

## Knowledge, Attitude, and Practice of Upper-middle Class toward the Importance of a Pediatric Dentist

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ABSTRACT

**Aims and Objectives:** This study was carried out to assess the knowledge, attitude, and practice of upper middle class toward the importance of a pediatric dentist in the city of Amritsar, Punjab.

**Materials and Methods:** A cross-sectional study was carried out among the parents of children belonging to upper middle class in the city of Amritsar. This proposed study was assessed by the Institutional Ethical Committee (531/IDSR/2016) and their clearance was attained. A total of 950 parents were selected using a convenient sampling technique, and a self-made questionnaire was presented to them. Responses from the parents were evaluated in terms of numbers and percentages and were statistically analyzed using SPSS for Windows release 14.0 (SPSS Inc., Chicago, IL, USA). Differences at the 5% level were accepted as being statistically significant.

**Results:** The results of the study show limited knowledge about a pediatric dentist among the well-educated, well-placed, and economically sound citizens of Amritsar city. Consequently, the attitude and practices among this socioeconomic group are unconstructive and unprepared, respectively.

**Conclusion:** Although the importance of taking a child to a pediatrician is a common practice among the upper and upper-middle classes of the society, it is clear that they do not give the same importance to a pediatric dentist, who is the pediatrician of dentistry.

**KEYWORDS:** Attitude, knowledge, practice, pediatric dentist, upper-middle class

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### INTRODUCTION

The early years of a child's life involve "primary socialization" during which the earliest childhood routines and habits are acquired.<sup>[1]</sup>

It has been found that the more optimistic is the parents' outlook toward dentistry, more enhanced will be the dental health of their children.<sup>[2]</sup>

Parent's knowledge and positive attitude toward good dental care are very important in the preventive cycle. Studies have reported that poor attitude of parents toward oral health of infants and young children is associated with increased caries.<sup>[3]</sup>

Another factor that ensures good oral health in a child is the socioeconomic status (SES) he/she belongs to.

Defining SES is a challenge, as it is an abstract and complex construct that represents how power and resources are distributed in a society.<sup>[4]</sup>

While the knowledge, attitude, and practice (KAP) of parents of low SES toward a pediatric dentist and its effect on the oral health of children have been researched upon, the same cannot be said so for parents and children of high SES.

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## MATERIALS AND METHODS

### ETHICAL CLEARANCE

This cross-sectional study was carried out among the upper-middle class parents in the city of Amritsar, Punjab, between July 2016 and September 2016. This proposed study was reviewed by the Institutional Ethical Committee and their clearance was obtained. A total of 950 samples were selected using a convenience sampling technique.

### STUDY SAMPLE AND SAMPLING TECHNIQUE

A cross-sectional study using a 21-item structured questionnaire was conducted to assess KAP among parents of children belonging to upper-middle class regarding the importance of a pediatric dentist ( $n = 950$ ). The stratification of society was done according to Kuppuswamy's Socioeconomic Scale. The sample size was estimated using a sample size calculation method for estimating a single proportion ( $\alpha = 0.05$ ). Questionnaires were distributed to teachers of schools in urban areas, where the fee structure was deemed payable by parents belonging to upper-middle class. These questionnaires were then forwarded to the parents in person by the teachers. In case of siblings, only one questionnaire was sent. In case of repetition of information, a filled questionnaire was selected randomly. A total of 838 patients participated in the present study. The response rate was 88%. A pilot survey was conducted on 10% of the study population to assess the feasibility of the study.

### QUESTIONNAIRE

A self-made questionnaire written in English was given to each family. The reliability of the questionnaire was determined to be 0.87. The questionnaire was checked for validity by two professionals. The parents were selected from urban population and included only educated parents of children in the range of 2–7 years of age. All the questionnaires had to be filled by the parents only. The questionnaire gathered information regarding education, occupation of head of the family, and income per month from all sources. The number of children in the family was also asked. The questionnaire was further categorized to evaluate the KAP regarding the importance of a pediatric dentist.

