

Does Parenting Style Affect Oral Health Risk Factors in Children Aged 0–6 Years?

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INTRODUCTION

Oral health in children is strongly affected by parental involvement in their oral hygiene behaviors, dietary habits and access to dental care. According to the American Academy of Pediatric Dentistry (AAPD), dental caries is the most common chronic disease in children in the United States. According to the 2016 National Health and Nutrition Examination Survey (NHANES), the prevalence of dental caries in children aged 2-5 years was 23.3%. According to the AAPD, parenting styles vary across different cultures and can influence the behavior of children during dental visits. There are four different parenting styles: authoritative, authoritarian, permissive and neglectful. Each of these parenting styles can influence a child's oral hygiene behaviors, dietary choices and access to dental care which in turn can impact their oral and overall health. Previous research has focused on the relationship between parenting style and caries risk. However, a gap in the research literature exists regarding any relationships of parenting style with periodontal risk assessment.

PURPOSE

To evaluate the relationship between parenting style and oral health risk factors in children aged 0-6 years old by using a survey that the parents have completed during a dental examination and prophylaxis.

METHOD

Surveys were administered to the parents of children aged 0-6 years who were scheduled to have a dental examination and prophylaxis appointment. The survey consisted of 14 questions intended to classify parenting style as authoritative, authoritarian, permissive or neglectful based on self-reported parental responses. The following information was gathered from the examination of each pediatric patient: gender, age, race, decayed filled and missing surfaces (dfms), caries risk assessment, periodontal risk assessment, periodontal health, and oral hygiene status. Children older than 6 years of age and those with appointments other than for dental examination and prophylaxis were excluded from the study.

