

Child oral health: Habits in Australian homes



Poll report

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Report highlights

- One in three (32%) Australian preschoolers have never visited a dentist
- One in three (33%) children do not have their teeth cleaned twice a day
- One in four (23%) Australian parents believe children only need to see the dentist if they have a problem with their teeth
- More than three quarters (77%) of Australian parents don't know that children should visit the dentist for a checkup when they are about one year old
- Almost half of parents (46%) don't know that tap water is better for teeth than bottled water
- Half of parents are not aware of the free dental services that may be available to their children

In a survey conducted during January 2018, Australian parents were asked a series of questions about their understanding, experiences and opinions in relation to the oral health and dental habits of their children. A sample of 2,073 parents yielded data on a total of 3,992 of their children aged between one month and 18 years. Of these 3,992 children, 606 were infants and toddlers (aged zero to less than three years), 770 were preschoolers (aged three to less than five years), 1544 were primary school-aged children (aged six to less than 13 years) and 1,072 were teenagers (aged 13 to less than 18 years). The median number of children per parent was two with a range from one to seven. Given that the presence of teeth in children is variable, data on children 12 months or younger (n=156) were excluded from analysis of questions that required reporting of direct experiences relating to the health and care of their teeth, unless otherwise indicated.

1 in 3
preschoolers
have never seen a dentist

Visiting the dentist

The Australian Dental Association recommends that all children attend the dentist for a checkup when the first tooth erupts or at age one year, in order to assist in the prevention and early detection and treatment of tooth decay. More than three-quarters (77%) of parents surveyed were not aware of this recommendation, and only 17% of all children were reported to have seen a dentist by the time they turned two. Among those children who had visited the dentist, in the majority of cases (79%) the main reason for the first visit was a routine checkup.

A third (32%) of Australian preschoolers have never seen a dentist, as reported by their parents.

It is currently recommended that children attend the dentist every 6-12 months for a checkup, yet more than one in five primary school children (22%) and one in four teenagers (25%) have not seen a dentist within the past year (see Figure 1). Parents who reported having a regular family GP, university level education and private health insurance were more likely to report that their child had attended the dentist for a checkup within the past year. Parents who reported being aware of their eligibility for the Child Dental Benefits Schedule were more likely to report having taken their child for a dental checkup within the past year (69%) than those who were unaware of their eligibility for the scheme (56%).

