CAHIERS MAGELLANES-NS
Volume 06 Issue 2
2024

ISSN:1624-1940
http://magellanes.com/

AGE OF FIRST DENTAL VISIT AMONG CHILDREN: REASONS OF THE VISIT AND THE TREATMENT NEEDED

Dema A. Alkharbid[1], Maryam M. Babutain[2], Wedd M. Hamam[3], Ghadah A. Alzahrani[4], Hadeel A. Almanea[5], Fatmah Y. Aljehani[2], Reem M. Alhurayyis[6], Nada Y. Shahir[5], Sawsan A. Almubarak[7], Mahmoud A. Halawani[8], Mohammed A. BaAfeef[8], Khames T. Alzahrani*[9].

[1]Assistant Consultant, Pediatric dentistry department, Private institute, Riyadh, Saudi Arabia.
[2]General Dentist, College of Dentistry, King Abdulaziz University Hospital, Jeddah, Saudi Arabia.
[3]General Dentist, College of Dentistry, Ibn Sina National Collage, Jeddah, Saudi Arabia.
[4]General Dentist, College of Dentistry, Beirut Arab University, Beirut, Lebanon.
[5]General Dentist, College of Dentistry, King Khalid University, Abha, Saudi Arabia.
[6]General Dentist, College of Dentistry, Majmaah University, Majmaah, Saudi Arabia.
[7]Denatl Intern, College of Dentistry, King Khalid University, Abha, Saudi Arabia.
[8]Dental Intern, College of Dentistry, King Abdulaziz University Hospital, Jeddah, Saudi Arabia.
[9]BDS, PGD Endo from Stanford University, Saudi Board of Endodontic SR, King Faisal Specialist Hospital & Research Centre, Riyadh, Saudi Arabia.

***Corresponding author**: Khames T. Alzahrani; **Email**: Dr.khames.Alzahrani@gmail.com

Abstract

Background: A child's first dental visit time is very important for his oral health and future dental behavior. The American Academy of Pediatric Dentistry recommends a first visit by the patient's first birthday or sooner, within six months after the eruption of the first tooth. Early visits can identify early childhood caries (ECC), encourage children to become comfortable with dental dentist, and can also potentially reduce risk of childhood caries. The purpose of this study was to establish the age at which children have their first dental visit, the reason for the visit, and what the treatments performed during the first appointment. **Methods:** An online questionnaire was distributed to parents of children with primary or mixed dentition across Saudi Arabia and an observational cross-sectional study was conducted from July to November 2024. Demographic data were collected and the age of first dental visit, reason of visit and treatments received for visit, were queried. SPSS software was used to analysis the data. **Results:** A total of 624 parents' participant in which a majority (45.4%) stated that their children first visited the dentist within the age of 3 to 5 years. Routine checkups (39.9%) constituted the prime reason for the visit, pointing increasingly to a trend of preventive care. Over two-thirds received treatment for the first visit and 32.7% received no treatment. Possibly most notably, 62.0% of parents preferred earlier dental visits, and the absence of complaints from the child was the most common reason for delayed visits (56.3%). We found significant relation of the child's age and gender ($p=0.039$) and first dental visit age ($p=0.0001$) using statistical analysis. **Conclusion:** The findings support the recommendations for early dental visits consistent with preventive care. Despite a growing awareness among parents regarding the significance of early dental care, misconceptions about the necessity of these visits persist. Continued educational efforts are essential to enhance parental understanding and encourage earlier dental consultations, ultimately improving children's oral health outcomes.

Keywords: First dental visit, preventive care, dental caries, treatment.

ISSN:1624-1940
http://magellanes.com/

Introduction:

First dental visit has an impact on the child's oral health care and his attitude about the future recall visits [1]. Early dental visits help specialists detect early childhood caries (ECC) and guide parents on preventing oral diseases and promoting good oral hygiene. The American Academy of Pediatric Dentistry recommends the first dental appointment by 12 months of age [2]. Early dental visit may help to reduce their dental anxiety, develop a greater sense of trust of the dentist and increase child's enthusiasm about learning how to take care of his teeth [3]. Children's oral health is mostly dependent on their caregivers because they are in charge of teaching and monitoring tooth cleaning, as well as the child's nutrition and eating routine [4]. The AAPD (American Academy of Pediatric Dentistry) advises that children visit the dental clinic by their 1st birthday or within 6 months after the eruption of the 1st tooth [5]. The importance of this visit is to create a good child-dentist relationship and to familiarize the child with the clinic. Therefore, it permits the dentist to evaluate the child's oral health and educate the parents on oral hygiene maintenance and practices [6].

