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Original Article

Assessment of Mothers Knowledge, Attitude And Practices of their Children's Oral Health Care, Attending opd At Farooqia Dental College And Hospital, Mysore

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ABSTRACT

Aims: Mothers oral health knowledge, belief and attitudes influence the oral health maintenance, dietary habits and healthy behavior of their children. The aim of this study was to assess the mothers oral health care knowledge , attitude and practices of their child. **Materials and Methods:** cross sectional questionnaire survey conducted among 410 mothers, in the age group of 20-45 years. A self-administered structured questionnaire including parent's literacy levels, socioeconomic status, dietary practices and oral hygiene practices, was designed to assess the knowledge of the mohers regarding oral health of their child. Inclusion criteria were respondents having children between 2 and 6 years of age and exclusion criteria were respondents having physical or mentally handicapped children. Data were collected through an interview.SPSS-12 was used for data analysis. Chi Square test was used to find the significance of mothers KAP, with $p<0.05$ as statistically significant. **Results**: About 70.4% had poor knowledge, 52.3% exhibited poor attitude and 58.2% were following fair practices towards a children's oral health. There was an association between mothers age and dentist visiting pattern, significant $p < 0.04$. **Conclusion**: This study showed that mothers had poor knowledge and attitude towards a children's oral heath due to which majority were following poor oral health practices.

INTRODUCTION

Parental knowledge and awareness of oral health care and oral hygiene habits of these children, dietary and feeding habits, care of deciduous teeth and regular dental visits are necessary for required behavioral changes towards health and early disease prevention.[1]

Children under the age of 5 years generally spend most of their time with parents and guardians, especially mothers, even when they attend preschools or nurseries. These early years involve "primary socialization" during which the earliest childhood routines and habits are acquired.[2] These include dietary habits and healthy behaviors established as norms in the home. These are dependent on the knowledge and behavior of parents and elder siblings.[3]

The more positive attitude of the parents toward dental health care and dental professionals, leads to a better dental health of their children. Without basic knowledge of caries risk factor, importance of deciduous teeth and oral maintenance, it is difficult to employ effective disease preventive strategies. [4]

Mothers, who are the primary role model for them, their health beliefs and attitude towards oral health care, act as a significant predictor of children's oral

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health.[5] Hence an attempt has been made to assess the knowledge, attitude, and practices of mothers toward their children's oral health care.

MATERIALS & METHODS

A cross-sectional questionnaire survey was conducted among 410 mothers of 2-6 year old children who visited OPD at Farooqia dental college, mysore, from January to March 2016. Ethical clearance was obtained from Institutional Review Board and an informed consent was obtained from the study participants. The structured questionnaire proforma was designed and translated into local language with help of an interviever.

A structured Performa was designed to collect the data, which consisted of two parts. The first part consisted of general information such as the name, age, gender of the child, parent's education, occupation and total family income. The second part was the questionnaire, which consisted of 21 questions related to knowledge, attitude and practices toward children's oral health. Out of which 7 questions were related to knowledge, 5 were related to attitude and 5 were related to practices and 4 regarding general questions. The responses are Yes/ No, 1or 2

Questionnaire was pretested and validated among 30 mothers and these subjects were not included in the final analysis, for assessing feasibility of the survey.

Inclusion criteria were respondents, who gave consent and having children between 2and 6 years of age and exclusion criteria were respondents having physical or mentally handicapped children. Data were collected through an single interviewer

DATA ANALYSIS

The data were analyzed using SPSS version 12 software .The P value < 0.05 was considered as significant. Chi Square test and Fishers exact Test was used to determine association between maternal own dental attitude and their attitude and knowledge about children dental health with

RESULTS

A total of 410 subjects with mean age 36 ± 1.2 years, most of the subjects were from urban area of low socioeconomic status. Most were illitrates in the age group of 30-40 years. 93.8 % does not have knowledge on cleaning babies teeth after feeding. Proper brushing technique was not used, and they did not assist their children in brushing. 75 (18.29%) mothers had idea about flouride in tooth paste. 298 (72.69%) subjects did not rinse their child`s mouth after eating.

259 (63.18%) subjects did not have knowledge about sugary substance causing decay of teeth.

Most of them believed that pacifiers were bad for health. 45.6% had knowledge of identifying dental decay, and 312 (76.1%) subjects did not believe in practice of restoring decayed milk teeth. 364 (88.8%) did not believe in healthy milk teeth necessary for chewing food. 298 (72.68%) did not visit dentist regularly.. presents the distribution of study participants according to their responses to the questions related to knowledge, attitude, and practices.

