

Parents' Motivation for Their Child's First Visit to The Dentist (A Descriptive Study)

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Abstract

Introduction: Dental health in children plays a crucial role in their growth and development. According to the RISKESDAS results in 2018, 54% of children aged 5-9 years experience dental and oral health problems. Parents play a vital role in the oral health care of children and initiate visits to the dentist. Factors influencing parents to take their children to the dentist include motivation. This research aims to provide an overview of parents' motivation during their child's first visit to the dentist.

Methods: This study involved 126 parents with children aged 7-9 years, with ethical approval from Dr. Moewardi Hospital Number 1.981/XI/HREC/2023. Inclusion criteria were parents of Nur Hidayah Elementary School students with children aged 7-9 years, having experience taking their children to the dentist, living with the child, and being willing to participate. Data collection was conducted in October-November 2023, using a Google Form consisting of 11 questions.

Results: The research results indicate that the highest percentage of children's dental visits is at the age of $>5 - \leq 7$ years, accounting for 37%. The percentage of parental motivation during the child's first visit to the dentist is divided into 57% internal motivation and 43% external motivation. The primary motivation for the visit is dental complaints, accounting for 61.9%, including tooth extraction (37%), restoration (12%), toothache (8%), orthodontic (2%), caries (2%), calculus (1%), and trauma (1%). The results also show that 33% come for routine check-ups, 2% for preventive care, and 2% to introduce the dental profession.

Conclusion: Parents have higher external motivation than internal motivation during their child's first visit to the dentist. The most common reason for parents to take their child to the dentist is dental complaints, with the most common complaint is tooth extraction.

Keywords: Age of Visit, First Dental Visit, Parental Motivation

Introduction

Dental health in children plays a crucial role in their growth and development. Healthy teeth serve as an indicator of good dental health, encompassing intact teeth, free from plaque and calculus, and causing no pain (Imran & Wati, 2020). The results from the RISKESDAS in 2018 revealed that 54% of children aged 5-9 years experience dental and oral

problems. Children's dental health issues are a serious concern in the healthcare system, and the role of parents in maintaining their children's dental health at an early age is crucial (Riskesdas, 2018; Yandi & Sari, 2019).

Parents play a central role in maintaining their children's dental health, especially in initiating visits to the dentist (Eddy & Mutiara, 2015). The child's first visit to the dentist plays a crucial role in establishing a foundation for good dental care and identifying dental problems early. Introducing children to dental care from a young age has benefits in reducing their anxiety toward more complex dental treatments (Padung *et al.*, 2022). The age and motivation for a child's first visit to the dentist vary widely and depend on many factors. Social health insurance, and geographical location, socio-economic status, family education level, and previous dental experiences are among these factors. The American Academy of Pediatric Dentistry (AAPD) recommends that children visit the dentist at an early age, after the eruption of the first tooth at 6 months or at most before turning 1 year old. This visit is typically aimed at helping build a foundation for good dental care, early detection of dental problems, developing the child's trust in dental care, and reducing anxiety related to future dental treatments (AAPD, 2018).

Previous research indicates that many parents take their children to the dentist after the age of 1 year, citing reasons such as the perception that dental visits are not a priority, a lack of awareness of the need for such visits, limited education, socio-economic factors, and motivational factors (Bulut & Bulut, 2020). Motivation is defined as the drive or impetus, either from within the individual or external, that propels them to achieve specific goals (Abdurrahim, 2021). Motivation can be intrinsic, arising from within the individual without external prompting, or extrinsic, involving external influences (Sardiman A.M, 2014).

Previous research explains that parents have various motivations for taking their children to the dentist on the first visit. The most common motivation is due to the child experiencing tooth sensitivity, with a percentage of 42.04%. The second motivation is caused by the child having dental caries, accounting for 28.49%. Other motivations include trauma (9.22%), malocclusion (7.4%), and scaling (3.91%) (Muthu *et al.*, 2010). Similar findings are also found in other studies, where parents have various reasons driving them to visit the dentist, such as oral surgery (7%), pedodontics (25%), conservation (15%), DHE (14%), and periodontics (39%) (Yandi & Sari, 2019).

This research aims to describe the motivations of parents during the first dental visit for children aged 7-9 years at Nur Hidayah Elementary School in Surakarta.

