DOI: https://doi.org/10.54393/pjhs.v6i10.3030

PAKISTAN JOURNAL OF HEALTH SCIENCES
(LAHORE)
https://thejas.com.pk/index.php/pjhs
ISSN (E): 2790-9352, (P): 2790-9344
Volume 6, Issue 10 (October 2025)

Original Article

OPEN ACCESS

The Early Dental Visit: Timing, Rationale, and Road Blocks

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ARTICLE INFO

Keywords:
Age, Child, First Dental Visit, Knowledge, Reasons, Hurdles

How to Cite:
Shahid, A., Muneer, M., Munawar, M., Khurram, M., Iqbal, S., & Khan, N. (2025). The Early Dental Visit: Timing, Rationale, and Road Blocks: Timing and Barriers to Early Dental Visits. Pakistan Journal of Health Sciences, 6(10), 152-156. https://doi.org/10.54393/pjhs.v6i10.3030

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Received Date: 5th April, 2025
Revised Date: 19th October, 2025
Acceptance Date: 27th October, 2025
Published Date: 31st October, 2025

ABSTRACT

A child's first dental visit at the first tooth eruption or at one year of age has the potential to prevent early disease treatment and modify the child's dental behavior. **Objectives:** To assess the knowledge of parents about age, reasons, and hurdles to first dental visits of children. **Methods:** This cross-sectional questionnaire-based study was carried out at the outpatient department at Madina Teaching Hospital, Faisalabad, in a period of six months from February 2023 to July 2023. The parents of children<1 to 15 years meeting the inclusion criteria and who gave verbal consent were included in the study. **Results:** A total of 180 children (104 male, 76 female) enrolled in the study. Only 8.9 % (n=16) of parents were aware of the recommended time for the first dental visit of children. Most parents (46.7%, n=84) believed that children should visit a dentist at the time of a dental problem. Common reasons for the first dental visit were dental caries (50.6%, n=91) and dental pain (22.2%, n=40). Parents reported having time constraints (16.7%, n=30), believing primary teeth unimportant (13.3%, n=24) child cooperation problems (13.3%, n=24) as hurdles to early dental visits. **Conclusions:** Most participants were unaware of recommendations, and some had misbeliefs that led to a delay in the first dental visit of children. Efforts should be made to educate the local population about the proposed time and importance of the first dental visit of children.

INTRODUCTION

All parents should know that a child should visit for first dental checkup at an early age. According to the American Academy of Pediatric Dentistry, European Academy of Pediatric Dentistry and Canadian Dental Association recommendations, the first dental visit of a child should be made when the first primary tooth erupts and at least at 12 months of age. Early dental visit should include a clinical oral examination, individualized caries risk assessment, cleaning teeth, assessing fluoride exposure and proper feeding practice, counseling for age-related injury prevention, treatment or referral of any oral disease, assessing oral-facial growth and recommending an interval for periodic reevaluation. It is generally observed that children visit the dentist primarily for a dental problem. This delays early recognition of dental diseases or abnormalities, increasing disease severity, needing complex treatments, and decreasing prevention opportunities. An early dental visit is considered the first step towards preventive dental care and developing oral care habits for children that last a lifetime. The prevention includes educating the parents about children correct oral hygiene, appropriate diet guidance, early detection and

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intervention for reversal of disease like incipient caries, and prevention of dental traumatic injuries. Other benefits of early and regular dental visits include monitoring dentofacial growth and development, detecting unusual teeth alignment with their timely handling with less invasive procedures in less time, visits and costs [1, 2]. Dental caries is the most common disease globally, affecting almost every country in the world, and according to the WHO, its reported prevalence in children is 60-90%.[3] Early childhood caries increases risk of caries in permanent teeth, if remain untreated may lead to complex symptoms like pain, abscess, cellulitis, bone loss and orthodontic complications. This may need complex invasive procedures, longer appointments, difficulty eating, missed schools, increasing economic burden on the resources of the families [3]. This is one of the leading cause of tooth loss, edentulism and functional disability, affect the food intake and general health. Although caries is well known burden on state health system and economy yet it is preventable. Early dental visits are opportunities to educate parents especially mothers in improving their attitude towards oral care and other preventive measures for their children [4]. Early life dental visit and interventions help prevent caries and other oral problems thus improve child dental health [5]. Thus, children may reach their adulthood with healthy permanent teeth, better oral care habits, improved quality of life, wellbeing and confidence for rest of the life. Overall, at community level, it may also reduce overall burden of the disease at health care system of a country. Early and regular dental checkups help in development of child trust, increasing comfort to dental procedures. Early visits enable children to familiarize with dental environment at an early age and this help them reducing anxiety and fear to dental treatment and improve children future behavior at dental visits [6]. Despite recommendations the studies have shown that parents do not bring their child for dental visit at recommended age but only when a problem or symptom of a disease occur. According to previous studies the majority of the children had their first dental visit between 3-10 years. The common reasons for delayed visits included parents believing that it was not necessary or child would not cooperate to dental procedure, lack of awareness, economic or transport problems or dental fear of parents [4, 7, 8]. There are multiple studies conducted in different parts of the world about the evaluation of knowledge of parents about children age at first dental visit, reasons and its importance. Such studies are very few among the local population [2, 4, 5]. This would provide a primary information regarding parents' awareness and guide dental practitioners and community health workers for future pediatric preventive dental work for long-term oral health and wellbeing of the children. This would also decrease oral disease burden at health resource that may then be utilized for other diseases in a better way.

