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Esraa abdefattah Khattab

Faculty of Oral and Dental Medicine, Future University in Egypt. 2016 , Cairo, Egypt.,
20184729@fue.edu.eg

Norhan Abd EL-Wahab EL-Dokky Professor of Pediatric Dentistry & Dental Public Health
Faculty of Oral and Dental Medicine, Future University In Egypt , Cairo, Egypt, neldokky@hotmail.com

Randa Youssef Abd AL Gawad Professor of Pediatric Dentistry & Dental Public Health
Faculty of Dentistry, Cairo University, Cairo, Egypt, randa.youssef@yahoo.com

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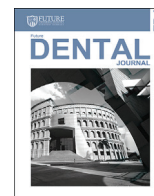
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Correlating Parenting Style With Their Children's Behavior, Dental Anxiety and Dental Caries During The First Dental Visit

Esraa Ashour Abdel-Fattah Khattab^{a,*}, Norhan Abd EL-Wahab EL-Dokky^b, Randa Youssef Abd AL-Gawad^c

a. Future University in Egypt.

b. Professor of Pediatric Dentistry & Dental Public Health, Future University in Egypt.

c. Professor of Pediatric Dentistry & Dental Public Health, Faculty of Dentistry, Cairo University, Egypt

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* Corresponding author.

E-mail address:

20184729@fue.edu.eg

(Esraa Ashour Abdel-Fattah Khattab).

ABSTRACT

Aim: Correlating parenting style with their children's behavior, dental anxiety and dental caries during the first dental visit.

Materials and Methods: A cross sectional study was conducted. Self-administered structured questionnaire (PSDQ) contains 32 statements regarding different parent reactions to child behavior, and participants rated responses to each item using a five-point likert scale from "never" to "always" (coded 1 to 5). The target population consisted of 105 children with their parents in Faculty of Dentistry, Future University aged 3-6 years old. The highest mean score placed the parent in the proper parenting category. The child behavior was assessed using the Frankl scale and caries status was assessed using the dental caries (dmf) index. **Results:** At the first dental visit, the highest dmf scores were found with the permissive parenting (4.08 ± 1.61) followed by the authoritarian (3.94 ± 1.20) while the lowest scores were found with the authoritative style (2.26 ± 1.31) which mean that was a significant difference in the values of dmf scores for different parenting styles in first dental visit ($p < 0.001$). Besides, results of PSDQ showed that the highest Frankle scale scores were found with the permissive parenting (3.50 ± 0.61) followed by the authoritarian (3.35 ± 0.49) while the lowest scores were found with the authoritative style (2.03 ± 0.75). **Conclusion:** Children's born in authoritative parenting home showed less caries and more positive behavior against dental treatment during first dental visit.

1. INTRODUCTION

Norhan Abd EL-Wahab EL-Dokky The wellbeing of the child, as well as the growth of the child is known to be influenced by parenting style. The parenting style had been described by Baumrind and including four main types (authoritative, authoritarian, permissive, neglectful) and provided two-dimension framework responsiveness and demandingness⁽¹⁾.

The variation in children's response to dental treatment depending on how they were exposed to such a situation and the reaction towards dental experience can be influenced by previous dental experience, age of the child, general health condition, parenting styles, dental fear, and anxiety⁽¹⁸⁾.

Children's oral health depends largely on parenting style in many aspects of importance to the child's oral health and that including the child levels of dental caries and the family oral health practices⁽²⁷⁾.

Dental caries is still one of the most common diseases affecting people around the world. Correlating Parenting Styles with Child Behavior and Caries resulted that authoritative parent had children with lower dental caries level compared to other parenting styles like permissive and authoritarian⁽²⁷⁾.

So the aim of the present study to correlate parenting style with their children's behavior, dental anxiety and dental caries during the first dental visit.

2. SUBJECTS AND METHODS:

2.1 Study design:

A cross-sectional study.

2.2 Sample size determination:

Sample size calculation was done using the comparison of child fear score between different parenting styles, as it was the primary outcome of the study. As reported in previous publication⁽³³⁾.

The mean \pm SD of child fear score in authoritarian style was 56.48 ± 21.4 , while in permissive style it was 38.47 ± 45.13 and in assertive style it was 34.29 ± 29.15 .

Accordingly, we calculated that the minimum proper sample size was **105 children with their parents** to be able to reject the null hypothesis with 80% power at $\alpha = 0.05$ level using One Way Analysis of Variance test.

2.3 PO:

Study population (P):

Children attending for treating their teeth to the Faculty of Dentistry, Future University provided that one of their parents is with them.



The target population consisted of 105 children with their parents in Faculty of Dentistry, Future University in Egypt.

Primary Outcome (O):

Table (1).

