

## ORIGINAL ARTICLE

# The Relationship Between Parenting Style and Anxiety Level for Dental Care in Children with Special Needs

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## ABSTRACT

**Introduction:** Children with Special Needs (CwSN) have unique physical, social, emotional, and behavioral challenges that differ from their peers. CwSN requires vigilant attention to their limitations, which predispose them to oral health problems such as caries and periodontal disease. One cause of these obstacles is children's fear or anxiety towards dental treatment. Anxiety is often expressed by those closest to them, such as parents or caregivers. This investigation aimed to evaluate a relationship between parenting style and the level of dental anxiety among CwSN at SLBN 1 Kulon Progo District (Special School for Disabled) within the ages 6 to 18 years. **Materials and methods:** An analytic observational study utilizing a cross-sectional research design was employed. A purposive sampling approach was utilized to procure 51 CwSN at SLBN 1 Kulon Progo as research subjects. The research utilized a questionnaire to examine parenting styles and measured anxiety levels with the Children Fear Survey Schedule-Dental Subscale (CFSS-DS) questionnaire. The relationship between parenting styles and anxiety levels was analyzed with the lambda correlation test. **Results:** The results show that CwSN were parented democratically at 80.4%, followed by authoritarian and permissive parenting styles. The results of the Lambda correlation test indicate a statistically significant relationship between levels of anxiety and all levels of parenting style ( $p < 0.05$ ). **Conclusion:** There is a relationship between parenting style and the level of dental anxiety among CwSN at SLBN 1 Kulon Progo District (Special School Disabled) within the ages 6 to 18 years.

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## INTRODUCTION

A child with special needs (CwSN) is an individual who under the age of 18 with physical or cognitive disabilities, including intellectual disability (ID), Down Syndrome (DS), autism spectrum disorder (ASD), cerebral palsy (CP), epilepsy (EP), and attention deficit hyperactivity disorder (ADHD)(1). CwSN exhibit physical, mental, intellectual, social, and emotional differences compared to their peers during the course of their growth and development(2). These children usually require a specialized approach to meet their unique needs in dental care and address their dental problems due to excessive fear and anxiety about visiting the dentist (3). Delayed dental visits are often a result of fear and anxiety associated with visiting the dentist (4,5). Whereas the risk of caries in children with

special needs is high enough to require more attention to their oral health (6).

The findings of the study indicate that dental fear and anxiety are prevalent among almost one-third of the youngsters included in the particular need population (7–9). Specifically, dental Fear Anxiety (DFA) occurs in over half of children with Autism Spectrum Disorder children (10). Previous research has indicated that anxiety among children with special needs is 43.2% (11). Specifically, 15.56% of patients with intellectual disabilities and mild mental impairment reported moderate anxieties, while 18.79% of individuals with mild mental disability experienced similar levels of dental anxiety. In contrast, patients with moderate intellectual disabilities were found to predominantly exhibit severe anxiety, with this category being prevalent among 21% of such individuals (12).

Dental anxiety refers to a psychological state characterized by apprehension and concern regarding potential adverse outcomes associated with dental

treatment, frequently accompanied by a perceived lack of agency or control (13). Some multiple elements exert an influence on dental anxiety in pediatric populations. Research reveals that parents/caregiver routines exert a significant influence on dental anxiety (7,14). Moreover, it is highly probable that children will assimilate the principles, outlooks, and perspectives of their guardians or parents about dental care and anxiety (7,8,14). However, parents provide care to their children is intricately linked to the child's capacity to engage with the surrounding environment. Consequently, the child unconsciously internalizes and adopts these patterns, forming their habits(14). Contrary to the study, a study in Iran showed that there was no relationship between parenting and anxiety levels in children (15)

Based on Baumrind's early research, parents were classified into three types based on their parenting styles: authoritative/democratic, authoritarian, and permissive. It can be explained that authoritative parents have high affection and demands. In contrast, authoritarian parents have high levels of demand but low levels of affection, while permissive parents have high levels of affection but low levels of demand (16).

