

**Assessment of various factors related to attitudes and anxiety of parents accompanying their children for dental treatment**

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**Abstract**

Dentists usually avoid parental presence in the dental operatory but parents often wish to stay with their child. The aim of this study was to assess the various factors related to attitudes and anxiety of parents accompanying their children for dental treatment. A pre-validated set of 11 questions were asked to seventy-two parents, who were eligible for the study, after taking an informed consent & briefing them about the study. Children of age group 5-14 years were included in this study. Out of 72 parents, 75% (n=55) parents preferred to stay with their child during the dental treatment whereas 25% of parents did not prefer to stay. This difference was satisfactorily significant ( $p < 0.05$ ). If given a choice majority of parents desire to stay with their child during treatment procedures. Understanding the protective nature of the parent, dentists should allow parents in the dental

operatory, thus helping in a positive dental experience of the child.

**Keywords:** Dental treatment, Dental operatory, Parental separation.

**Introduction**

Parents traditionally have been excluded from the dental operatory for their children’s dental care. Excluding the parent allowed the dentist to develop a rapport with the child without parental interference (Kamp, 1992). The issue of whether a parent should be present in the dental operatory during a child’s dental appointment has inspired conflicting opinions among paediatric practitioners. Dentists who favour parental presence during the dental treatment advocate that parental presence eliminated child’s separation anxiety and hence increased child’s cooperation. Changes in parenting trends have made parents to be more actively involved in the welfare and wellbeing of their children<sup>2</sup>.

Allowing the parent in the operatory enhances the parental satisfaction of playing an important role in their child's well-being (Handa et al, 2014). The biggest hindrance in reaching out children is their anticipated trait anxiety (Asokan et al, 2016). Parents are aware of their child's previous dental experiences and are also aware of the child's interest and fears (Parashar, 2010). The dentist needs to recognize the stresses and struggles the parents are exposed to, for better rapport & successful management, which presents a great challenge (Shashikiran et al, 2003). Thus, allowing the parent may help in reducing the child's fears by the active participation of the parent in calming the child during painful procedures<sup>3</sup>.

Freeman suggested that the mother (parent) is an integral part of child patient dental care and that the mother may, in fact, be the child and dentist's greatest ally in terms of management (Crowley et al, 2005)<sup>4</sup>.

Several studies have explored the result of parental accompaniment on a child's behavior during dental treatment but have produced contradictory results: it would appear that the presence of a parent may perhaps improve or deteriorate a 5-child patient's compliance to treatment<sup>5</sup>.

**Wright in 1975** described the pedodontic treatment triangle which included doctor-patient and parent-dentist relationship. This explained how parents play an important role in the dental health care of their children. Recently, parental presence or absence during the dental procedure has been described as one of the methods in the guidelines of the **American Academy of Pediatric Dentistry** (AAPD) for behavior modification of the pediatric child undergoing dental treatment (AAPD, 2005-06). Thus, the overall goal of this study is to assess the various factors related to attitudes, anxiety of parents accompanying their children for dental treatment<sup>6</sup>.

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### **Method and materials**

In this cross-sectional study, a set of 11 questionnaires were designed, to be answered by the parents eligible for the study. Some of the prevalidated questions were adapted from studies by **Abushal et al (2009)**. The sample was collected through convenience sampling over a period of one month. Children of age group 5-14 years, with no medical history, were included in the study. Mentally or physically disabled children were excluded from the study. All parents reporting in Out Patient Department (OPD) of Department of Pediatrics and Preventive Dentistry, V S Dental College and Hospital, Bangalore with children of age group 5-14 years for any dental treatment were briefed about the study and an informed consent was taken. The parents were then asked questions related to their relationship with the child, sex, age, parent and children past dental experiences, reasons for seeking dental treatment, their attitude on separation from their child during dental treatment and the reason for it. The results were obtained & analysis of the data was done using SPSS Program version 21.0. Frequency analysis was done and the Chi-Square test was used to detect the differences between various distributions with the p-value set at ( $P < 0.05$ )

### **Results and discussion**

Seventy-two parents were asked questions regarding their relation with the child, age, gender, theirs and their child's past dental experience and their attitude on separation from their child during dental treatment and the reason for it.

Out of the 72 parents, 53 (70.7%) were mothers and remaining 19 (29.3%) were fathers who have come to the institute for their child's dental treatment. Most of

the parents (73%) had completed graduation, some (15.3%) college and (4%) schooling. Very few had completed post-graduation (10%). About 55.3% parents were employed and remaining unemployed (44.7%). Each parent had two children (63%), parents with only one child were 21.3% and with three children were 14% and remaining were with four or more children. Out the 72 parents, 62.7% (n=43) parents had visited the dentist previously whereas 37.3% did not had any dental experience in the past ( $p = 0.003$ ). 67% (n=63) of parents had a pleasant experience, 25.5% (n=18) had a tolerable experience and only 7.4% (n=5) had a terrifying experience ( $p<0.05$ ).