The most common disease among children is dental caries. In a study in the Kingdom of Saudi Arabia, it was recorded that the average decayed, missing, and filled primary teeth (dmft) for a six-year-old boy was 4.14; on the other hand, the girl's mean dmft was 3.43. In addition, in a different study that was conducted in Jeddah, KSA, it was found that the prevalence of NBS (nursing bottle syndrome) was 20%, and 67% of them demonstrated the severe form [7].

Hence, the early dental visit allows the dentist to identify caries as well as provide guidance and education to the parents regarding suitable diet and oral hygiene practices for the child. Moreover, to build trust and shape the child's behavior [8]. Studies have been published in India at 2019 to assess at what age children have their first dental visit, reported the mean age of the first dental visit was 8.18 ± 3.2 years [9]. A retrospective study examined the dental records of 410 children aged from 0 to 16. Dental caries was the primary cause of presentation (47.1%) [10].

This study showed that most children visited the dentist at age seven. The primary reasons for these visits were cavities, followed by tooth pain [11]. While relatively little study has been conducted on the reasons and ages of initial dental visits, there is currently a shortage of data among the Saudi population. Studies have been published in Saudi Arabia at 2020, the majority of parents favored to take their kids to the dentist for the first time between the ages of three and six. Reasons of first visit are pain (31.8%) or caries prevention (31.8%) [12].

The purpose of this study was to establish the age at which children have their first dental visit, the reason for the visit, and if the treatments done what the treatments performed during the first appointment.

Material and Methods

Study design and Setting:

The study is an observational cross-sectional study conducted between July 2024 and November 2024 based on an online questionnaire developed by the authors. To obtain the involvement of parents of young children with primary or mixed dentition from around Saudi Arabia, recruiting participants relyed on paper-based, online announcements, or social media communications (such as Telegram, Twitter, WhatsApp, etc.).

Sample size:

The sample size of 384 was determined using the Raosoft sample size calculator to ensure a

ISSN:1624-1940
http://magellanes.com/

representative sample for the entire population. This calculation was based on an assumed indicator percentage of 0.50, a margin of error of 5%, and a confidence interval (CI) of 95%. These parameters were used to determine the minimum number of respondents necessary to provide statistically significant results that accurately reflect the population under study.

Inclusion and Exclusion criteria:
Parents of healthy children visiting the dental clinic for the first time and who are willing to participate was included. Any mental or physical disability among parents of children, children accompanied by anyone other than the parent, and parents who are not willing to participate was excluded.

Method for data collection, instrument and score system:
The responses provided by respondents to the survey questions served as the data source. Included in the form are a consent question and a summary of the study. The questionnaire included the following sections: Section (I) was collect the participant's demographic data after agreeing to participate in the in the collection of demographic data about the parent and child, i.e., parent employment status, marital status, nationality Residual area, age of the child, gender. The second section (II) included the age of the child at the first dental visit, the reason for the first visit, and the treatment that was done at the first visit. The third section (III) included the treatment done on the first visit; other problems were discovered at the first visit; do you prefer the first visit to be at an earlier age; and what was the reason for the late first dental visit.

Pilot test:
The questionnaire was distributed to 20 individuals to assess its simplicity and the study's feasibility. The data from this pilot test was not included in the final study results.

Analyzes and entry method:
The collected data was inputted into Microsoft Excel (2024) and subsequently imported into the Statistical Package for the Social Sciences (SPSS) software for statistical analysis.

Results:

Table (1) displays various demographic parameters of the participants with a total number of (624). Age distributions shows large proportions contributed by 5 to 7 year old, accounting for 33.8%, followed by participants less than 5 years and 8 to 10 years 21.0% and 25.5%, respectively. Moreover, most respondents are mothers, a percentage of 80.8, manifested a very strong maternal involvement with the children. The results of employment status show that 44.9% are employed and a great volume of people (37.5%), not employed. Second, the marital status data shows (94.6%) marriage rates that are potentially stable family. By nationality, a whopping 92.3 percent of respondents are Saudi. A geographic concentration of demographics is manifested in regional representation which is heavily concentrated in the Western region (55.4%), which may also by implicated in social dynamics. As for the possible gender of the children, there is even distribution, there are about 50.2 percent of males and 49.8 percent of females, so region where gender is balanced.