This study aims to assess the knowledge of parents about age, reasons, and hurdles to children's first dental visit in a sub-population in Pakistan.

METHODS

This cross-sectional study was conducted in parents of children aged <1 to 12 years, visiting the dental outpatient department at Madina teaching hospital, Faisalabad, during a period of six months from February 2023 to July 2023. The ethical approval was taken from the Institutional Review Board of The University of Lahore Faisalabad (Ref. No. TUF/IRB/155/2023). The estimated sample size was 180 using the open epi sample size calculator, with a prevalence 21%, a confidence level of 95% and a margin of error 6%. The data was collected using a non-probability purposive sampling technique. The parents were informed regarding the aims and objectives of the study. The parents who visited for the first time and gave verbal consent to participate voluntarily were included in the study. The parents of children with systemic disease and mental or physical disability among parents or children were excluded from the study. The response to the questionnaire was recorded by them and returned at the same appointment. At the end of the appointment, the parents were educated about the recommended age for the first dental checkup age of their children and their importance. The questionnaire was made based on a previous study, content validated by Alshahrani et al [9]. It contained demographic questions, including name, gender, age, and relationship with the child. There were three questions. The first was enquiring their opinion of the ideal age for the first dental visit. The second question asked them the reasons for the first dental visit of their child. The third question was knowing the hurdles parents feel prevent them from taking their child for an early dental check-up. The questionnaire was pilot tested on parents of children with their first dental visit at the dental outpatient department, and final modifications were made by an expert judgment. The parents who were unable to read and write in English or the local language, a trained dental surgeon helped them understand the question and record the response. After the data collection, IBM.SPSS version 22.0 for Windows was used for data analysis. Mean and standard deviation were reported for quantitative variables. Frequency and percentage were expressed as frequency and percentage.

RESULTS

In this study, 180 participants were enrolled. The age of first visit ranges from 0-14years (Mean 8.54, SD 3.14). There

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were more boys who visited the dental hospital than girls in the study group (Table 1).

Table 1: Gender distribution in the study group (N=184)

Gender	n (%)
Male	104 (57.8%)
Female	76 (42.2%)
Total	180 (100.0%)

Out of 180 participants of the study, 8.9 % (n=16) of parents were aware of the recommended time for the first dental visit of the children. Most (46.7%, n=84) parents believe that children should be taken to the dentist only when a problem arises. Some (23.3%, n=42) participants believe the ideal age for the first dental visit should be 5 to 8 years (Table 2).

Table 2: Opinion Of Participants Regarding Ideal Age for First Dental Visit

Frequency of Dental Visits	n (%)
At one year	16 (8.9%)
2–4 years	24 (13.3%)
5–8 years	42 (23.3%)
More than 8 years	14 (7.8%)
Only when a dental problem arises	84 (46.7%)
Total	180 (100%)

The most common reason (50.6%, n=91) for the first dental visit was caries or cavity in a tooth. Other frequent reasons include pain (22.2%, n=40) and uneven teeth/ malocclusion (8.3%, n=15). Only (3.3%, n=6) of the children visited for a routine dental checkup. Patients with cleft palate or lip (1.1%, n=2) also had their first dental visit (Referred for making PNAM appliance) within the first years of life (Table 3).

Table 3: Reasons for First Dental Check-Up Among BSN Students (N=180)

Reason for First Dental Check-Up	n (%)
Routine check-up	6 (3.3%)
Caries	91 (50.6%)
Pain or sensitivity	40 (22.2%)
Swelling or abscess	3 (1.7%)
Mobile teeth	5 (2.8%)
Uneven teeth or malocclusion	15 (8.3%)
Extraction of primary teeth	6 (3.3%)
Trauma to teeth	8 (4.4%)
Stain, discolored teeth, or bad breath	1 (0.6%)
Missing or extra teeth	3 (1.7%)
Cleft palate or lip	2 (1.1%)
Total	180 (100.0%)

Response of the participants to the question about hurdles to early dental visits, most participants 41.1% were able to take their children to dentists whenever required. Some participants had personal problems like time constraints 16.7%, lack of transport 5% and financial problems 1.7%. Some participants 13.3% believe primary teeth are not important, and 13.3% believe their child will not cooperate dental procedure. 7.2% parents had dental fear and 1.7% visited a medical practitioner for dental problems (Table 4).

