



Hispanic Parents' Beliefs and Perceptions Regarding Fluoridated Tap Water

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Introduction

Water fluoridation is a result of public health's directive to provide population-focused means of reducing risk of dental caries disease. Since water fluoridation is a population focused approach, the halo effect benefits individuals who do not elect not to use fluoridated water as their primary drinking source. Despite being readily available in different communities via tap water, some immigrant populations elect to not drink tap water or give it to their children; instead, some parents demonstrate a preference to bottled water. This case studies the parental beliefs and perceptions about the quality of tap water and their decision to not to give fluoridated tap water to their children.

Purpose: To evaluate Hispanic parents' perceptions and beliefs about fluoridated tap water and its effects on children's teeth. Research concerning parental awareness of the use and benefits of fluoride is limited.

Materials & Methods

Data was collected from the files of University of Colorado. A group of 200 Hispanic parents living in the Denver metro area were requested to participate, among which 50 participants agreed for an in-depth interview. Bivariate logistic regression analysis was conducted to observe associations between parental factors and type of water intake.

Qualitative data was collected through individual interviews with parents and further analyzed using basic statistics.

Results

Table 1: Association between parent factors and type of water (tap/bottled water)

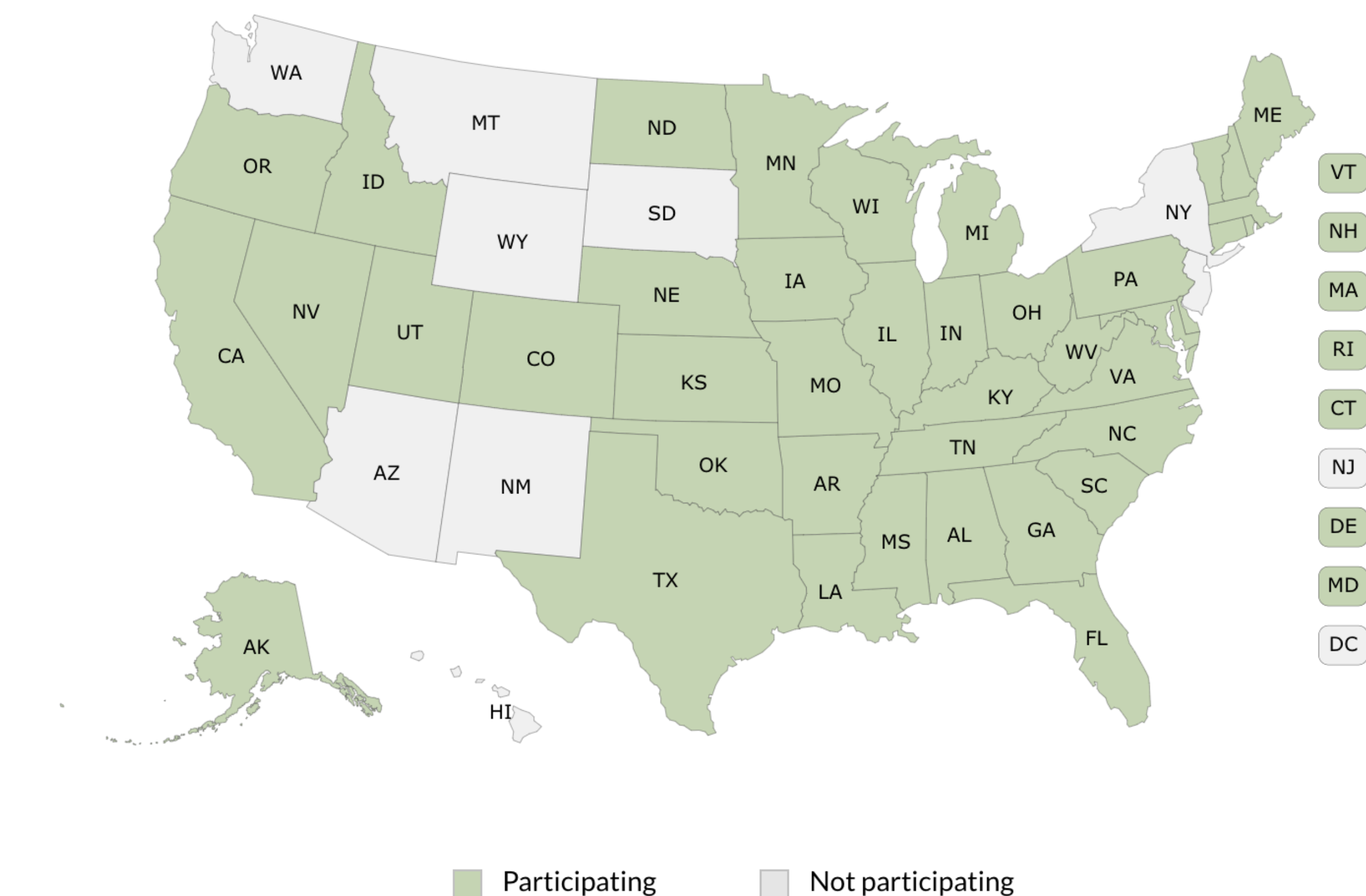
Parent factors	Estimate	P-value
Oral Health Knowledge	0.0372	<0.01
Oral Health Behaviour	0.0659	<0.01
HBM-Perceived severity	-0.7240	<0.01
Parent Employment	-0.7923	0.04

In the survey, 45% of parents disclosed the exclusive use of bottled water for their children, and 29% had used tap water. In the qualitative interviews, 69% of parents showed preference of bottled water use at home, and 31% of the parents claimed that their children preferred to drink local tap water. In the quantitative analysis, parents whose children drank tap water had high oral health knowledge ($P<.01$) and positive overall oral health behaviors ($P<.01$) when compared with parents whose children drank bottled water. Employed parents were more likely to provide bottled water compared to parents who were unemployed ($P=.04$).

Conclusion

Through survey, interview, and quantitative data, it is evident that parents had reservations in providing readily available tap water to their children.

This suggests a need for further initiative to be taken by community leaders and health professionals to promote health education.



Map of participating states in community water fluoridation as provided by the CDC.

References

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