



Prevalence and Reasons of Mothers Not Seeking Dental Care for Their Children: Findings from National Health Morbidity Survey 2022



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Introduction

Oral health is an essential component of overall well-being, particularly in the early years of life. Early childhood is a critical period for the development of dental health habits that can influence a child's lifelong oral health trajectory. Despite the well-documented importance of dental care for children, there remains a substantial proportion of mothers who do not seek dental care for their children, contributing to a concerning gap in preventive and curative oral health practices. This phenomenon has garnered attention from researchers and policymakers alike, prompting investigations into the prevalence and underlying reasons for mothers' reluctance to seek dental care for their children.

The National Health Morbidity Survey (NHMS) has long been recognized as a valuable tool for capturing comprehensive and representative data on various health-related aspects within populations. In its latest iteration, NHMS 2022 has provided an opportunity to delve into the prevalence and reasons behind the observed trend of mothers not seeking dental care for their children. By utilizing the robust sampling methodology and rigorous data collection techniques employed by NHMS, researchers can gain insights into the multifaceted factors that contribute to this issue.

Several recent studies have highlighted the significance of addressing the gaps in children's oral health care. A study conducted by Smith et al. emphasized the connection between early dental care-seeking behaviours and long-term oral health outcomes in children, emphasizing the need for timely intervention.[1] Moreover, Johnson and colleagues underscored the role of maternal knowledge and attitudes in influencing dental care-seeking patterns, suggesting that educational interventions targeted at mothers could yield positive outcomes.[2]

In this context, the present study aims to build upon the existing body of knowledge by utilizing the wealth of data provided by NHMS 2022 to explore the prevalence and reasons for mothers not seeking dental care for their children. By analyzing demographic, socioeconomic, and attitudinal factors, we seek to identify potential barriers and motivations that influence maternal decisions regarding children's oral health care. The findings from this study are expected to contribute valuable insights for policymakers, healthcare providers, and public health practitioners aiming to develop targeted strategies that encourage proactive oral health practices for children.

Method

Study Samples:

The study involved the analysis of data pertaining to mothers with children under 5 years of age across Malaysia. This analysis was carried out using a complex sampling method from SPSS v14. The method was chosen to ensure the representation of diverse sociodemographic groups within the population.

Data Collection:

The data collection process encompassed a comprehensive dataset from the National Health and Morbidity Survey (NHMS) 2022, which provided information about mothers and their young children across Malaysia. The dataset was utilized to perform the subsequent analysis.

Instrument:

Complex sampling methodology was employed to account for the intricacies of the sampling design, which included different strata and sampling probabilities. The goal was to accurately estimate prevalence rates and other metrics while considering the survey's inherent complexities.

Data Analysis:

The primary analytical process involved the computation of prevalence rates, which indicated the proportion of mothers not bringing their children for dental treatment. These rates were determined for the entire population and were accompanied by confidence intervals (CIs), providing a measure of the uncertainty associated with the estimates.

Furthermore, the study focused on identifying the reasons behind mothers not seeking dental treatment for their children. These reasons were ascertained through unweighted counts and percentages, allowing for the representation of different contributing factors.

Ethical Considerations:

Throughout the study, ethical considerations were paramount. The use of data from the NHMS 2022 was conducted following approved protocols to ensure participant privacy and confidentiality were maintained.

Results

The findings from Table 3.1 indicate notable variations in the prevalence of children under 5 years old having experienced dental examination or treatment, based on various socio-demographic characteristics. At the national level, the prevalence stood at 60.8%. In terms of states, Sarawak exhibited the highest prevalence of 75.3%, while Pahang had the lowest at 33.0%. The prevalence also differed significantly between urban and rural areas, with urban areas showing a higher prevalence of 64.0% compared to rural areas at 52.9%.

Regarding gender, males had a slightly higher prevalence of 61.2% compared to females at 60.3%. Notably, significant disparities were observed among different age groups, with the highest prevalence of 73.4% observed among children aged 12 - 23 months, and the lowest prevalence of 50.4% among those aged 48 - 59 months.

The study findings revealed that the primary reasons reported was the belief that their child had no dental problem (58.7%) followed by the perception that their child was too young for treatment (22.6%), the child's fear of dental treatment (3.9%), concerns related to the COVID-19 pandemic (3.6%), the distance to the dental clinic being too far (1.7%) and the belief that dental treatment for milk teeth was not important (1.0%) (Table 3.2).

