

Parental Knowledge and Attitudes about Pediatric Oral Health: A Survey Based Study

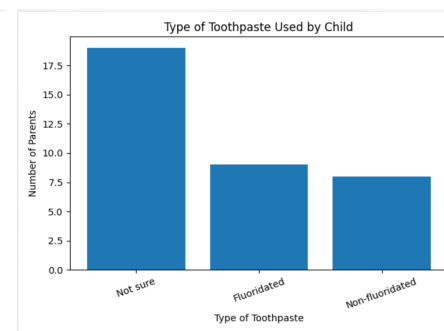
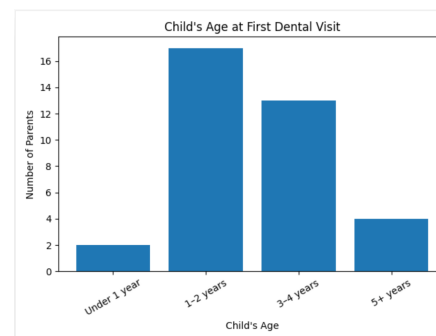
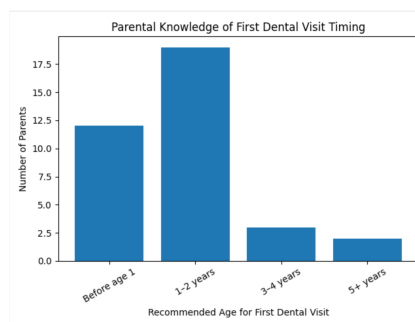
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Introduction

Oral health is a critical component of a child's overall well-being, yet many parents lack adequate knowledge about pediatric dental care. The American Academy of Pediatric Dentistry (AAPD) recommends that children have their first dental visit when their first tooth appears or no later than their first birthday. However, many children are not brought to the dentist until later or when children complain of pain, often due to parental misconceptions or lack of awareness. This study aims to assess parental knowledge, attitudes, and practices regarding pediatric oral health when bringing their child for their first dental visit. The findings will help identify knowledge gaps and inform strategies to enhance parental education, ultimately improving pediatric oral health outcomes

Materials and Methods

- **Study Design:** Cross-sectional, survey-based study
- **Population:** Parents and caregivers presenting with children for their **first-ever dental visit**
- **Inclusion Criteria:** Participants had **not previously taken that child to a dentist**, ensuring responses reflected knowledge and perceptions prior to any dental experience
- **Data Collection:** An anonymous, 18-question survey administered at the initial visit
- **Survey Categories:**
 - Demographics
 - Knowledge of pediatric oral health
 - Attitudes and practices related to oral health
 - Expectations regarding the first dental visit
 - Educational needs and preferences
- **Survey Content Included:**
 - Age of first dental visit
 - Brushing habits and parental assistance
 - Fluoride use
 - Dietary habits and caries risk factors
 - Importance of primary teeth



Results

Most respondents were mothers aged 25–44 years. Children's first dental visits were most often at ages 1–2 years, followed by 3–4 years. Parents believed children should have their first dental visit at 1–2 years and be seen every six months. Brushing was usually initiated with eruption of the first tooth, and sugary drinks were identified as the main cause of caries. Most parents valued primary teeth but were unsure if the toothpaste contained fluoride or not. Parental assistance with brushing was recommended until ages 5–7 years. Bottle and sippy cup use for milk and juice was common, and frequent snacks included fruits, vegetables, crackers, and chips. All respondents wanted more oral health education, preferring one-on-one discussions with a dentist over printed or online resources.

Conclusion:

While many parents demonstrated appropriate knowledge regarding early dental visits, brushing initiation, and the importance of primary teeth, gaps remain in understanding fluoride use and age-appropriate oral hygiene practices. The strong preference for personalized education highlights the importance of direct communication between dental providers and caregivers. These findings support the need for targeted, chairside oral health education to improve pediatric oral health outcomes.

References

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