

Knowledge, Attitude and Practice of Parents of Children Aged 7-12years regarding Pit and Fissure Sealant Therapy - A Questionnaire Survey

Kabir Suman Dash^{1*}, Anmol Mathur², Sahana Hegde-Shetiya³, Anindita Dutta⁴

^{*1,2,3,4}Department of Public Health dentistry, Dr. D.Y. Patil Dental College & Hospital, Dr. D.Y. Patil Vidyapeeth, Pimpri, Pune, Maharashtra, India.

*Corresponding Author: - Kabir Suman Dash

*Department of Public Health Dentistry, Dr. D.Y. Patil Dental College & Hospital, Dr. D.Y. Patil Vidyapeeth, Pimpri, Pune, Maharashtra, India. Email address: kabirdash.dental@dpu.edu.in
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Abstract

Objective: Parents of children aged 7-12 years were evaluated for knowledge, attitude and practice regarding pit and fissure sealant therapy, its association with parents age and level of education. To find the correlation between knowledge, attitude and practice.

Methods: This cross-sectional study was conducted in an outpatient paediatric clinic of a tertiary dental hospital. An 18- item self-administered, validated questionnaire was given to the parents of children fulfilling the inclusion criteria. The data collected were subjected to statistical analysis using frequency of responses and ANOVA, Tukey's HSD Post hoc test, and Pearson's correlation coefficient.

Results: Parents are found to be unaware regarding the non- invasive nature of pit and fissure therapy this propose for health-care workers to guide the parents regarding the same. 67% of the parents have visited the dentist due to complaint of pain in child teeth which is surprising as 43% agreed to get pit and fissure sealant if the dentist prescribed it. Younger aged and highly educated parents have reported better attitude towards preventive therapy compared to their counterparts. Attitude of the parents correlated with their practice ($p=0.003$).

Conclusion: Child care professionals must anticipate emerging oral health issues that a child may face on each visit and make necessary referrals as the parent's high knowledge is not being reflected in the practice scores. So, parents should be encouraged to provide their child with various preventive therapies available through proper education by various health care professionals.

Keywords: Pit and fissure sealants, dental caries, parents, child, knowledge, attitude, Primary prevention.

INTRODUCTION

Dental caries is still one of the most common chronic diseases of oral cavity in childhood. ^[1] In addition, tooth decay is one of the major problems for the dentist which should receive significant attention, not only in rehabilitation procedures, but also in preventive measures designed to reduce dental caries. ^[2] Permanent molar teeth are the most vulnerable areas for dental caries. The most effective way to prevent and arrest caries in permanent molars in children and adolescents is to effectively seal these pits and fissures using a material pit and fissure sealant (PFS). Lack of access to oral health services and awareness about various preventive measures can be cited as one of the major reasons for an alarming rise in the prevalence of dental caries in developing countries. ^[3]

Parents play an important role in ensuring the wellbeing and achieving the best oral health status of children. ^[4] As a result of caries, a child may have pain, eating disorders, difficulty in chewing, smiling and lack of communication due to worn or damaged teeth which has a significant impact on a child's daily life. ^[5] Furthermore, the progression of dental caries hampers activities at school and at residence, causing millions of school hours to vanish each year throughout the globe. ^[6]

Daily fluoride exposure can be effective in caries control for smooth surface ^[7] but more than 50% of caries in the children occur in deep pit and fissure thus requiring the use of pit and fissure sealants, which is the best method for the prevention. It has been well documented that sealant is the most effective method in the prevention of occlusal caries. ^[8]

In spite of the well-known fact of its preventive effectiveness, there are very few children receiving this therapy ^[9] which denotes that there are certain barriers to the adoption of these dental care such as lack of public awareness. ^[10] Hence, this study was planned with the objective of evaluating the knowledge, attitude and practice (KAP) of parents of children aged 7-12 years regarding pit and fissure sealant therapy, to find if there is any association of KAP with parents age and level of education and if there is any correlation between KAP.