The previous study discussed the relationship between parenting style and adolescent dental fear both in disabled and non-disabled children (14,17). Furthermore, Buldur (2020) stated that there is no significant correlation between parenting style and anxiety levels towards dental treatment in normal children (14). Moreover, there is still a lack of data about the relationship between parenting style and dental fear in Children with Special Needs population. Therefore, the objective of this study is to evaluate a relationship between parenting style and the level of dental anxiety among Children with Special Needs at SLB Negeri 1 Kulon Progo District( Special School for the Mentally Disabled) within the ages 6 to 18 years.

## MATERIALS AND METHODS

### Study design

This study used a cross-sectional approach with an observational-analytic study on a population of special needs children in special schools in Yogyakarta Special Province. The acquisition of study data was accomplished by the completion of a questionnaire by parents of CwSN students, utilizing a Google form administered from September to November 2022.

### Subjects selection

The selection of participants focused on the population of CwSN individuals who were enrolled in educational institutions within the State SLB 1 Kulon Progo. The process of selection used purposive sampling that was employed with this population. The inclusion criteria encompass parents of children aged 6-18 who are categorized as special needs children. The children had

previously received dental care and were accompanied by their parents throughout treatment. Additionally, the study included parents and children residing in the same household, as well as parents who demonstrated cooperation during the study.

The calculation of the minimum number of samples used in this study was calculated using the correlative analytical formula (18)with a sample size of 47, assuming a significance level at 0.05 and power = 0.80, and a minimum correlation that is considered meaningful as much as 0.4 (19).

$$n = \left\{ \frac{Z\alpha + Z\beta}{0,5 \ln \left[ \frac{1+r}{1-r} \right]} \right\}^2 + 3$$

$$n = \left\{ \frac{1,96 + 0,84}{0,5 \ln \left[ \frac{1+0,4}{1-0,4} \right]} \right\}^2 + 3$$

n = 47

To allow for the possibility of participants dropping out, the researchers included an additional 5-10% of the calculated sample size of four participants, yielding a final sample size of 51 (20).

### The anxiety levels

The measurement of anxiety levels is conducted through the utilization of a *Children's Fear Survey Schedule-Dental Subscale* (CFSS-DS) (21). The Dental Subscale of Children's Fear Survey Schedule (CFSS-DS) was developed by Cuthbert and Melamed. However, in this study, the Indonesian version of the CFSS-DS questionnaire has been tested as a reliable and valid psychometric instrument for the assessment of dental anxiety in children in Indonesia (22). In this study, the researchers also conducted the validity and reliability of the questionnaire on parents who have Children with Special Needs. Validity was assessed using Pearson product-moment, and reliability was tested by Cronbach's Alpha that showed 15 valid scale questions.

The questionnaire consisted of 15 questions about various situations related to dental care. Due to the limitations and inability of the child to complete the questionnaire, the questionnaire instrument was completed by the parent based on the observation of dental visit behavior (23) After some instructions, the questionnaires were administered to the parents or caregivers in the classroom under the supervision of the researcher following instructions on how to complete them. Each questions in the survey includes five response options on a Likert scale ranging from 1 to 5, where a score of 1 represents "not scared at all" and a score of 5 represents "extremely scared." A cumulative

score below 32 signifies a low level of anxiety, while a number ranging from 32 to 39 suggests a moderate level of anxiety, and score of more than 39 indicates a high level of anxiety.

### Parenting style

The measurement of parenting patterns was conducted by the administration of a questionnaire. *Parenting Styles & Dimensions Questionnaire-Short Version (PSDQ)*. The parenting pattern questions were categorized into three distinct styles: Authoritative/democratic, authoritarian, and permissive (24). The Parenting Styles and Dimensions Questionnaire-Short Version (PSDQ) is a 32-item parenting questionnaire used to analyze worldwide parenting typologies. The questionnaire contains 32 items on a 5-point scale with never (1) to always (5) as anchors. The mean of all 15 questions should be calculated to reach an overall Authoritative Parenting Style score. The mean of all 12 questions should be calculated to reach an overall Authoritarian Parenting Style score. The mean of all five elements should be calculated to reach an overall Permissive Parenting Style score.