Primary outcomes of the present study.

| Out come | Measuring unit | Measuring tool |
|---|----------------------------------|---|
| Effect of Parenting style on children behavior, dental anxiety and dental caries at first dental visit. | Multiple choice Questions (MCQ). | Questionnaire- close ended questions ⁽¹⁰⁾ . Frankle scale- from score 1 to 4 ⁽²¹⁾ . Dental caries index dmf ⁽²⁷⁾ . |

2.4 Eligibility criteria:

Inclusion Criteria:

1. Children between 3 to 6 years of age with complete deciduous dentition irrespective of gender.
2. Children who are coming to the dental clinic for the first time.
3. Children who can come to the dental clinic with parents.

Exclusion Criteria:

1. Children with congenital anomalies, developmental, and/or systemic disorders.
2. Children who had previous dental experiences.

Study settings:

1. The study was performed in the Pediatric Dentistry and Dental Public Health Department, Faculty of Dentistry, Future University In Egypt.
2. The data were collected through anonymous, structured, self-administered questionnaire written in English.
3. The Questionnaire divided to two parts, first part consisted of demographic information about the child and second part consisted of The parenting styles and dimensions questionnaire (PSDQ)⁽¹⁰⁾.
4. PSDQ was based on three previous validated questionnaires done in Turkish, Portuguese and Brazil^{(46) (49) (44)}.
5. Likert scale was used to give a score to each five-point scale of PSDQ as following: one in case questioned behavior was "never" encountered, a score of two in case it was performed "once in a while", a score of three in case it was done "about half the time", a score of four in case it was made very often and a score of five in case it was "always" encountered⁽¹⁰⁾.
6. Caries status was assessed using the dental caries (dmf) index⁽²⁷⁾.
7. The patient behavior was assessed using the Frankl scale⁽²¹⁾.

In the first part of the questionnaire: child's (or his parents) filled in questions about child's demographic data: Name, age, gender, birth rank, mother education, father education.

The second part of the questionnaire: one single researcher was given a description of the study to the parents. If parents agreed to participate and inclusion criteria were confirmed, the researcher asks the parent about the PSDQ and the researcher writes the answer. (**Appendix 2**).

Participants rated responses to each item using a five-point scale from "never" to "always" (coded 1 to 5).

- From question (1) to question (15) for authoritative parent.
- From question (16) to question (27) for authoritarian parent.
- From question (28) to question (32) for permissive parent.

The average score in each parenting style category was calculated to determine the parent's particular style. The highest mean score placed the parent in the proper parenting category.

2.5 Statistical analysis:

Categorical data were presented as frequencies (n) and percentages (%). Numerical data were presented as mean and standard deviation values. Correlations between ordinal variables were analyzed using spearman rank order correlation coefficient. Correlations between ordinal and categorical and ordinal variables were analyzed using Kruskal Wallis test followed by multiple pairwise Mann-Whitney U tests with Bonferroni correction. The significance level was set at $p \leq 0.05$ for all tests. Statistical analysis was performed with R statistical analysis software version 4.1.0 for Windows¹.

3. RESULTS

3.1. Demographic characteristics:

The cross-sectional study was conducted on 105 cases with the mean age of (4.60 ± 1.04) years, 61(58.1%) of which were boys and 44(41.9%) were girls. 32(30.5%) of the studied cases ranked first in birth, 36(34.3%) ranked second, 25(23.8%) ranked third while 12(11.4%) ranked fourth or more. The mean value for dmf score was (3.43 ± 1.61) and for Frankl scale it was (2.96 ± 0.91) as shown in table (2).

Table (2)

Frequency and percentage (%) for demographic characteristics

| Parameter | Value | n(%) / Mean \pm SD |
|-----------|---------------------|----------------------|
| Gender | Boys | 61(58.1%) |
| | Girls | 44(41.9%) |
| Age | | 4.60 \pm 1.04 |
| | dmf score | 3.43 \pm 1.61 |
| | Frankl score | 2.96 \pm 0.91 |

3.1 Association between parenting style and child dental caries in first dental visit :

There was a significant difference in the values of dmf scores for different parenting styles in first dental visit ($p < 0.001$). The highest scores were found with the permissive parenting (4.08 ± 1.61) followed by the authoritarian (3.94 ± 1.20) while the lowest scores were found with the authoritative style (2.26 ± 1.31). Post hoc pairwise comparisons showed value found with the authoritative style to be significantly lower than other styles ($p < 0.001$) as shown in table (4)

Table (4)

Association between parenting style and child dental caries

| Parameter | Authoritative | Authoritarian | Permissive | p-value |
|----------------------------|------------------------|------------------------|------------------------|-------------------|
| dmf score (mean±SD) | 2.26±1.31 ^B | 3.94±1.20 ^A | 4.08±1.61 ^A | <0.001* |

Different superscript letters indicate a statistically significant difference within the same horizontal row „; significant ($p \leq 0.05$) ns; non-significant ($p > 0.05$)

3.3 Association between parenting style and child behavior:

There was a significant difference in the values of Frankl scale scores for different parenting styles ($p < 0.001$). The highest scores were found with the permissive parenting (3.50±0.61) followed by the authoritarian (3.35±0.49) while the lowest scores were found with the authoritative style (2.03±0.75). Post hoc pairwise comparisons showed value found with the authoritative style to be significantly lower than other styles ($p < 0.001$) as shown in table (5).

