



0348

Cultural Influences on Adolescents and Caregivers' Perception of Their OHRQoL

B. CINAR¹, R. Valletta¹, C. Zong², V. D'Antò¹, G. Willems², R. Rongo¹, R. Bucci², M. Cadenas de Llano Pérula²

¹University of Naples Federico II, Naples, Italy, ²Katholieke Universiteit Leuven Universitaire Ziekenhuizen Leuven, Leuven, Belgium

Objectives This study aims to understand the impact of cultural differences on the Oral Health-Related Quality of Life (OHRQoL) of Belgian and Italian adolescents seeking orthodontic treatment, as well as on the perception of their parents/caregivers of their children's OHRQoL.

Methods 791 Belgian adolescents (aged 11-17 years) and 101 Italian adolescents (aged 10-17 years), alongside their parents/caregivers, were included. OHRQoL was assessed with the Child Perception Questionnaire-16 and Parental Perception Questionnaire-16. Objective orthodontic treatment need was determined with the dental health component of the Index of Orthodontic Treatment Need. The demographic and clinical characteristics of both cohorts were compared using the Mann-Whitney, Chi-square, and Fisher's exact test. Mann-Whitney test was used to analyze the differences in OHRQoL between the adolescents of both samples. The correlation between parents/caregivers and adolescents was determined by the intraclass correlation coefficient and non-parametric Spearman correlation. Wilcoxon matched-pairs signed rank test was used to detect statistically significant differences between the responses of parents and adolescents.

Results Italian adolescents presented significantly lower overall OHRQoL and social and emotional well-being compared to their Belgian counterparts. Italian parents/caregivers perceived their children's overall OHRQoL to be lower than Belgian parents, except for the 'eating disturbances' domain. The children-parent responses were positively correlated, overall, and in all subdomains both in Belgium and Italy. Parents of both countries underestimated their children's overall and emotional well-being related OHRQoL.

Conclusions The different results of self-perceived OHRQoL of adolescents seeking orthodontic treatment as well as the different perceptions of parents/caregivers between Belgium and Italy underscore the impact of cultural factors, such as socioeconomic status, healthcare systems, and cultural norms on OHRQoL. Parents/caregiver perception can be used to supplement (but not to replace) the children's own OHRQoL report. However, the cultural context in which the children are being examined should be taken into account.