ISSN:1624-1940
http://magellanes.com/

Table (1): Sociodemographic characteristics of participants (n=624)

Parameter		*No.*	*Percent (%)*
Age (Mean: 7.5, STD: 3.4)	Less than 5 years	131	21.0
	5 to 7 years	211	33.8
	8 to 10 years	159	25.5
	More than 10 years	123	19.7
Relation to child	Father	120	19.2
	Mother	504	80.8
Occupational status	Student	36	5.8
	Employed	280	44.9
	Not employed	234	37.5
	Retired	36	5.8
	Freelancer	38	6.1
Marital status	Married	590	94.6
	Divorced	24	3.8
	Widow	10	1.6
Nationality	Saudi	576	92.3
	Non-Saudi	48	7.7
Residential region	Northern region	24	3.8
	Southern region	69	11.1
	Central region	132	21.2
	Eastern region	53	8.5
	Western region	346	55.4
Child's gender	Female	311	49.8
	Male	313	50.2

As shown in figure 1, We analyze the data regarding the reasons of visits by a total sample size of 624 individuals and significant here that almost 39.9% (249) people visited for the routine checkups which means that most individuals visited for routine checkups. Secondly, caries was the most common reason cited for presentation, with 199 (31.9%) individuals showing signs of tooth caries, indicating a major cause for concern for tooth caries in this population.

A total of 80 people (13%) reported visits for pain, a large need for immediate care, followed by emergency cases, including swelling or pus, and trauma cases, composed of broken or missing teeth: 25 (4.0%) and 21 (3.4%), respectively. Finally, 49 individuals (7.9%) gave miscellaneous reasons which suggest a variety of dental health concerns of those who were consulted in this sample.

ISSN:1624-1940
http://magellanes.com/

Figure (1): Illustrates the reason for the first dental visit among participants.

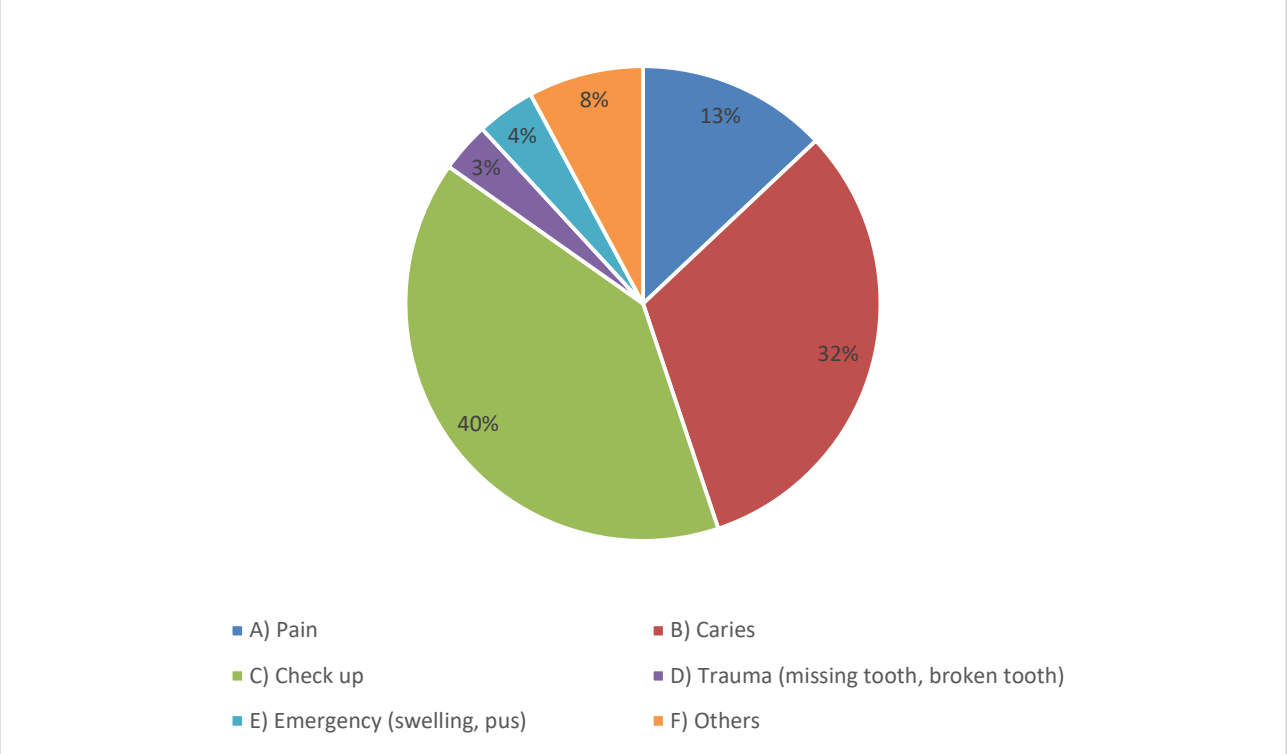

Table 2 offers very good information as to a number of parameters regarding first dental visit of children based on a sample of 624 respondents. More notably, most of the children were visited by the dentist when aged 3 to 5 years (45.4 %, which corresponds with the referred timing of the first periodical dental check. For 39.9%, the most common reason was for checkups pointing out a trend towards preventive care. Additionally, the treatment data shows that more than two thirds of the children were treated on their first visit with no treatment 32.7% of the time. An interesting finding was that a substantial percentage of parents (62.0%) preferred earlier dental visits implying an increasingly heavy need for early dental care. Delayed visits are generally related to combined factors, mainly absence of complaints from the child (56.3%).