Out of 72 parents, 75% (n=55) parents preferred to stay with their child during the dental treatment ( $P<0.05$ ). Out of which 48.6% (n=36) felt that the child would feel safe if they were present with the child during the dental treatment, 7.6% (n=8) to motivate the child, 2.6% parents felt comfortable being with the child during the dental treatment. 38 (51.3%) out of 72 parents wanted to stay with their child during the dental treatment as the child was afraid prior to the treatment. 12.5% (n=9) parents preferred to be present as the child was in pain and needed an emergency treatment and 9.7% (n=7) parents felt the child was uncooperative and so wanted to be with the child to calm the child. 44% (n=31) parents wanted to stay as the treatment included extraction and 26.3% (n=19) children had a previous bad experience ( $p<0.05$ ).

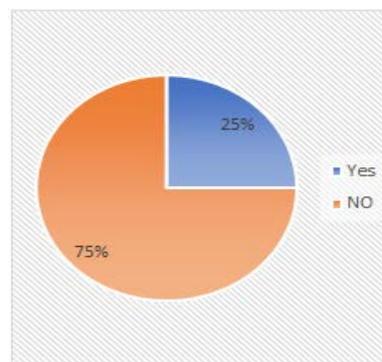
The remaining 25% (n=17) parents preferred not to be present with the child during the dental treatment mainly because the child was not afraid prior to the dental treatment (12.5%) (n=9) or child was mature enough to be alone (11.1%) (n=8) ( $p<0.05$ ). Most of the parents (54.1%) (n=40) said they would help the dentist in

controlling the child if the child is very uncooperative ( $p<0.05$ ).

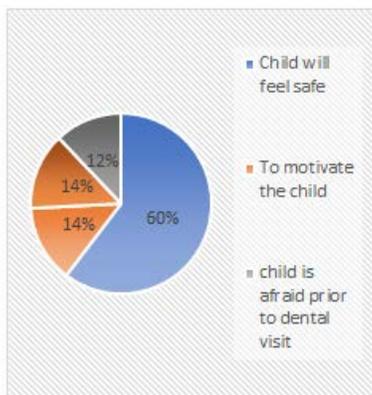
Most of the parents feared extraction (44%) (n=33) or pulpectomy/ filling (19%) (n=25) for their child. The majority of the parents feared treatment in which dental anesthesia was required. Very few parents (19.4%) (n=14) feared scaling treatment as they felt that anesthesia is not given and so may be a painful procedure. Some parents (13.8%) (n=10) feared taking an x-ray for their child ( $p<0.05$ ).

In this study 70% of the respondents would look forward to go to the dentist as an enjoyable experience and only 12.9% would be afraid that it would be unpleasant and painful ( $p<0.05$ ).

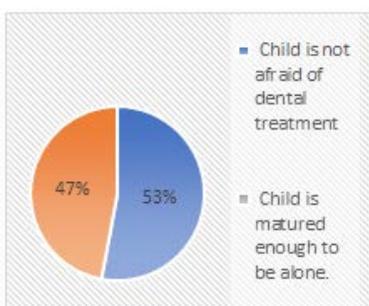
According to questionnaire, 22% of the participants would feel little uneasy waiting for their turn in the chair, 44% would feel relaxed, while the rest would show higher anxiety levels. While waiting for the dentist to get the drill ready to start working 25% would feel a little uneasy, 45% would feel relaxed, 9% of the participants would be anxious. While waiting for the instruments to be ready, 23% would feel a little anxious. 63% would be relaxed while 5% would be anxious ( $p<0.05$ ).



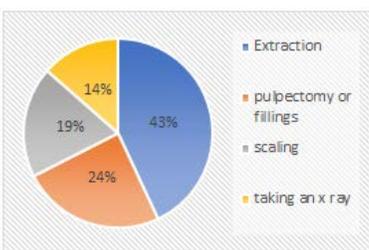
Graph 1: Percentage of parents on their attitude on separation from their children during dental treatment



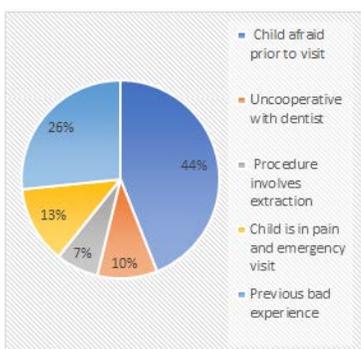
Graph 2: Reason for staying with the child during the dental treatment



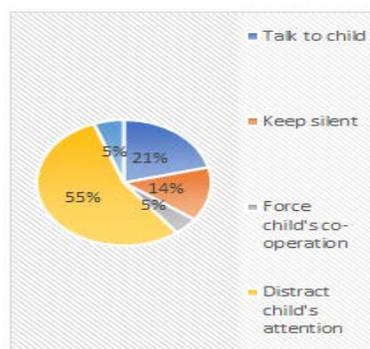
Graph 3: Reason for not staying with the child during the dental treatment



Graph 4: Treatment procedure that parents that fear for their child



Graph 5: Situations in which parent would like to be present with the child during treatment



Graph 6: Parent attitudes during treatment

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.<sup>7</sup> This guideline recommends a judicial decision making on part of the practitioner to benefit from either parental presence or absence to achieve cooperation of the child.