Method

Respondent

The type of this research is descriptive, involving 126 parents with children aged 7-9 years at Nur Hidayah Elementary School in Surakarta. The sample was selected based on inclusion criteria, namely parents of students at Nur Hidayah Elementary School in Surakarta, with children aged 7-9 years, having experience taking their children to the dentist, living with the child, and being willing to participate. Data collection was carried out through a Google Form-based questionnaire consisting of 11 questions to assess parental motivation for their child's dental visits. The questionnaire has been tested for validity and reliability.

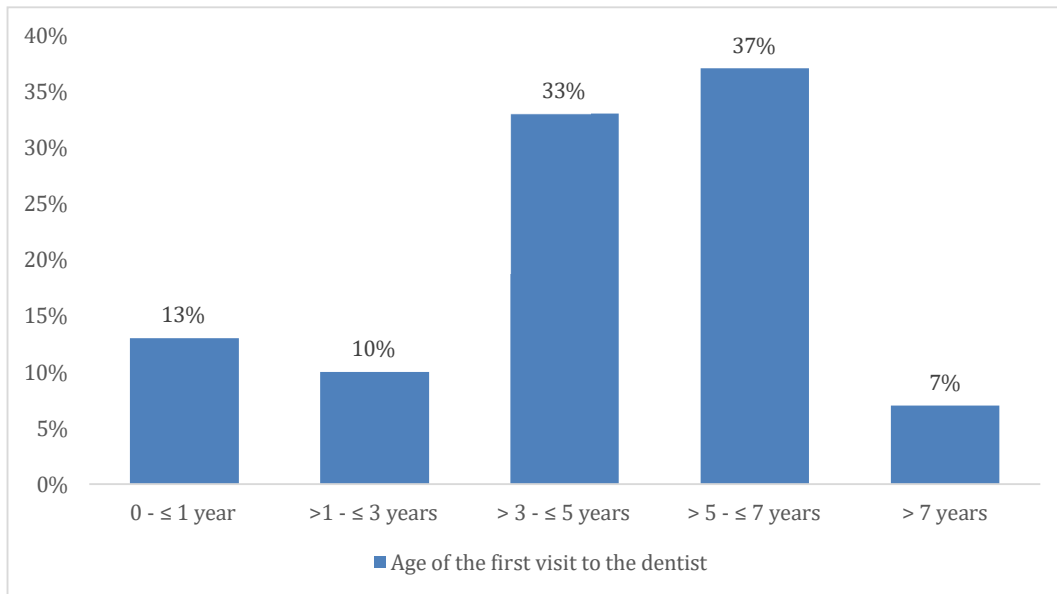
This research has obtained ethical approval from Dr. Moewardi Hospital with number 1.981/XI/HREC/2023, as well as consent from the involved parents. The data collection process took place in October-November 2023. The collected questionnaire data will be described descriptively, with the initial stage involving categorization into similar themes. Percentage calculations will be used to provide an overview of how common categories fall within. Subsequently, the processed data will be visualized using tables and graphs and explained descriptively.

Result and Discussion

Result

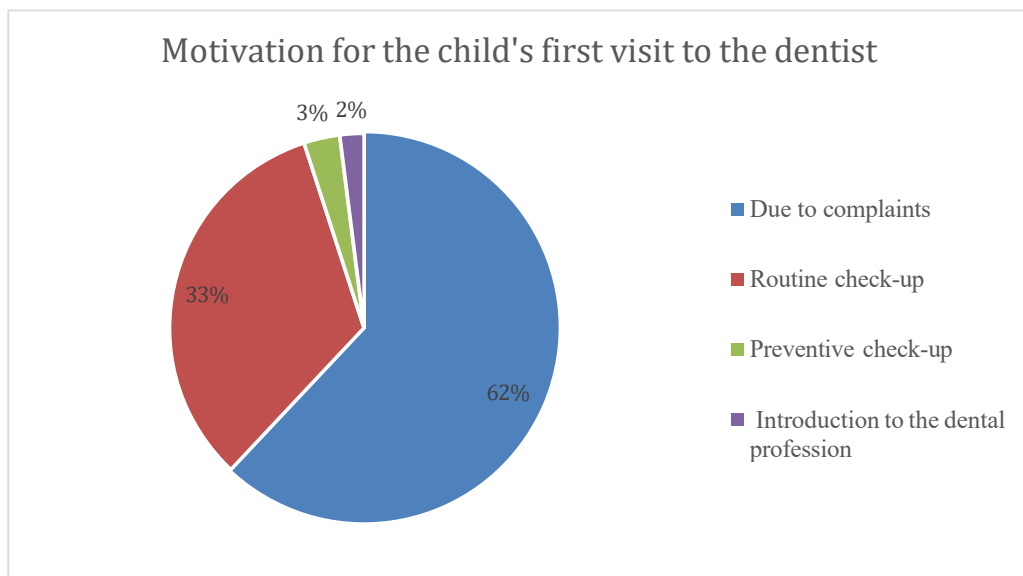
A total of 126 data from respondents have been collected and processed. From the data analysis, several data distributions were identified as follows:

Graph 1. Distribution of the age of the first visit to the dentist



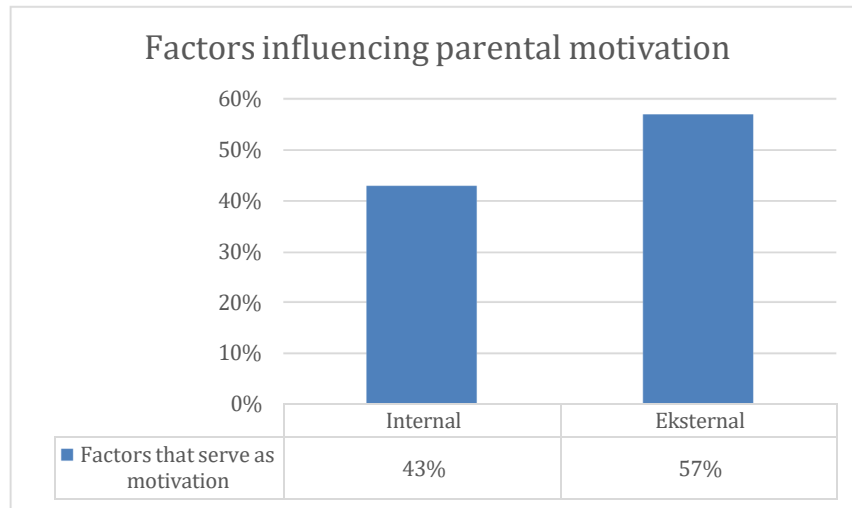
Based on graph 1, it is found that the number of respondents who visited the dentist at the age of 0 - ≤ 1 year is 13%, respondents who visited the dentist at the age of 1 - ≤ 3 years is 10%, respondents who visited the dentist at the age of >3 - ≤ 5 years is 33%, respondents who visited the dentist at the age of >5 - ≤ 7 years is 37%, and respondents who visited the dentist at the age of >7 years is 7%.

Graph 2. Distribution of the purposes of the first visit to the dentist



Based on graph 2, it is found that parents' motivation to take their children to the dentist is due to several reasons. First, because the child has complaints (62%), such as dental problems including tooth extraction (37%), restoration (12%), toothache (8%), orthodontic treatment (2%), caries (2%), calculus (1%), and trauma (1%). Second, about (33%) come for routine check-ups. Other reasons include preventive care (3%) and introducing the dental profession (2%).

Graph 3. Distribution of factors influencing parental motivation



Based on the data from graph 3, it can be observed that in the context of the child's first visit to the dentist, the majority of parents, approximately 57%, bring their children for the first visit to the dentist because they are influenced by the child. This motivation arises from the pain felt by the child or because the child has their own desire to be examined by the dentist. On the other hand, 43% take this initiative internally, driven by personal desire and awareness.

Discussion

From the obtained data, there are differences in the age of the first dental visit. The age of >5 - ≤7 is the most common age for the first dental visit, accounting for 37%. This aligns with the result from RISKESDAS 2018 findings where the age group of 5-9 years had the highest proportion of oral health issues (Riskesdas, 2018). These results are also consistent with a study in Jordan, indicating that the average age for a child's first dental visit is around 5 years (Rahina *et al.*, 2019). This age range is the most common in each study because by this age, primary teeth have fully erupted, and dental issues begin to arise, prompting many parents to take their children to the dentist (Eddy & Mutiara, 2015). This is supported by previous research indicating that from the age of 5, teeth commonly exhibit cavities on multiple surfaces, tooth loss due to cavities, and higher dmfs scores on the anterior upper jaw surface (Anil & Anand, 2017).