FIGURE 1

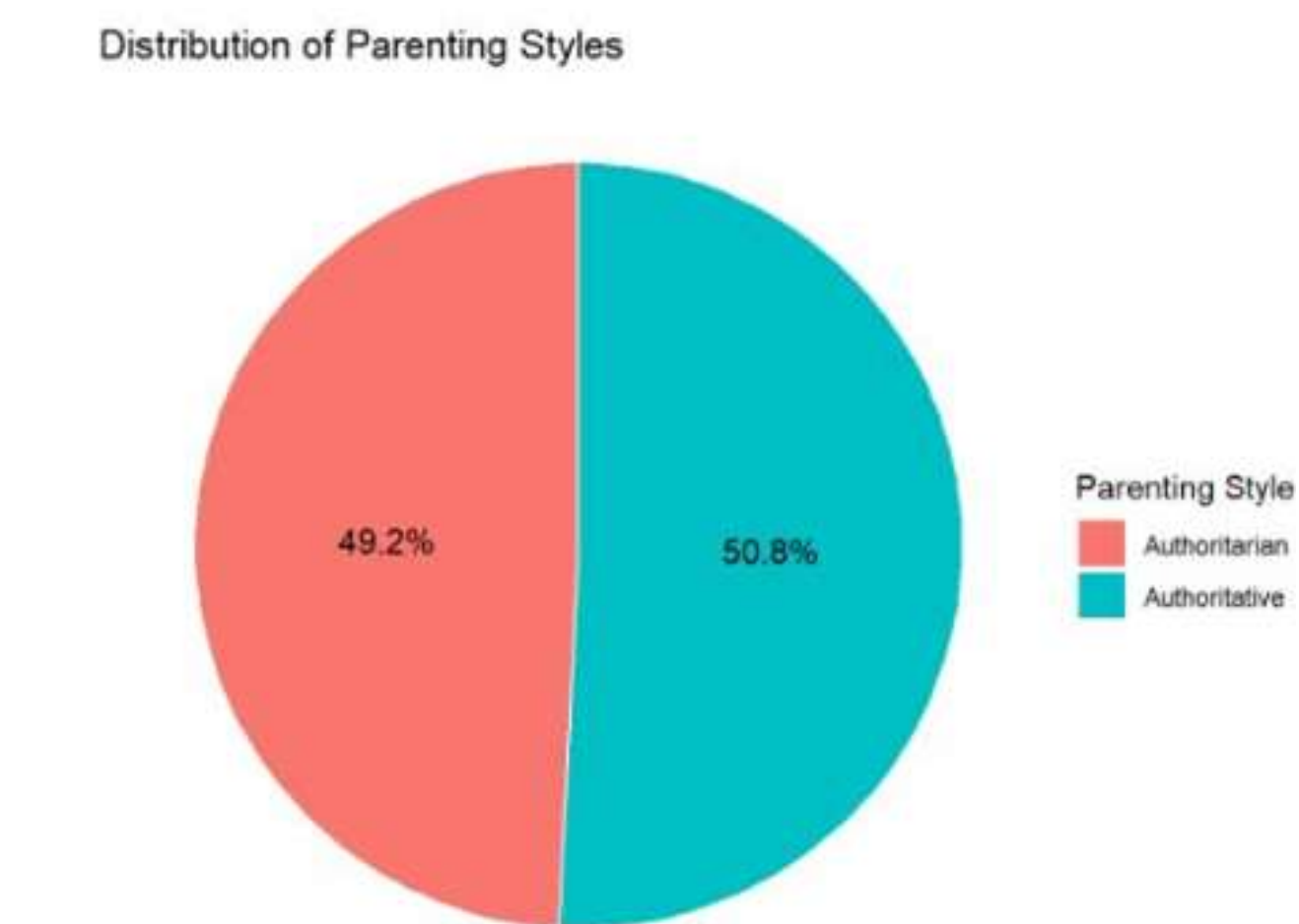


FIGURE 2