Timing of last dental checkup

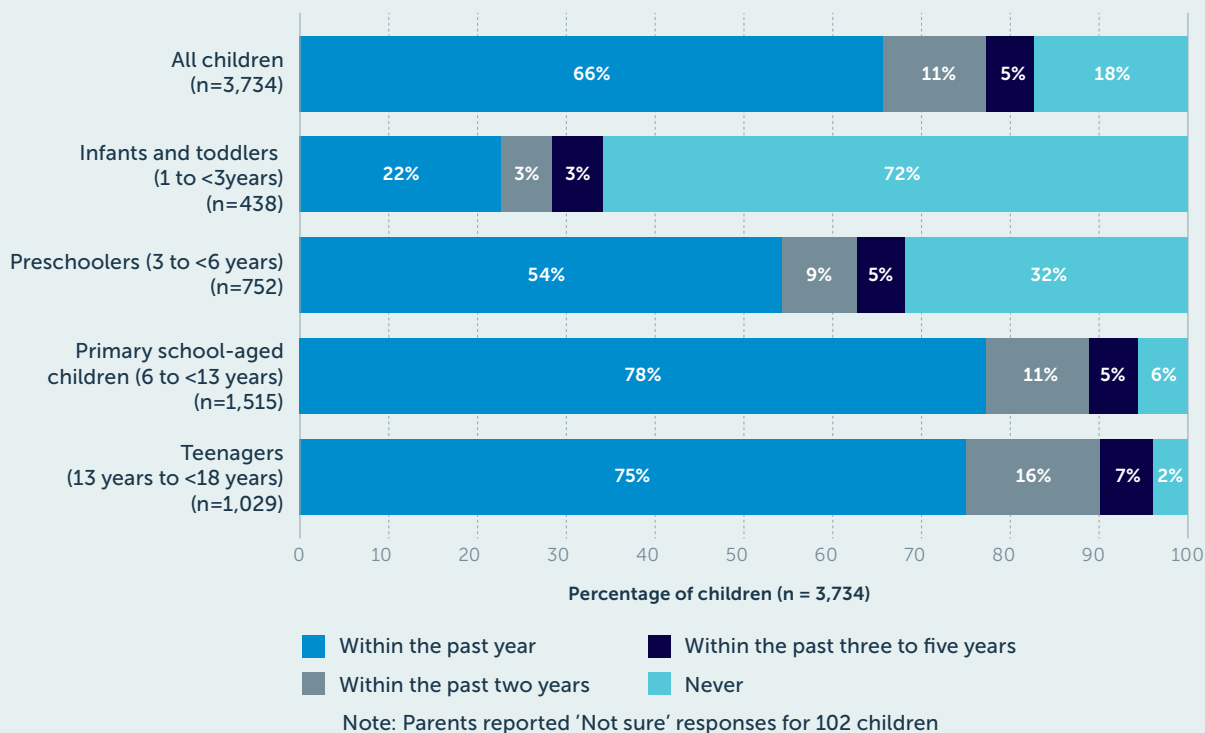


Figure 1.

Parent reasons for **not visiting dentist**

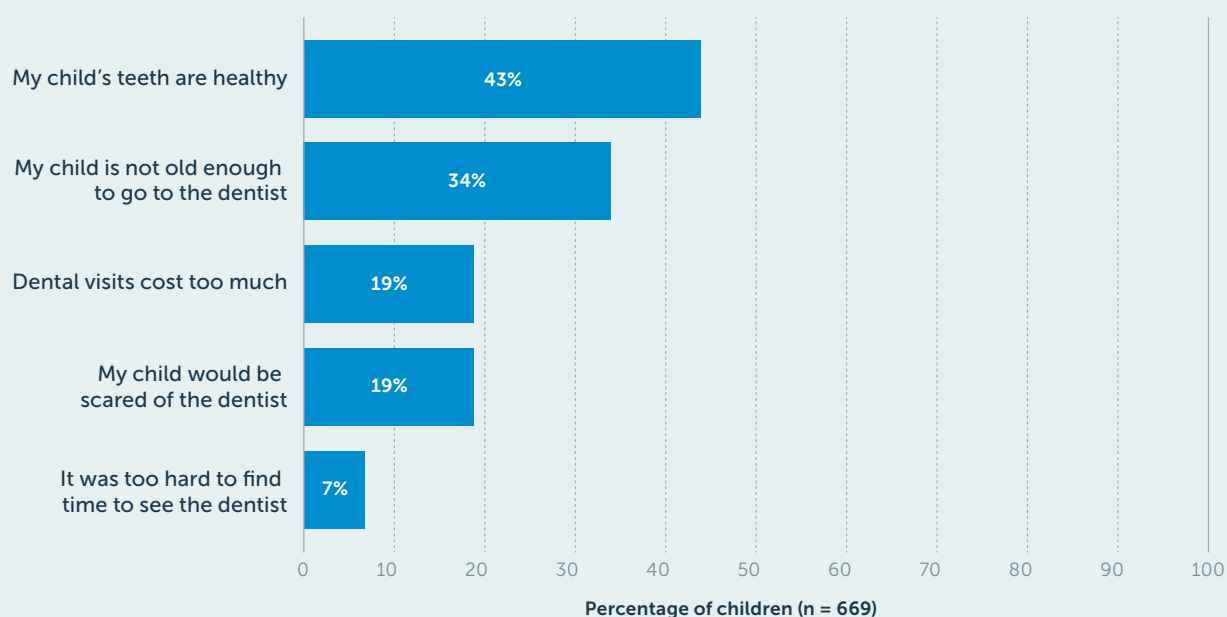


Figure 2.

Metropolitan versus rural location did not affect the reported frequency of child dental checkups.

Among all children aged over one year who had never visited the dentist (n=669), the most frequently cited reasons by parents were that their child did not need to go because their teeth were healthy (43%), their child was too young to go to the dentist (34%) and concerns that their child would be scared of the dentist (19%). Some parents indicated cost (19%) and a lack of time (7%) as barriers to accessing the dentist for their child (see Figure 2). All children should visit the dentist regularly for checkups from one year of age, even if their teeth are healthy.

