

Influence of Socioeconomic and Working Status of the Parents on the Incidence of their Children's Dental Caries

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Abstract

Dental caries, or tooth decay, is an infectious process involving breakdown of the tooth enamel. Children are susceptible to caries as soon as the first teeth appear, which usually occurs around age 6 months. It is known that socioeconomic status affects the health-related quality of life of children. Family income, occupational status, and educational achievement are socio-economic status indicators that have been found to affect the life opportunities of an individual.

Keywords: Dental caries, incidence, children, socioeconomic background, parents

Introduction

Physical and mental health, cognitive development, as well as social behaviour of children are believed to be strongly influenced by the social status and functioning of their family. A family's functioning reflects the composition and characteristics of its members, their talents, disposition, and daily activities. Social status is reported to be a powerful determinant that governs a child's health. However, the mechanisms by which social status might influence health remain under-documented. By and large, three measures of social status acting as predictors of adverse health outcomes are assessed, that is, income, education, and occupation or a combination of these factors.^{[1][2]} In addition to the social status, the quality of time parents dedicate towards upbringing their children can also impact health status and developmental outcomes. This is specifically relevant in developing good oral hygiene practices among children.^[2]

PREVALENCE OF DENTAL CARIES IN PEDIATRIC POPULATION

In many developing countries, prevalence of dental caries is on the rise. In India, the National Oral Health Survey and Fluoride Mapping found a high prevalence (51.9%) of dental caries in primary dentition of 5-year-old children.^[3] Dental caries is the most prevalent oral disease and it remains the single most common

disease of childhood that is not compliant to short-term pharmacological management.^[4] More than eighty percent of the paediatric population is affected by dental caries by the age of seventeen.^[4] Its very high morbidity potential has brought this disease into the core of the dental health profession. There is practically no geographic area in the world whose inhabitants do not manifest some evidence of dental caries. It affects both gender, all races, people from all socioeconomic status and all age groups.^[5] It does not only cause pain and discomfort, but also in addition, places a financial burden on parents of affected children. Dental caries is of multifactorial aetiology, but the two main factors that can have a devastating effect on oral health of children are the social status and parental care. The socioeconomic status will have an impact on the knowledge and attitude of parents^[6] and hence, can impact parental care.

INFLUENCE OF PARENTS' SOCIOECONOMIC STATUS ON CHILD'S ORAL HYGIENE STATUS

Socio-economic inequalities have been evident in many diseases and combating them has in recent years emerged as a major health policy goal among international agencies. Explaining mechanisms behind social stratification of health and ill health has also been identified as a priority for social research.^[7] In dental health, the socioeconomic status has been recognised for

years as a main factor for inequalities.^[8,9]

In different areas in the Western world, caries has been shown to be more frequent in the lower socioeconomic groups, with the more affluent having lower experience of caries.^[10-14] The risk of developing new caries is higher when there is already established caries.^[11] According to various studies, children of higher socioeconomic group were at a lower risk of caries; however, children from lower socioeconomic status family showed a greater risk for developing dental caries.^[12-16] A study conducted by Gokhale et al showed that children with both the parents employed or working had increased the risk to dental caries.^[13] A Brazilian study reported that children who have fathers with a high occupational status and stay-at-home mothers presented the lowest caries index.^[14]

Individuals from lower socioeconomic status experience financial, social, and material disadvantages. The access to healthy environment, social resources such as medical and dental care is compromised. This, together with fatalistic beliefs about their health and lower perceived need for dental care, leads to neglected self-care, and lower utilization of preventive health services.^[15,16,17] Socioeconomic status is such a robust finding that it is a “critical determinant of health” and has been emphasized to be included in planning interventions.^[18,19,20,21] However, in India, access to dental care varies among children.^[22]

Economic status has significant influences on a child’s development. The income of parent or parents directly influences the quality of care and the quality of life a child has. Although parental employment will fulfil the basic needs of a child, nevertheless, when both parents work, they must seek non-parental care of some type including day-care, care by extended family, or self-care.^[23] When both the parents are employed, they hardly find time to spare for their children and to look after their general health and specifically the oral health care.^[24,25,26] Hence, better attention should be paid to the child’s oral health and the parents must try to strike a balance between work and providing care to their children.^[27]

Conclusion

Since oral hygiene is essential for good oral health,

it is wise to educate the population with adequate guidelines on children’s oral health behaviour and its relationship with dental caries. It is beneficial to address the factors that influence children’s oral health in order to develop and implement complementary public health actions focused on children and parental behaviours, in an endeavour to provide them with good oral health and better quality of life. Efforts by the governmental and nongovernmental organizations are obligatory to implement programs at school level to enhance oral health care among children. The assessment of perceived needs by the use of quality of life questionnaires as well as socioeconomic parameters can assist the planning of oral health programs aiming at decreasing any unnecessary and unavoidable inequalities in the distribution of dental caries in populations of different socioeconomic conditions.

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