### Statistical analysis

**Table I: The characteristics of subjects**

	N	%
Gender		
Male	26	51
Female	25	49
Age		
6-7	5	9.8
8-9	11	21.5
10-11	9	17.6
12-13	12	23.5
14-15	7	13.7
16-17	9	17.6
>18	0	0
Parenting style		
Authoritative/Democratic	41	80.4
Authoritarian parenting	7	13.7
Permissive	3	5.9

Descriptive information about the sample is presented, including the most feared anxiety object, a description of age as well as parenting style on anxiety levels. With a sample size of 51, assuming significance at  $\alpha < 0.05$  and power = 0.80, this study was powered to detect significant effects of correlation by LAMBDA test utilizing SPSS version 23.0

### Ethical Clearance

The study has been granted an ethical certification by the Health Research Ethics Committee of the Faculty of Medicine and Health Sciences at Muhammadiyah University of Yogyakarta, with reference number 198/

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## RESULTS

A study was conducted to investigate the correlation between parental style and the prevalence of dental anxiety among children with special needs aged 6-18 years. The research was conducted in SLBN 1 Kulon Progo and involved a sample of 51 respondents. Table I displays the demographic attributes of the sample, categorized by gender and age.

The study's findings in Table I indicate that a significant proportion of parents in CwSN preferred adopting a democratic care approach, with 80.4% of participants adhering to this model. This was followed by a smaller percentage of parents, 13.7%, inclined towards an authoritarian care style. Additionally, a minority of parents, 5.9%, were found to adopt permissive care patterns.

Table II shows that the objects most feared by the study subjects were drills and instruments at the dental clinic, which had the same mean value, followed by the sound produced by the drill, and when the instruments used to examine the teeth were inserted into the mouth. Some children show anxiety about choking and feel inconvenienced when a stranger, in this case the doctor, touches them. Some children had sensitivity or overreaction when strangers touched the head part.

**Table II: The variable items of the questionnaire CFSS-DS**

Question items	Mean	SD
Dentist	1.90	0.671
Doctor	1.90	0.781
Injected	1.94	0.881
Someone checks the mouth	1.84	0.731
Asked to open mouth	1.71	0.756
Being touched by a stranger	2.06	0.858
Being Seen by Strangers	1.84	0.703
Drilled by a Dentist	2.33	0.792
Seeing the Dentist's instrument	2.33	0.739
Hearing the Sound of a Drill	2.20	0.693
A dentist uses instrument to examine teeth in the mouth	2.12	0.711
Choking	2.12	0.683
Visiting the hospital	1.96	0.774
Seeing a person in a white uniform	1.55	0.673
The nurse cleans the teeth	1.88	0.711

Table III shows the age distribution of the three anxiety levels. The age groups of 6-10 and 11-14 years showed that most children had a low percentage of anxiety followed by moderate and high levels. However, the 15-18 years age group had a higher percentage of anxiety levels at the moderate level.

**Table III: Age distribution according to CFSS-DS score**

Age	Level of anxiety			p-value
	High	Moderate	Low	
6-10	2 (3.9%)	4 (7.8%)	10 (19.6%)	0.664
11-14	3 (5.9%)	5 (9.8%)	13 (25.5%)	
15-18	1 (2.0%)	7 (13.7%)	6 (11.8%)	
Total	6 (11.8%)	16 (31.3%)	29 (56.9%)	

Chi-square test, significant value  $p < 0.05$

According to the data shown in Table IV, most individuals who exhibited low levels of anxiety (54.9%,  $n=28$ ) received a democratic parenting style from their parents. In addition, subjects who had the highest level of anxiety had an authoritarian parenting style, accounting for 3 (5.9%) of the observed cases. Furthermore, Table 4 also shows that the permissive parenting style resulted in a high percentage of anxiety levels in 2 subjects (3.9%) and only one person had low anxiety (2.0%) in the permissive parenting style.

