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International Journal of Oral Health Dentistry

Journal homepage: www.ijohd.org

Original Research Article

KAP study to assess the internet influence of parents towards child's first dental visit and oral hygiene care

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ARTICLE INFO

Article history:

Received 18-02-2022

Accepted 10-03-2022

Available online 23-03-2022

Keywords:

Educational intervention

Pre-educational intervention

Poor knowledge

ABSTRACT

Aim: The study was done to analyse parent's understanding about their child's dental health in the first dentist visit, with a particular focus on the internet's impact on parents of preschool children.

Materials and Methods: This survey was conducted among 800 parents of pre-school children enrolled in various schools from Rishikesh. A pre-validated questionnaire was distributed among participants. Participants were given questionnaires written in English and the local Hindi language before and after the educational intervention to assess oral health-related awareness of the parents regarding their child's oral health.

Conclusion: From the total sample, 35% had poor knowledge score before the educational intervention and 100% had good knowledge score after the educational intervention. The current study concluded that higher levels of oral health education and awareness would lead to better oral health status in children. When the parental KAP score was compared before and after educational intervention, there was a statistically significant difference seen. Health care providers/dentists should organise activities such as parental guidance, lectures, and mass education in home wellness centres to develop knowledge to promote good oral health.

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1. Introduction

Oral health in children is vital since it is the prerequisite for effective teeth. The knowledge and thinking of parents has a considerable influence on the dental health of young children.¹ Preschool children represent a harmless and compassionate segment of society, and their oral health is prioritised because it determines the oral health of upcoming generations.² Pediatric dentistry is still a future career in India, and awareness of it as a specialisation is not as widespread as it is in Western nation, where it is a daily and routine practice.³ Most parents are unaware of the paediatric dentist's role in their children's lives. Although parents

are usually advised to take their children to a paediatric dentist, many may forget because they are unaware of the importance of the primary tooth.^{4,5} The internet has pervaded every part of our life, with the majority of people dependent on mobile applications.⁶ The popularity of social media and the widespread usage of smartphones are likely to be associated with the rise in parental awareness of dental health advertising through mobile phone packages.⁷

2. Materials and Methods

A questionnaire survey was conducted on parents of 800 preschool children aged 3-6 year at various schools in Rishikesh, Uttarakhand from March 2021 to August 2021.

Following ethical approval from the Institutional Review Board, study participants were required to give their

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written consent to be a part of the study. Pre-evaluation of knowledge, attitude and practice was assessed by a pre-validated questionnaire. Responses were recorded in a questionnaire, written both in English and local language Hindi. Parents were given the complete questionnaire in order to examine their knowledge, attitude, practice, and online influence. It included 5 questions about knowledge, 4 about attitude, 3 about practices and 6 about the internet's influence. The participants filled the pre-educational intervention forms, followed by the educational intervention for the parents and then filled the post-educational intervention forms. Only complete answers to questionnaires were considered. 800 completed questionnaires were included in the study. Knowledge, attitude and practice scores were categorised as good if scores were greater than 3, fair if scores were equal to 3 and poor if scores were less than 3, attitude and practice score were good if scores were greater than 5, fair if score were between 4-5 and poor if scores were less than 5.

3. Results

The total study population was of 800 out of which 540 (67.5%) were females and 260 (32.5%) were males.

Table 1 represents parent's knowledge of oral hygiene practices pre and post educational intervention. It was found that 43% of females had fair knowledge (score 3) and 33.8% of male had poor knowledge score. After the educational intervention, about 32.5% of male and 67.5% of female had good knowledge score.

Table 2 shows the overall attitude and practise scores. Based on the score scale described above, it was discovered that prior to the educational intervention, 94.8% of female depicted poor attitude and practise score (score<4). While approximately 5.2% depicted a fair score. Approximately 67.5% of the female in the study had higher good attitude and practise scores during the post educational intervention, compared to 32.5% of the male in the study.

