

Introduction

The World Health Organization (WHO) defines “quality of life” as an individual’s perception of their position in life in the context of the cultural and value systems in which they live and in relation to their goals, expectations, standards, and concerns. Clinical findings alone do not reveal the full impact of oral conditions on the psychosocial wellbeing of a patient.

Responsibility for the health of children is usually borne by adults and generally they make decisions about their children’s health. Therefore, assessing parents’ perceptions of oral health problems, including symptoms, disease, and its treatment influence their children’s quality of life is important.

Over the past few decades, family structures have changed. There has been an increasing number of children living in various forms of nontraditional families. According to previous studies, children who did not grow up with both biological parents consumed 17 grams more sugar and were less likely to access dental care.

Hypothesis

Children whose legal guardian is not their biological parent have poorer OHRQoL scores.

Purpose

The objective of this study was to compare the oral health related quality of life (OHRQoL) of children who reside with a biological parent with children who reside with a person other than a biological parent.

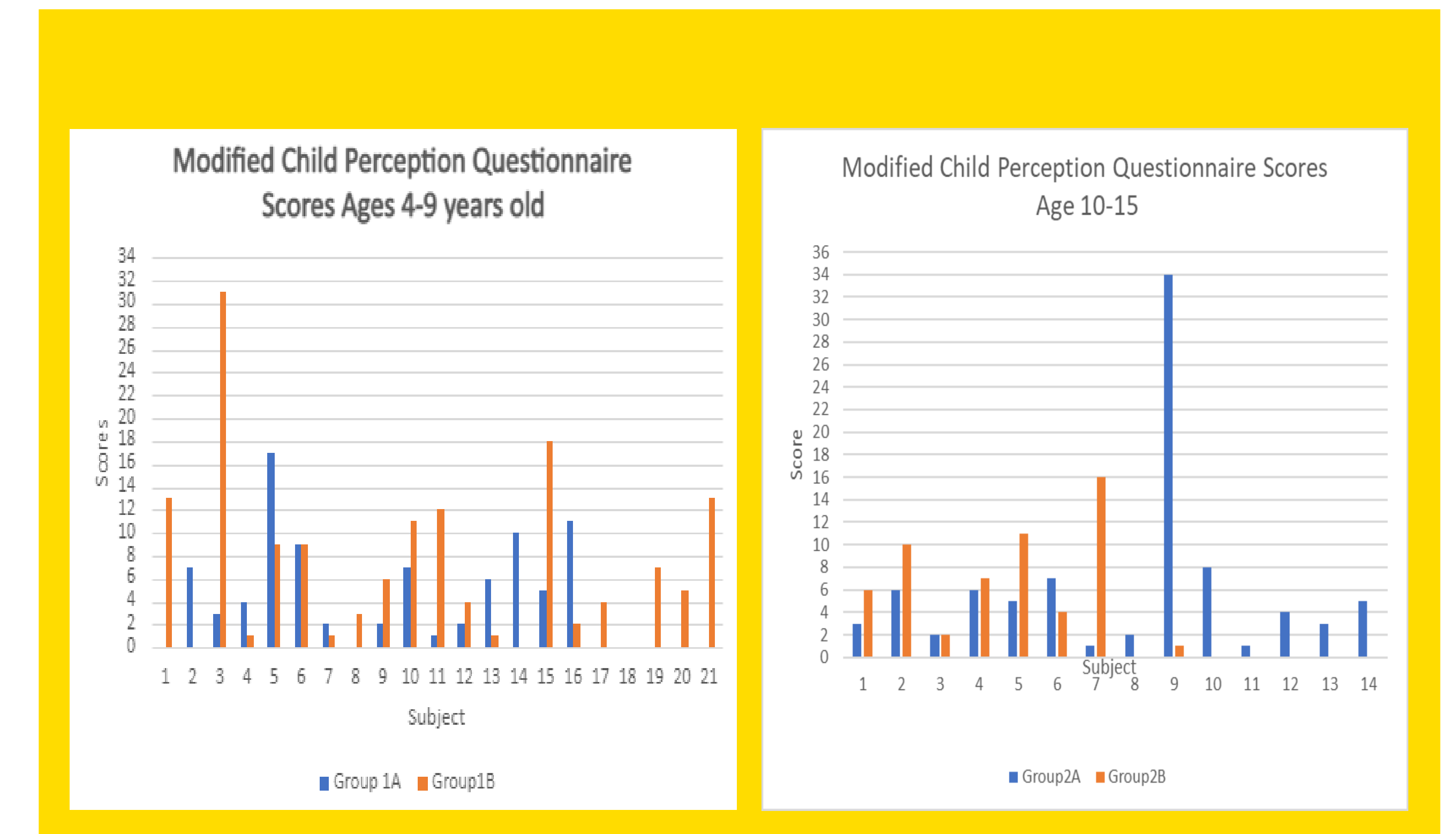
Methods

Sixty caregivers (30 biological parents and 30 caregivers other than biological parents) completed a modified child perception questionnaire consisting of 24 multiple choice questions. The questions pertained to the child’s symptoms, functional limitations, emotional and social well-being. The 5 responses for each question: “never”, “once or twice”, “sometimes”, “often”, and “every day or almost every day” were assigned ordinal numbers of “0-4” for scoring purposes. These questionnaires were completed during routine dental appointments at the University of Toledo Pediatric Dental Service.

Modified Child Perception Questionnaire

1. How often has the child under your care had pain in their teeth or mouth in last 4 weeks?
2. How often has the child under your care had sore spots in their mouth in the past 4 weeks?
3. How often has the child under your care had pain in their teeth when they have had cold food or drinks in the past 4 weeks?
4. How often has the child under your care had food stuck in their teeth in the past 4 weeks?
5. How often has the child under your care had bad breath in the past 4 weeks?
6. How often has the child under your care taken longer to eat their meals than others in the past 4 weeks?
7. How often has the child under your care had a hard time biting or chewing foods like apples, corn on the cob, or steak in the past 4 weeks?
8. How often has the child under your care had trouble eating the foods they like because of their teeth or mouth in the past 4 weeks?
9. How often has the child under your care had trouble saying words because of their teeth or mouth in the last 4 weeks?
10. How often has the child under your care had trouble sleeping because of their teeth or mouth in the last 4 weeks?