Table (5):

Association between parenting style and child fear severity

| Parameter | Authoritative | Authoritarian | Permissive | p-value |
|-------------------------------|------------------------|------------------------|------------------------|-------------------|
| Frankl scale (mean±SD) | 2.03±0.75 ^B | 3.35±0.49 ^A | 3.50±0.61 ^A | <0.001* |

Different superscript letters indicate a statistically significant difference within the same horizontal row „; significant ($p \leq 0.05$) ns; non-significant ($p > 0.05$)

4. DISCUSSION:

PSDQ is a self-report instrument developed by **Robinson et al.**⁽⁵⁵⁾. The questionnaire included 133 items and was designed to measure authoritarian, authoritative, and permissive parenting styles. The last version of the questionnaire had 32 items based on the changes that were made in 2001 by **Robinson et al.**⁽⁵⁶⁾. PSDQ was used in the present study because parents had replied to questionnaires truthfully, rating their acts towards their children in a simple way also, proven to be reliable and valid.

First, the researcher was distributed the questionnaire to the parents in the clinic and the researcher translate it to Arabic for one month then, sent the result to the statistician which gave them the result against the hypothesis as following, 104 parents under authoritative style and one under authoritarian while permissive was ignored, so the researcher targeted 35 parents in each style to facilitate providing the comparison between them according to his/her child's behavior, dental anxiety and dental caries.

Based on the results of the present study, there was a significant difference in the values of dmf scores for different parenting styles in the first dental visit. The highest scores were found with the permissive parenting and the authoritarian while the lowest scores were found with the authoritative style as presented in table (4).

This result was in agreement with **Law**⁽⁴¹⁾ and **Howenstein et al.**⁽²⁷⁾, who explained that children in authoritative households have happier dispositions, greater emotional control and regulation, and improved social skills, so behave better at the dental office. While in permissive households' children may be able to eat and drink cariogenic foods without limits, also can choose

whether or not to brush teeth at home without expectation of enforcement. On the other hand, in authoritarian homes oral health is not a priority for these families, there is no strict rules were created to get children to brush their teeth and adhere to a specific diet; another reason is due to the low parental responsiveness exhibited in these households so oral hygiene and diet measures are not reinforced.

Based on the result obtained in the current study, there was a significant difference in the values of Frankl scale scores for different parenting styles in the first dental visit. The highest scores were found with the permissive parenting and the authoritarian while the lowest scores were found with the authoritative as presented in table (5).

This result is similar to the result reported by **Aminabadi and Farahani**⁽⁴⁾ and **Javadinejad et al.**⁽²⁸⁾ who found that the highest score of child fears present in permissive and authoritarian parenting styles. This is maybe attributed to in permissive parenting style due to children mature without supporter and guidance, also parents let a child make decisions, and the caregiver tries to keep the child happy, oftenwith bribery resulted in worse child behavior in the dental chair so, when put into the dental setting, the child can choose to misbehave, and the parent provides comfort without punishment. While in authoritarian parenting style the children always fear and concern from their parents leading to extend of this fear to society, relatives and friends and the social environment so the children always have difficulty in social situations and act fearful or shy around others, which could explain the poor and less cooperative behavior in the dental office.

Besides, children who were born in an authoritative home have the right to express their opinions in the family, increases the sense of self- esteem, and always try to overcome their problems with the help of their parents. Moreover, the presence of their parents will give them a sense of security leading to improved child behavior and reduced fear in them.

On the other hand, **Krikken et al.**⁽³⁷⁾ reported that the association between parenting style and dental anxiety is unclear. The reason for the conflict was their research that targets the children who had experienced dental treatment and referred for behavior management problems so, other factors were found influence on child dental anxiety, including parental attitude or belief, severity of dental pain, previous dental experience, and dental phobia.

5. CONCLUSIONS:

Based on the results of the present study, the following conclusions could be listed:

1. The authoritative style is associated with fewer caries and better behavior during the first dental visit compared to the authoritarian style and permissive style.
2. The use of an authoritative parenting style has a positive effect on reducing children's dental fears and anxiety.
3. Authoritative parenting style was the healthiest and the most effective parenting style, as this type of parenting balances responsiveness and expectations.
4. The permissive parenting style was associated with the highest score of child fear followed by the authoritarian while the lowest scores were found with the authoritative style.
5. Parenting style is considered one of the important factor that influences a child's dental behavior.

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