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Parenting Style and Early Childhood Caries.

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Abstract

Objective: This study examined the correlation between parenting style and early childhood caries.

Methods: Seventy children aged 2-6 years old were examined and their oral health status was measured by dfs and pufa index. The parenting style of the parents was measured by Parenting Style Dimension Questionnaire (PSDQ). Demographic information included level of education, employment.

Result: Majority of the parents identified with the authoritative parenting style there was no correlation between parenting style and early childhood caries.children of authoritative parents showed high degree of caries.

Conclusion: The expected relationship between parenting style and early childhood caries was not confirmed. Level of parent's education, employment may have greater impact on early childhood caries.

Introduction

There is decline in dental caries since early 1970s, yet oral disease including childhood caries remains as major public health problem.(1) Childhood dental caries has been reported to be the most prevalent infectious disease in united states. Recently, children are treated under general anesthesia not only because of extensive dental needs because to assure safety in

managing patients during treatment. Parenting skills play a role in influencing their children in promoting their routine oral health behaviors at home. Dental treatment at times differs due to parents does not want their children to suffer from the possible dental procedures. They may also allow the children to refuse dental treatment. Parenting style may influence the physical and emotional development of the children. (2)The combination of different levels of parenting demands and responsiveness has been characterized in four parenting styles: authoritative, authoritarian, permissive and indulgent. (Table 1).

In dental research the role of psychological variables in relation to caries development remains important, because it can help define the population at greater risk and identify specific risk vulnerability to developing disease. With generalized decrease in parental demands the children are not always cooperative to dental procedure. Children are offered unlimited choices sometimes different dental treatment or children choosing their own alternatives has become a common practice.(3) Thus increased caries risk .Children are dependent upon their parents to provide teach and monitor oral health behaviours. This article hypothesized the parenting style may influence children oral health.

Authoritative	High parental demand warmth	
	and involvement,	
	reasoning/induction,	
	demographic participation.	
Authoritarian	Low parental responsiveness	
	but high parental	
	demand;clear parental	
	authority, unquestioning	
	obedience and punitive	
	strategies.	
Permissive	High parental responsiveness	
	but low parental	
	demand;tolerance ,general	
	acceptance of child's	
	decisions and tendencies to	
	ignore child's misbehavior.	
Indulgent	Low parental responsiveness	
	and low parental demand.	

Aim

The aim of the study is to analyse the influence of parenting style on early child hood caries and its treatment needs of children aged from 2-6 years.

Material and Methods

Children who presented for screening or treatment at Saveetha dental college, in Department of Pedodontics of age 2-6 were accompanied by either one of the parents, were asked to participate in the study. Intraoral examination was done for the children and the parents were asked to fill the questionnaire. In case if both the parents are present, parent who spends most of the time with children was asked to fill the questionnaire. In case of illiterate parents, parents were questioned one to one in the clinic.

Over 70 children of age group 2-6 were screened.

The PSDQ was used to determine the parenting styles. (4)this was designed to categorize parent's parenting style based on various behaviors displayed by parents towards their children. The questionnaire was opened to categorize a parent as indicative of one of three styles: 1) authoritative, 2) authoritarian, and 3) permissive. The fourth style (indulgent) was not included because the PSDQ score did not measure this style. The likert scale items on the questionnaire focused on parenting behaviors relating to interactions with their child. Most frequent use of described behavior was indicated with higher score. The choice of responses to each item included: they were numbered 1 to 6 from never to always. The scoring guide developed for the instrument was used to determine the classification of each style.

Result

This study sample included 70 children aged 2-6 years old and 70 parents. Using the PSDQ, scores on three parenting dimensions were calculated. Results indicated, that out of 70 parents 82.8 % of the parents (n=58) endorsed behavior indicative of authoritative parenting style,14.2% of parents (n=10) endorsed behavior of authoritarian parenting style and 2.8% of the parents (n=2) endorsed behavior of permissive parenting style.(Table 2). A correlation between parenting style and early childhood caries could not be determined because the uniformity of the results did not discriminate styles in this sample. The uniformity of the responses could not be significantly correlated with any of the demographic variables. Thus, the demographic factors associated with the child's early childhood caries within the authoritative parenting style data set were examined. Table 3 For characteristics of 58 parents in the authoritative parenting style sample. When the earlychildhood caries of children in this group was assessed by education and occupation.

Employed parents child tend to show high degree of caries experience. (Table 3). The children of authoritative parents showed high degree of caries experience.(Table.4)

Table 2: Distribution of Parenting Style:

Parenting Style	Frequency	Percent
Authoritative	58	82.8%
Authoritarian	10	14.3%
Permissive	2	2.9%

Table 3: Demographic Charecteristic Of Authoritative Parents:

	Frequency	Percent
Gender		
Male	19	32.8%
Female	39	67.2%
Level of Education		
Below High School	11	19%
High School	15	25.8%
College	24	41.4%
Post Graduate	8	13.8%
Employment		
Working	37	63.8%
Not Working	21	36.2%

Table 4: Dft and Pufa Values (Children Of Authoritative Parents)

	Frequency	Percent
Dft	236	4.1%
Pufa	16	0.2%

Discussion

Our finding suggest that the authoritative parenting style is associated with increased caries .

