Association between Parenting styles, oral health and dental behavior of children: Current perspective and future directions

Akanksha Juneja Sheema Aleem***

Abstract

Background*: In the past few decades, dental caries has reduced in children, yet it continues to be major health concern. Psychosocial factors' participation in the development of caries in children is still a crucial topic in dentistry research with the focus being shifting to parents and parenting styles. The current scoping review has been done to understand the impact of various parenting styles on the dental variables like oral health status, dental behaviour and anxiety etc.* ***Methods:*** *To understand the influence of parenting styles on the oral health and dental behaviour of children across the world, a broad search (Pubmed, JSTOR, Science Direct, Google Scholar and Scopus) for research studies was conducted for the period 2000– 2023. 13,300 articles were found using the initial systematic search approach. The original title and abstract screen had 9648 articles after duplicates (n = 3652) were eliminated. According to the inclusion and exclusion criteria, further articles were eliminated. Twenty-four complete papers were selected for the review.* ***Results:*** *The results of the review suggest that parenting styles i.e. authoritarian, authoritative and permissive, have an impact on dental anxiety and behaviour problems in children across various age groups.* ***Implications:*** *Understanding the role of parenting styles as a risk factor for unfavourable oral health behaviours may help dental professionals create tailored preventative interventions to motivate parents with a variety of parenting styles.*

Keywords*:* *dental caries, dental behaviour, oral health, parenting styles*

About Authors: **Phd Scholar (Dept of Psychology, Jamia Millia Islamia) Professor, Dept of Pediatric Dentistry, Faculty of Dentistry, JMI, New Delhi, India Email: ajuneja@jmi.ac.in (corresponding author) **Professor, Department of Psychology, Faculty of Social Sciences, Jamia Millia Islamia, New Delhi 110025, India Email Id: saleeem@jmi.ac.in*

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Introduction

Since the early 1970s, dental caries in school-age children has decreased dramatically; yet, oral illness, which includes caries, continues to be a serious public health concern (Ditmyer et al., 2011). Early childhood caries (ECC) is a prevalent childhood chronic condition that poses a public health risk in many countries (Dye et al., 2015). Despite being a 100% fluoridated country, Singapore has a high ECC prevalence of 40.3% among children aged 3 to 6. A recent study exploring pre-schoolers' caries risk underlined the importance of targeting preventative efforts at specific risk variables such as food habits and dental hygiene practices (Hong et al., 2014). According to reports, childhood dental caries is the most common infectious disease in the US, occurring around five times as frequently as asthma and seven times more frequently than hay fever (Ditmyer et al., 2011).

Dental Caries is multifactorial in origin, where diet, microorganisms, saliva, and factors influencing them all come into play. Untreated dental caries can lead to failure to thrive, as well as the progression of disease. Additionally, children with dental issues may have loss of oral function. Poor oral health and dental illness can have long-term effects on speech, nutrition, productivity, self-esteem and quality of life (Sokal-Gutierrez et al., 2016; Gallagher et al., 2026).

Evidence supports that effective parenting and supportive family interactions lead to positive childhood outcomes, including higher academic achievement, better psychosocial and emotional development, less disruptive behavior, lower depressive symptoms, and higher self-esteem.

Parenting styles affect children's emotional, physical, cognitive, and social development (Breiner et al., 2016; Azman et al., 2021). Parents play an important role in instilling values and fostering healthy habits in their children, particularly in terms of diet and oral hygiene. Other than the overall effect on the development of child, parents have a big impact on their children's oral health since the child relies on them to provide preventive oral health care (Nepaul & Mahomed, 2020; Awaji et al., 2024). Thus, it appears plausible that parenting styles would influence children's dental health behaviors. Other than the preventive part, a dental surgeon while providing the treatment in dental operatory, all comes across all kinds of negative behaviour and deal with dental anxiety present in the child. This can adversely impact the type of treatment being provided to the child. Parental anxiety, their attitude, style of parenting is believed to influence the dental behaviour of child to some extent.