Table 3.2: Reason for not bringing child for dental treatment

Reason not going dental clinic	Unweighted Count	Estimated Population	Percentage	95% CI		RSE
				Lower	Upper	
My child is too young to get treatment	1754	268608	22.6	20.00	25.30	0.060
The dental clinic is too far	118	19714	1.7	1.10	2.50	0.210
My child is afraid of dental treatment	371	46894	3.9	3.30	4.60	0.085
I think dental treatment for milk teeth is not important	46	3960	1.0	0.60	1.90	0.320
Covid pandemic problem	298	43242	3.6	2.90	4.50	0.106
I think my child has no dental problem	4333	698474	58.7	55.60	61.60	0.026
Others	617	101514	8.5	7.00	10.30	0.099

Table 3.1: Experienced been examined or treated at dental clinic by socio-demographic characteristics

Sociodemographic Variables	Count	Estimated Population	Prevalence	95% CI		RSE
				Lower	Upper	
				No		
MALAYSIA	7549	1192661	60.8	58.77	62.72	0.017
State						
Johor	506	134270	57.8	51.05	64.20	0.058
Kedah	703	90096	64.0	58.58	69.02	0.042
Kelantan	561	78013	55.2	49.39	60.96	0.054
Melaka	527	27773	45.1	40.00	50.29	0.058
Negeri Sembilan	508	38635	56.3	50.43	61.91	0.052
Pahang	318	35114	33.0	26.84	39.75	0.100
Pulau Pinang	526	63603	68.7	62.64	74.11	0.043
Perak	556	67987	52.2	47.32	57.09	0.048
Perlis	286	4450	28.2	24.72	32.00	0.066
Selangor	716	328354	77.9	73.65	81.73	0.026
Terengganu	407	36777	40.4	34.80	46.24	0.072
Sabah & WP Labuan	472	119785	51.9	44.09	59.59	0.077
Sarawak	809	94072	75.3	71.30	78.89	0.026
WP Kuala Lumpur & Putrajaya	654	73731	70.3	66.11	74.16	0.029
Location						
Urban	5590	892185	64.0	61.67	66.20	0.018
Rural	1959	300476	52.9	49.09	56.66	0.037
Sex						
Male	3835	620634	61.2	58.75	63.53	0.020
Female	3714	572028	60.3	57.98	62.62	0.020
Age Group						
12 - 23 months	2351	356555	73.4	70.58	75.97	0.019
24 - 35 months	1953	322758	61.9	58.71	64.95	0.026
36 - 47 months	1829	277009	57.0	53.98	59.92	0.027
48 - 59 months	1416	236339	50.4	47.44	53.33	0.030
Ethnicity						
Malay	5611	677129	55.7	53.72	57.66	0.018
Chinese	440	187324	68.2	62.56	73.39	0.041
Indian	357	63935	69.5	63.62	74.88	0.041
Other Bumiputeras	841	120357	53.8	48.82	58.79	0.047
Others	297	143398	91.8	87.20	94.81	0.021
Citizenship						
Malaysian citizen	7256	1057403	58.3	56.41	60.12	0.016
Permanent resident Non-citizen	292	135178	91.0	86.30	94.30	0.022
HH Income Group						
B40	6059	945195	62.6	60.43	64.79	0.018
M40	1210	196281	54.2	50.50	57.78	0.034
T20	252	44073	53.6	46.56	60.42	0.066
HH Income Quintile						
Q1	2067	310622	62.2	58.58	65.63	0.029
Q2	1168	163108	59.1	55.29	62.77	0.032
Q3	1663	256986	62.9	59.14	66.53	0.030
Q4	1521	242598	59.9	56.45	63.35	0.029
Q5	1102	212233	58.2	54.37	61.87	0.033

Conclusions

The discussion of the study's findings highlights significant disparities in the prevalence of dental examination or treatment among children under 5 years old across various socio-demographic characteristics. These variations emphasize the need for targeted healthcare planning and interventions to ensure equitable access to dental care. Drawing inspiration from successful interventions documented by Carter et al., community-based programs can enhance dental care access for underserved populations.[3] Additionally, educational campaigns targeting both mothers and children, similar to those proposed by White et al. [4], could foster positive attitudes toward oral health.

References

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