

Attitudes of Parents toward Separation from their Children during Dental Treatment in Delhi NCR

Abstract

INTRODUCTION: Often, parents who visit the dental office express the desire to be present with their child during treatment. This study aims to assess the attitudes of parents toward separation from their children during dental treatment in Delhi NCR. **Material and Methods:** Using a pre-tested and pre-validated questionnaire, a total of 364 parents participated in the study. Sex, marital status, job, family income and questions related to parental preference while seeking dental treatment for their child. **RESULTS:** It was found out that ninety four percent of the parents preferred to stay with their child during treatment. A significant difference was seen between fathers and mothers on who wanted to be present in the dental clinic when the child was in pain ($p=.04, R = 0.24$), afraid of the dentist ($p=.01, R = 0.23$) and when the child was un-cooperative ($p=.03, R = 0.14$). It was also reported by parents that they mostly feared extraction (56%), followed by fillings/RCT (28%), scaling (13%) and then X-rays (3%) as treatment procedures for their children. **CONCLUSION:** From the parent's perspective, their protective nature wants them to be with their child so that they can make their child feel safe. However, for the dentist to form a holistic bond with the patient, certain factors need to be kept in mind that define the parental attitudes for better treatment of his patient.

Key Words

Parents; children; separation

Sahil Handa¹, Sahil Thakar², Nidhi Marya³, Anshum Datta⁴, Ishan Prabhakar⁵, Saloni Deol⁶

¹Post Graduate Student, Department of Public Health Dentistry, SGT Dental College, Gurgaon, Haryana, India

²Post Graduate Student, Department of Public Health Dentistry, ITS Dental College, Hospital & Research Centre, Greater Noida, Uttar Pradesh, India

³Senior Lecturer, Department of Conservative and Endodontics, Rajasthan Dental College, Jaipur, Rajasthan, India

⁴Post Graduate Student, Department of Oral Pathology, SGT Dental College, Gurgaon, Haryana, India

⁵Post Graduate Student, Department of Public Health Dentistry, ITS Dental College, Hospital & Research Centre, Greater Noida, Uttar Pradesh, India

⁶Post Graduate Student, Department of Prosthodontics, Crown & Bridge, ITS Dental College, Hospital & Research Centre, Greater Noida, Uttar Pradesh, India

INTRODUCTION

Traditionally, parents are excluded from the dental operatory for their child's dental care which was made an office policy that eliminated many behavior problems. Exclusion of the parent allowed the dentist to develop an amicable relationship with the child-patient without parental interference.^[1,2] An unfavorable parental attitude towards dental treatment is significantly associated with dental anxiety of the child undergoing treatment in the dental chair.^[3] Several studies have documented the influence of parents' manner and reactions which affect their child's dental behaviour.^[4-7] Also, recently, parental presence or absence during dental procedure is one of the methods described in the guidelines of the

American Academy of Pediatric Dentistry for behavior modification of the pediatric child undergoing dental treatment.^[8] However, the issue of whether a parent should be present in the dental operatory during a child's dental appointment has inspired conflicting opinions among pediatric practitioners.^[9] Those who favour parental presence during treatment advocate that parental presence eliminated child's separation anxiety and, hence minimizes the use of pre-medication as well as increase the child's cooperation. Changes in parenting trends have made parents to be more actively involved in the welfare and well-being of their children. Allowing a parent in the operatory enhances parental satisfaction of playing an important role in their child's well-being. This can