Understanding the impact of parenting styles as a risk factor for negative oral health behaviors will assist dental professionals in developing individualized preventative interventions to inspire parents with diverse parenting styles. Keeping this in mind this scoping review was done to evaluate the results of various studies, where parenting styles and their effect on oral health and dental behavior of children were observed.

Parenting style

Parenting can be considered the process or state of being a parent, which includes nourishing, safeguarding, and directing a child's development (Brooks, 1991). Parenting style is a collection of parental attitudes and behaviors that parents use most frequently and consistently across settings to regulate their children's behavior. It is defined by patterns of control, responsiveness, warmth, and discipline. While numerous definitions of parenting styles have been proposed, the majority of published research on parenting style has focused on the quantity and characteristics of parents' responsiveness/warmth, control/demandingness, and discipline in the parenting repertoire (Power, 2013).

Baumrind (1971) classified parenting styles into three types: authoritarian, authoritative, and permissive. Most academics have accepted this classification. Parental control/expectation/demandingness and parental warmth/guidance/responsiveness are the two main variables used to classify interactions between parent and kid.

After reviewing numerous studies, Sorkhabi (2005) concluded that Baumrind's (1971) typology is applicable to all cultures, although parents in different cultures may favor different parenting styles more frequently. All three parenting styles are prevalent in both individualistic and collective cultures.

Methods & Results

In order examine the influence of parenting style on the development of the child across the world, a broad search (Pubmed, JSTOR, Science Direct, Google Scholar and Scopus) for research studies was conducted for the period 2000 – 2023. The inclusion criteria were: (i) publication in English language; (ii) publication dates 2000 – 2023; (iii) target population being parents and children under the age of 18; (iv) association between parenting and oral health and behaviour outcomes in children. The search combined keywords of study design like, cross-sectional, longitudinal etc., with influencing factors like parents, parenting styles, parental attitude etc., and oral variables like dental health, oral health, decayed teeth, DMFT (decayed, missing filled teeth) crowding etc. This scoping review only included quantitative, cross-sectional and longitudinal studies to investigate the relationship between parenting and child outcomes. Intervention studies, case–control studies, review articles, case reports, personal or expert opinions, and qualitative studies were all excluded. Table 1 summarises the research studies carried out during this period.

Both the reviewers worked together to develop a data-charting form in order to choose which variables to extract. The two reviewers independently plotted the data, discussed the results, and continued to update the data-charting form in an iterative process. 13,300 articles were found using the initial systematic search approach. The original title and abstract screen had 9648 articles after duplicates (n = 3652) were eliminated. According to the inclusion and exclusion criteria, further articles were eliminated. Twenty-four complete papers were selected for the review. The research studies chosen during this time are presented in Table 1.

Table 1:

Data extraction table showing association between parenting styles and their influence on various dental aspects of children in studies conducted between 2000 and 2023

S. No.	Authors	Variables assessed	Target Population	Type of study	Results
1.	Krikken & Veerkamp (2008)	Parenting styles, dental anxiety and disruptive behaviour of children	100 children of age 4-12 years visiting Special Dental Care in Amsterdam	Cross Sectional	No correlation discovered between parenting style and dental anxiety or behavior during treatment.
2.	Aminabadi et al. (2012)	Mother's emotional intelligence and parenting style and child's dental anxiety and behaviour	117 children (4-6 years) and mother Dyad	Cross Sectional	No substantial association between parenting styles and dental anxiety.
3.	Krikken et al. (2013)	Child dental anxiety, Parenting style and dental history	454 mother and child of age group 4-14 years in Amsterdam	Cross Sectional	Non-significant relationship between parenting styles and dental anxiety
4.	Ng et al. (2013)	Parenting style and oral health status.	87 children of age 2-14 years and mother, Las Vegas, USA	Cross Sectional	Non-significant relationship between parenting styles and oral health status
5.	Howenstein et al. (2015)	Parenting Styles, dental Behaviour of child and dental caries	132 parent/child dyads in Ohio, USA	Cross Sectional	Authoritative parenting was associated with less caries and better behavior during the first dental visit

