



treatment (57.40%); group B – parents’ and children’s attitude partially dependent (16.67%); group C – parents’ and children’s attitude contradictory (20.37%); group D – doubtful reliability of the answers obtained (5.56%).

Table 1. Numer of examined subjects in each group

Group	A	B	C	D
Numer of questionnaires	31	9	11	3
Percentage	57.40%	16.67%	20.37%	5.56%

Group A (the same parents’ and children’s attitude) was further subdivided into three subgroups. A-1: In 11 pairs of questionnaires, both parents and their children express no fear of dental visit. In seven cases the parents explain the need of the visit and prepare their child beforehand. However, six children claim no fear, do not need being prepared for and understand the need of dental treatment; A-2: 12 children and their parents are a little afraid of dental treatment. In subgroup. A-3 there were eight pairs of children and their parents who univocally expressed great fear. The parents were scared of dental visit and the majority of children were aware of that.

Group B. Most of the parents expressed no fear of dental visit and tried to prepare their children for dental treatment. Despite that, the children said that they experienced “little or great fear of the dentist”. Here there is partial correlation between parental attitude and their children’s behaviour.

Group C. In that group parents’ and children’s attitudes are divertive. In 10 cases parents expressed their fear of dental treatment, however, their children had no fear at all. Only one case was completely different. The parents had positive attitude towards dental treatment, they explained everything to the child. The child, however, was scared of and refused to go to the dentist. In three cases the children were not afraid of dental visit despite the fact that their parents expressed negative experience of dental treatment. Six children said their parents were satisfied with dental visits although their parents themselves expressed fear in their questionnaires. In 8 cases parents reported fear of their child visiting the dentist. Four children were not afraid although their parents did not prepare them.

Group D was not analyzed as the reliability of the response, both children’s and parents’ was doubtful.

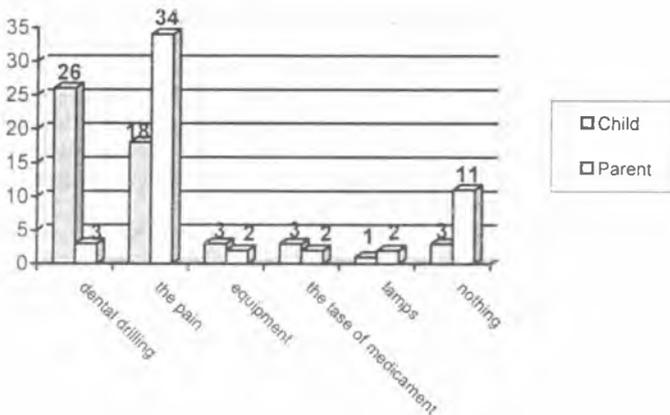


Fig. 1. Children’s and parent’s response to the question: “What do you dislike most about dental treatment?”

The comparison of frequency of occurring groups A and B (children with the result of  $\text{Chi}^2 = 12.1$ ,  $p < 0.05$ ) and groups A and C ( $\text{Chi}^2 = 9.5$ ,  $p < 0.05$ ) revealed significantly higher frequency of the same attitude towards treatment expressed by both the parents and their children.

Figure 1 presents the answers given by the children and their parents to the question that asked the following: "What do you dislike most about the dental visit?" The analysis of answers found that the children significantly more are afraid of the dental drill (26%) in comparison to the parents (3%) ( $\text{Chi}^2 = 18.24$ ,  $p < 0.01$ ). The parents, however, express the fear of pain more often (34%) than the children (18%) ( $\text{Chi}^2 = 4.92$ ,  $p < 0.05$ ). Only 3% children and 11% parents admitted no fear at all, the differences were statistically significant.

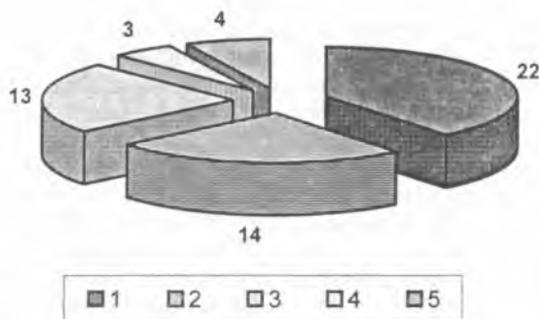


Fig. 2. How the parents encourage their children to clean their teeth: 1. They explain the necessity of brushing teeth; 2. They say that teeth will have to be extracted; 3. They do not encourage children because the children understand the need of brushing teeth; 4. They say to their children that they will have to go to the dentist; 5. They give examples themselves and brush the teeth with their children

Figure 2 presents parents' answers to the question that asked about the methods of encouraging children to clean the teeth. The majority of parents explain the need for cleaning the teeth (22%), however, part of the parents say that the teeth will have to be pulled out (14%) or the children will have to go to the dentist (3%). Some children who understand the need to keep oral hygiene every day do not require any encouragement (13%). Only 4% parents encourage their children to clean the teeth giving their own example and cleaning the teeth together with the child.