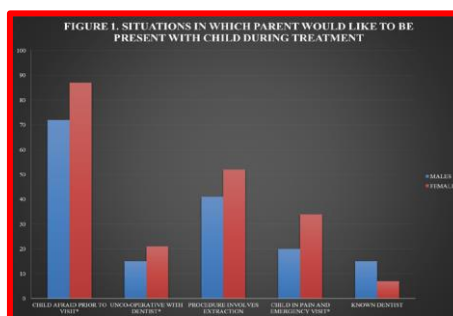


Fig. 1

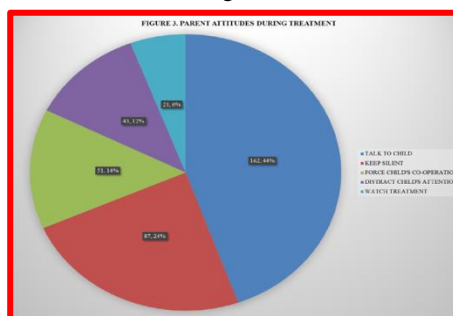


Fig. 3

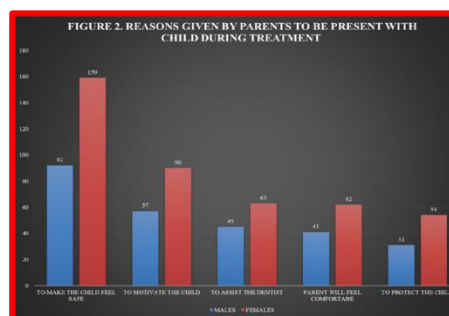


Fig. 2

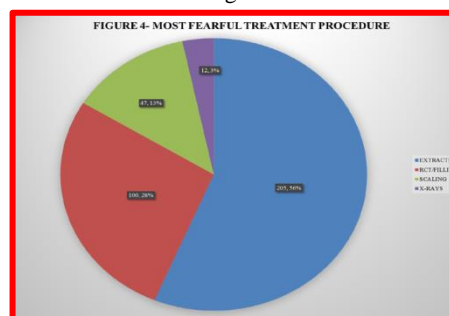


Fig. 4

also facilitate stronger bonding between the child and the parents. It is the belief of parents that they are able to play a useful role and have a stronger bond with their child by being at their side during procedure that makes their child highly anxious.^[10] On the contrary, some professionals prefer to avoid parental presence in the dental office as they believe that the absence of the parent can avoid the anxiety associated with witnessing a dental procedure specially if the parent(s) themselves have a personal fear and anxiety of dental treatment, as a result of their own previous dental experiences, can influence the child's negatively and transmit itself as anxiety in their child. Such dentists also argue that parental presence can be a distraction for both the child and the health care professional and hampers delivery of quality dental care.^[11] Hence, the purpose of this study was to investigate the attitudes of parents to separation from their children in the dental office and to assess the factors affecting such attitudes various colleges in Delhi NCR.

MATERIAL AND METHOD

The present study, which aimed to investigate the attitudes of parents to separation from their children in the dental office and to assess the factors affecting such attitudes various colleges in Delhi NCR was a questionnaire based survey, wherein the subjects were selected through convenience sampling. A pre-tested and pre-validated questionnaire with questions adapted from Abushal M *et al.*,¹² and having 24 questions was designed to be answered by the participating parents of three

dental colleges in Delhi NCR. The questionnaire also had a hindi version, which was translated and then, back-translated from the English questionnaire for parents who did not understand English. For illiterate parents, a third blind person (intern) filled the questionnaire on their behalf. An ethical clearance was taken from the primary institute from where the study was carried out (name withheld on request), and subjects who enrolled in the study were asked to sign a consent form. The first part of the questionnaire contained questions related to their sex, marital status, job, family income and questions related to parental preferences while seeking dental treatment for their child. Parents with normal and healthy children were included in the study, and participation in the study was purely voluntary, with an assurance for the confidentiality of the data. Parents, who did not want to be a part of the study, were excluded from the study. The data collected was analysed using SPSS Program version 21.013 and the Chi-square test was used to detect differences between various distributions. The linear regression was used to find out and associations between the responses of fathers and mothers, respectively; p-value was set at <0.05 for significance throughout the study.