6.	Georgieva & Peneva (2016)	Parental authoritarian style & dental behaviour of child	300 children aged between 4 and 6 and their parents, Bulgaria	Cross Sectional	Children rearing in authoritarian style have negative behavior
7.	Dabawala et al. (2017)	Parenting style and oral health practices in children with early childhood caries	211 children of age group 4-6 years with ECC and equal number of controls in Mangalore, Karnataka, India	Cross sectional	Authoritarian parenting was connected with decreased caries and improved conduct during the initial dental visit.
8.	Kumar et al. (2017)	Parental rearing practices, family demographics and oral health-related quality of life (OHRQoL) of children	1130, children of age group 11-14 years and their parents in Telangana, India	Cross Sectional	Parents with higher positive and lower power assertion rearing practices had children with better OHRQoL
9.	Tsoi et al. (2018)	parenting styles, child temperament, and operatory behaviour in healthy children	113 parent/child dyads	Cross Sectional	Parenting style scores did not correlate with operatory behaviour
10.	Alagla et al. (2019)	Parenting Styles and oral health of children	280 preschool children and their parents in Saudi Arabia	Cross sectional	Parenting style influenced the child's oral health but not significantly
11.	Alkaltham et al. (2020)	Mothers' parenting practices and clinical and reported oral health outcomes in primary-school girls	284 primary school girls and parents in the Eastern Province, Saudi Arabia	Cross Sectional	Authoritative parenting was associated with good clinical oral health outcomes and frequent disciplining was negatively associated with child-reported outcomes. Positive parenting practices had a significant association with the health of primary teeth as

					compared to permanent teeth.
12.	Matsuyama et al. (2020)	Poor parenting behaviours and dental caries experience of children	8499 children of age 6-7 years and their primary care giver in Japan	Cross Sectional	Poor involvement and lack of supervision of a child's health behaviours were associated with dental caries
13.	Viswanath et al. (2020)	Parenting styles, child's dental behaviour and caries status	276 children of age 3-7 years and their parents visiting dental clinic at Tamil Nadu, India.	Cross Sectional	Children of both the permissive and authoritarian parents showed more negative dental behavior than children of authoritative parents. Children of permissive parents showed increased caries status compared to the children of authoritative parents.
14.	Quek et al. (2021)	Parenting styles on enforcement of oral health behaviours in children.	349 parents and children of age group 4–6 years visiting four public dental set up, Singapore	Cross sectional	Authoritative parenting was associated with positive attitudes regarding both preventive dietary and oral hygiene practices. Actual oral hygiene practices were more ideal in children with authoritative parents, but parenting styles had no impact on actual dietary habits.
15.	Khattab et al. (2022)	Parenting Style, dental behaviour, dental anxiety and dental caries in children	105 children (age 3-6 years) with their parents visiting university clinic in Egypt	Cross Sectional	Children's with authoritative parenting less caries and more positive behavior against dental treatment during first dental visit

16.	Eftekari et al. (2022)	Parenting style and dental anxiety in children	1400 children of age 7-12 years and parents, Tehran	Cross-sectional	Dental anxiety had a negative and significant relationship with authoritative parenting style and a positive and significant relationship with authoritarian parenting style
17.	El Tantawi et al. (2022)	Parenting practices and oral health behaviours of children	433, 6-12 year old children in Egypt	Cross Sectional house hold survey	No significant overall associations between sugar consumption and parenting practices. Significant associations between daily toothbrushing and inconsistent disciplining
18.	Gorgabi et al. (2022)	Parenting Style and Dental Anxiety in children	126 children aged 4-6 years old and their parents, Iran	Cross Sectional	Significant association between the score of authoritative and permissive parenting and pediatric dental anxiety. Inverse link between the score of authoritarian parenting style and children's dental anxiety.
19.	González-Olmo et al. (2022)	Parenting Styles, eating behaviour and dental caries in children	186 children (aged 8–15 years) in Spain	Cross Sectional	High psychological control and low levels of parental affection and communication affected the state of anxiety in children and their caries rate
20.	Misrohmasari & Prihatiningrum (2022)	Parenting Styles and dental caries in preschool children	269 pairs of preschool children and parents in Indonesia	Cross Sectional	No statistically significant relationship was found between caries and parenting style
21.	de Jong-Lenters et al. (2023)	Overprotective parenting, toothbrushing practices and children's behaviour during dental treatments	96, Dutch children of age 4-11 years and their parents	Cross Sectional	Overprotective parenting has been associated with children’s negative behaviour during dental treatments