MATERIALS AND METHODS

A questionnaire study was conducted among the parents of children who attended the Department of Pedodontics of a tertiary dental hospital in Pune, India. Ethical clearance was obtained from the institutional ethics committee vide letter number DYPDCH/IEC/164/160/20. This observational study follows STROBE statement checklist guidelines. The sample size for the study was estimated through $p = \text{prevalence}$ i.e 10.4% taken from a previous study conducted by Kaur S et al. [11] The sample size was determined to be a minimum of 150, however (n=159) respondents composed the final sample for the study. Participation in the study was voluntary. A self-structured questionnaire which was assessed for face validity was established by five research experts on the subject reviewing the questionnaire who concluded that it measures the characteristic or trait of interest with certain modifications to the questionnaire. The content validity of the questionnaire was assessed by eight subject experts, it was readable, clear and comprehensive and to come to a certain level of agreement as to which items should be included in the final questionnaire. The content validity ratio was calculated for each of the questions and the minimum was set at 0.75. Then, the questionnaire was assessed for internal consistency and the Cronbach's alpha value was 0.931. Test-retest reliability was done among 5 participants at an interval of 15 days and the Pearson correlation coefficient was 0.925 and the ($p < 0.02$). Inter-rater reliability was determined by kappa-statistics $k = 0.96$.

The questionnaire was constructed in English before being translated into the local language (Marathi) and then back to English to ensure accuracy. Inclusion criteria were either of the parent (mother/father) who could answer the questionnaire and whose children were 7-12 years old at paediatric dentistry clinic. The exclusion criterion was parents not agreeing to participate in the study. Before data was collected, the purpose of the study was explained to parents, and the parents of the children obtained formal information regarding the survey and provided their informed consent. Before beginning the questionnaire survey, a pilot study was conducted on fifteen parents to check the validity and reliability of the questionnaire; changes were made accordingly. Later, parents were asked to give feedback on the overall questionnaire clarity regarding length and language.

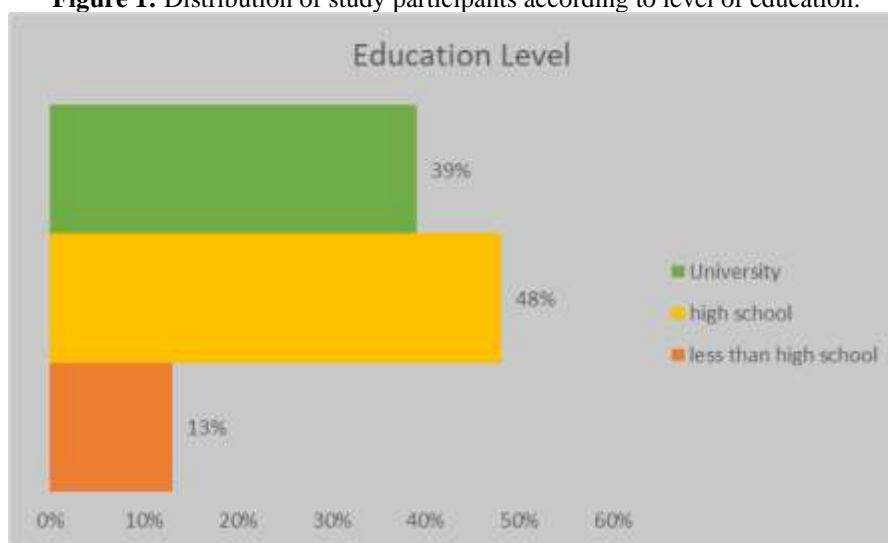
The pilot study responses were not considered in the main study. The first domain of the questionnaire consisted of demographic information of the parents such as age, gender, the highest level of education. The second domain assessed parents' knowledge attitude and practice regarding fissure sealants therapy. The questionnaire was assessed on three-point likert-scale in which the responses were dichotomised on the basis of correct responses coded 1 and incorrect responses coded 0 for statistical purpose. A total of 165 questionnaire were distributed and any questionnaire partially responded were excluded.

Descriptive statistics (mean, standard deviation, frequencies, and percentages) were used to describe the quantitative and categorical variables. Analysis of variance (ANOVA) was used to see the association between knowledge, attitude and practice with age group and level of education. Correlation between knowledge, attitude and practice was assessed using Pearson's co-relation coefficient. A p-value of less than 0.05 was considered statistically significant. All analyses were performed in SPSS software version 20.0 (IBM Inc., Chicago, IL, USA).

RESULTS

The study sample consisted of 159 participants in total of which 114 (70%) were fathers and 45 (30%) were mothers. In <35 years age group, 14% participants, in 35-40 years age group, 48% and >41 years age group, 38% participants were there respectively. Among the 159 participants, 39% had completed university, 48% had completed high school, and 13% had completed primary school. [Figure 1]

Figure 1: Distribution of study participants according to level of education.