### DATA COLLECTION

The questionnaires were handed over to the parents through the teachers. After distribution of questionnaires, 1 day was allotted for completing the questionnaire. Results were subjected for statistical analysis.

### STATISTICAL ANALYSIS

The data were first transferred to Microsoft Excel and then the results were analyzed using SPSS statistical software

in terms of percentages. Associations between discrete variables were tested by the Chi-square test. In all the cases,  $P < 0.05$  was considered statistically significant.

## RESULTS

The present study was carried out on 838 parents. In view of their educational background, 53.81% were graduates and the rest were postgraduates [Table 1]. According to occupation, 33.53% of the parents were agriculturists, 26.37% were businesspeople, 21.6% were engineers, and 18.5% were doctors [Table 2].

### KNOWLEDGE, AWARENESS, AND PRACTICE REGARDING IMPORTANCE OF A PEDIATRIC DENTIST

The results of the study have pointed out that higher socioeconomic grading does not necessitate acceptable cognizance about the role played by a pediatric dentist in the dental well-being of a child. Only 39% of the parents knew that there was a dental specialist solely for children. Among this percentage, only 42.8% knew about a pediatric dentist in Amritsar city. Of this population, 40.7% had taken their child to a pediatric dentist. This implies that, out of the 838 respondents, shockingly, only 57 parents had in fact taken their child to a pediatric dentist. Nevertheless, 81.26% of the total 838 participants knew that a visit should be made to a dentist every 6 months. Nearly 63.3% of the sample

**Table 1: Assessment and comparison of mean knowledge, attitude, and practice scores according to education**

Variable	Education	n	Mean	P
Knowledge	Graduate	451	25.12	0.001*
	Postgraduate	387	20.13	
Attitude	Graduate	451	14.75	0.083
	Postgraduate	387	15.04	
Practice	Graduate	451	18.72	0.001*
	Postgraduate	387	18.17	

$P < 0.05$  was considered significant

**Table 2: Assessment and comparison of mean knowledge, attitude, and practice scores according to occupation**

Variable	Occupation	n	Mean	P
Knowledge	Doctor	155	21.10	0.030
	Engineer	181	25.90	
	Agriculturist	281	21.02	
	Businesspeople	221	20.02	
Attitude	Doctor	155	0.165	0.004*
	Engineer	181	0.165	
	Agriculturist	281	0.587	
	Businesspeople	221	0.095	
Practice	Doctor	155	0.483	0.002*
	Engineer	181	0.165	
	Agriculturist	281	0.166	
	Businesspeople	221	0.176	

$P < 0.05$  was considered significant

knew that citing their own bad experiences in front of their child could make him/her a bad dental patient in turn. Almost 64.3% of the parents knew that milk teeth should be taken care of and 65.87% were of the attitude that a pedodontist should be heeded regarding primary teeth. Around 73.86% of the study population did know that a relationship exist between frequent snacking in between meals and decaying of teeth. Nearly 66.22% of the parents knew about custom-made mouth guards that could be fabricated by a pediatric dentist so as to avoid injuries to the dentition during sporting events. Although 76.6% of the parents knew that an avulsed tooth should be stored, a lesser percentage of them (60.14%) knew that it could be stored in milk. An even lesser percentage (35.91%) was unaware that the avulsed tooth could be replaced back in the mouth. Heartening it was to know that 65.15% of the parents thought that a case of knocked out tooth should be taken to a pediatric dentist immediately, without delay.

## DISCUSSION

To the best of the authors' knowledge, no study has been carried out that assesses the KAP of the privileged, upper-middle class regarding the importance of a pediatric dentist.

A reason attributed to the dearth of such studies may be that it is taken for granted that a child from a higher socioeconomic group is expected to have access to a better lifestyle without the obstacles that confine a similar child but from a lower stratum, socioeconomically.