Based on the obtained results, there are still few parents who bring their children for their first visit at an age less than 3 years, with 13% at ≤1 year and 10% at >1 - ≤3 years. This is in line with previous research indicating that awareness of the first dental visit for children is generally low because the majority of children visiting dentists are over 3 years old (Putri Abadi & Suparno, 2019). Only 7% of children visiting dentists are under 3 years old (Ghimire *et al.*, 2013). The relatively low number of visits under 3 years reflects the limited number of parents following the AAPD recommendations, which suggest that a child's first dental visit should occur when the first tooth erupts, usually around 6 months, and no later than 1 year (AAPD, 2018). Other studies also state that the optimal age for the first dental visit is between 6 and 18 months, emphasizing the importance of monitoring and preventing dental diseases from an early age (Baker *et al.*, 2019; Rahina *et al.*, 2019).

Early visits to the dentist for children play a crucial role in preventing dental diseases and oral issues in the future (Rosina Manbait *et al.*, 2019). This age is a critical period in the development of a child's teeth and mouth, and early dental visits can help identify issues early on and provide parents with advice on proper care (Padung *et al.*, 2022). In the first meeting with the dentist, the dentist will inquire about the child's overall health and family history, conduct a developmental history examination, and provide information about the child's oral development, fluoride status, oral habits, injury prevention, oral hygiene instructions, and age-appropriate dietary counseling (Subramaniam & Reghuvaran, 2019). During the initial visit, a positive outlook and willingness to accept additional treatment can be built. Early visits to the dentist can also help alleviate dental anxiety in children and build trust in the dentist who will care for them (Mika *et al.*, 2018).

From the research data, it appears that the majority of respondents (61.90%) tend to visit the dentist when experiencing dental health complaints. The most common complaints include tooth extraction (37.00%), dental filling (12.00%), toothache (8.00%), orthodontic treatment (2.00%), cavities (2.00%), calculus (1.00%), and trauma (1.00%). This indicates that most visits to the dentist are in response to existing dental health issues.

The most common complaint, tooth extraction, reflects the need for necessary tooth extraction procedures (Nurma Himammi & Tri Hartomo, 2020). Previous research has explained that the main problems leading to tooth extraction are dental caries, internal root resorption, and root resorption (Saeed *et al.*, 2020). Other data states that tooth extraction is generally caused by fear of dental issues such as crowding, spacing, and emerging problems during the mixed dentition

period that can contribute to poor oral hygiene, ultimately leading to the development of dental caries in this age group (Haidar & Al-Assadi, 2018).

The prevalence of tooth extraction can be associated with the tooth transition phase. The process of tooth eruption consists of three periods: the primary teeth period from 6 months to 3 years, the mixed dentition period starting from 6 to 14 years, and the permanent teeth period at the age of 14. The process during the mixed dentition involves the interaction between permanent and deciduous teeth, where the perfect eruption of permanent teeth pushes the deciduous teeth to shed (Salfiyadi *et al.*, 2022). Based on previous research, the tooth transition process is prone to dental caries, tooth persistence, and tooth mobility, which can be causes of tooth extraction (Balqis *et al.*, 2023).

Complaints about calculus, caries, toothache, and restoration are issues related to dental health conditions that require serious attention. As seen from the course of the disease, the condition of calculus or hardened dental plaque can lead to various problems such as the formation of dental caries and gum inflammation. Cavities can be a source of pain that requires immediate attention. Toothache complaints can also refer to various dental problems, including infection or inflammation around the tooth. Dental filling is essential to address tooth damage and prevent the development of further issues. Proper management of these complaints is necessary to ensure optimal dental health (Valm, 2019).