When the responses of parents before and after the educational intervention to questions related to internet influence on parental attitude were reviewed it was found that 37% female and 19% male responded yes towards browsing of web regarding their child's oral health, whereas after the intervention 45% female responded yes and 15% male responded no. When asked whether they referred the web for any medication regarding child's tooth pain 9% female and 24% male opted for yes prior to the educational intervention and 59% female and 15% male said no during the post educational intervention. The relevance of primary dentition and the period of emergence of the first tooth were both enquired about to evaluate the parents' understanding. About 36.8% of respondents were affirmative and 63.2% were negative. When asked if they had knowledge of speciality of child's teeth and if caries could be prevented, only 4.2% answered yes during the pre-

educational intervention and 100% answered yes during the post-educational intervention.

Following the pre-educational intervention, 85% of parents reported that their children cleaned their teeth once a day, and during the post-educational intervention, 100% of all children brushed their teeth twice a day. The awareness of participants regarding the fluoridated toothpaste in children was found to be 10% in the pre-educational intervention and 100% said yes during the post educational intervention. When we asked about the toothpaste used for children, 46.2% used colgate, 10.2% used colgate kids and some others like 3.1% patanjali junior, etc.

4. Discussion

In the current study, 35.5% of female parents had poor knowledge (score 3), 43% had fair knowledge (score 3) and 21.5% had good knowledge (score> 3), whereas 33.8% of male parents had poor knowledge (score 3), 37% male seemed to have fair knowledge (score 3) and around 29.2% male had good knowledge (score> 3). In our study, there was poor awareness regarding the first dental visit, which means that the parents did not know that their child's first dental visit is by their first birthday. According to Al-Zahrani et al⁸ in 2013, the AAPD advises parents to visit a dentist for infants aged 12 months. In this study, Dagon N et al⁶ claimed in 2019 that the caregivers who responded to the survey had a low level of expertise and that the children were not observed during tooth cleaning because they felt that children could brush their teeth on their own. Adults should brush or help their children who are unable to brush their teeth owing to absence of skills and information required for appropriate cleaning.⁹ In the present study 56% parents reported yes when asked if they browsed the web about their child's oral health before the educational intervention and after the educational intervention 26% parents responded no. According to the findings of the present study, 37% of parents viewed videos on the internet prior to the educational intervention and 49% viewed the videos after the educational intervention was completed. In a study published in 2015, Underwood B et al¹⁰ concluded that animated movies showing how to do oral hygiene tasks were beneficial.

5. Conclusion

The study found that parents with adequate oral health information and a positive mindset are more likely to preserve their children's dental health. This research might herald the start of a new age in oral health promotion, in which old tactics are being supplanted with technology based, evidence-based, psychologically beneficial strategies.

Table 1: Distribution of knowledge score among the parents in the study group

Knowledge score	Level of knowledge	No. of Parents				% of Parents			
		Pre		Post		Pre		Post	
		F	M	F	M	F	M	F	M
<3	POOR	192	88	0	0	31%	33.8%	0	0
3	FAIR	232	96	0	0	43%	37%	0	0
>3	GOOD	116	76	540	260	21.5%	29.2%	67.5%	32.5%

Table 2: Distribution of attitude and practise score among the parents in the study group

Attitude & Practice score	Level of knowledge	No. of Parents				% of Parents			
		Pre		Post		Pre		Post	
		F	M	F	M	F	M	F	M
< 4	POOR	512	256	0	0	94.8%	98.5%	0	0
4-5	FAIR	28	4	4	0	5.2%	1.5%	0	0
> 5	GOOD	0	0	536	260	0	29.2%	67.5%	32.5%

6. Source of Funding

None.

7. Conflict of Interest

The authors declare no conflict of interest.

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Cite this article: Aeran H, Tuli A, Bhatt P. KAP study to assess the internet influence of parents towards child's first dental visit and oral hygiene care. *Int J Oral Health Dent* 2022;8(1):64-66.