**Table IV: Parenting style distribution according to CFSS-DS score**

Parenting style	Anxiety level			Total
	Low	Moderate	High	
Democratic	28 (54.9%)	12 (23.5%)	1 (2%)	41
Authoritarian	0 (0.0%)	4 (7.8%)	3 (5.9%)	7
Permissive	1 (2.0%)	0	2 (3.9%)	3
Total	29 (56.9%)	16 (31.3%)	6 (11.8%)	51

The examination of the lambda correlation test, as presented in Table V, indicates a statistically significant association between all parenting styles and the degree of anxiety pertaining to dental care. This implies that the null hypothesis ( $H_0$ ) is rejected, leading to the conclusion that there exists a significant relationship between parental style and the level of anxiety. The democratic parenting style has a significant p-value of 0.019 ( $p < 0.05$ ). Furthermore, the authoritarian style indicated a p-value of 0.001 ( $p < 0.05$ ) and the permissive style 0.026 ( $p < 0.05$ ). Moreover, the correlation coefficient ( $r$ ) of 0.818 suggests a strong positive association between the authoritarian nursing style and the level of anxiety.

**Table V: Lambda correlation test results**

Parenting style	p	r
Democratic	0.019*	0.455
Authoritarian	0.001*	0.818
Permissive	0.026*	0.545

\*Significant value  $p < 0.05$

**DISCUSSION**

The objective of the study is to evaluate a relationship between parenting style and the level of dental anxiety among Children with Special Needs at SLB Negeri 1 Kulon Progo District( Special School for the Mentally Disabled) within the age range of 6 to 18 years. Generally,

the subjects in the current study were also known to feel anxious about dental instruments, especially when they had to receive treatment using a drill. Interestingly, the majority of the children had low levels of anxiety about dental treatment, although there were also children with high and moderate levels of anxiety.

The term "parenting style" refers to a combination of attitudes directed toward children, which collectively form the emotional atmosphere in which parental actions are observed and experienced (17). The majority of parents in this study have a democratic parenting style in the family, which is in line with previous research conducted in Indonesia regarding parenting styles applied to children with special needs who have deaf, autistic, and mentally disabled disorders (25).

While one study suggests that there is no correlation between paternity patterns and the level of dental anxiety (26), the prevailing evidence from the bulk of studies indicates that there may be a relationship. Children raised by both democratic and authoritarian parents are raised with mutual trust, respect, appreciation of parent-child perspectives, and two-way communication so that they will have high self-confidence, good social skills, and independence (27). Not surprisingly, in this study, children raised with democratic parenting had lower levels of anxiety. This study also showed that children raised with authoritarian parenting had moderate and high levels of anxiety. The results are consistent with previous research that parent-centered, unsupportive, rigid parenting with strict standards. High expectations of children will result in a controlling relationship that does not allow for two-way communication and not allow for different two-way perspectives, resulting in children who are unfriendly, withdrawn, and unfriendly. In contrast, children raised with a permissive parenting style might lead children to immature, moody, low self-control, and dependent (27).

The study demonstrates the child's level of anxiety by the calculation of the average of the highest scores. One of the most prevalent anxieties experienced by children is the dental procedure involving drilling of the tooth, while another dread arises from the child's perception of the Dentist envisioning their tooth being subjected to the drill. According to the qualitative analysis study, dental instruments have a negative impact on a child's perception (28). Children may experience fear and anxiety when a dental instrument is inserted into their oral cavity, as well as exhibit apprehension towards potential discomfort or pain, sometimes referred to as "stinging ." Previous research has similarly indicated that the most anxiety-inducing stimuli include "dentist drilling," "stitching," "injection," and "unfamiliar individuals making physical contact." Nevertheless, it is essential to note that there exist varying evaluations for objects (29,30).