22.	Juneja, & Aleem (2023)	Parenting styles, dental behaviour and anxiety in children	50 mother-child dyads (8-12 years), Delhi, India	Cross Sectional	Statistically significant negative relationship was observed between permissive parenting style and dental behavior
23.	Sethi & Rathore (2023)	Parenting styles, oral health status, emotional status and dental behaviour of children	182 children of age group of 4-14 years and their parents in Lucknow, India	Cross Sectional	Children of authoritative parents had less caries, better oral health-related behavior, and displayed more cooperative behavior in the dental setting as compared to other parenting styles.
24.	Shalini et al. (2023)	Parenting Style dental behaviour and caries experience in children	1,216 parent-child pairs of 3–6-year-old preschool children	Cross Sectional	Children of authoritative parents demonstrated low caries experience and desirable behavior in the dental office. Permissive parenting exhibited undesirable dental behavior, and children of authoritarian parents had high caries levels.

Discussion

According to a survey conducted by Casamassimo (2001), 43 percent of AAPD diplomats reported decreasing satisfaction with their practice because to changes in parental styles. 88 percent of respondents said parenting styles have changed over time. Parents were less likely to use physical discipline, establish restrictions on their children's behavior, bribe them, and tolerate disrespect. Accordingly, parents prioritized friendship with their children over setting boundaries. Children with a downhill parenting style may have poorer oral health due to a lack of compliance with good hygiene habits established by parents and dentists.

The majority of research on parenting styles to date has either examined the relationship to caries (Dabawala et al., 2017; de Jong-Lenters et al., 2014; Duijster et al., 2013; Howenstein et al., 2015; Kumar et al., 2017; Ng et al., 2013; Alaglaet al., 2019; Matsuyama et al., 2020; Sethi & Rathore, 2023) or the behavior and anxiety of the child while visiting the dentist (Aminabadi et al., 2012; Krikken et al. 2008, 2013; Tsoi et al., 2018; Viswanath et al., 2020; Juneja, & Aleem, 2023).

The research on parenting styles' effects on dental caries is with mixed results. According to Howenstein et al. (2015), children with authoritative parents had lower dental caries than kids with authoritarian and permissive parents. The authors postulated that parents who are permissive enable their children to freely ingest foods that are carcinogenic or refuse to wash their teeth. They also do not impose diet control or oral hygiene habits. Viswanath et al. (2020) observed that amongst children of age group 6-7 years, permissive parenting was associated with increased caries status. Other research,

however, have not shown this association (Dabawala et al., 2017; Ng et al., 2013). Kumar et al. (2017) concluded that parents with more positive and less power assertion raising techniques produced children with greater OHRQoL. Similarly Matsuyama et al. (2020) while conducting a study on 8499, 6-7 year old children observed that poor involvement and lack of supervision of a child's health behaviors by parents were linked to dental caries. Similarly, Misrohmasari & Prihatiningrum (2022) did not observe any significant relationship between parenting and dental caries.