Comparison of the mean scores of knowledge, attitude and practice between the different age groups has been showed in [Table 1]. Mean attitude score among different age groups showed a significant difference upon statistical

analysis(P=0.008). Tukeys HSD *Post Hoc* analysis further applied among different age groups showed a significant difference in attitude score between <35 and ≥41 years of age group (P=0.009).

Table 1: Comparison of mean scores of knowledge, attitude and practice between age groups using ANOVA and Tukey's HSD *Post Hoc* analysis between the age groups.

Knowledge N=159					
Age groups In years	N	Mean± S.D	Std. Error	Confidence interval	P
<35	23	3.65±1.55	0.32	2.97-4.32	0.29
35-40	76	3.42±1.46	0.16	3.08-3.75	
≥41	60	3.13±1.41	0.18	2.76-3.50	
Attitude N=159					
< 35 #	23	4.30±0.92	0.19	3.90-4.70	0.008*
35-40	76	3.88±1.10	0.12	3.62-4.13	
≥41 #	60	3.48±1.18	0.15	3.17-3.78	
Practice N=159					
< 35	23	3.26±0.91	0.19	2.86-3.65	0.31
35-40	76	2.90±1.12	0.12	2.65-3.16	
≥41	60	2.85±1.19	0.15	2.54-3.15	
*ANOVA # Tukeys HSD <i>Post hoc</i> analysis showed significant difference between less than 35 years of age versus 41 and above years of age.(p=0.009)					

Comparison of the mean scores of knowledge, attitude and practice between the different levels of education has been shown in [Table 2]. Significant difference in the mean attitude scores (P=0.01) and mean practice score (P=0.025) was seen upon statistical analysis. Tukeys HSD *Post Hoc* analysis further applied among different level of education showed a significant difference in attitude scores between less than high school versus high school(P=0.013) and high school versus university(P=0.039).The practice scores when further analysed using Tukeys HSD *Post Hoc* analysis revealed significant scores among less than high school versus high school. (P=0.054).

Table 2: Comparison of mean scores of knowledge, attitude and practice between education level using ANOVA and Tukey's HSD *Post Hoc* analysis to find significant difference between the level of education.

Knowledge N=159					
Education level	N	Mean± S.D	Std. Error	Confidence interval	P
Less than high school	21	3.19±1.74	0.38	2.39-3.98	0.28
High school	76	3.53±1.41	0.16	3.21-3.86	
University	62	3.16±1.40	0.17	2.80-3.51	
Attitude N=159					
Less than high school†	21	3.14±1.06	0.23	2.65-3.62	0.01*
High school†‡	76	3.93±1.13	0.13	3.67-4.19	
University‡	62	3.83±1.11	0.14	3.55-4.12	
Practice N=159					
Less than high school*	21	3.33±0.85	0.18	2.94-3.72	0.025*
High school*	76	2.69±1.11	0.12	2.44-2.95	
University	62	3.09±1.15	0.14	2.80-3.39	
* ANOVA †Tukey's HSD <i>Post hoc</i> analysis showed significant difference between less than high school versus high school (p=0.013) †‡Tukey's HSD <i>Post hoc</i> analysis showed significant difference between less than high school versus university(p=0.039). * Tukey's HSD <i>Post hoc</i> analysis showed significant difference between less than high school versus high school (p=0.054).					

The mean scores of knowledge, attitude and practice between either of the parent based on gender were not statistically significant as seen in [Table 3]. It also portrays the correlation between knowledge, attitude and practice towards pit and fissure sealant therapy. A statistically significant correlation was found in between attitude and practice scores (p=0.003).

Table 3: Comparison of mean scores and Pearson's Correlation between knowledge, attitude and practice among parents

Scores	Responder	N	Mean ±S.D	p-Value	Practice(p-value)	Attitude(p-value)
Knowledge	Mother	45	3.37± 1.48	0.86	0.44(0.58)	0.028(0.72)
	Father	114	3.33± 1.46			
Attitude	Mother	45	4.02± 1.13	0.11	0.23(0.003*)	
	Father	114	3.70± 1.13			
Practice	Mother	45	2.95± 1.08	0.89		
	Father	114	2.92± 1.14			

DISCUSSION

Dental caries is a preventable disease in children, for those receiving preventive dental treatment. Although regular brushing helps to remove food particles that help prevent decay in the smooth surface of the teeth, but these toothbrushes do not clean the deep pits and fissures of the teeth. However, PFS prevent food accumulation by forming a protective barrier between the tooth surface and the oral environment in these inaccessible areas and prevent caries.

