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Impact of Children Dental Fear on Quality of Life Among Urban and Peri Urban School Children

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Abstract

Dental fear is the most expressed feeling by children during dental visit and can arise through observation of an unpleasant object and is instinctively avoided by children in an attempt to protect themselves from harm. This consequently often be a reason to ignore dental visit. Quality of life has been generally used to describe the impact of oral health conditions and dental care on children. The differences of environmental characteristics between urban and periurban can contribute to oral health or quality of life related to oral health. To assess the impact of children dental fear on quality of life among urban and peri urban school children.

This cross-sectional study was carried out among 233 children aged 8-10 years old who came from urban and periurban elementary school. Children dental fear was assessed using Children's Fear Survey Schedule-Dental Subscale (CFSS-DS) and quality of life was assessed using Child Perceptions Questionnaire (CPQ8-10). Data were analysed using SPSS Version 25.0 and descriptive statistics and linear regression were used ($P < 0.05$). Statistical test results showed that children dental fear have significant impact on all domains quality of life that are oral symptoms, functional limitations, emotional well being, and social well being, both in urban and periurban school children with P value < 0.001 . Children dental fear have significant impact on quality of life among urban and periurban school children.

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Introduction

Dental and oral health problems in children is one of problems that can interfere activities, frequency of school attendance, interfere learning concentration, and affect nutritional intake of children so that it can affect the development and academic achievement.^{1,2}

Dental and oral health problems experienced by children are usually resolved by parents by taking their children to the dentist. However, most children are less cooperative during dental treatment that makes dentists have difficulty in undertaking dental treatment in children. Difficulties in undertaking dental

treatment in children are not only related to the treatment process, but also are influenced by the children emotional. Dental anxiety and fear are the most common feeling expressed by children during dental treatment.³ The prevalence of dental fear in children ranges from 5-20% in different countries, with some cases are considered to be dental phobia.⁴ Another study reported that 6-15% of children avoid dental treatment due to dental fear or phobia. Irregular or lack dental visits have negative impact on oral health.⁵

Dental fear can be described as worry and discomfort feeling. Generally, dental fear can arise from dental treatment experience during childhood and has an important role in the practice of dentists. Dental fear and anxiety that usually experienced by children and adults offer a special challenge for a dentist. Children's dental fear has been identified as a factor associated with behavioral management problems during dental treatment. Therefore, it should be noted that the prevention of dental fear should be

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Previous studies conducted in adults in Sweden found that the level of dental fear was associated with irregular dental care and low quality of life.¹⁷ In addition, fearful children aged 4-11 years and fearful preschoolers were reported to have caries experience and more avoidance patterns than those who were not afraid. Therefore, early recognition and treatment of children dental fear is essential to provide effective dental treatment, reducing avoidance of dental treatment and behavioral management and improving overall oral health and quality of life.

Conclusions

This study concluded that children dental fear has a significant impact on the quality of life, both in urban and periurban school children as well as there was a significant difference in dental fear between urban and periurban school children.

Declaration of Interest

The authors report no conflict of interest and the article is not funded or supported by any research grant.

Characteristics	CFSS DS	CPQ	CPQ Domains			
	Mean±SD	Mean±SD	Oral symptoms Mean±SD	Emotional well being Mean±SD	Functional limitation Mean±SD	Social well being Mean±SD
Gender						
Male	2.42±0.79	1.94±0.81	2.05±0.86	2.15±0.91	1.26±1.18	2.06±1.09
Female	2.38±0.77	1.95±0.79	1.98±0.83	2.19±0.92	1.45±1.19	2.07±1.12
<i>P-value</i>	0.630 ^a	0.818 ^a				
Age						
8 years old	2.29±0.71	1.80±0.80	1.85±0.82	2.00±0.77	1.20±1.13	1.97±1.04
9 years old	2.41±0.78	1.98±0.77	2.03±0.78	2.18±1.03	1.45±1.19	2.09±1.16
10 years old	2.48±0.83	2.03±0.83	2.12±0.94	2.30±0.86	1.36±1.24	2.11±1.08
<i>P-value</i>	0.239 ^b	0.163 ^b				
School						
Periurban	2.52±0.79	2.06±0.81	2.02±0.73	2.34±0.93	1.63±1.23	2.22±1.19
Urban	2.27±0.75	1.82±0.77	2.00±0.97	1.98±0.86	1.05±1.06	1.89±0.96
<i>P-value</i>	0.007 ^{a*}	0.010 ^{a*}				
Total	2.40±0.78	1.95±0.80	2.01±0.85	2.17±0.92	1.36±1.19	2.06±1.10

Table 2. Differences Mean Scores of CFSS-DS and CPQ by Gender, Age, and School. a. Mann Whitney test; b. Kruskal Wallis test; *sig<0.05.

	Dental Fear (CFSS-DS)	Oral symptoms	Emotional well being	Functional limitation	Social well being	CPQ
Peri urban	B value <i>P-value</i>	0.531 <0.001 ^{a*}	0.321 <0.001 ^{a*}	0.203 <0.001 ^{a*}	0.493 <0.001 ^{a*}	1.550 <0.001 ^{a*}
Urban	B value <i>P-value</i>	0.755 <0.001 ^{a*}	0.318 <0.001 ^{a*}	0.044 <0.001 ^{a*}	0.435 <0.001 ^{a*}	1.552 <0.001 ^{a*}

Table 3. The Impact of Children Dental Fear on Quality of Life among Urban and Peri Urban School Children; *sig<0.05.

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