The study revealed that there was a higher prevalence of dental anxiety among individuals aged 11-14 years compared to those aged 6-10 years and 15-18 years. The findings of this study suggest that there is no correlation between the increasing age of the child and the level of dental anxiety in children with CwSN. This is in line with the findings of a previous study conducted on a population of children diagnosed with Autism Spectrum Disorder that revealed a high prevalence of dental fear among children aged 12-16 years compared to children aged 6-11 years and those aged 17-25 years (10). This is in contrast to other studies on normal children, that stated that children grow and develop in cognitive, physical, and emotional aspects that contribute to reducing anxiety as children age (31). In children with special needs, the level of anxiety is more influenced by the level of intellectual disability. The higher the severity of intellectual disability, the lower the cognitive function, that leads to a higher percentage and severity of dental anxiety (12).

According to the findings of the research, it was seen that individuals who received authoritarian care exhibited a notable prevalence of anxiety symptoms, with a rate of 5.9%. Additionally, those individuals also reported experiencing moderate levels of anxiety (7.8%), specifically about dental care, which surpassed the levels reported by individuals who received democratic care. The results of the lambda correlation test conducted on authoritarian parenting style yielded a statistically significant p-value of 0.001 and a correlation coefficient (r) of 0.818. These findings indicate a robust and positive correlation between authoritarian parenting style and the level of anxiety about dental treatment.

Based on a study conducted by Balqis et al. (2019), the authoritarian care pattern entails parents assuming a dominant role, leading to the development of a more intimidating and deceitful personality in the child (32). Consequently, this may catalyze the manifestation of aggressive behavior in children, which, if intensified, can result in heightened levels of anxiety in the child, particularly when they reach the age of 18 or above. It is strongly advised against adopting a parenting approach characterized by excessive restrictiveness or authoritarianism, as it is likely to result in adverse outcomes for the kid. Such an approach can lead to developing social ability development (33), temperamental behavior, a lack of direction, heightened fearfulness, increased susceptibility to stress, and diminished self-confidence (12).

The study findings indicate that there is a statistically significant relationship ( $p = 0.026$ ) between permissive parenting style and anxiety levels with the correlation coefficient ( $r = 0.545$ ) that suggests a moderate strength of correlation between a permissive parenting style and the occurrence of dental anxiety in the CwSN population. The findings of this research align with a previous

investigation examining anxiety levels in typically developing children, which demonstrated a notable association between permissive parenting approaches and fear ratings. Permissive parenting styles may result in a lack of self-control and an inflated sense of superiority in children, thus leading to the development of uncouth behaviors and heightened anxiety levels (32).

The data presented in Table V indicates that CwSN parents who have implemented a democratic care pattern exhibit reduced anxiety regarding child dental care. Conversely, CwSNs who have adopted an authoritarian care pattern report a higher level of concern in this regard. The results align with Howenstein's research, which posits that implementing a democratic parenting style positively affects child behavior. Therefore, it can be inferred from the research above that a democratic care pattern exhibits a positive influence, reducing dental care-related anxiety among children, as they tend to emulate the commendable conduct displayed by their parents (34).

This study has a limitation as it only includes one special school in one province of Indonesia. The population of this study only included 1 specialized school for children with disabilities in 1 province in Indonesia, whereas there are still many schools that can be invited to get better and generalizable results. To obtain more generalizable results, it is recommended that future research includes a larger population encompassing a wider range of schools. Moreover, qualitative methodologies could enhance this research to achieve more comprehensive findings.

## CONCLUSION

Based on the conducted research, it can be concluded that there is a relationship between parenting style and the level of dental anxiety among Children with Special Needs at SLB Negeri 1 Kulon Progo District (Special School for the Mentally Disabled) within the age range of 6 to 18 years.

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