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Research Article

PARENT'S ATTITUDE ON SEPARATION FROM THEIR CHILDREN DURING 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 attitude of the parents on separation from their children during dental treatment and the factors affecting their preferences. A pre-validated set of 15 questions were asked to one hundred & fifty 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 150 parents, 70% (n=105) parents preferred to stay with their child during the dental treatment whereas 30% 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.

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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 pediatric practitioners. Dentists who favor 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 well-being of their children. 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), Margaret Mead described three paradigms regarding parenting children. According to her, parenting in the society has undergone a transition over decades. The earlier parents were mostly *post-figurative* parents, where children were bound by the rules of the family and were assigned responsibilities. The parenting paradigm shifted to *configurative* where post-figurative concepts began to fade and new paradigms were experimented. The current society around the world follows mostly the *pre-figurative* paradigm where no rules are set and parenting

strategies change time to time depending on the needs of the child. This has resulted in marked increase in the number of parents who want to be present in the dental operatory during their child's dental treatment (Suprabha et al, 2015). 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. 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). 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

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overall goal of this study is to assess the parent's attitude on separation from their children during dental treatment and the factors affecting their preferences.

METHOD AND MATERIALS

In this cross-sectional study, a set of 15 questionnaires were designed, to be answered by the parents eligible for the study. Some of the questions were adapted from studies by [Abushal et al \(2009\)](#). The validation of the questionnaire was done by the subject's experts in STES Sinhgad Dental College and Hospital, Pune institute. The study was started after an approval from the Institutional Ethical Committee (IEC) of STES Sinhgad Dental College and Hospital, Pune. 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 Pedodontics and Preventive Dentistry 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 <0.05 for significance throughout the study.

RESULTS

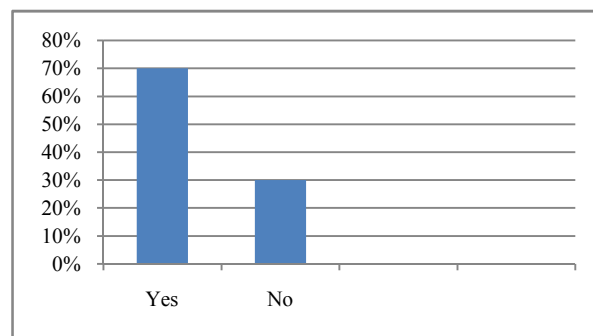
One hundred and fifty parents were asked questions regarding their relation with the child, age, gender, theirs and their child's past dental experience and their attitude on separation from their child during dental treatment and the reason for it.

Out of the 150 parents, 106 (70.7%) were mothers and remaining 44 (29.3%) were fathers who have come to the institute for their child's dental treatment. Most of the parents (44.7%) had completed schooling, some (25.3%) college and (24.7%) graduation. Very few had completed post-graduation (4%). 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.

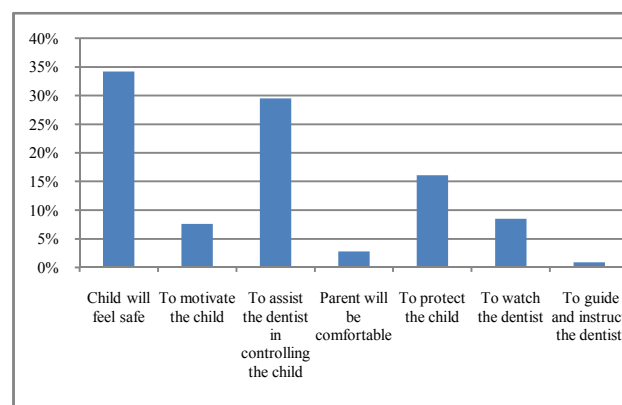
Out the 150 parents, 62.7% ($n=94$) parents had visited the dentist previously whereas 37.3% did not had any dental experience in the past ($p = 0.003$). 67% ($n=63$) of parents had a pleasant experience, 25.5% ($n=24$) had a tolerable experience and only 7.4% ($n=7$) had a terrifying experience ($p<0.05$).

Out of 150 parents, 70% ($n=105$) parents preferred to stay with their child during the dental treatment ($p<0.05$) (Graph 1), out of which 34.2% ($n=36$) felt that the child would feel safe if they were present with the child during the dental treatment, 29.5% ($n=31$) parents preferred to be present to assist the dentist in controlling the child, 16.1% ($n= 17$) to protect the child, 8.5% ($n=9$) to watch the dentist to understand the dental problem & treatment procedure with the child, 7.6% ($n=8$) to motivate the child, 2.6% parents felt comfortable being with

the child during the dental treatment, 0.9% ($n=1$) wanted to guide and instruct the dentist during the treatment ($p <0.05$) (Graph 2).