11. How often has the child under your care been sad because of their teeth or mouth in the last 4 weeks?
12. How often has the child under your care been angry because of their teeth or mouth in the last 4 weeks?
13. How often has the child under your care been shy because of their teeth or mouth in the past 4 weeks?
- *Question #14 was omitted due to redundancy
15. How often has the child under your care been worried about their appearance to others because of their teeth or mouth in the last 4 weeks?
16. How often has the child under your care missed school because of their teeth or mouth in the last 4 weeks?
17. How often has the child under your care had a hard time doing their homework because of their teeth or mouth in the last 4 weeks?
18. How often has the child under your care had a hard time paying attention in school because of their teeth or mouth in the last 4 weeks?
19. How often has the child under your care not wanted to speak or read out loud because of their teeth or mouth in the last 4 weeks?
20. How often has the child under your care tried not to smile or laugh when they are around other people because of their teeth or mouth in the last 4 weeks?
21. How often has the child under your care not wanted to talk to other people because of their teeth or mouth in the last 4 weeks?
22. How often has the child under your care not wanted to hang out with other people because of their teeth or mouth in the last 4 weeks?
23. How often has the child under your care stayed away from activities such as sports or clubs because of their teeth or mouth in the last 4 weeks?
24. How often has the child under your care been teased or called names because of their teeth or mouth in the last 4 weeks?
25. How often has the child under your care been asked questions by other people about their teeth or mouth in the last 4 weeks?

Results



The children were divided into 4 groups based on age and relationship to caregiver. Group 1 corresponds to children age 4-9 years of age and Group 2 corresponds to children age 10-15 years of age. Group A corresponds to children who reside with a biological parent and group B corresponds to children who reside with a person other than a biological parent. Higher scores correspond to worse OHRQoL. Independent t-tests were conducted and showed there is no statistically significant difference in children’s OHRQoL between the groups, regardless of age. ($P > .05$). Mean scores for each group were the following: 1A= 5.38, 1B= 6.21, 2A=7.14, 2B=6.33

Discussion

Further studies that target more specific population demographics is recommended. By conducting future studies, findings may identify children that are more at risk for poorer OHRQoL, and provide implications for not only dentists, but primary care providers, social workers, and others in regular contact with families to promote oral health and access to dental health.

Conclusion

There is no statistically significant difference in children’s oral health related quality of life based on relationship to caregiver.