Dental care: keeping teeth clean

In order to prevent tooth decay, it is recommended that children's teeth are cleaned or brushed twice a day, from the time the first tooth erupts. According to parent reports, a third (33%) of all children do not have their teeth cleaned twice a day. This varied by age of child, with younger children being less likely to have their teeth cleaned often enough than older children. A quarter of all school-aged children (27%), two in five preschoolers (39%) and more than half (58%) of infants and toddlers don't have their teeth brushed twice a day (see Figure 3).

It is recommended that parents assist young children to brush their teeth properly, yet less than half (49%) of parents of children aged less than eight years report regularly brushing their child's teeth for them. A further quarter (25%) rarely or never assist their child (aged less than 8 years) to brush their teeth.

The majority of parents (81%) reported being confident that they knew how to care for their child's teeth properly and yet many were confused about when and how often children need to brush their teeth. About half (54%) indicated that they had been shown how to care for their children's teeth by a health care professional. However, this figure was notably lower in parents of very young children, with only a quarter of parents of infants and toddlers (28%) saying they had received this education. One in four parents (28%) incorrectly believe that brushing teeth once a day is often enough for children, and a third of parents (33%) think that babies don't need their teeth cleaned every day. One in eight parents (13%) parents held the misbelief that children only need to brush their teeth if they eat sugary foods and nine per cent incorrectly felt that children don't need to brush their teeth after dinner if they eat fruit.

Frequency of teeth brushing in Australian children

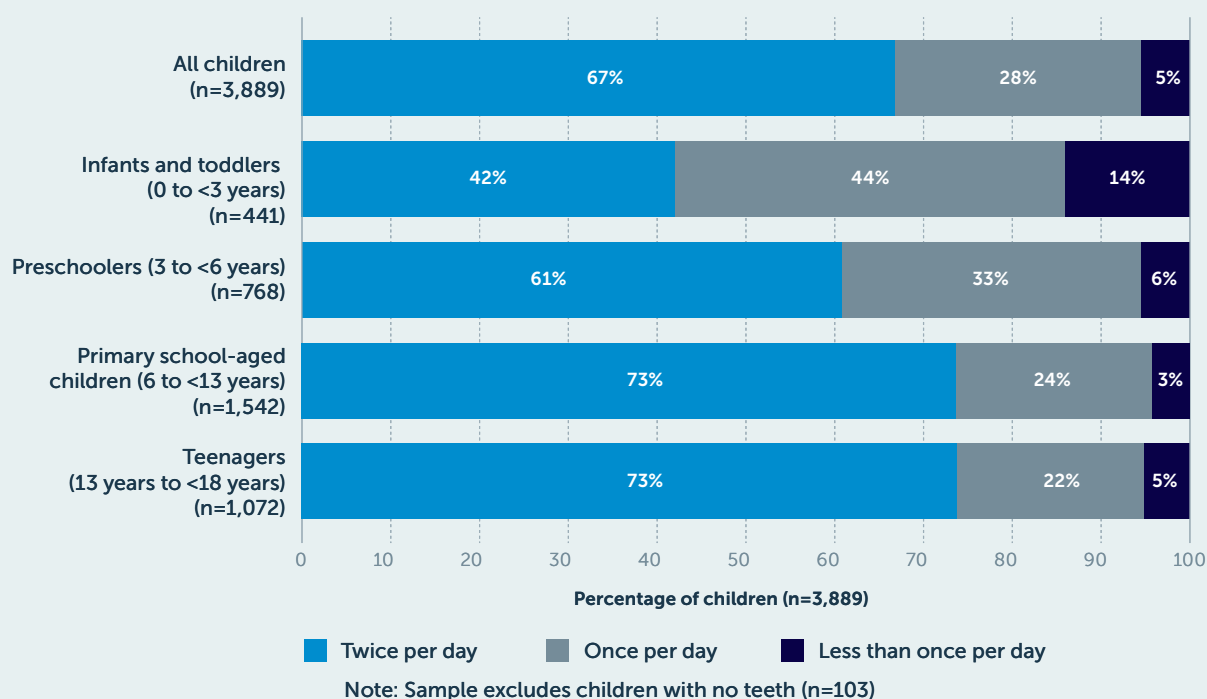


Figure 3.

