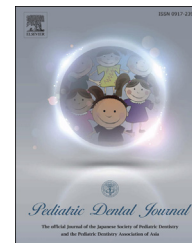


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## Research Paper

# The relationship of mothers' coping strategies and health behavior with oral health care for children

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### ARTICLE INFO

#### Article history:

Received 4 October 2016

Received in revised form

27 April 2017

Accepted 5 June 2017

Available online xxx

#### Keywords:

Transactional model

Coping style

Behavior

Oral health

Self-health

### ABSTRACT

**Objectives:** In the *Transactional Model of Stress and Coping*, coping strategies and presence of social support influence health behavior. This study aimed to reveal relationships between mothers' coping styles, self-health behavior, children's oral health care, and social support from dental professionals.

**Methods:** A total of 313 mothers participated in this study from all elementary schools in 2 cities in Japan. We classified participants into high and low groups with reference to self-health behavior and oral health care. To examine the associations of mother's coping styles, health behavior, and the presence of social support, logistic regression analysis was conducted.

**Results:** There were significant differences in mother's coping styles associated with self-health behavior, oral health care, and presence of social support. In logistic regression analysis, the good self-health behavior group was more likely to use coping strategies of obtaining information and positive interpretation, to have fewer children, and less frequent use of avoidance-like thinking. The good oral health care group had a higher probability of obtaining information and using problem focused coping, and a lower probability of evading one's responsibility. Those who consulted dental offices used more positive interpretation, while mothers who did not consult dental offices used evading one's responsibility more frequently.

**Conclusions:** Mother's coping styles had different associations with self-health behavior and children's oral health care. We may be able to use behavioral modification strategies effectively according to whether a mother consults with dental professionals. Future intervention studies based on this research are expected.

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<http://dx.doi.org/10.1016/j.pdj.2017.06.001>

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## 1. Introduction

Stress has long been a focus among researchers interested in psychosocial influences on health. *The Transactional Model of Stress and Coping* has generated an extensive body of literature on coping strategies, adjustment to illness, and health behavior [1]. This model is a framework for evaluating the processes of coping with stressful events [2–4]. When faced with a stressor, a person estimates the potential threat (primary appraisal), and simultaneously estimates his or her ability to change the situation and suppress a negative emotional reaction (secondary appraisal). According to this model, emotional and functional effects of primary and secondary appraisals are mediated by actual coping strategies. Coping strategies influence outcomes like healthy or unhealthy behavior (for example, psychological well-being, functional status, and adherence to treatment).

Original formulations of the model conceptualized coping efforts along two dimensions: problem management and emotional regulation [5]. Problem-focused coping strategies are directed at changing the stressful situation such as active coping, problem solving, and information seeking. Problem-focused coping strategies are successful in dealing with stressors such as treatment for cancer and diabetes [6,7]. By contrast, emotion-focused coping efforts are directed at changing the way one thinks or feels about a stressful situation. These strategies include seeking social support and venting feelings, as well as avoidance and denial. In general, not only problem-focused coping, but emotion-focused coping will be adopted when the stressor is recognized as a threat that one cannot control. Folkman and Lazarus et al. [8] examined the extent to which eight different forms of coping mediated four types of emotions during stressful events of daily living. Typically, people use a mixture of all types of coping strategies, and coping skills usually change over time.

Individual differences in coping styles can be considered “moderators” of the impact of stress on coping processes and outcomes. Problem-based coping can predict not only breast self-examination practice [9], but also periodontal disease [10], and active coping in relation to optimism was related to dental health behavior and self-reported dental health [11]. A review study found that a mother's stress is related to early childhood caries, although when a mother has high coping skills, the child will not develop a cavity [12]. That is, although a mother's coping style affects her child's health, it is not obvious how differences in coping styles affect self-health and the child's oral health. This information would be useful for coping skills training techniques to be incorporated into standardized interventions for dental professionals, because they can apply techniques for children's cavity prevention.

Social support also has important effects on outcomes. By influencing key processes posited in *the Transactional Model*, social support can influence how people adapt to stressful events. A supportive environment can also protect against stress by providing opportunities to explore different coping options and to evaluate their effectiveness [13]. A relationship between the prevention of lifestyle-related diseases and social support has been reported in Japan [14]. There may be associations between different aspects of social network, social

support, and dental status. Mothers who can seek advice from a dental professional will use different coping strategies from those who cannot.

Therefore, we investigated coping styles of mothers with children in 5th and 6th grade (10–12 years old) because mothers had a poorer primary appraisal of their child's oral health at this age compared to earlier childhood and because children in this age group require assistance during the mixed dentition period. Furthermore, we investigated mothers' coping styles in relation to whether they can seek advice from a dental professional. Our aim in this paper was to reveal relationships between mothers' coping styles, self-health behavior, and children's oral health care.

## 2. Material and methods

### 2.1. Design

A descriptive cross-sectional survey was conducted in elementary schools in several cities in Kumamoto, Japan. Anonymous self-administered questionnaires were distributed at school, completed at home, and collected during February and March 2015.

### 2.2. Sample selection

A total of 377 families enrolled in all elementary schools in 2 cities (all 6 schools) were selected and 319 (84.6%) returned questionnaires by the end of the data collection period. The number of eligible responses was 313 (83.0%) because fathers and missing replies were excluded.

### 2.3. Measures

Demographic data collected for parents included sex, age (decade), job, and number of children living with them.

Coping style was measured using the Tri-axial Coping Scale 24-item version (TAC-24) [15]. This scale is a self-report measure and evaluates a person's tendencies to adopt certain coping strategies with three dimensions: Encounter-Avoidance, Problem-Emotion, and Behavior-Cognition Dimension. It is divided into eight sub-scales (getting information: Encounter-Problem-Behavior, giving up: Avoidance-Problem-Cognition, positive interpretation: Encounter-Emotion-Cognition, plan drafting: Encounter-Problem-Cognition, avoidance-like thinking: Avoidance-Emotion-Cognition, distractive recreation: Avoidance-Emotion-Behavior, catharsis: Encounter-Emotion-Behavior, evading one's responsibility: Avoidance-Problem-Behavior); the Cronbach's  $\alpha$  value of internal consistency for the sub-scales ranged from 0.65 to 0.84. This scale was checked by a retest for suitability of use with Japanese people [16], and the three-dimensional model of classifying coping behavior was validated. Items have 5 response options (1 = *I'll never do that* to 5 = *I'll certainly do that*), and scores on each subscale range from 3 to 15 points.

Mothers' self-health behavior was investigated with 11 items. Seven items were based on Belloc and Breslow's Seven Health Factors for Longevity [17], and four items were original to this study, such as whether one has had a physical check-

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