RESULTS

A total of 403 parents participated in the study of which, 364 questionnaires were suitable for tabulation (Response rate 90.22%). Fathers constituted 44.78%, (163) of the study population, while the share of mothers participating in the study

was 55.22% (201). The mean age ranged between 33.2±5 years. Most of the respondents (79.2%) reported that they had two children. The educational level was mainly high school pass or diploma as reported by 39.45% of the respondents. Employment status of the study population varied between joblessness (16.6%) and jobs related to teaching or engineering (34.4%). Approximately 78% of the parents reported of a good previous dental experience, and 94% preferred to stay in the dental clinic during the treatment of their children. The various situations where parents would prefer to be present during the dental treatment of their children are shown in fig. 1. The highest response was the preference of parents to accompany their child was if their child was afraid prior to the dental visit. A significant difference was seen between fathers and mothers on who wanted to be present in the dental clinic when the child was in pain ($p=0.04$, $R = 0.24$), afraid of the dentist ($p=0.01$, $R = 0.23$) and when the child was un-cooperative ($p=0.03$, $R = 0.14$). When the parents were enquired about the various reasons to stay with their child during the dental treatment, Safety of the child was chosen by 69% of the respondents, followed by child motivation (40.4%). However, neither of the responses showed any significant differences between males and females (Fig. 2). Fig. 3 shows parents' attitudes in the dental clinic during the treatment of their children and it revealed that most of the parents talked to their child (44%), followed by keeping silent (24%), forcing the child's cooperation (14%), to distract the child's attention (12%) and to watch the treatment (6%). It was also highlighted that parents mostly feared extraction (56%), followed by fillings/RCT (28%), scaling (13%) and then X-rays (3%) as treatment procedures for their children (Fig. 4).

DISCUSSION

The present study parents' attitudes towards separation from their children during dental treatment in the region of Delhi NCR revealed that a majority of the parents would like to be present with their children during the entire course of the dental treatment, especially if the child is afraid of the dentist prior to the visit. The results of our study rate a high preference of parents (94%) to be present with their children during treatment and can be correlated to a similar study done by on Saudi parents by Abushal M *et al.*,^[12] and Arathi *et al.*,^[13] who report a 97% and 78.3% preference of parents.^[12] The findings of Venham *et al.*,^[15] Kamp *et al.*,^[16]

and Crowley *et al.*,^[17] is also in agreement to our results who, in different study settings, have reported parental preference to be present with their child during the treatment procedure. This could arise from the protective nature of parents to be present with their children during the time of any emotional/physical pain or to relieve them of their anxiety. Such nature of the parents can, however have a negative impact on the children as Shaw and Routh, who studied 18-month-old and 5-year-old children receiving immunizations with and without the presence of their mothers and found out that behaviour was worse in both age groups when the mother was present.^[18] The study results also found a significant difference between the responses of fathers and mothers' in their preference to stay with their child if the child was afraid of the dental visit ($p=0.01$), was un-cooperative ($p=0.03$) and if it was an emergency visit to the dentist ($p=0.04$). In contrast to our findings, Abushal M *et al.*, reported significant differences in parental preference only when the procedure involved extractions ($p=0.0001$).^[12] The main reason of the parents to stay with their children was to make the child feel safe (68.9%), followed by motivating the child (40.4%), to assist the dentist (29.7%), the parents felt comfortable (29.3%) and to protect the child (23.4%). While child safety, the main reason of parents to stay with their children was reported by 68.9% of the respondent, was in variation with results conducted by Abushal M *et al.*, (83%),^[12] Certo and Bernat (75%),^[19] but in range with Kamp *et al.*, (66%).^[16] Similarly, the percentage (29.7%) of our respondents was lesser as compared to 59% of Saudi parents,^[12] and 58% of Israeli parents,^[20] who wanted to be present during the dental procedure so that they could assist the dentist. According to the parents, the most fearful procedure was extractions (56%), which was then followed by RCT [including pulpotomy and pulpectomy] (28%), scaling (47%) and X-rays (3%) and would like to be present with their children during the same. Similarly, Abushal M *et al.*, whose study in Saudi parents found out that dental anesthesia and the use of hand pieces were the most threatening procedures from parents' point of view.^[12] Notably, Nathan JE, whose study was based on a 1989 national survey of pediatric dentists, reported that 60% of paediatric dentists either generally disagreed or strongly disagreed with parental presence during such procedures.^[21]

CONCLUSION

The main findings of this study mainly highlighted the desire of the parents in Delhi NCR to be present with their children during dental procedures so as to make the child feel safe. This point needs to be kept in the mind of the dentist while treating such patients and avoid parental pressure so that the dentist builds a positive rapport with the child which shall help him get quality dental care without fear throughout his life.

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