Table 4: Response About Hurdles to Early Dental Visits

Reason for Not Visiting the Dentist	n (%)
I can take my child to the dentist when required	74 (41.1%)
I am busy, I have no time	30 (16.7%)
Lack of appointment or transport	9 (5.0%)
Unnecessary, as primary teeth are not important and fall off	24 (13.3%)
A child may be uncooperative with dental treatment	24 (13.3%)
I usually visit a medical physician	3 (1.7%)
I am afraid of dentists	13 (7.2%)
Dental treatments are costly, and I cannot pay	3 (1.7%)
Total	180 (100.0%)

DISCUSSION

In the current research, the proportion of the participants who were aware that the first dental visit of a child should be at the age of one year was 8.9. Participants had less awareness as compared to other local studies, where 39.5% of parents were aware of this recommendation [10]. Similar results were observed in a Saudi population (6.6%) and a Saudi study (0.5%) [7, 11]. In India, children attended the dentist; one year old had 3.8% of the entire population visiting the dentist, and Poland and Bangkok recorded 11.5% and 2.42, respectively [12-14]. In America, 13 percent of caregivers had their children visiting the dentist at the age of one year [15]. Preventive visits in early stages have been found to reduce caries rates in the mouth and also decrease the occurrence of operative or emergency dental procedures [16-17]. A mere 3.3% of respondents answered that the initial visit to the dentist was to have a check-up. Indians had 0.2 percent of children attending routine check-ups, and Bangkok had 2.6% of males and 4.4% of females doing the same. In China, children were first being attended to preventatively, 12.1%, and on dental grounds, 34.4% [16]. A proportion of parents in developed nations were more attentive to preventive visits, with 83 percent in the United States, 47.4 percent in Poland, 23.1 percent in Turkey, and 36.6 percent in Bangkok mentioning preventive visits as the primary reason [13, 15, 18]. The most common cause of the visit to a dentist in the current research was dental caries (50.6%), which is consistent with the local results that indicate a prevalence of 65.7% [10]. The caries rate of the dental is estimated at 56.62% nationally [19]. Comparatively, Saudi and Turkish studies showed an outcome of dental caries as the cause of the first dental visit in 32.8% and 15.6% children, respectively [7, 18], but another Turkish study showed 33.5% and 29.5% respectively [20]. Dental caries has been a significant

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problem among all ages throughout the world. In Bangkok and Indian studies, caries was reported as the reason of the first visit in 33.4 and 47% of cases, respectively [6,12,14]. Other frequent reasons to visit the dentist in the given study included dental pain (22.2%), uneven teeth/malocclusion (8.3%), and dental trauma (4.4%). The same was also observed in Saudi Arabia, Bangkok, and Turkey, where 31.7, 33.4 and 36.4 percent of the first visits were attributed to pain, respectively. In Poland, the trauma to teeth accounted for 19.7% of the first visit. Concerning obstacles to visiting the dentist at an early age, 41.1 percent of the participants said that they can bring their children when they need them. Some of the reported hurdles were economic (1.7%), lack of transport (5%), and a misconception that primary teeth are inconsequential (13.3%). A further 13.3% felt that their child could not cooperate, and 7.2% said they had dental fear. Similar obstacles were cited in Saudi Arabia, Bangkok, and Australia, such as beliefs that primary teeth are insignificant, children are too young or uncooperative, and dental fear among parents [7, 13, 14, 21]. Insensitivity is the most common cause of late detection of the first dental visit. Stereotypes concerning the minor importance of primary teeth, dependence on medical professionals in case of dental problems, and fear of dentists on the part of parents are some of the variables that can be altered. Pediatric dental prevention should be included in the health policy and community-level education of dental workers and professionals in order to establish the idea of early and frequent dental check-ups and enhance oral health results. In our research, the data were gathered among a limited number of respondents in a local hospital. This would be a very minimal percentage of the people. In order to confirm the findings above, the follow-up proposed survey will consist of a large sample size across several private and public centers. Survey questions only contained several reasons, yet there are several demographics, social, and economic variables that should be evaluated to comprehend how the patient's knowledge influences their early visits to a dentist and children. Subsequent research ought to comprise various demographic variables and the connection between them and the population awareness.

CONCLUSIONS

Most of the participants of the study were unaware of the recommended time of first dental check-up; some reported misbeliefs that resulted in severe delay till a dental problem arises. Every effort should be made by dental practitioners, community health workers, and policy makers to educate the local population.

Authors Contribution

Conceptualization: AS, MM[1]
Methodology: AS, MM[2]
Formal analysis: MM[2]
Writing review and editing: AS, MM[1], MK, SI, NK

All authors have read and agreed to the published version of the manuscript

Conflicts of Interest

All the authors declare no conflict of interest.

Source of Funding

The author received no financial support for the research, authorship and/or publication of this article.

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