

Original Research

Awareness about pediatric dentistry among urban population in bilaspur chhattisgarh: An original research

¹Suvam Dutta, ²Shilpy Dwivedi

¹BDS, PG 2nd year, ²BDS, MDS, Department of Pedodontics and Preventive Dentistry, New Horizon Dental College and Research Institute, Pt. Deendayal Upadhyay Memorial Health Sciences and Ayush University of Chhattisgarh, Sakri, Bilaspur, Chhattisgarh, India

ABSTRACT:

Background / Introduction: Awareness about pediatric dentistry is the need of the hour with the increasing focus towards preventive dentistry. Hence this study was conducted to find out about the awareness of pediatric dentistry in urban families. **Aim:** The purpose of this study was to determine the awareness of pediatric dentistry among the urban families in the city of Bilaspur, C.G. **Methodology:** A questionnaire was prepared consisting of a total of 13 questions related to the awareness regarding pediatric dentistry and also about dentistry in general. The questionnaire was distributed among 40 urban families in the city of Bilaspur, C.G. The questions were asked in-front of the family head and the answers were recorded accordingly. The response sets were collected and analyzed with descriptive and parametric statistics. **Results:** All the 40 participants responded with usable data sets. According to the data collected, 80% of the families who were included in the study were aware about Pediatric dentistry and the rest 20% were not aware. Other findings included, 57.5% of the families visited a dentist, 40% of the children were taken to the dentist for caries and 92.5% of the children started brushing at the age between 1-2 years of age. **Conclusion:** Though the results showed that most of the families were aware of Pediatric dentistry, still awareness about pediatric dental care and guidelines about appropriate age for dental visit needs to be spread. **Key words;** Pediatric Dentistry, Urban Population

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Corresponding author: Suvam Dutta, Pedodontics, BDS, PG 2nd year, Department of Pedodontics and Preventive Dentistry, New Horizon Dental College and Research Institute, Pt. Deendayal Upadhyay Memorial Health Sciences and Ayush University of Chhattisgarh, Sakri, Bilaspur, Chhattisgarh, India

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INTRODUCTION

In children, milk teeth/primary teeth play a vital role for eating, phonetics, esthetics and also as a space maintainer for permanent teeth. Young children's dental environment is complex as parental knowledge, attitudes and beliefs affect the child's oral health. AAPD recognizes that the dual role of pediatric dentists is similar to that of pediatricians, gynecologists, and internists in medicine.¹ According to IDA, in India, dental caries (cavity) has a prevalence as high as 60-80% in children, a figure far more than asthma. Dental caries is an epidemic among children in India made worse by the fact that parents are the primary decision makers for them and are largely unaware about the consequences of poor oral health. Apart from this, about 30% of children suffer from mal-aligned teeth and jaws affecting proper

functioning of the dento-facial apparatus.² Lack of awareness about dental diseases has resulted in gross neglect of oral health. There is no component of oral health in the present health care system in fact there is inadequate knowledge about oral hygiene and prevention of oro-dental problems. Due to increasing influence of social media and unavailability of parents at home, even in urban scenarios, oral health of children remain largely uncared for.³ Thus it has become evident to find out whether the people are aware about pediatric dentistry, and also to spread awareness about the branch of pedodontics. Frequently in pediatric dental practice we find parents ignorant about the primary tooth, its function and importance.⁴ They often question the necessity of treatment to save and maintain the milk tooth in function. In developing countries like India, there is

limited documented research on parental awareness of primary teeth. Thus, this study was done to know about the awareness of urban population of Bilaspur, CG about pediatric dentistry.⁵

MATERIALS AND METHODS

A questionnaire was prepared consisting of a total of 13 questions related to the awareness regarding pediatric dentistry and oral health in general. The questionnaire was distributed among 40 urban families in the city of Bilaspur, C.G, with children

between the age group of 6 -14 years.^[2] The questions were asked in-front of the family head and the answers were recorded accordingly. The response sets were collected and analyzed with descriptive and parametric statistics.

RESULTS

The data is tabulated in Microsoft excel and analysed with SPSS V.24 software. The variables are presented with frequency and percentage. The results are presented with suitable tables and diagrams.^[3]

Table 1: Distribution of Number of children

Number of children	N	%
1	22	55
2	16	40
3	2	5

Table 2: Distribution of the response towards awareness about Pediatric Dentistry

Are you aware about Pediatric Dentistry?	N	%
Yes	32	80
No	8	20

Table 3: Distribution of response towards Children's visit to a Dentist

Have your children visited a Dentist?	N	%
Yes	23	57.5
No	17	42.5

Table 4: Distribution of response towards the first time the child was taken to a Dentist

When was the child first taken to a Dentist?	N	%
<6 years	2	5
6-12 years	36	90
>12 years	2	5

