywEACAAJ
- 2. Widmer R. The first dental visit: an Australian perspective. Int J Paediatr Dent [Internet]. 2003 Jul;13(4):270. Available from: http://dx.doi.org/10.1046/j.1365-263x.2003.00461.x
- 3. Rayner JA. The first dental visit: a UK viewpoint. Int J Paediatr Dent [Internet]. 2003 Jul;13(4):269. Available from: http://dx.doi.org/10.1046/j.1365-263x.2003.00463.x
- 4. Douglass JM, Douglass AB, Silk HJ. Infant oral health education for pediatric and family practice residents. Pediatr Dent [Internet]. 2005 Jul;27(4):284–91. Available from: https://www.ncbi.nlm.nih.gov/pubmed/16317967
- 5. Canada. Department of National Health and Welfare, Canada. Health and Welfare Canada. Preventive Dental Services [Internet]. Health and Welfare Canada; 1988. 229 p. Available from: https://play.google.com/store/books/details?id=mw9qAAAMAAJ
- 6. Savage MF, Lee JY, Kotch JB, Vann WF Jr. Early preventive dental visits: effects on subsequent utilization and costs. Pediatrics [Internet]. 2004 Oct;114(4):e418–23. Available from: http://dx.doi.org/10.1542/peds.2003-0469-F
- 7. Albadri S, Stevens CL. Paediatric Dentistry for the General Dental Practitioner [Internet]. Springer Nature; 2021. 330 p. Available from: https://play.google.com/store/books/details?id=E1MzEAAAQBAJ
- 8. Nowak A, Casamassimo P. The Handbook of Pediatric Dentistry: Fifth Edition [Internet]. American Academy of Pediatric Dentistry; 2018. 561 p. Available from: https://play.google.com/store/books/details?id=aO7qtAEACAAJ
- 9. Djokic J, Bowen A, Singh Dooa J, Kahatab R, Kumagai T, McKee K, et al. Knowledge, attitudes and behaviour regarding the infant oral health visit: are dentists in Ireland aware of the recommendation for a first visit to the dentist by age 1 year? [Internet]. Vol. 20, European Archives of Paediatric Dentistry. 2019. p. 65–72. Available from: http://dx.doi.org/10.1007/s40368-018-0386-0
- 10. Davis RD. Infant Oral Health Care: A Survey of General Dentists, Pediatric Dentists, and Pediatricians in Virginia [Internet]. Virginia Commonwealth University; 2005. Available from: https://play.google.com/store/books/details?id=_8bEDAEACAAJ
- 11. Furze H, Basso M. The first dental visit: an Argentine point of view. Int J Paediatr Dent [Internet]. 2003 Jul;13(4):266–8. Available from: http://dx.doi.org/10.1046/j.1365-263x.2003.00462.x
- 12. Mittal R, Kumar S, Bhondey A, Rathi A. Assessment of the Age of First Dental Visit among Dental Students in Nagpur, Maharashtra, India: A Cross-sectional Study [Internet]. Vol. 4, International Journal of Oral Care & Research. 2016. p. 251–4. Available from: http://dx.doi.org/10.5005/jp-journals-10051-0056
- 13. Febres C, Echeverri EA, Keene HJ. Parental awareness, habits, and social factors and their relationship to baby bottle tooth decay. Pediatr Dent [Internet]. 1997 Jan;19(1):22–7. Available from: https://www.ncbi.nlm.nih.gov/pubmed/9048409

- 14. Kinirons M, McCabe M. Familial and maternal factors affecting the dental health and dental attendance of preschool children. Community Dent Health [Internet]. 1995 Dec;12(4):226–9. Available from: https://www.ncbi.nlm.nih.gov/pubmed/8536086
- 15. Wyne A, Darwish S, Adenubi J, Battata S, Khan N. The prevalence and pattern of nursing caries in Saudi preschool children. Int J Paediatr Dent [Internet]. 2001 Sep;11(5):361–4. Available from: http://dx.doi.org/10.1046/j.0960-7439.2001.00291.x
- 16. Ripa LW. Nursing caries: a comprehensive review. Pediatr Dent [Internet]. 1988 Dec;10(4):268–82. Available from: https://www.ncbi.nlm.nih.gov/pubmed/3078603
- 17. Fejerskov O, Kidd E. Dental Caries: The Disease and Its Clinical Management [Internet]. John Wiley & Sons; 2009. 640 p. Available from: https://play.google.com/store/books/details?id=fZfXWhSmG1UC
- 18. AzimaHanin S.M., L. Leelavathi. Assessment of parent's awareness towards preventive dental care of children, International Journal of Early Childhood Special Education, Vol 14, Issue 02 2022; 993-1007
- 19. P. Kalyani, L. Leelavathi. Comparison between the effect of plain water, herbal mouthwash, and chlorhexidine mouthwash on salivary pH. Drug Invention Today, 2019, 11(5): 1184-1187
- 20. Folayan MO, Sabbah W, El Tantawi M, Ramos-Gomez F. Country Profile of the Epidemiology and Clinical Management of Early Childhood Caries [Internet]. Frontiers Media SA; 2020. 94 p. Available from: https://play.google.com/store/books/details?id=GqLzDwAAQBAJ
- 21. Mileva S, Kondeva V. Age at and Reasons for the First Dental Visit [Internet]. Vol. 52, Folia Medica. 2010. Available from: http://dx.doi.org/10.2478/v10153-010-0018-x
- 22. Alshahrani NF, Alshahrani ANA, Alahmari MA, Almanie AM, Alosbi AM, Togoo RA. First dental visit: Age, reason, and experiences of Saudi children. Eur J Dent [Internet]. 2018 Oct;12(4):579–84. Available from: http://dx.doi.org/10.4103/ejd.ejd_426_17
- 23. Burokiene S, Mesceriakova V, Navickaite A, Kairys J, Usonis V. A questionnaire-based study to assess knowledge and attitudes to meningococcal disease and prevention among parents of children up to two years in Lithuania. Cent Eur J Public Health [Internet]. 2021 Dec;29(4):259–64. Available from: http://dx.doi.org/10.21101/cejph.a6206
- 24. Wright GZ, Kupietzky A. Behavior Management in Dentistry for Children [Internet]. John Wiley & Sons; 2014. 272 p. Available from: https://play.google.com/store/books/details?id=KiXPAgAAQBAJ





Published by MM Publishers https://www.mmpubl.com/ijcd

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

To view a copy of this license, visit http://creativecommons.org/licenses/by-nc/4.0/ or send a letter to Creative Commons, PO Box 1866, Mountain View, CA 94042, USA.

Copyright ©2022 Westeous Dominic Perera, Hariprasath Nagarajan