Even for dental behaviour and anxiety, results of various studies are conflicting. Though majority of children with authoritative parents showed significantly higher levels of positive conduct compared to those with authoritarian or permissive parents (Howenstein et al., 2015; Alkaltham et al., 2020; Viswanath et al., 2020; Khattab et al., 2022; de Jong-Lenters et al., 2023; Juneja, & Aleem, 2023; Sethi & Rathore, 2023; Shalini et al., 2023). In contrast, Krikken et al. (2008, 2013) reported that there was no relationship between parenting styles, dental anxiety and behaviour during treatment. In most of the studies, supporting the relationship, various parameters were assessed during first visit, where patient had no previous dental experience and was not suffering from dental phobia. In contrast, Krikken et al. (2008, 2013) included children who had experienced dental treatment in the past. Recently, Henedy et al. (2025), through a longitudinal study, observed that in age group 4-6 years, children of authoritative parents showed positive behavior as compared to authoritarian and permissive group.

Though the number of studies are very limited, of that, most of the researchers have found an association between parenting styles and dental anxiety in children except Krikken et al. (2008, 2013). Gorgabi et al. (2022) found a significant link between the score of authoritative and permissive parenting and pediatric dental anxiety while an inverse link between the score of authoritarian and children's dental anxiety. Similarly, González-Olmo et al. (2022) observed that high psychological control and low levels of parental affection and communication influenced children's anxiety and caries rate.

Few researchers also studied the effect of parenting style on eating behaviour and sugar consumption or toothbrushing habits of children like, Quek et al. (2021) concluded that though actual oral hygiene practices were better in children who had authoritarian parents, but parenting styles had little effect on actual eating behaviors. In contrast, El Tantawi et al. (2022) concluded that there was no relation between sugar consumption and parenting methods, while there was significant connections between daily toothbrushing and inconsistent discipline.

Parents establish a child's foundation and play a crucial part in their life from childhood to adolescence. Many theorists have discussed how parents affect their offspring. Social learning theorists have concentrated on how conditioning and modelling help children form associations and eventually think and behave like them. According to attachment theorists, a child's internal working system develops as a result of their interactions with main carers, which also influence how they will connect with others in the future. According to Carter et al. (2014) a child can develop dental anxiety through cognitive conditioning, modelling, verbal threatening negative experiences and parental factors i.e. acquired from exposure to parental dental fear.

Psychosocial factors' role in the development of caries in children remains an important topic in dentistry research, particularly because they can be used to identify the group most at risk and detect specific indicators of sickness vulnerability. Based on the findings of the studies done in the past, it can be concluded that Parents and their style of managing their children

through discipline and warmth, has an association with oral health status of children and their dental behaviour. Today, with permissive parenting evident in urban household, children are given unrestricted options and permitted to take on important responsibilities to make their own choices in response to dental care or to postpone treatment. As a result, it may increase the risk of tooth cavities. Hence it is necessary that parents must supply, model, and supervise suitable preventative oral health habits for their children, such as brushing and flossing.

In developing countries like India, where not much importance is given to oral health of children by parents due to lack of awareness and financial constraints (Kumar et al., 2023; Kis et al., 2026), understanding the parent child relationship can be useful in formulating policies and developing programs, where oral health counselling can become a part of mainstream counselling for expecting parents and young mothers.

Limitations and Future Directions

On the basis of the literature available, it can be concluded that relationship exists between parenting styles and oral health status and dental behaviour of children. However the no of research papers is really limited. Longitudinal studies linking parenting style and dental behaviour need to be conducted across the world, to have more conclusive data. Also it is needed to how parenting styles and oral health of children vary through different cultures and accordingly culture sensitive parental counselling models can be developed. More conclusive data can form the basis of inclusion of counselling regarding parenting styles and in their influence on children as a part of anticipatory guidance in pediatric dentistry.

Conclusion

Overall, the current evidence supports to some extent that parenting style could have an effect on dental anxiety and behavior problems in children across various age groups. However, the research is really inadequate. More research is needed in this field, to establish a conclusive association, which will be beneficial for pediatric dentist in providing effective treatment and instil a positive attitude in children towards dental treatment.

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