Seren et al, conducted a study on correlation between parenting style and oral health status on 87 children. The results showed that majority of the parents identified with authoritative parenting style and oral health status .The study also inferred that Hispanic children tend to show poorer oral health. (4). Barbeau L et al conducted a study and inferred that children of parents whose main parenting style is authoritative have lower DMFT score than the children of parents whose main parenting style is authoritarian or permissive.(5)La Valle et al studied the effect of parental stress on oral health of their children. They found that the primary care – giver who were younger ,less educated and more economically stressed reported a low child domain score on PSI .Also ,a significant relationship between parenting style and environmental risk factors has been reported.(6) Park et al, inferred that parent stress ,authoritative and permissive parenting style, family income and mother education were significantly associated with children health related behavior.(7) Monaghan ,M et al, did study in chronic illness in children of type 1 diabetes showed that there were much higher authoritative parenting styles among parents reported in study. Authoritative parenting behavior was associated with child behavior adherence, reinforcing the importance of parental involvement in developmentally –appropriate chronic illness.(8) Various studies used the concepts of parenting style related to various child behavior, including healthy eating, (9-12)physical activity(13,14) and television watching(15, 16). In general, authoritative parenting was thought of as a more positive parenting style but findings with lifestyle behavior were mixed.

Thus, if a larger sample had been studied more diverse parenting styles may have been identified and it was difficult to distinguish among the different parenting style since parents could exhibit elements of each parenting dimention. Kim k et al, supported that parents typically could not be characterized into a

single parenting style.(17) In this study, there were parents whose PSDQ scores were categorized as authoritative parenting style, but these scores were very close to permissive or authoritarian parenting style.

Conclusion

The expected relationship between parenting style and early childhood caries which was measured by dft and pufa was not confirmed. We noted that ,among the parenting styles authoritative parenting style is highest. Other variables like level of education, employment may have greater impact on caries.

Reference

- Ditmyer, M., Donunis, G., Mobley, C. and Schwarz, E. (2011) Inequalities of caries experience in Nevada youth expressed by dmft index vs. significant caries index (SiC) over time. BMC Oral Health, 11, 12. doi:10.1186/1472-6831-11-12
- 2. Law, C.S. (2007) The impact of changing parenting styles on the advancement of pediatric oral health. CDA Journal, 3, 192-197.
- Casamassimo, P.S., Wilson, S. and Gross, L. (2002) Effects of changing US parenting styles on dental practice: Perceptions of diplomates of the American board of pediatric dentistry. Pediatric Dentistry, 24, 18-22.
- Seran Ng ,Christina Demopoulos , Connie Mobley, Marcia Ditmyer. Open journal of perdiatrics ,2013,3,188-194.
- Barbeau L, DiGioia C. Ameriacan academy of pediatric dentistry.
- LaValle PS, Glaros A, Bohaty B, McCunniff M.
 The effect of parental stress on the oral health of children. Journal of Clinical Psychology in Medical Settings. 2000;7(4):197–201.

- Park, Hyunjeong PhD, Walton-Moss, Benita DNS.
 Journal of developmental and behavioral pediatrics:
 July/August 2012-Volume 33 Issue 6 p 495-503.
- 8. Monaghan, M., Horn, I.B., Alvarez, V., Cogen, F.R. and Streisand, R. (2012) Authoritative parenting, parenting stress, and self care in preadolescents with Type 1 diabetes. Journal of Clinical Psychology in Medical Settings, 19, 255-261. doi:10.1007/s10880-011-9284-x
- Berge, J.M., Wall, M., Bauer, K.W. and Neumark-Sztainer, D. (2010) Parenting characteristics in the home environment and adolescent overweight: A latent class analysis. Obesity, 18, 818-825. doi:10.1038/oby.2009.324
- 10. Berge, J.M., Wall, M., Neumark-Sztainer, D., Larson, N. and Story, M. (2010) Parenting style and family meals: Cross-sectional and 5-year longitudinal associations. Journal of the American Dietetic Association, 110, 1036- 1042. doi:10.1016/j.jada.2010.04.011
- 11. Hennessy, E., Hughes, S.O., Goldberg, J.P., Hyatt, R.R. and Economos, C.D. (2010) Parent behavior and child weight status among a diverse group of underserved rural families. Appetite, 54, 369-377. doi:10.1016/j.appet.2010.01.004
- 12. Topham, G.L., HubbsTait, L., Rutledge, J.M., Page, M.C., Kennedy, T.S., Shriver, L.H. and Harrist, A.W. (2011) Parenting styles, parental response to child emotion, and family emotional responsiveness are related to child emotional eating. Appetite, 56, 261-264. doi:10.1016/j.appet.2011.01.007
- 13. Hennessy, E., Hughes, S.O., Goldberg, J.P., Hyatt, R.R. and Economos, C.D. (2010) Parent-child interactions and objectively measured child

- physical activity: A cross- sectional study. International Journal of Behavioral Nutrition and Physical Activity, 7. doi:10.1186/1479-5868-7-71
- 14. Jago, R., Davison, K.K., Brockman, R., Page, A.S., Thompson, J.L. and Fox, K.R. (2011) Parenting styles, parenting practices, and physical activity in 10- to 11-year olds. Preventive Medicine, 52, 44-47. doi:10.1016/j.ypmed.2010.11.001
- Barradas, D.T., Fulton, J.E., Blanck, H.M. and Huhman, M. (2007) Parental influences on youth television viewing. Journal of Pediatrics, 151, 369-373. doi:10.1016/j.jpeds.2007.04.069
- 16. Jago, R., Davison, K.K., Thompson, J.L., Page, A.S., Brockman, R. and Fox, K.R. (2011) Parental sedentary restriction, maternal parenting style, and television viewing among 10- to 11-year-olds. Pediatrics, 128, e572- e578. doi:10.1542/peds.2010-3664
- 17. Kim, K. and Rohner, R.P. (2002) Parental warmth, con trol, and involvement in schooling predicting academic achievement among Korean American adolescents. Journal of Cross-Cultural Psychology, 33, 127-140. doi:10.1177/0022022102033002001