previously whereas 420 children had not. Among those who had visited a dental surgeon previously, 328 had done so less than twice, 252 between 3 to 5 times and 119 more than 6 times. Most of them had visited the dentist for restorations (409) and extractions (403) followed by check-ups (237). Out of the 699 children who had visited a dentist previously, only 9 had undergone fluoride application (Table 1). One hundred and twenty six parents reported that they had experienced problems with the behavior of the child during past dental procedures.

When the parents were questioned whether they were present with the child during past dental procedures, 561 parents answered positively, 97 parents reported that they were present for some procedures and 41 said that they were not present at all.

Table 2 gives the reasons for being present in the operatory when dental procedures were being carried out. The most often given reason was ‘to provide moral support’ (by 333 parents) followed by ‘to see the treatment-to know what is being done’ (by 278 parents). One parent reported that she was present in the operatory because she had a previous bad experience when the dentist had extracted the wrong tooth.

Table 3 gives the reasons for not being present in the dental operatory when procedures were being carried out. Eighty one parents felt that their children could look after themselves, twenty four parents reported that they were not allowed in by the dentist and two parents reported that they were busy with other work.

For the question ‘do you want to be present with your child during dental procedure’, which was asked to all the 1119 parents, 876 (78.3%) expressed their willingness to be present whereas 243 (21.7%) parents were not willing to be present in the operatory. This was found to be very highly significant. (P < 0.001).

When we tried to determine if there was any relation between the willingness of parents to be present in the operatory and variables like age, sex, order of the child among siblings, previous dental visit and behavioral problems, we found that only age showed a significant association. Among the 4-6 yr olds, 89% of their parents were willing to be present in the dental operatory whereas it was 77% and 65% among 7-10 year olds and > 11 year olds respectively. This was found to be highly significant statistically (\( x^2 = 46.81 \); P<0.001 Table 4). There was no significant relation between parents willing to be present in the eratory and other variables (Table 4).

CONCLUSION

In the present study, 78.3% of parents expressed their willingness to be present with the child during dental procedures. Peretz B and Zadik D\(^5\) in their study reported that 70.2% of the parents expressed a wish to be present in the operatory.

The present study also showed that parents of younger children were more likely to be willing to be present in the operatory and as age advanced, the percentage of parents willing to be present in the operatory decreased. These findings are similar to that reported by Marcum BK et al\(^6\). Very young children have a close symbiotic relationship with parents, consequently they are usually accompanied by them. However, Peretz B and Zadik D\(^5\) in their study found that age of the child did not influence the attitude of the parents towards their presence in the treatment room.

In the present study, the most common reason given for being present in the dental operatory was ‘to provide moral support to the child’ reported by 333 parents followed by 278 parents who wanted to know what was being done. Parental attendance might foster a secure feeling in certain parents because they know that in observing the entire procedure, they can act as an advocate for their child and verify his or her safety\(^7\).

Forty-two parents reported that they were called in after the child started crying. although several studies\(^8,9,10,11\) have shown no difference in behavior when the child was separated from the parent, Frankl SH et al\(^12\) reported that separation from the parent produces negative behavior in the child. One parent in the present study reported that she was present in the operatory because of a past bad experience, when the dentist had extracted a wrong tooth. If the dentist thus conducts himself negligently, he might inadvertently be sending wrong signals for the reason for excluding parents from the operatory.

In the present study the most common reason given for not being present in the operatory was that the child could look after him/herself. In the study by Shaw and Routh\(^13\), the behavior of children receiving immunization was found to be worse when the mother was present. They suggested that children under stress might suppress protest if mother was absent. Although various studies\(^14,15\) have reported that dentists preferred parents to be absent.