Table 5: Distribution of Reason for Dental visit

Reason for Dental visit	N	%
Not visited	17	43.5
Pain	1	2.5
Esthetics	3	7.5
Caries	16	40
Check up	3	7.5

Table 6: Distribution of Number of dental visit till date

Number of dental visit till date	N	%
Not visited	17	43.5
1-3 times	13	32.5
4-6 times	8	20
>6 times	2	5

Table 7: Distribution of the response towards time when the child started brushing

When did the child start brushing?	N	%
<1 year	2	5
1-2 years	37	92.5
>2 years	1	2.5

Table 8: Distribution of Toothpaste used daily

Toothpaste used daily	N	%
Closeup	1	2.5
Colgate	8	20
Kidodent	6	15
Omnident	1	2.5
Patanjali	5	12.5
Pepsodent	13	32.5
Sensodyne	6	15

Table 9: Distribution of Any deleterious habits present

Any deleterious habits present	N	%
Yes	9	22.5
No	31	77.5

Table 10: Distribution of response towards awareness about correction of habit by dental treatment/counselling among patients whose parents knew about habits

Do you know if it can be corrected by dental treatment/counselling?	N	%
Yes	1	2.5
No	8	20

Table 11: Distribution of Any other dental treatment done

Any other dental treatment done	N	%
No Response	17	42.5
Scaling	2	5
Restoration	1	2.5
Removable appliance	1	2.5
No	19	47.5

DISCUSSION

According to our data, 55% of the families with single child, 40% families had 2 children and only 5% families had 3 children. This points towards an emerging popular trend of having smaller families. On questioning about pediatric dentistry, 80% of the families were aware about it and only 20% of them were unaware about this speciality, highlighting the increased awareness among educated parents in urban population of Bilaspur, C.G. However despite this, only 57.5% of families had visited a pediatric dentist with their child, indicating that though people have awareness & accessibility, most of them did not visit a clinic until it was absolutely unavoidable. Further we found out that, out of the families that visited a pediatric dentist, around 86.2% of the families took their child to visit a clinic between 6 to 12 years of age with the reason of the visit being dental caries. The American Academy of Pediatric Dentistry (AAPD)⁶⁻⁹ recommends that “a child should visit a dentist within 6 months of eruption of the first primary tooth and no later than 12 months of age,” But in our study it was found that no child visited a dental clinic before 2 years of age & only 8.7% visited between 2 – 6 years of age. Further, it was seen that 40% of the kids visited a dental clinic on the complain of caries, followed by complain of pain and regular

visit. Only 2% visited for poor esthetics. This shows that most of the families do not know the role of pediatric dentist in improving esthetics at early age of the child. Even for regular follow up of treatment 32.5% of the families visited clinic only 1 – 3 times followed by 20% of families visited 4 - 6 times and 5% of the families visited more than 6 times. This indicates that most the families either did not finish their child’s treatment or discontinued the treatment as soon as the symptoms disappeared. 92.5% of the children started brushing between 1 – 2 years of age. Only 5% of children started brushing at less than 1 year of age followed by 2.5% of children who started brushing at more than 2 years of age. Before one year of age no oral hygiene method was practiced due to lack of awareness. Maximum families used adult toothpastes like Pepsodent (32.5%), Colgate (20%) and Sensodyne (15%), rather than using pediatric toothpastes, which was being used by only 17.5% kids. This shows that, the children who had pediatric dental visit were only ones who were using pediatric toothpastes. 22.5% of families were aware about deleterious habits in their children. However nearly all of them were still unaware about seeking dental professional help for correction of habit. The larger percentage (77.5%) were even unaware about the presence of any deleterious habit in their child. Among

all the families who visited a clinic, 82.6 families had never visited for any other treatment apart from the chief complaint. Most families were either neglecting deleterious habits or were unaware about the right time of the treatment, more over they are also neglecting other oral health issues which were not causing immediate discomfort. Even though the sample size of our study was very small, but it is very crucial in bringing to notice that, more such studies in the urban population of third tier cities like BILASPUR are needed. Most of the such surveys conducted earlier in INDIA have either been in metropolitan cities or among under-privileged population largely ignoring the fact that majority of working population resides in third tier cities.¹⁰

CONCLUSION

The present study revealed that the parents of BILASPUR city, even though were aware of pediatric dentistry as a specialty, they had superficial or partial knowledge and awareness about its importance. There is necessity of targeted child dental health-oriented programs with active parental involvement specially in three tier cities in INDIA to cultivate and reinforce positive attitude among them. The young and prospective parents should be directed by the medical professionals, obstetricians, gynecologists and pediatricians towards seeking pediatric dental counselling at the right age. More such studies involving sub urban population of India with larger sample size needs to be conducted.

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