

**BELARUSIAN STATE MEDICAL UNIVERSITY, MINSK**

**EXAMINING THE ACCEPTANCE OF BEHAVIOURAL CONTROL TECHNIQUES BY PARENTS  
REFERRING TO THE PEDIATRIC DENTISTRY DEPARTMENT OF BSMU**

**PEDIATRIC DEPARTMENT**

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## **AIM:**

**The purpose of this study was to determine the acceptance of behavioural control techniques by parents referring to the Pediatric department of BSMU.**

## **THE MOVIE :**

**A film was made with the help of a child and using the AAPD guidelines and under the supervision of a paediatric dental specialist about the 3 techniques HOM, V.C, P.S. The film was made in the hospital and of a child who was anaesthetized (his face was covered with a cloth) and was undergoing dental treatment under anaesthesia.**

**Before showing each technique in the film, a brief explanation was given by a paediatric dental specialist about the characteristics, purpose and method of each technique, and then that particular technique was shown. The film should be the same for all groups. The duration of showing each technique along with the explanation was approximately 3 minutes and the entire film was 12 minutes.**

# INTRODUCTION:

**The goal of paediatric dentistry is to prevent and eliminate dental and oral problems in children.**

**As we know, a group of people avoid dental treatments for themselves or their children because of their fear that dental appointments are usually painful, so dental professionals use Every opportunity to help patients and their parents to overcome this obstacle and be guided towards the main path of effective dental care.**

**Fortunately, most of the children go through their dental appointments very easily and pleasantly without putting any unwanted pressure on themselves or the dental team. But a percentage of children are uncooperative and behave in such a way that it is not possible to carry out their dental treatment without using child behaviour control techniques during dental treatment.**

**Therefore, for the dental treatment of children who do not cooperate with the dentist, it is inevitable to use behavioural control techniques. These methods are based on good communication between the dental team and the young patient. Behavioural control methods are either aimed at establishing proper communication between the dentist and the child, or at removing the inappropriate behaviour of the child.**

**To achieve cooperation in potential cooperative children during dental treatment, it is necessary to try to change the behavioural pattern of children, but in the case of children lacking the ability to cooperate, special behavioural control methods must be used and immediately after the end of the treatment, you can't expect fast and big behavioural changes from them. In general, some of these behavioural control techniques that can be used by pediatric dentists based on AAPD guidelines are as follows:**

**Tell-Show-Do, Voice Control, Positive Reinforcement, Distraction, Parents separation, N2O Sedation, Physical Restraint, Active Restraint, Passive Restraint, Conscious Sedation, Papoose Board, Hand-Over-Mouth, General Anaesthesia, Oral Premedication, Non-Verbal communication.**

**Another important issue besides the child and his cooperation with the dentist and the behavioural control methods used by him/her are the parents.**

**Parents play an important role in creating the necessary skills in the child to deal with stress. The more positive the attitude of the parents towards the behavioural control techniques, the less the stress that is transferred from the parents to the child and the cooperation of the parents with the dentist in using these techniques is improved and when using any of these techniques, the parents They complete the consent form with more peace of mind.**

**The mothers were given a questionnaire to filled out, and an explanation about the work and study process was given to the mothers who were asked the questions of the questionnaire.**

**We cooperate with them to fill the questionnaire and get their satisfaction. The first part of the questionnaire included questions about demographic information, study entry, and contact phone numbers.**

**After 50 questionnaires were collected, and then the film was shown.**

**Each technique was given a 1-minute time interval for marking, and then the next technique was shown. And after, statistical calculations were done. It should be noted that all 50 mothers in this study were literate and had no problem for reading the questionnaire. Beside this, we were present and controlled them (parents).**

CHILD'S AGE	NUMBER OF CHILDREN OF THIS AGE	PERCENTAGE OF CHILDREN OF THIS AGE
3	1	2%
4	6	12%
5	8	16%
6	12	24%
7	8	16%
8	6	12%
9	5	10%
10	4	8%
TOTAL	50	100%

*Table 1 - Distribution of the frequency of children based on their age.*

SEX	NUMBER	PERCENTAGE
GIRL	22	44%
BOY	28	56%
TOTAL	50	100%

*Table 2 - Distribution of the frequency of children based on their sex.*

Agree/Disagree	Amount	Percentage
Agree	50	100%
Disagree	0	0%
Total	50	100%

*Table 3 - Distribution of the frequency of mothers who agree/disagree with the P.S. method.*

Agree/Disagree	Amount	Percentage
Agree	46	92%
Disagree	4	8%
Total	50	100%

*Table 4 - Distribution of the frequency of mothers who agree/disagree with the V.C. method.*

Agree/Disagree	Amount	Percentage
Agree	25	50%
Disagree	25	50%
Total	50	100%

*Table 5 - Distribution of the frequency of mothers who agree/disagree with the HOM. method.*

Agree/Disagree	Amount	Percentage
Agree	15	30%
Disagree	35	70%
Total	50	100

*Table 6 - Distribution of the frequency of mothers who agree/disagree with the G.A. method.*



Behavioural control methods	Agree		Disagree		Total	
	Amount	Percentage	Amount	Percentage	Amount	Percentage
<b>P.S</b>	22	100%	0	0%	22	100%
<b>V.C</b>	20	9.90%	2	1.9%	22	100%
<b>HOM</b>	11	50%	11	50%	22	100%
<b>G.A</b>	8	4.36%	14	6.63%	22	100%

*Table 7 - Distribution of the frequency of mothers agree/disagree with behavioural control methods based on the gender of the child (girls).*

Behavioural control methods	Agree		Disagree		Total	
	Amount	Percentage	Amount	Percentage	Amount	Percentage
<b>P.S</b>	28	100%	0	0%	22	100%
<b>V.C</b>	26	9.92%	2	1.7%	22	100%
<b>HOM</b>	14	50%	14	50%	22	100%
<b>G.A</b>	7	25%	21	75%	22	100%

*Table 8 - Distribution of the frequency of mothers agree/disagree with behavioural control methods based on the gender of the child (boys).*

## THE RESULTS SHOWED THAT :

**From the 50 mothers participating in this study:**

**All 50 (100%) mothers agreed with the P.S method.**

**25 people (50%) were in favor and 25 people (50%) were against the HOM method.**

**46 people (92%) were in favor and 4 people (8%) were against the V.C method.**

**15 people (30%) were in favor and 35 people (70%) were against G.A method.**

**Therefore, the order of acceptance of techniques from the most accepted technique to the least is as follows: 1) P.S 2) V.C, 3) HOM and 4) G.A, which means that the P.S method is the most and the G.A method is the least technique accepted by mothers.**



*Pic. 1 - Children.*



*Pic. 2 - Children.*

## **CONCLUSION :**

**According to the present study, the method of separating the child from the parents is the most acceptable technique and the general anaesthesia technique is the least acceptable technique.**

**Since this research was conducted with the aim of determining the acceptance of behavioural control techniques by parents (mothers) referring to the children's department of BSMU, the following results can be extracted from this research:**

**P.S is the most accepted technique and all parents accepted this method. Therefore, it can be said that we should use this method in the early stages of treating a child who does not cooperate.**

**Parents preferred the HOM method over the G.A method.**

**Parents with lower education accepted the G.A method.**

**Therefore, when we are forced to use advanced behavioural control methods for the dental treatment of an uncooperative child, it may be better to inquire about the parents' education and suggest the G.A method to them.**

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THANK YOU