Out of the 950 questionnaires that were distributed, a total of 838 parents responded, with a knowledge score of 38.30%.

The American Academy of Pediatric Dentistry recommends that a child should be consulted by a dentist within 6 months of eruption of the first primary tooth and no later than 12 months of age.<sup>[5]</sup>

Despite being educated to the level of graduation or postgraduation, a meager (31.50%) responded correctly when asked about the same.

The response to the section of questionnaire inquiring about diet and dietary practices which included questions regarding sticky food and bottle feeding practices was satisfactory, as 485 (57.87%) and 360 (42.95%), respectively, responded correctly.<sup>[6]</sup>

Despite having good knowledge, 56.63% of parents did not know the consequences of bottle feeding during sleep.<sup>[7]</sup>

In agreement with the findings of the previous studies by Shivaprakash *et al.*<sup>[6]</sup> and Suresh *et al.*,<sup>[7]</sup> a consistent weak knowledge regarding the role of fluoride in caries

prevention was observed among the parents in this study (291 [34.72%]).

The knowledge of parents regarding space maintainers was also limited, with only 284 (33.89%) responding positively. Pit and fissure sealants also took a back seat as a way of preventing carious lesions, with only 263 (31.38%) parents being cognizant about this preventive modality.

Education of the parents (graduate vs. postgraduate) in this study was found to affect the knowledge and the attitude scores. The different aspect of this study was that all the parents were well educated, as opposed to the studies conducted by Suresh *et al.*<sup>[7]</sup> and Bashir, Rizvi<sup>[8]</sup> who have shown that parents with lower education had poor dental knowledge and attitude level. They had hypothesized that parents with higher education level are more likely to have positive health attitudes and render greater attention to the health of the child.

Parents who were doctors had the KAP according to the preventive measures needed to protect the primary dentition. In fact, they formed a majority of the correct responders (160 of 321 [49.84%]).

Although it has not been documented in the literature, a reason for this finding could be that health-care professionals correspond with each other academically and socially and hence, know the importance of a specialist that caters to the dental demands of children.

The number of family members did play a significant role in the mean KAP scores, in that, parents with one child had lesser knowledge and consequently, poorer attitude toward the importance of a pediatric dentist [Table 3].

The reason behind this finding may be the obvious increase in knowledge and experience with the birth of the second child, as also reported by Chan *et al.*<sup>[9]</sup>

Wyne *et al.*<sup>[10]</sup> had reported that 34.2% of the Saudi population get the oral health information from dentist, followed by media, whereas in the present study, very few individuals got the information from dentists.

**Table 3: Assessment and comparison of mean knowledge, attitude, and practice scores according to the number of family members**

Variable	Number of family members	n	Mean	P
Knowledge	3	456	20.85	0.000*
	4	382	21.45	
Attitude	3	456	14.36	0.003*
	4	382	14.97	
Practice	3	456	19.13	0.212
	4	382	18.80	

*P*<0.05 was considered significant

This is due to low utilization of dental specialty services by the preschoolchildren as the parents do not perceive that dental problem might exist in their child and they have to approach a child dental specialist, i.e., a pediatric dentist.

This is in contrast to the findings of this study, where the source of knowledge could not be dentists, as knowledge and practice scores did not correspond with each other.

A major limitation of this study was that, as the participants were selected according to convenient sampling from a single city, the results cannot be generalized to the general population of India. Therefore, further research is advocated in the same field, spreading across topographic boundaries.

### CONCLUSION

Despite having access to good health-care facilities, superior education, and superior income profile, the upper-middle class did not demonstrate a revolutionary KAP toward the importance of a pediatric dentist.

It is, therefore, essential that steps should be taken to educate and reach out even to the privileged stratum of the society and not presuppose that they have the correct KAP toward pediatric dentists that would endow with dentally aware future generations.

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Nil.

### CONFLICTS OF INTEREST

There are no conflicts of interest.

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