Lifestyle risks: Diet and drinks

The types of food and drink a child or young person consumes affects their dental health. Dental caries and decay is on the rise in children in Australia and this is related to some types of food and drink that are widely consumed by children and teenagers. A quarter of parents held the misbelief that tooth decay is mostly inherited and cannot be changed by tooth brushing or diet.

Consumption of sugar-sweetened drinks (such as fruit juice, soft drinks, cordials, sports drinks and flavoured milks) can affect the health of teeth. Eighty-five per cent of parents were aware that drinking fruit juice can cause tooth decay, yet almost half of all children were reported by their parents to have sugar-sweetened drinks regularly. One in four children consume sugar-sweetened drinks most days of the week. Consumption was more common among teenagers, with almost a third (30%) having sugar-sweetened drinks most days of the week compared with 21% of preschoolers.

Teeth are at increased risk of developing decay as a result of sugar exposure when children fall asleep drinking from a bottle containing anything other than water. Parents reported that a third (32%) of children aged less than five years fall asleep drinking from a

bottle of milk, juice, cordial or soft drink at least once a week, with a quarter (23%) doing this most days of the week. This behaviour was more commonly reported by male parents, parents that speak a language other than English at home, and parents with lower household income (less than \$1000 per week).

Higher consumption of 'free sugars' has been linked to tooth decay and obesity in children. The World Health Organisation guidelines suggest that children should ideally have no more than five per cent of their total daily calories from free sugars, with a recommended absolute maximum of 10%. This roughly equates to between three and eight teaspoons of sugar per day, depending on the age and sex of the child. 'Free sugars' are any sugars that are added to food or drinks by the cook or the consumer, as well as sugars that are present naturally in unsweetened fruit juices, honey or syrups. 'Free sugars' do not include natural sugar found in fruits, vegetables or milk. In this poll, the vast majority (85%) of parents report not knowing what the recommended maximum daily intake of added sugar is for their children. Parents also report finding it difficult to know how much added sugar is in food products. These findings suggest that many parents have low levels of knowledge about sugar intake in their children and this may mean that they are less likely to make healthy dietary choices for their family.

Tap water in most parts of Australia is treated and contains fluoride and therefore is a healthier choice for teeth than bottled water. Almost half of parents were confused about the benefits of Australian tap water over bottled water for children's teeth, with a quarter mistakenly believing bottled water was better for teeth and a further 21% being unsure which type of water was better. There was no meaningful difference in results across all states and territories. Of note, parents who reported having migrated to Australia within the past five years were almost twice as likely to believe that bottled water is better for children's teeth than tap water, possibly reflecting their own environmental experiences prior to migration and highlighting a target group for education.

Only 50%

of parents know
that tap water is
better for teeth
than bottled water



Disease and decay

Parents reported that one in eight children (13%) had experienced toothache in the past year. Toothache was most common among preadolescents (aged 10 to 13 years), with one in five (19%) of these children experiencing toothache in the past year.

One in four (25%) children were reported to have had a tooth filling for decay, holes or cavities, including one in ten (9%) preschoolers, a quarter of primary school-aged children (29%) and almost two in five teenagers (38%). One in ten children (10%) were reported to have had one or more teeth pulled out for decay, holes or cavities, including five per cent of preschoolers.

One in twelve children (8%) had been hospitalised or put to sleep for a dental procedure. Parents that report speaking a language other than English at home, lower levels of education and lower income were more likely to report that their child had required an extraction for tooth decay or caries. Of concern, one in six (16%) parents held the misbelief that it doesn't matter if young children get tooth decay since their baby teeth fall out anyway.

A minority of children (7%) were reported by their parents to have been unable to visit the dentist in the past year even when they had a problem with their teeth, such as toothache or caries. The most frequent reason cited for being unable to access care when needed was that dental visits cost too much (32%), followed by their child being scared of the dentist (23%) and their child refusing to go (22%). Almost one in five parents (19%) reported that they were unable to get an appointment. Demographic factors including level of education, household income, language spoken at home, and metropolitan versus rural location were not associated with parents' inability to visit the dentist with their child when they had a problem.