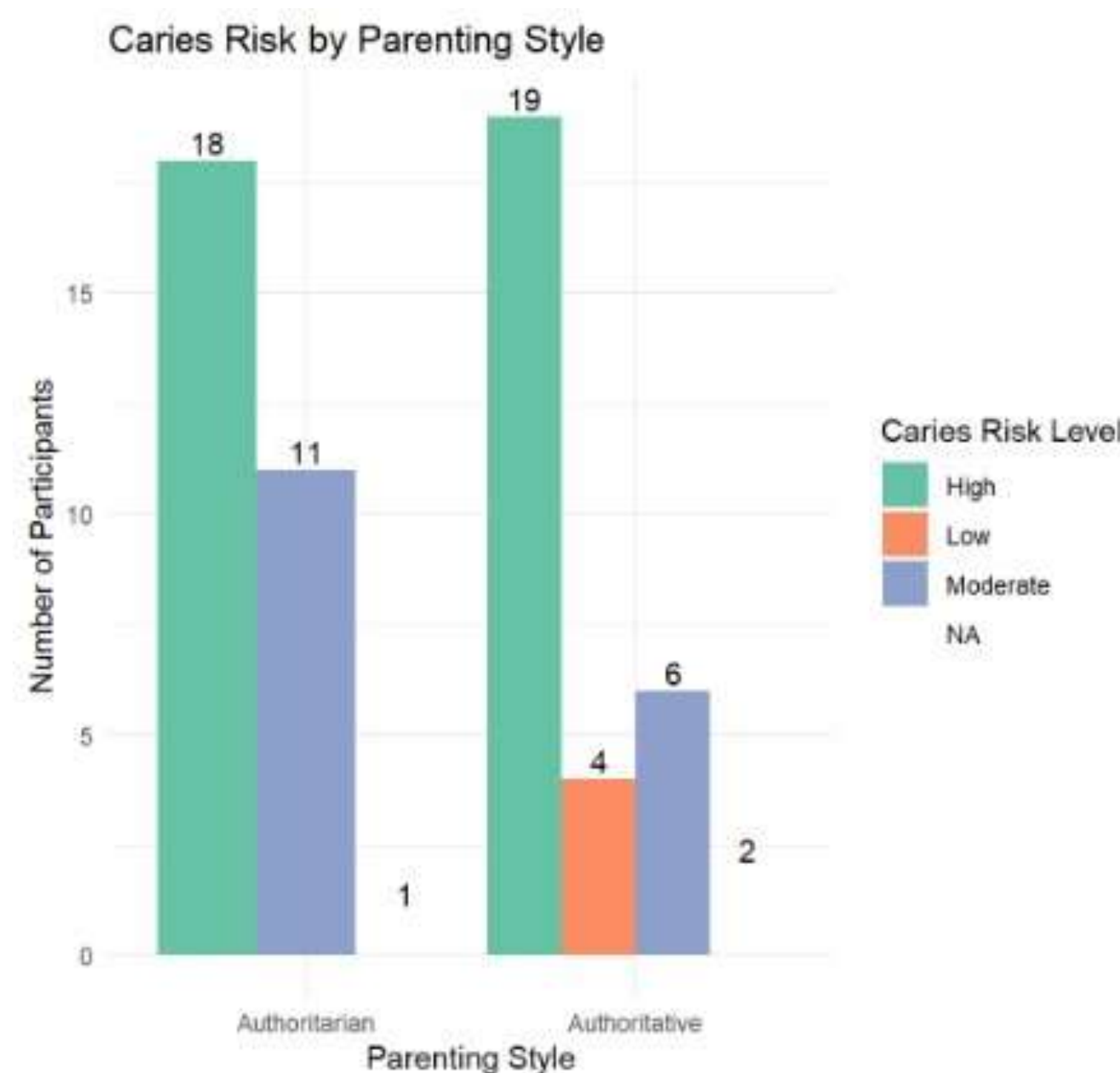
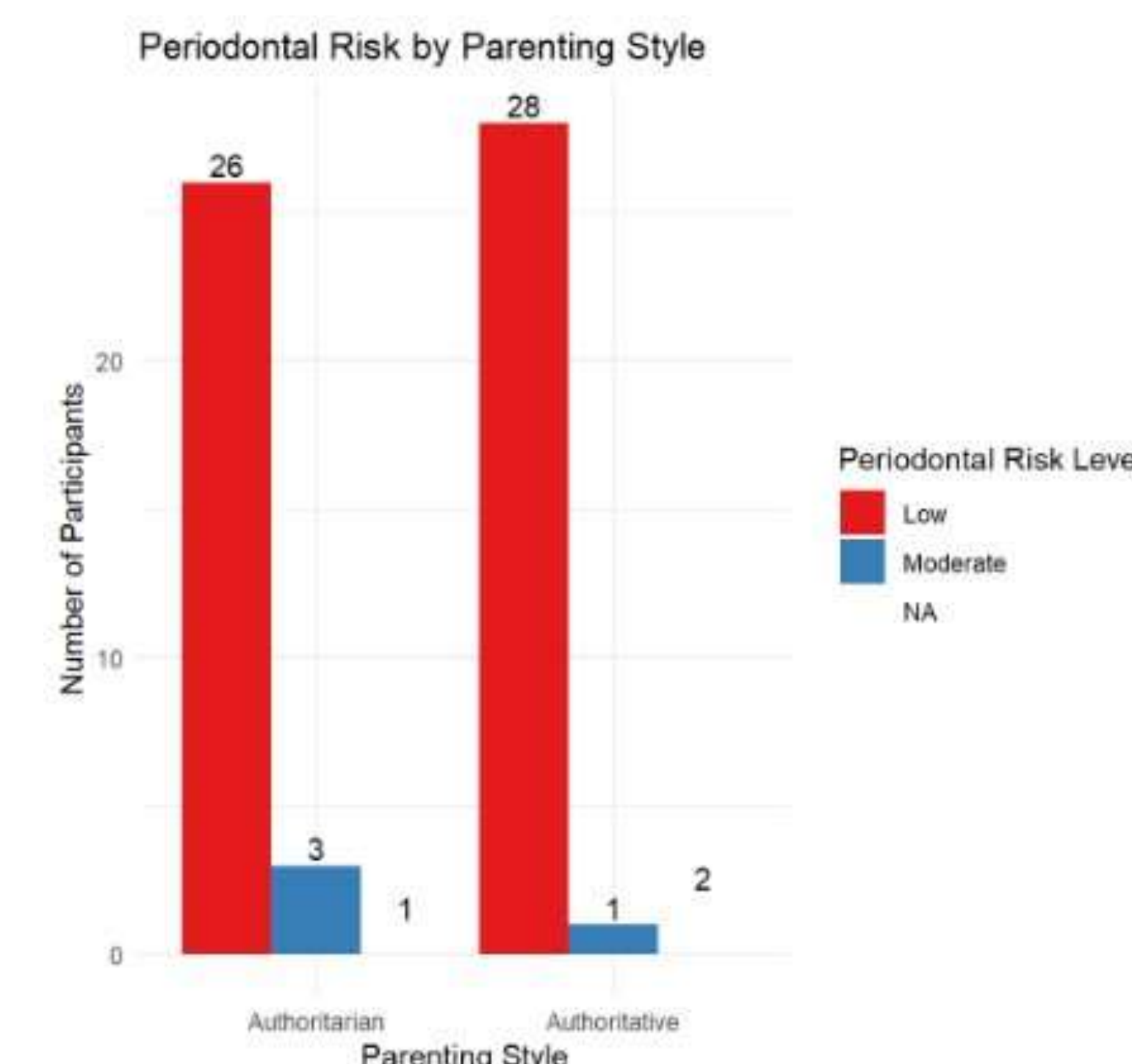