## DISCUSSION

Creation of children's attitude and his/her degree of adaptation to dental treatment should start as early as possible (7). Parents provide the main model of behaviour for their little child. They teach oral hygiene, how to care about the teeth and shape proper attitude that fits the situation. Necessary information about the world around is provided directly by explanation, demonstration or discussion. Part of the information is conveyed indirectly when the carers are not aware of the fact that their behaviours do convey the meaning. Parents often use improper phrase "don't be scared, it won't hurt". A visit to the dentist is a difficult situation for the child. So adequate preparation by the parents is much important in reducing fear of the unknown. Some adult carers may deepen their child's anxiety by contributing their own fear of dental treatment. Parents should tell their children about arranged dental appointment in a simple way (7). Being prepared the children are more willing to go to the dentist, are more open to cooperate with the surgeon. Dental visit is no longer a surprise for them since they know it is necessary to keep healthy teeth and esthetic appearance. Some children ask for cosmetic correction of front teeth as they are sometimes laughed at or teased by their friends from the kindergarten.

Child's negative attitude towards dental treatment is not only due to no preparation before going to the dentist but it is also learned fear conveyed by the immediate family members. The fear may be conveyed consciously, e.g. by scaring the child off the dental treatment or by telling stories about one's own fear. Children often hear their parents telling stories of going to the dentist and unpleasant experiences associated with it. The fear is not always verbalized. It is often brought about unconsciously and unintentionally, when the parent expresses his/her anxiety and irritation before he is to bring his/her child to the dental clinic. Sometimes his/her fear takes the form of over-enthusiasm. The fear that hides behind seemingly courageous words is quite transparent and is discovered by the child easily and that causes his/her fear (2).

The majority of children need somebody close to him/her present during dental treatment. It is extremely important because emotional bonds with parents are very strong. The presence of a carer induces the feeling of security, winds off unpleasant experience, and fixes positive motivation for treatment provided the adult person does not manifest his/her anxiety or fear. The anxious parent exerts an adverse influence on the child's behaviour at the dental clinic (7).

The study proved correlation between parental attitude towards dental treatment and child's behaviour in the dental surgery. The degree of child's cooperation with the practitioner influences dental and oral health significantly. Therefore, work with the child aimed at establishing proper emotional attitude is the area of fighting fear of a dental visit. The study by Sikorska-Jaroszyńska and Mielnik-Błaszczak found the correlation between the level of fear in parents and the number of teeth filled in the teenagers. The bigger fear was observed in parents, the fewer teeth filled their children had (5). The multi-center investigations carried out among 5- and 12-year-olds in eight European towns found similar attitude towards dental treatment and fear of dental procedures in 50% children and their parents. (5). Kobierska found higher frequency of active tooth decay in the children whose parents experience fear of dental visit (3).

To achieve good oral health it is necessary to intensify pro-health dental education in the field of oral health promotion in the entire population (4).

## CONCLUSIONS

1. Parents exert a considerable influence upon their children's behaviour at the dental surgery.
2. The majority of children who are properly prepared for dental visit experience lesser fear of the dentist.
3. Children whose parents tell negative stories of their own dental visits are afraid of dental treatment.
4. Parents who experience fear themselves are afraid of dental treatment performed in their children.

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#### SUMMARY

The parents being immediate environment influence their children's personality and behaviour. The aim of the study was to visualize the influence and demonstrate the correlation between parental attitude and child's behaviour towards dental treatment. Therefore 9–10-year-old children from primary schools of Lublin and their parents were surveyed. The questions concerned the fear aroused by a visit to the dentist, the manner the children are prepared for dental treatment and oral hygiene habits. The questionnaires obtained from 54 children and their parents were divided into four groups: group A – the same parents' and their children's attitude towards dental treatment (57.40%), group B – parents' and children's attitude partially dependent (16.67%), group C – parents' and children's attitude contradictory (20.37%), group D – doubtful reliability of the answers obtained (5.56%). The interpretation of results found the correlation between the attitude of parents and the behaviour of their children at the dental surgery.

#### Badanie zależności między postawą rodziców i dzieci wobec leczenia stomatologicznego

Rodzice jako najbliższe otoczenie wywierają wpływ na osobowość i zachowanie dzieci. Celem podjętych badań własnych było zobrazowanie tego wpływu i wykazanie zależności między postawą rodzica a zachowaniem dziecka wobec leczenia stomatologicznego. Przeprowadzono badania ankietowe w lubelskich szkołach podstawowych wśród dzieci w wieku 9–10 lat i ich rodziców. Pytania dotyczyły zagadnień lęku przed wizytą u stomatologa, sposobu przygotowania dziecka do leczenia i zabiegów higienicznych wykonywanych w domu. Przebadanie reprezentatywnej liczby 54 dzieci i ich rodziców pozwoliło podzielić uzyskane ankiety na cztery grupy: grupa A – takie samo nastawienie rodziców i ich dzieci do leczenia (57,40%), grupa B – częściowa zależność między postawą rodziców i dzieci (16,67%), grupa C – różna (przeciwna) postawa rodziców i dzieci (20,37%), grupa D – w tej grupie rzetelność odpowiedzi budziła wątpliwości (5,56%). Interpretacja wyników wykazała istnienie zależności pomiędzy postawą rodziców a zachowaniem dzieci w gabinecie stomatologicznym.