The present study attempted to evaluate knowledge, attitude and practice of parents and if there is any association of knowledge, attitude and practice on level of education and age of parents along with the correlation of knowledge, attitude, and practice scores.

Dental decay can be prevented by a change in the dietary habits and increasing the tooth resistance against acid attack by coating the tooth surface with a sealing material which was agreed by the majority of the parents 63% from the present study and is in contradictory to the study conducted by Lakshmanan L et al ^[12] where around 50% parents show the same result.

In the present study, 52% parents agreed to the fact that pit and fissure sealants are effective in preventing dental caries which is similar to a study conducted by Mafeni J O et al ^[13] and Tahani B et al. ^[14] Some of the authors reported parents with better knowledge like Lakshmanan L et al ^[12] where 71% and Lang WP et al ^[15] where 80% of parents were aware, but in contrast to these results towards the knowledge Kaur S et al ^[11] reported 10.4% and Zakirulla M et al ^[16] reported 22% parents agreed that pit and fissure sealants are effective in the prevention of dental caries. The difference reported in the results could be due to the fact that the results reported by other authors are pre-intervention results which are reported to be low whereas the results for the post-intervention or from the parents who have reported children with sealants must be better aware of the preventive measures available.

Dental drill is not required for the application of pit and fissure sealant application this was agreed by 15% of the parents from present study which is similar to another study conducted by Tahani B et al. ^[14] Better knowledge scores were reported in studies conducted by Lakshmanan L et al ^[12], Mafeni JO et al ^[13]. In the study by Lang WP et al ^[15] the parents have better knowledge. According to the authors this difference could be due to the fact that they have already undergone sealant application for their children earlier.

Only 19% of the parents from the present study agreed to the fact that anaesthesia is not required for application of pit and fissure sealants which is similar to a study conducted by Tahani B et al. ^[14] The results are in contrast to a study conducted in Chennai where 55% of parents agreed that the dental sealant application does not require anaesthesia.

In the present study few of the parents 28% agreed to the fact that pit and fissure sealants is a plastic coating applied to the teeth which is in contrast to the study conducted by Lakshmanan L et al ^[12] and Lang WP et al ^[15] where 72% and 84.5% respectively had a understanding of pit and fissure sealant as a plastic coating on the tooth.

Only 26% of the parents were aware that pit and fissure sealant can be applied on permanent teeth in the present survey, this is quite similar to the results of Tahani B et al ^[14] with 30% parents aware. Better knowledge status has been presented by Mafeni JO et al ^[13] along with Lakshmanan L et al. ^[12]

Sixty-seven percent of the parents from the present study reported being visiting the dentist due to pain in the teeth which can be correlated with poor practice of these parents. Such poor practice among parents is shown in a study by Sabbagh H J et al. ^[17] Contradictory results were seen in study conducted by Blumer S et al ^[18] where more than 50% of the parents responded that they are visiting the dentist for general check-up of their children, which showed a better practice.

In this study 50% of the children had visited the dentist earlier which is in contrast with the study conducted by Kaur S et al ^[11] where only 36.8% of children had visited the dentist before, this could be due to the availability of dentist, dentist population ratio and urban-rural disparity between the two locations.

Similarly present study showed 42% of the children had received preventive dental treatment in their earlier visits which is in contrast to a study conducted by Kaur S et al ^[11] where none of the parents reported receiving any preventive dental treatment earlier for their children. The reason could be that this study by Kaur S et al ^[11] is being conducted in hilly terrain of the Uttarakhand district of India

In this study 43% of the parents agreed that they will get the pit and fissure sealant therapy done if their dentist recommends which is in contrast to a study conducted by Kaur S et al ^[11] where 64 % favoured to the pit and fissure application therapy because it is clearly visible and physically appreciated on the teeth and this makes parents motivated regarding the same through the motivational program when compared to fluoride gel therapy, Nair BG et al ^[19] reported 67% of parents accepting for pit and fissure sealant therapy and rest 32% did not agree considering the side effects of dental sealants.

Only 23% of the respondents visited the dentist on regular intervals which when compared was found more than the results reported by Kaur S et al^[11] 18% and Gurnathan D 13%.^[20]

Seventy-four percentage of the parents were willing to pay the extra cost of the treatment for the prevention of the dental caries and they agreed to the fact that it benefits worth the treatment cost which was similar to the study conducted by Lakshmanan L et al^[12] and in contrast to the study conducted by Tahani B et al.^[14]

Regular visit to the dentist are necessary and was agreed by 60% of the parents which is in contrast to much higher reported percentage of parents (95%) in a study by Kaur S et al.^[11] However, the results cannot be generalized of this study as only 37% of the children have actually visited a dentist.