From this research data, it is observed that there are complaints related to orthodontic treatment at 2%, indicating a low level of awareness among respondents about the need for orthodontic treatment and additional dental correction (Hansu *et al.*, 2013; Putri & Soesilaningtyas, 2020). This orthodontic treatment is generally performed in response to malocclusion cases in children. Data from Basic Health Research in 2018 indicates that around 80% of the total Indonesian population experiences malocclusion, and other studies mention that 44.9% of elementary school children also experience malocclusion cases (Farani & Abdillah, 2021; Riskesdas, 2018). This data indicates that malocclusion issues have a high prevalence in Indonesia, reinforcing the urgency of orthodontic treatment, including the use of braces, to maintain the health and appearance of children's teeth.

Complaints related to falling are an example of trauma cases that require emergency treatment during a dental visit to handle such situations. The prevalence of trauma to deciduous teeth worldwide is 24.2%. This prevalence is more common in boys (30%) than girls (26.8%). Falls contribute the highest percentage of dental trauma cases to deciduous teeth, reaching 59.3% (Patnana *et al.*, 2021).

The data from this study is consistent with the results of RISKESDAS in 2018, which shows that dental health issues remain a common concern among children in Indonesia (Riskesdas, 2018). This data provides an overview of dental visit patterns that are more reactive than preventive. More proactive dental health education strategies may be needed to increase respondents' awareness of preventive care and the importance of maintaining dental health regularly, not just when facing existing problems (Muthu *et al.*, 2010).

The research results show that 33.00% of parents have the goal of routine check-ups when bringing their child for the first dental visit. This aligns with the research by Ghimire *et al.*, (2013), where very few (<5%) reported routine visits to the dentist with an emphasis on prevention. Routine check-ups, as suggested by AAPD, are essential to detect potential dental health issues early, prevent further development, and promote preventive dental health care (AAPD, 2018). This reason indicates that some respondents understand the importance of maintaining dental health regularly.

About 3% of respondents stated that they come for preventive care against cavities, showing that a small proportion of respondents are aware of the importance of preventive measures to maintain dental health. Efforts to improve public's understanding of preventive care can have a positive impact on reducing the number of reactive dental health issues. Approximately 2% of respondents come with the motivation to introduce the dental profession. This proportion is small, but it indicates the potential to increase public awareness of the dental profession and the importance of the parents' role in dental health maintenance (Fauziah, 2021; Rosina Manbait *et al.*, 2019). Active and innovative educational measures can help broaden public's understanding of the role of dentists as care providers and sources of information on dental health.

Overall, the data can be related to internal and external motivation theories in the context of the child's first visit to the dentist from Hamzah's perspective. The majority of parents (57%) bring their child to the dentist because they are influenced by the child, reflecting external motivation. The external motivation theory suggests that an individual's actions can be influenced by external factors such as the environment or others (Ena & Djami, 2020; Harza *et al.*, 2015). External factors can include pain or complaints felt by the child, or the child's desire to undergo a dental examination.

In the remaining 43%, taking the initiative to bring the child to the dentist is based on internal motivation, i.e., personal drive and awareness. The internal motivation theory emphasizes that individuals tend to take action or make decisions based on their needs, desires, and personal values (Handoko, 2014; Mahmud, 2015; Uno, 2013). Parents who take the initiative for the first dental visit for their child based on internal motivation show a high awareness of the importance of early dental health care (Padung *et al.*, 2022). This internal motivation may involve a desire to prevent dental health problems, ensure optimal growth and development for the child, and establish healthy habits from an early age.

From the data provided, it can be concluded that the first visit to the dentist for a child requires the involvement of parents in facilitating the child's visit to the dentist (Prasiska *et al.*, 2021; Roro *et al.*, 2020). Awareness of the importance of preventing dental and oral diseases through educational approaches and routine care should not be overlooked. Prevention is an effective step in maintaining children's dental health (Harza *et al.*, 2015; Salsabila *et al.*, 2021). Parents, schools, and dental health service providers need to collaborate in creating an environment that supports positive habits in dental care.

Conclusion

Parents have a higher external motivation compared to internal motivation during the first visit to the dentist for their children. The presence of complaints about their children's teeth is the highest reason parents take their children to the dentist, with the order of complaints from highest to lowest being tooth extraction, tooth filling, toothache, orthodontic treatment, cavities, dental calculus, and trauma.

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