Dental trauma and first aid

Thirteen per cent of children were reported to have experienced an injury to their teeth or gums, and yet less than half (42%) of parents were aware that the appropriate first aid for a knocked-out tooth is to rinse it in water and place it back in the socket as soon as possible. Among schoolchildren, over a third (35%) of tooth-related injuries were reported to have occurred while playing sport and only half (49%) of children were wearing a mouth guard at the time.

Accessing government-funded dental care

The Federal Government introduced the Child Dental Benefits Schedule (CDBS) to help parents get dental care for their children by providing eligible families with up to \$1,000 that can be used over a two-calendar year period on a range of dental services. This includes examinations, routine cleaning, fillings, and root canals. Children aged between two and 17 years, whose parents receive family tax benefit A, are eligible for CDBS. This poll found that a third (32%) of parents are not sure whether their child is eligible for CDBS and half (49%) are not aware of any free or government-funded dental health services available for their children. Among those parents who receive family tax benefit A (53% of respondents), one in four (26%) were unaware that they are eligible for the CDBS. Just over a third (39%) of

parents indicated their child had attended a dental appointment at a free or government funded service. These rates varied considerably by age of child—only 24 per cent of parents of preschoolers utilised free dental services compared with 47 per cent of school-aged children. Parents who reported having a regular family GP and lower household income (less than \$1000 per week) were more likely to report that their child had attended free dental services.

Implications

Dental caries is the highest cause of acute, preventable hospitalisations in children under 15 years. Treatment of dental disease costs the Australian economy more than \$9.9 billion a year and dental decay during childhood is the strongest indicator of poor future oral health.

This poll reveals significant gaps in parents' understanding of best care for their child's teeth and where to go for such care. Most parents are unaware of the recommendations regarding dental visits in children and many having a poor understanding of their eligibility for government-funded care. Engagement in lifestyle factors that are protective for teeth, such as adequate tooth brushing and a healthy diet, was low among many parents, with a third of children not brushing their teeth often enough and a quarter having sugar-sweetened drinks most days of the week. Many parents had low knowledge about how tooth friendly diets prevent tooth decay—almost half thought bottled water might be better for teeth than tap water, and the vast majority were unaware of maximum added sugar limits.

Identified gaps were greatest in relation to the dental care of preschoolers, with one in three reportedly having never seen a dentist and most Australian parents believing children don't need to see the dentist until they are over age three. Parents held this misbelief, despite also reporting that more than one in four children in this poll experienced dental caries requiring treatment by early primary school, including one in ten needing extraction. Toddlers and preschoolers are also less likely to have adequate oral care at home than older children. Toothbrushing in younger children often occurs only once a day, with few parents helping. One in three young children routinely fall asleep drinking from a bottle containing milk, juice, cordial or soft drink.

These findings highlight the significant need for education to inform and support families in making healthy choices for their child's oral health from an early age. Currently, many children do not receive dental care until mid-childhood, and then only in response to the symptoms of more advanced diseases. Often, by the

time a child sees the dentist they have already experienced significant impact on quality of life and require invasive and costly treatment. Health professionals, particularly those primary care providers who are in regular contact with young children, as well as policy makers, have a role to play in building awareness about the importance of oral health from infancy, and in helping families to access early affordable preventative dental care for their children. Action is needed to close the gaps in parent oral health literacy if we are to lower the significant and rising rates of common and preventable dental caries and associated costs and complications at both an individual and societal level. Parents of preschoolers, as well as those of migrant background, were more likely to have low levels of knowledge about the appropriate dental care and lifestyle factors to promote good oral health in their children. This suggests a need to consider tailored and targeted educational interventions for these groups.

MYTH

Children only need to see the dentist if they have a problem

FACT

Yearly visits to the dentist help keep decay away



Data Source

This report presents findings from a nationally representative household survey conducted exclusively by the Online Research Unit for The Royal Children's Hospital, Melbourne. The survey was administered from January 4 to January 17, 2018, to a randomly selected, stratified group of adults aged 18 and older who were parents or caregivers of children under 18 years (n=2,073). The sample was subsequently weighted to reflect Australian population figures from the Australian Bureau of Statistics. Among Online Research Unit panel members contacted to participate the completion rate was 67%.

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