Table (2): Parameters related to questions related to the first dental visit (n=624).

Parameter		***No.***	***Percent (%)***
What was the age of the child at the first visit?	2 years or less	97	15.5
	3 to 5 years	283	45.4
	6 to 7 years	159	25.5
	8 years or more	85	13.6
What was the reason for the visit?	A) Pain	81	13.0
	B) Caries	199	31.9
	C) Check up	249	39.9

ISSN:1624-1940
http://magellanes.com/

	D) Trauma (missing tooth, broken tooth)	21	3.4
	E) Emergency (swelling, pus)	25	4.0
	F) Others	49	7.9
What was the treatment?	A) No treatment (only examination)	204	32.7
	B) Fluoride application	111	17.8
	C) Restorations	138	22.1
	D) Pulp therapy	37	5.9
	E) Extraction	75	12.0
	F) Crown	9	1.4
	G) Others	50	8.0
Was the treatment done from the first visit?	No	194	31.1
	Yes	430	68.9
Were any other problems had been discovered in the visit?	No	395	63.3
	Yes	229	36.7
How cooperative is your child on their first dental visit?	Very cooperative	187	30.0
	Cooperative	272	43.6
	Uncooperative	130	20.8
	Very uncooperative	35	5.6
In your opinion, would you prefer the visit was in a earlier age of your child?	No	237	38.0
	Yes	387	62.0
What was the reason(s) for late first dental visit?	A) Dental fear and anxiety	123	19.7
	B) Primary teeth are not important	52	8.3
	C) My child is not complaining	351	56.3
	D) Transportation barrier	9	1.4
	E) Financial barrier	27	4.3
	F) Others	62	9.9

As shown in figure (2), With sample of 624 parents' data, data reveals an interesting trend towards how much cooperation parents have with their child's behavior at their first dental visit. As an example, 29.9% (187) of children were classified as 'very cooperative,' while 43.6% (272) were also said to be 'cooperative,' representing the majority of a child's approach to the dental experience. However, the fraction who were "uncooperative" More specifically, 20.8 percent (130) were classified as "uncooperative, and 5.6 percent (35) were classified as "very uncooperative."

ISSN:1624-1940
http://magellanes.com/

Figure (2): Illustrates the child cooperation in their first dental visit among participants.

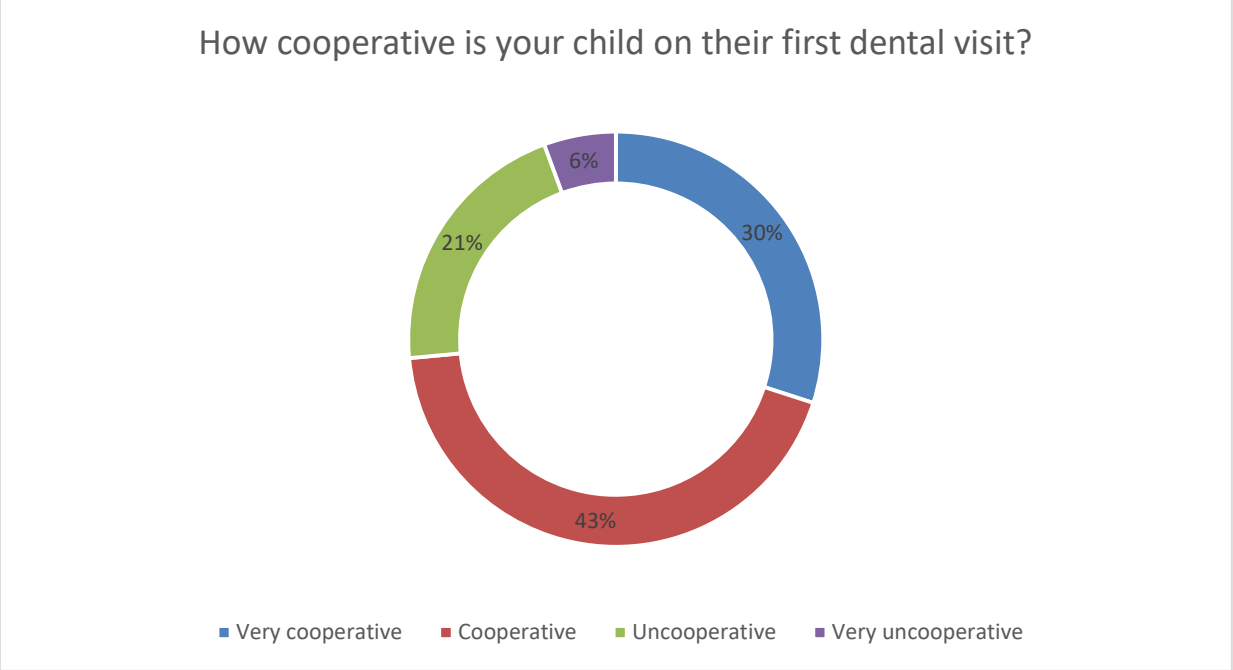

Table (3) shows that age of first dental visit has statistically significant relation to child's age (P value=0.0001), child's gender (P value=0.039). It also shows statistically insignificant relation to relation to the child, occupational status, marital status, nationality, and residential region.