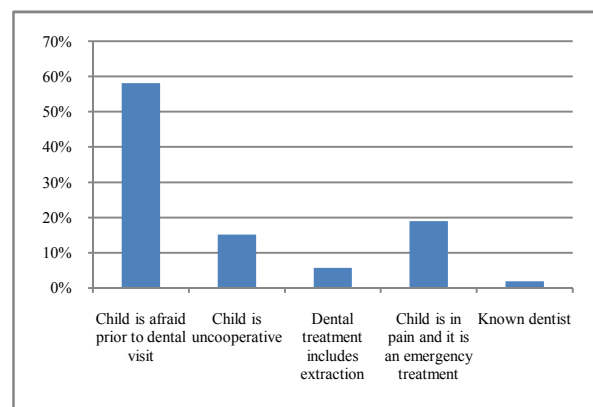


Graph 1 Percentage of parents on their attitude on separation from their children during dental treatment



Graph 2 Parents reason to stay with the child during dental treatment

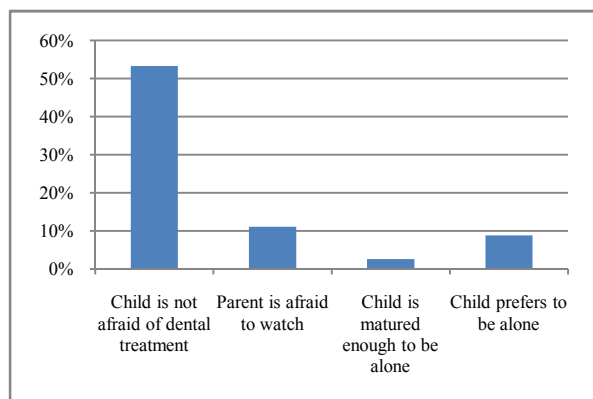
61 (58%) out of 150 parents wanted to stay with their child during the dental treatment as the child was afraid prior to the treatment. 19% ($n=20$) parents preferred to be present as the child was in pain and needed an emergency treatment and 15.2% ($n=16$) parents felt the child was uncooperative and so wanted to be with the child to calm the child. 5.7% ($n=6$) parents wanted to stay as the treatment included extraction and 1.9% ($n=2$) parents knew the dentist ($p<0.05$) (Graph 3).



Graph 3 Other possible reasons for the parent to stay with the child during the dental treatment

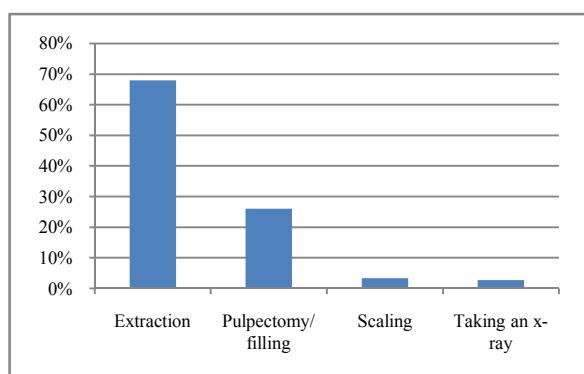
The remaining 30% ($n=45$) parents preferred not to be present with the child during the dental treatment mainly because the child was not afraid prior to the dental treatment (53.3%) ($n=24$) or child was mature enough to be alone (26.6%) ($n=12$). Few parents were afraid to watch (11.1%) ($n=5$) and few said

that the child preferred to be alone (8.8%) ($n=4$) ($p<0.05$) (Graph 4). Most of the parents (89.3%) ($n=134$) said they would help the dentist in controlling the child if the child is very uncooperative and the remaining 10.7% parents ($n=16$) said they would take a new appointment if the child was uncooperative ($p<0.05$). 87.3% ($n=131$) parents said that their presence or absence will have a positive effect on the child ($p<0.05$).



Graph 4 Parents reason for not staying with the child during the dental treatment

Most of the parents feared extraction (68%) ($n=102$) or pulpectomy/ filling (26%) ($n=39$) for their child. The majority of the parents feared treatment in which dental anesthesia was required. Very few parents (3.3%) ($n=5$) feared scaling (3.3%) ($n=5$) treatment as they felt that anesthesia is not given and so may be a painful procedure. Some parents (2.7%) ($n=4$) feared taking an x-ray for their child ($p<0.05$) (Graph 5).



Graph 5 Treatment procedures that parents fear for their child

DISCUSSION

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 70% of parents preferred to stay with their child during the dental treatment. 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 preference rate is higher for Saudi parents and Delhi parents than our participants. No significant difference was found on the preference of mother or father on separation from their children during dental treatment or that the child was a male or a female. This is comparable to the studies conducted by [Kamp AA \(1992\)](#) and [Crowley et al \(2005\)](#). The majority of the parents preferred to stay with their child during the dental treatment as the child was afraid prior to the treatment (53.3%). 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 34.2%, which is less compared to results by [Handa et al \(2014\)](#) (68.9%). Percentage of parents who would assist the dentist in controlling the child was 29.5% which is comparable to studies by [Handa et al \(2014\)](#) which is 29.7% but lesser as compared to 59% of Saudi parents. 16.1% of the parents wanted to stay back to protect the child which is comparable to 15% of Saudi parents and 23.4% Delhi parents. 68% of the parents feared extraction procedure for their child which is comparable to 56% of Delhi parents. Pulpectomy/ filling was the next most fearful procedure according to the parents which were 26% of the parents which is comparable to 28% of Delhi parents. According to our participants, the use of dental anesthesia is the most fearful procedure. This was also found in the study by [Abushal et al](#) where dental anesthesia and the use of handpieces were regarded as the fearful procedure by the Saudi parents. The limitation of this study is a small sample size and response bias. Hence, further studies should be conducted including a larger population of parents.

CONCLUSION

This study found that 70% of the parents preferred to be with their child during the dental treatment and remaining 30% preferred not to be present. 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. Among the parents who wished to stay with their child during the dental treatment, most of the parents feared

treatments needing dental anesthesia and felt the need to be present with the child during those treatments. Most of the parents were anxious during the first few visits and preferred to stay with the child.

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