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Child Use of Dental Services and Receipt of Dental Care in New Zealand

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ABSTRACT This study was conducted to examine use of dental services and receipt of dental care by a range of material and behavioural factors among Māori, Pacific and New Zealand European or Other (NZEO) children in New Zealand. Data were obtained from the 2002 National Children's Nutrition Survey. Bivariate associations were calculated between 3 use of dental services and receipt of dental care measures, and 51 personal characteristics in 6 domains. Analyses took into account the complex sampling design but not potential confounding. Some 3275 children participated; 37.4 % Māori, 32.3 % Pacific and 30.3% NZEO. Irregular dental attendance was associated with children who were 11–14 years, Pacific, had not always lived in New Zealand, lived in rented accommodation, frequently watched television, consumed breakfast on the way to school, purchased lunch, consumed sugar-containing products or had food security issues. A higher proportion of children who were aged 11–14 years, Maori, had low household income, lived with 4+ children, regularly watched television, consumed breakfast on the way to school, frequently consumed high-sugar foods, had food security issues, experienced dental pain at night or had received dental care under a general anaesthetic had received a restoration. Extraction receipt was associated with children who were Pacific, had low household income, had a disability, purchased their lunch, regularly consumed high-sugar-containing products, had food security issues, had received a restoration, experienced dental pain at night or received dental care under a general anaesthetic. In conclusion socio-demographic, household, physical/lifestyle, dietary, food security and oral health factors all play a role in New Zealand child use of dental services and receipt of dental care.