Table (3): Relation between age of first visit and sociodemographic characteristics.

Parameters		***Age of first visit***		***Total (N=624)***	***P value****
		Early (first 2 years)	**Late (after 2 years)**		
Relation to the child	Father	15	105	120	0.306
		15.5%	19.9%	19.2%	
	Mother	82	422	504	
		84.5%	80.1%	80.8%	
Age	Less than 5 years	67	64	131	0.0001
		69.1%	12.1%	21.0%	
	5 to 7 years	23	188	211	
		23.7%	35.7%	33.8%	
	8 to 10 years	6	153	159	
		6.2%	29.0%	25.5%	
	More than 10 years	1	122	123	
		1.0%	23.1%	19.7%	
Occupational status	Student	4	32	36	0.212
		4.1%	6.1%	5.8%	

ISSN:1624-1940
http://magellanes.com/

	Employee	54	226	280	
		55.7%	42.9%	44.9%	
	Non-employee	29	205	234	
		29.9%	38.9%	37.5%	
	Retired	4	32	36	
		4.1%	6.1%	5.8%	
	Freelancer	6	32	38	
		6.2%	6.1%	6.1%	
Marital status	Married	95	495	590	0.231
		97.9%	93.9%	94.6%	
	Divorced	2	22	24	
		2.1%	4.2%	3.8%	
	Widowed	0	10	10	
		0.0%	1.9%	1.6%	
Nationality	Saudi	94	482	576	0.064
		96.9%	91.5%	92.3%	
	Non-Saudi	3	45	48	
		3.1%	8.5%	7.7%	
Residential region	Northern region	4	20	24	0.561
		4.1%	3.8%	3.8%	
	Southern region	14	55	69	
		14.4%	10.4%	11.1%	
	Central region	18	114	132	
		18.6%	21.6%	21.2%	
	Eastern region	11	42	53	
		11.3%	8.0%	8.5%	
	Western region	50	296	346	
		51.5%	56.2%	55.4%	
Child's gender	Female	39	272	311	0.039
		40.2%	51.6%	49.8%	
	Male	58	255	313	
		59.8%	48.4%	50.2%	

P value was considered significant if ≤ 0.05.

Table (4) shows statistically insignificant relation to child's age, child's gender, relation to the child, occupational status, marital status, nationality, and residential region.

Table (4): Treatment done from the first dental visit in association with sociodemographic characteristics.

Parameters	***Was treatment done from***	***Total***	***P***

ISSN:1624-1940
http://magellanes.com/

		the first dental visit?		*(N=624)*	*value**
		No	**Yes**		
Relation to the child	Father	39	81	120	0.710
		20.1%	18.8%	19.2%	
	Mother	155	349	504	
		79.9%	81.2%	80.8%	
Age	Less than 5 years	42	89	131	0.910
		21.6%	20.7%	21.0%	
	5 to 7 years	62	149	211	
		32.0%	34.7%	33.8%	
	8 to 10 years	52	107	159	
		26.8%	24.9%	25.5%	
	More than 10 years	38	85	123	
		19.6%	19.8%	19.7%	
Occupational status	Student	11	25	36	0.919
		5.7%	5.8%	5.8%	
	Employee	89	191	280	
		45.9%	44.4%	44.9%	
	Non-employee	69	165	234	
		35.6%	38.4%	37.5%	
	Retired	11	25	36	
		5.7%	5.8%	5.8%	
	Freelancer	14	24	38	
		7.2%	5.6%	6.1%	
Marital status	Married	184	406	590	0.281
		94.8%	94.4%	94.6%	
	Divorced	9	15	24	
		4.6%	3.5%	3.8%	
	Widowed	1	9	10	
		0.5%	2.1%	1.6%	
Nationality	Saudi	174	402	576	0.099
		89.7%	93.5%	92.3%	
	Non-Saudi	20	28	48	
		10.3%	6.5%	7.7%	
Residential region	Northern region	11	13	24	0.122
		5.7%	3.0%	3.8%	
	Southern region	28	41	69	
		14.4%	9.5%	11.1%	
	Central region	34	98	132	
		17.5%	22.8%	21.2%	
	Eastern region	17	36	53	
		8.8%	8.4%	8.5%	
	Western region	104	242	346	
		53.6%	56.3%	55.4%	

ISSN:1624-1940
http://magellanes.com/

Child's gender	Female	99	212	311	0.689
		51.0%	49.3%	49.8%	
	Male	95	218	313	
		49.0%	50.7%	50.2%	

P value was considered significant if ≤ 0.05.