Forty-three percent of the parents reported that their child will be scared of pit and fissure sealant procedure which was similar to the study by Lakshmanan L et al^[12] but these results are contradictory to the study conducted by Zakirulla M et al^[16] where only 13% of mothers reported the children to be fearing of pit and fissure therapy, this huge difference according to the authors could be due to the fact that this Saudi Arabia based study reports the difference of level of fear between pit and fissure therapy and fluoride therapy.

However, paediatricians' knowledge lacked awareness regarding the frequency of dental visits and pit and fissure sealants application which according to the author is a serious issue and requires necessary interventions. Fifty-eight percentage of the parents from the present study feel that healthcare workers must guide them towards pit and fissure sealant therapy. A study by Anand A et al^[21] reports that a child is consulted by a paediatrician more than 10 times by the time he is aged 3 years. This suggests that it is of key importance to establish dental awareness programs for paediatricians and general practitioners. Hence, paediatrician and general physicians involved in child's care should be involved in campaigns promoting dental caries prevention strategies.

Though, parents demand for knowledge concerning dental caries is relatively high but still there is lack of knowledge in certain areas. Specific information towards preventive aspects of dental caries such as use of pit and fissure sealants which can only be delivered by specialized healthcare workers. Close to 60% of the parents in the present study accepted that healthcare workers must guide them towards the use and benefits of pit and fissure sealants.

Owing to the benefits, government has already initiated school-based pit and fissure sealant pilot project under National Oral Health Policy (NOHP) which should become an integral part of the health policies as agreed by 50% of the respondents.

Less than 35-year-old presented highest mean knowledge and attitude scores of 3.65 ± 1.55 and 4.30 ± 0.92 respectively. [Table 1] The knowledge scores are not in accordance with the study conducted by Tahani B et al^[14] where the maximum mean knowledge score for Pit and fissure sealant therapy was 2.6 ± 2.7 out of 10. This could be due to the fact that young aged parents are more conscious towards oral health.

Mothers have received better results for knowledge, attitude and practice when compared to fathers, this difference in the scores are being supported by other authors like Blummer Set al^[18] where females had better oral health knowledge than males. [Table 3]

Regarding the practice of preventive measure only 41% of the parents accepted to have got sealant applied in their child's teeth which is a bit higher when compared to a study conducted by Lakshmanan L et al^[12] where 34% accepted the same. This may be because these responding parents may not be 100% truthful with their answers which may be due to social desirability bias.

The attitude scores in the present study are in correlation with the practice scores of the parents (p value = 0.003). The present study depicts 55% of parents are willing to gain more information towards pit and fissure sealant and 74% are even willing to pay extra for the same but unfortunately only 41% of them have actually visited a dentist for their child's preventive therapy.

This depicts that if a parent has better attitude towards the pit and fissure sealant therapy the parents must report to have practiced the same which will prevent the child teeth from decay.

Comparison of mean scores of knowledge, attitude and practice showed no statistically significant difference among the parents. Mean practice scores among either of the parents were reported to be lowest with 2.95 ± 1.08 for mothers and 2.92 ± 1.14 for fathers respectively. [Table 3] Only 41% of the parents from the present survey reported that their child has undergone a preventive dental treatment at a dental clinic/office which by itself shows poor practice among parents. Poor practice scores among the parents are also being reflected in a study conducted by Lakshmanan L et al.^[12]

The correlation between knowledge, attitude and practice scores clearly indicate that attitude scores are in significance with practice scores and yet the knowledge with attitude and knowledge with practice does not show any significant difference. [Table 3]

The authors feel that parents in spite of having knowledge regarding various preventive practices still did not transfer this in to their practice as reported in the present study. The possible reason behind it could be that in questionnaire surveys the participants tend to overrepresent while responding to the questionnaire as they seem to be more interested in the topic of the survey and so it can be assumed that they might have answered in a more desirable manner. There are various limitations of the present study one of it could be that socioeconomic status and number of children in the family of the study participants were not included in the study which could affect the acceptance of the pit and fissure sealant therapy as a preventive treatment for dental caries. Secondly the clinical findings in children were not compared with parent's responses.

Parents seems to have keen interest in curative treatment and maximum parents visited the dentist only if their child complain of pain in teeth. Thus, the parents should be made aware of preventive measures which can be helpful in enhancing the quality of life of their children.

Conflict of Interest: None

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