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ABSTRACT

INTRODUCTION : The first dental visit provides the dentist an opportunity to advise parents on prevention of oral diseases and also allows for early detection of caries and arrest of its progression. The knowledgeable attitude of parents towards treatment procedures for children has much impact while taking into account their socioeconomic and educational status.

AIM: The aim of this study is to determine the most common reasons for the first visit among children and the calculation based on arrival for treatment and time duration for presence of cause.

MATERIALS & METHOD: Patients from outpatient department of department of Pedodontics and Preventive Dentistry, Ahmedabad Dental College and Hospital were evaluated. Sociodemographic data that include age and gender of the child, educational status, occupation of parents was collected. A validated questionnaire was given to the parents.

EVALUATION: Evaluation was done based on a questionnaire

RESULT: Based on the present study, it can be concluded that parents' perception of their children's oral health is relatively low, so general awareness of parents' knowledge should be raised by conducting effective oral health programs and interventions. Educational interventions should be provided to young families to increase parental knowledge and skills that help them recognize their child's dental needs. The interventions are more necessary for low socioeconomic parents and for the parents of children with poor oral hygiene. It is generally assumed that a well-educated person is generally more aware of overall health, but the lack of awareness regarding the importance of deciduous teeth was evident. The rationale of oral health awareness program is to improve and motivate the parents regarding their dental health and treatment needs of their children.

CONCLUSION: Most of the parents brought their children to dentist after their children experienced pain or suffered from dental caries. There is ample need to raise awareness among masses regarding the importance of taking oral health care of their children quite seriously at the earliest budding stage of their life.

KEYWORDS: First dental visit, Socio-economic, Sociodemographic

INTRODUCTION

Globally it has been emphasized that oral health plays a major role in general health of all age groups. It is essential to provide utmost dental care to critical age groups such as children and elderly. Providing children with an early and frequent dental check-up may help them in maintaining healthy habit. Guidelines of American Academy of Pediatric Dentistry (AAPD)¹ says that the first oral examination must be done after eruption of first primary teeth and must not be done later than 12 months. According to AAPD by 6 months of age the oral health risk assessment must be done and by 12 months' establishment of Dental Home must

be made. These protocols help in maintaining proper oral health in childhood by early detection of many other dental pathologies. According to American Academy of Pediatrics (AAP)², the first dental visit must be done between 6 months of age and the eruption of the first tooth. Providing patient's parents with proper oral hygiene techniques for infants and toddlers, educating them about the importance of fluoride, helping them with how to manage, to avoid trauma that could damage the face and teeth, and the link between diet and oral health are all the some of the other of goals of having an early dental visit.³ Poor oral hygiene leads to tooth decay, which if not

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treated properly can lead to tooth loss. Children's adoption of consistent behavioral habits begins at home with their parents, especially mothers; they have a great influence on the child's oral health behavior.⁴ Maternal/parental educations, attitudes and beliefs, and other psychosocial factors represent important mediators and moderators of parents' oral health behaviors on behalf of their children. The aim of the present study was to assess caries prevalence and to identify the correlation between the parents' level of education, preventive behavior, and socioeconomic parameters with the oral health status.

Material and methodology

Patients from outpatient department of department of Pedodontics and Preventive Dentistry, Ahmedabad Dental College and Hospital were screened. A validated questionnaire was given to the parents (Figure 1). Sociodemographic data that include age and gender of the child, educational status, occupation of parents was collected.

Figure 1: Evaluation form Inclusion criteria

All patients from outpatient department, Department of Pedodontics and Preventive Dentistry, Ahmedabad Dental College.

Structure of the Questionnaire

A questionnaire consisting of parents' education status, number of siblings, occupation of parents' & locality.

Another form, detailed about the chief complain, history of present illness and calculation of time taken between the duration of pain and visit to operatory is assessed by the dentist.

Figure 2: Evaluation form Result

A total number of 50 children participated in the study.

All the data compilation was calculated using One way-ANOVA test scale.

Influence of patient's enrollment to academics on the awareness of oral hygiene maintenance had a remarked impact. It was observed that the time taken to report about the early lesion/pain was comparatively less in those attending school (Table 1).

Patient attending school	Time between C/O and HOPI (In Days)		p value
	<=15 Days(n=39)	>15 Days(n=31)	
Yes(n=58)	33	25	0.002(S)
No(n=12)	6	6	

Father's education level had a positive impact on the awareness of oral hygiene & the time taken to report about the any lesion/pain was lesser in educated father (Table 2).

Table 2: Father's educational status

Father Education	Time between C/O and HOPI (In Days)		p value
	<=15 Days(n=39)	>15 Days(n=31)	
Below Graduate(n=50)	30	20	0.022(S)
Graduate and above(n=20)	9	11	

Mother's education level had a positive impact on the maintenance of oral hygiene & the time taken to report about the any lesion/pain was lesser in educated mother (Table 3).

Table 3: Mother's educational status

Mother Education	Time between C/O and HOPI (In Days)		p value
	<=15 Days(n=39)	>15 Days(n=31)	
Below Graduate(n=57)	34	23	0.015(S)
Graduate and above(n=13)	5	8	

Common chief complain amongst all (food lodgment, discoloration, trauma, swelling) was pain (Table 4).

Common C/O	Time between C/O and HOPI (In Days)		p value
	<=15 Days(n=39)	>15 Days(n=31)	
Pain(n=54)	32	22	0.001(S)
Others(n=16)	7	9	

DISCUSSION

The present survey provides information on the influence of the parents' education on the preventive aspect of their children and the oral health status.⁵ As observed in the present study about the common chief complain (pain); Ghimire N (2013)⁶ concluded that the most common age group to visit dentist was 7-11 years with the commonest reason for their visit being pain and dental caries. Similarly, Susan S (2022)⁷ in their study found pain as the most frequent reason for the visit, but there was a delay in first dental visits among children. Nourah F (2019)⁸ concluded that bulk of the parents were unaware about the appropriate age of their children's first dental visit. As observed in the present study that most of the parents brought their children to dentist after their children experienced pain or suffered from dental caries. Whittle J (2008)⁹ stated that the need for making parents aware of the brushing methods and importance of preventive measures for the children through school dental programs played a major role. The results of the present study demonstrate a clear lack of dental knowledge and awareness regarding the significance of first dental visit

among parents of the study participants.

Conclusion

Based on the present study, it can be concluded that parents' perception of their children's oral health is relatively low, so general awareness of parents' knowledge should be raised by conducting effective oral health programs and interventions. Educational interventions should be provided to young families to increase parental knowledge and skills that help them recognize their child's dental needs. The interventions are more necessary for low socioeconomic parents and for the parents of children with poor oral hygiene. It is generally assumed that a well-educated person is generally more aware of overall health, but the lack of awareness regarding the importance of deciduous teeth was evident. The rationale of oral health awareness program is to improve and motivate the parents regarding their dental health and treatment needs of their children. The present study also emphasizes the need to initiate more dental awareness programs for parents and their children at the school setups to spread the oral health awareness.

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