Discussion:

Children's first visit to a pediatric dentist is a major step in their oral health development, and for several reasons. It initially gives kids early exposure and detectability: first visit to the dental atmosphere makes it easy for people to accustomed and discover the dental set up in a warm and supportive manner and also makes it easier for the dentist to figure out any oral wellbeing problems early similar to cavities or developmental issues. Secondly, it helps develop a relationship between the mother, father, and dentist, and the child to create a friendly and comfortable atmosphere ahead of other checkup visits [16]. In addition, it suggests methods of effective dental care that are designed to prevent oral health problems and attempt to address the primary intervention when needed (i.e., fluoride varnish, dental sealants, or orthodontics to achieve the optimum oral health) [17]. Thus, we aimed in this study to assess at which age children have their first dental visit, to explore the reasons of the visit and what was the treatment needed.

In our study, we analyzed the age of first dental visits among 624 children, our findings revealed that a significant proportion (45.4%) first visited the dentist between the ages of 3 to 5 years, which aligns with the recommended preventive care guidelines. This trend towards preventive dental care is further supported by our finding that 39.9% of visits were for routine checkups, indicating a shift in parental attitudes toward early dental care. Notably, over two-thirds of children received treatment during their initial visit, with 32.7% requiring no treatment, suggesting that many parents are increasingly recognizing the importance of early intervention. This is corroborated by the findings of Alshahrani et al., who reported that 72.67% of children were accompanied by parents during their first dental visit, emphasizing the role of parental involvement in children's dental experiences [18]. Furthermore, a significant portion of parents (62.0%) in our study expressed a preference for earlier dental visits, which reflects a growing awareness of the importance of early dental care. In contrast, delayed visits were often attributed to a lack of complaints from the child (56.3%), aligning with findings by Adimoulame Sanguida et al., who noted that many parents believed their children did not require dental visits due to the absence of dental problems, highlighting a common misconception regarding the timing of dental care [19]. Comparatively, the trends in previously conducted studies regarding the age at which their first dental visit were compared. In contrast, Wilk-Sieczak, et al. found that only 63% of children had their first visit due to treatment need, with the greatest number stemming from tooth decay and pain; in contrast, our findings stress routine checkups [20]. Consistent with this, Daou et al. found that the most common reasons for initial consultations were decayed (50.9 %) and carious teeth (29.5 %),[21] indicating that many children go to get dental care reactively (i.e. problem seeking) rather than proactively (i.e. healthy seeking). Similarly, dental caries and its complications were also the leading reasons for first visits of which Yahya et al, Soxman, and Masiga also stated [22, 23]. This provides an indication of the need of better preventive care strategies to handle such issues in the early age. In contrast to our findings, some studies including those by Nino et al. and Meera et al. reported older ages for first visits: children consulted the dentist for the first time at the age of 6 to 12 years and delay seeking dental care relative to our cohort [24, 25], as in a study including children in Nepal [26], most of them visited dentist first at the ages from 7 to 11 years (7%) and before this at age below 3 years (Study by Mileva and Kondeva reported 51.9% first visit in the age of 3 to 6 years in Bulgaria resulting

ISSN:1624-1940
http://magellanes.com/

in the closest alignment with our findings but also highlighting the diversity of compliance with dental visit in different populations [27]. In addition, studies conducted in Saudi Arabia, such as those conducted by Murshid, suggested similar regional trend of approximately 52.9% of Saudi children had visited the dentist between ages 3 to 5 years, which also coincides with our results [28]. Several studies, including studies that show the importance of early dental visits in preventing early childhood caries, detecting incipient lesions, and setting good oral hygiene habits for children, support that this aligns with American Academy of Pediatric Dentistry recommendation that children should undergo exam by one [29]. Despite these recommendations, awareness about the appropriate age for a child's first dental visit remains low in many communities. For instance, a study in Chennai found that 59% of parents believed the first visit should occur only after the eruption of permanent teeth, while similar misconceptions were reported in studies conducted in Gujarat and Mumbai, where a substantial percentage of parents felt that early visits were unnecessary [30][31][32]. The findings of Shahad S Alkhuwaiter et al. also indicate low percentages of parents seeking early dental care for preventive purposes, revealing a significant gap in awareness regarding the importance of primary teeth and preventive dental care among parents [33]. Ultimately, our findings contribute to the growing body of literature advocating for earlier dental visits, emphasizing the need for continued education and awareness campaigns to improve parental understanding of the importance of early dental care for their children.