The dentist should evaluate the pros and cons of presence of the parent and this decision should be based on individual child and the parental involvement of that particular child. The ultimate goal of parental presence or absence is to minimize the child's anxiety towards dental treatment and achieve a positive dental experience. It is also aimed to prevent negative behavior and establish effective communication between the child and the dentist.<sup>6</sup>

Concerning the relationships between child characteristics and parents' desire to remain with the child, the results concerning the role of the child's age are consistent with<sup>7, 1, 8</sup> previous findings showing that the younger the child was, the more the parents wanted to be with their child. In our study, most of the educated parent's wish to be present with the child during dental treatment. In several other studies, including those by **Abushal et al**<sup>11</sup> in Saudi Arabia, **Peretz et al** in Israel,<sup>13</sup> **Crowley et al** in Ireland, and **Kamp et a** in Germany,

most of the educated parents expressed a wish to be present in the practicing room.

The dentist technique of the parent's presence may be used as a reward and positive reinforcement. Under circumstances where child behavior proves uncooperative to all reasonable efforts to secure the child's attention, the technique initially involves clarification to the parent on how they wish to use the parent's presence to shape the child's behavior.<sup>14</sup> Furthermore, the parents should be prepared to leave the dental operatory if the child is uncooperative. This arrangement needs to be made before the child is seated in the dental chair, and it is important that the child knows about the agreement<sup>15</sup>.

The presence or absence of the parent can be used to gain the cooperation of the child for treatment. As the establishment of a dental home by 12 months of age continues to grow in acceptance, parents expect to be with their children during examinations as well as during treatment procedures. Parents desire to be present during their child's treatment does not mean they intellectually distrust the dentist; it might mean they are uncomfortable if they visually cannot verify their child's safety. It is important to understand the changing emotional needs of parents, because of growth of a latent but natural sense to be protective of their children. The overall goal is to allow the parent to choose whether to be present or absent during the dental treatment which may help minimize the child's anxiety and help in a positive dental experience. Parents who have had a pleasant experience during their visits to the dentist instill a positive attitude on their children.

The survey revealed that 75% of parents preferred to stay with their child during the dental treatment. No significant correlation was found between the attitude of mother and father on separation from their children

during the dental treatment or whether the child was a male or a female. Also, no significant correlation was found between the age of the parent, educational qualification of the parent, employment status and number of children. This is comparable to the study conducted by **Kamp AA (1992)** which concluded that among 79 parents who were included in the study, 66% of the parents preferred to stay with the child during the dental treatment. **Peretz et al (1998)** conducted a questionnaire-based study on 104 parents wherein 70.2% of the parents wanted to stay with their child during the dental treatment. In a study by **Arathi et al (1999)**, 78.3% of the parents preferred to be with the child during the dental treatment. Also, a study conducted on eight-year-old children by **Crowley et al (2005)** concluded that 67% of the parents would prefer to accompany their children when receiving dental treatment. In a study conducted by **Abushal et al (2009)**, 505 Saudi parents were asked questions regarding their preference on separation from their children during treatment of which 97% parents preferred to stay with their child during the dental treatment. Also, a study conducted by **Handa et al (2014)** showed a preference rate of 94%.

The majority of the parents preferred to stay with their child during the dental treatment as the child was afraid prior to the treatment (75%). This is comparable to the studies conducted by **Abushal et al** wherein 72.9% of the parents preferred to stay with the child as the child was afraid prior to the treatment. Parents who felt that child will feel safe if they stayed back with the child were 60%, which is less compared to results by **Handa et al (2014)** (68.9%).

The limitation of this study is a small sample size and done on urban parents. Hence, further studies should be conducted including a larger population of parents.

## Conclusion

This study found that majority of the parents preferred to be with their child during the dental treatment. Although the operative dentistry may be perfect, the appointment is a failure if the child departs in tears. Parental presence in the dental operator is advocated to gain emotional support and avoid the effect of the traumatic separation, especially in younger ages. Most of the parents were anxious during the first few visits, hence parental presence is beneficial to counteract the emotions of both the child and parent. There is a tendency of parents to prefer to be present for examinations and in many cases for various forms of treatment, particularly for children who are below the age of reason, manifest non-coping and apprehensive behaviors, or have a history of unpleasant previous medical or dental experiences.

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