FIGURE 3



RESULTS

A total of 61 participants were divided into two parenting styles: 30 (49.2%) with authoritarian parenting style and 31 (50.8%) with authoritative parenting style (please see FIGURE 1).

In terms of caries risk level by parenting style, most of the children examined were in the high caries risk category for both parenting style groups (please see FIGURE 2). In the authoritarian parenting style group, 18 child participants were classified as high caries risk, 11 as moderate caries risk, and 1 as low caries risk. In the authoritative parenting style group, 19 participants were classified as high caries risk, 6 as moderate caries risk, and 4 as low caries risk.

In regard to periodontal risk level by parenting style, most of the children examined were in the low periodontal risk category for both parenting style groups (please see FIGURE 3). In the authoritarian parenting style group, 26 child participants were classified as low periodontal risk and 3 as moderate periodontal risk. In the authoritative parenting style group, 28 participants were classified as low periodontal risk and 1 as moderate periodontal risk. Overall, periodontal risk was low for the children aged 0-6 years in this study.

CONCLUSIONS

Although not statistically significant, parenting style does contribute to increase caries and periodontal risk factors in this pilot study. There is a correlation between oral health risk factors in children aged zero to six years old and parenting styles. Children with authoritarian parenting styles have a slightly higher number of moderate periodontal and caries risk factors. Children with authoritative parenting styles have a slightly higher number of lower periodontal risk factors and more high caries risk factors. One of the limiting factors was a small sample size which limited the range of parenting styles. Further research studies can include larger sample sizes to assess for a link between parenting styles and oral health risk factors. As a pediatric dental provider, it is important to consider the importance of education and parental involvement in children's oral health.

REFERENCES

- Johnson, A. L., & White, K. S. (2023). Parenting styles and their impact on oral health outcomes in preschool children. *Journal of Pediatric Dentistry*, 50(2), 88-94. <https://doi.org/10.1016/j.jpdd.2023.02.009>
- Nguyen, B. D., & Chang, M. T. (2021). The role of parenting in preventing early childhood caries: A longitudinal study. *International Journal of Pediatric Oral Health*, 39(5), 101-108. <https://doi.org/10.1007/s23456-021-0094-3>
- Viswanath, S., Asokan, S., Geethapriya, P. R., & Eswara, K. (2020). Parenting Styles and their Influence on Child's Dental Behavior and Caries Status: An Analytical Cross-Sectional Study. *The Journal of clinical pediatric dentistry*, 44(1), 8-14. <https://doi.org/10.17796/1053-4625-44.1.2>
- American Academy of Pediatric Dentistry. (2026). Reference manual of pediatric dentistry (2026 ed.). American Academy of Pediatric Dentistry.