Conclusion:

Finally, this study indicates the significance of early dental visits out for children's oral health. This suggests that many children in Saudi Arabia have the first visit to a dentist by the time they reach between the ages of 3 and 5 years old—an age spot-on with advice for preventive care. Notably, 39.9 percent of visits were for routine checkups that suggest the more positive shifts in parental attitudes towards early dental care. Moreover, approximately two thirds of the children were treated during their first visit and this indicates the importance of early intervention. Although these numbers highlight progress, most parents also wanted their children to see the dentist still earlier for a variety of reasons, including they wanted more parents to be more aware of the timing and the importance of these visits. A common misconception of the need for preventive care was thought to be the reason the majority of visits were delayed based on the absence of complaints. Together, these findings highlight the importance of ongoing education in educating parents on the need to receive regular dental visits, which in turn improves on oral health outcomes for children.

Ethical approval

An informed consent was obtained from each participant after explaining the study in full and clarifying that participation is voluntary. Data collected were securely saved and used for research purposes only.

Funding

There was no external funding for this study.

Conflict of interests

The authors declare no conflict of interest.

ISSN:1624-1940
http://magellanes.com/

Informed consent:

Written informed consent was acquired from each individual study participant.

Data and materials availability

All data associated with this study are present in the paper.

References**:**

1. Olatosi OO, Onyejaka NK, Oyapero A, Ashaolu JF, Abe A. Age and Reasons for First Dental Visit Among Children in Lagos, Nigeria. Niger Postgrad Med J. 2019;26(3):158–63.
2. Sanguida A, Vinothini V, Prathima G, Santhadevy A, Premlal K, Kavitha M. Age and reasons for first dental visit and knowledge and attitude of parents toward dental procedures for Puducherry children aged 0-9 years. J Pharm Bioallied Sci. 2019;11(6):S413–9.
3. Burgette JM, Dahl ZT, Weyant RJ, McNeil DW, Foxman B, Marazita ML. Opposition to Early Dental Visit by Dentists: A Qualitative Study on Mothers' Social Networks. JDR Clin Transl Res. 2023;8(1).
4. Poutanen R, Lahti S, Tolvanen M, Hausen H. Parental influence on children's oral health-related behavior. Acta Odontol Scand. 2006;64(5):286–92.
5. Accreditation D, Academy TA, Dentistry P. Definitions and scope of pediatric dentistry. Pediatr Dent. 2016;38(6):2–3.
6. Revision L. Periodicity of examination, preventive dental services, anticipatory guidance/counseling, and oral treatment for infants children and adolescents. Pediatr Dent. 2018;40(6):194–204.
7. Aldawood MM, Battepati PM, Holenarasipur AV, Alotaibi MZ, Alghamdi SS, Aljuaid TS. Parents Awareness about the First Dental Visit and Behaviour Management. J Clin DIAGNOSTIC Res. 2019;
8. Bulut G, Bulut H. Zero to five years: First dental visit. Eur J Paediatr Dent. 2020;21(4):326–30.
9. Chan CY, Subramaniam S, Chin KY, Ima-Nirwana S, Muhammad N, Fairus A, et al. Levels of knowledge, beliefs, and practices regarding osteoporosis and the associations with bone mineral density among populations more than 40 years old in Malaysia. Int J Environ Res Public Health. 2019;16(21).
10. OMOTUYOLE AS, AYEBAMERU OE, YEMITAN TA, IROAYO OE, SALAMI OS. Age and reason of first visit among children seen at the paediatric dental unit of the Lagos state university teaching hospital. Int J Sci Res Arch. 2023;9(1):498–504.
11. Padung N, Singh S, Awasthi N. First Dental Visit: Age Reasons Oral Health Status and Dental Treatment Needs among Children Aged 1 Month to 14 Years. Int J Clin Pediatr Dent. 2022;15(4):394–7.
12. Nayak UA, AlQahtani AF, Alturkistani RF, Al-Kendi AA, Aljuaid MA. First Dental Visit of a Child - Perspectives of Parents / Guardians and Dentists / Paediatric Dentists in Saudi Arabia. J Evol Med Dent Sci. 2020;9(42):3086–91.
13. Padung N, Singh S, Awasthi N. First Dental Visit: Age Reasons Oral Health Status and Dental Treatment Needs among Children Aged 1 Month to 14 Years. Int J Clin Pediatr Dent. 2022 Jul

1;15(4):394–7.
14. Alkhuwaiter SS, Almutairi M, Alfuraih N, Al-Haj Ali SN. Children's Ages, Reasons, and Experiences for First Dental Visit and Barriers of a Late Visit: A Cross-Sectional Community-Based Study in Saudi Arabia. Cureus. 2024;16(5).
15. Chowdhary K, Saha S, Sharma A, Dhinsa K, Sharma P. Age, Reason, and Experiences Regarding the First Dental Visit among Children Belonging to Lucknow. J Indian Assoc Public Heal Dent. 2023;21(4):386–90.
16. Parents' attitude towards children's first dental visit in the College of Dentistry, Riyadh, Saudi Arabia. Al-Shalan TA, Al-Musa BA, Al-Khamis AM. Saudi Med J. 2002;23:1110–1114. [PubMed] [Google Scholar]
17. Children's ages and reasons for receiving their first dental visit in a Saudi community. Murshid EZ. Saudi Dent J. 2016;28:142–147. doi: 10.1016/j.sdentj.2015.12.003. [DOI] [PMC free article] [PubMed] [Google Scholar]
18. Alshahrani NF, Alshahrani ANA, Alahmari MA, Almanie AM, Alosbi AM, Togoo RA. First dental visit: Age, reason, and experiences of Saudi children. Eur J Dent. 2018 Oct-Dec;12(4):579-584. doi: 10.4103/ejd.ejd_426_17. PMID: 30369806; PMCID: PMC6178666.
19. Sanguida A, Vinothini V, Prathima GS, Santhadevy A, Premlal K, Kavitha M. Age and Reasons for First Dental Visit and Knowledge and Attitude of Parents Toward Dental Procedures for Puducherry Children Aged 0-9 years. J Pharm Bioallied Sci. 2019 May;11(Suppl 2):S413-S419. doi: 10.4103/JPBS.JPBS_54_19. PMID: 31198379; PMCID: PMC6555334.
20. Wilk-Sieczak B, Zakrzewski M, Chmielewska-Łuczak D. Mother's dental fear and the reasons for their preschool children's first dental visit as the predicators of their negative attitude towards the dental treatment. Dent Med Prob. 2005;42(1):77–82. [Google Scholar]
21. Daou MH, Eden E, Osta NE. Age and reasons of the first dental visit of children in Lebanon. J Med Liban. 2016;64(1):18–22. doi: 10.12816/0023827. [DOI] [PubMed] [Google Scholar
22. Yahya MD, Ayman FMAO, Enas FHO, et al. Mean age and chief complaint of the Jordanian children on their first dental visit. Pak Oral Dental J. 2012;32(1):71–74. [Google Scholar]
23. Masiga MA. Socio-demographic characteristics and clinical features among patients attending a private pediatric dental clinic in Nairobi, Kenya. East AfrMed J. 2004;81(11):577–582. [PubMed] [Google Scholar]
24. Nino J, Ashino J, Varsha J, et al. First dental visit of a child: a retrospective study. Pushpagiri Med J. 2010;2(1):21–23. [Google Scholar]
25. Meera R, Muthu MS, Phanibabu M, et al. First dental visit of a child. J Indian Soc Pedod Prevent Dent. 2008;26(2):S68–S71. [PubMed] [Google Scholar]
26. 26.Ghimire N, Kayastha B, Nepal P. The first dental visit. J Chitwan Med Coll. 2014;3(4):30–33. [Google Scholar]
27. Mileva SP, Kondeva VK. Age at and reasons for the first dental visit. Folia Med (Plovdiv) 2010;52(4):56–61. doi: 10.2478/v10153-010-0018-x. [DOI] [PubMed] [Google Scholar
28. Al-Shalan TA. Factors affecting Saudi parents' perception of their children's first dental visit. J Contemp Dent Pract. 2003;4(4):54–66. [PubMed] [Google Scholar]
29. American Academy of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry. 2023. The Reference Manual of Pediatric Dentistry: Definitions, Oral Health Policies, Recommendations, Endorsements, Resources: 2019-2020; pp. 35–37. [Google Scholar]
30. Manohar J, Mani G. Knowledge and attitude of parents regarding children's primary teeth & their willingness for treatment. J Pharm Sci Res. 2017;9:194–98. [Google Scholar]

ISSN:1624-1940
http://magellanes.com/

31. Bahuguna R, Jain A, Khan SA. Knowledge and attitudes of parents regarding child dental care in an Indian population. Asian J Oral Health Allied Sci. 2011;1:9–12. [Google Scholar]
32. Winnier JJ, Mehta S, Parmar A, Bhatia R. Pediatric dental procedures: A survey of knowledge and attitudes of parents. Int J Dent Health Sci.
33. Alkhuwaiter SS, Almutairi M, Alfuraih N, Al-Haj Ali SN. Children's Ages, Reasons, and Experiences for First Dental Visit and Barriers of a Late Visit: A Cross-Sectional Community-Based Study in Saudi Arabia. Cureus. 2024 May 23;16(5):e60942. doi: 10.7759/cureus.60942. PMID: 38910657; PMCID: PMC11193543.