DISCUSION

Parents, especially the mothers, play an important role for their children. There are limited data for the

Urban	**268**	**65.4%**
Rural	**142**	**34.6%**
Total	**410**	**100%**

Table :1:Place of living

oral health of children during the early childhood period in developing countries The oral health knowledge of the parents and/or guardians establishes the oral health and related habits of the children during infancy and maintained throughout the preschool years.[4, 6]

Oral health of children is associated with oral health knowledge of their parents/guardians as oral health-related habits are established during infancy and maintained throughout early childhood. [7]

In the present study majority of the mothers had good knowledge about the dietary and feeding practices. 87% of the mothers believed that excessive intake of sugar containing food causes dental cavities. The findings of the present study were in line with the findings of Suresh et al., Lin et al., and Kumar et al., who also reported that parents of preschool children had good knowledge about dietary practices. [6, 8, 9]

In this study, majority of mothers commenced tooth brushing for their child only after eruption of all primary teeth. Contrary to our result, 95% of the parents in rural Australia believed that they should start brushing when the first tooth erupts, as reported in a study done by Gussy et al.[10]

Most of the subjects felt that, it is necessary to take the child for regular dental visits, which was similar to the results of Moulana et al.[7] It is suggested that

Knowledge, Attitude & Practices	**Mothers & Percentage**			
	yes	%	no	%
Clean the babies gums after feeding	25	6.1	385	93.9
Brushing technique; proper/ don't know	40	9.8	370	90.2
Helping child in brushing; yes/ no	403	98.3	7	1.7
Fluoride containing tooth paste; yes / no	75	18.29	335	21.71
Frequency of brushing Once&Twice	241	58.8	169	41.1
Rinsing mouth after meal YES/ NO	112	27.31	298	72.69
Oral diseases affects hygiene; YES/NO	160	39.02	250	60.97
Food causing decay; sugary substances feeding/ No	151	36.82	259	63.18
Frequency of consumption snacks; ;once/ twice;	236	57.56	174	42.43
Pacifiers bad for oral health; Yes/ No	112	27.3	298	72.2
Inspection of oral cavity; regular/ irregular	216	52.68	194	47.32
Identifying decay; yes/ no	187	45.60	233	55.40
Restoration of milk teeth; yes/ no	98	23.90	312	76.09
Childs oral habits affecting dentition; yes/ no	52	12.7	368	87.3
Healthy milk teeth necessary for chewing food; Yes/No	46	11.2	364	88.8
Dentisit visiting pattern, every 6 mnths; Yes/No	112	27.31	298	72.68

Table :2: Mothers knowledge, Attitude & Practices

the earlier a child visits to dentist, the greater would be his likelihood of being caries free.[11] Since the study was conducted in the teaching hospital, surrounding from which mothers came had literacy that was poor, and their beliefs, attitudes played also played a major role.

Overall mothers showed poor oral health knowledge, attitude and practices. To bring about changes in attitude and practices, it is important to plan appropriate oral health programs targeting different groups through the strategies designed for specific requirements. More emphasis should be placed on improving the level of knowledge, which would be reflected in their oral health behavior.

CONCLUSION

The present study showed that mothers had poor knowledge and attitude towards oral health, which reflected in their poor oral health practices towards their children.

Furthermore, oral health behavior of both the parents affects their children's oral health behavior. As this study has interviewed only mothers, it is essential to conduct further epidemiological research involving both the parents.

There should be an emphasis on the preventive strategies, about the importance of fluoride and optimal fluoride exposure required for the children in the programs conducted for educating the parents. Regular dental visits should be encouraged by the pediatrician to develop positive attitudes among parents and subsequently the children, towards oral health care.

REFERENCES

1)Green W, Kreuter M. Health Promotion Planning: An Educationaland Ecological Approach. 3rd ed. Mountain View, CA: Mayfield Pub.
Co.; 1999.

2 Rajesh G, Prasad KV, Mohanty VR, Javali SB. Effect of various methods of oral health education on oral health knowledge and oral health status of high school children in Gadag town – A randomized control trial. J Indian Assoc Public Health Dent 2008;11:41-5.

3.Berkowitz RJ. Mutans streptococci: Acquisition and transmission. Pediatr Dent 2006;28:106-9.

4)Suresh BS, Ravishankar TL, Chaitra TR, Mohapatra AK, Gupta V. Mother'sknowledge about pre-school child's oral health. J Indian Soc Pedod Prev
Dent 2010;28:282-7.

5) Levin L, Shenkman A. The relationship between dental caries status and oral health attitudes and behavior in young Israeli adults. J Dent Educ 2004;68:1185-91.

6) Chhabra N, Chhabra A. Parental knowledge, a tudes and cultural beliefs regarding oral health and dental care of preschool children in an Indian population: A quantitative study. Eur Arch Paediatr Dent 2012;13:76-82.

7) Moulana SA, Yashoda R, Puranik MP, Hiremath SS, Gaikwad R, Knowledge, attitude and practices towards primary dentition among the mothers of 3-5 year old pre-school children in Bangalore city. J Indian Assoc Public Health Dent 2012;19:83-92.

8) Lin HC, Wong MC, Wang ZJ, Lo EC. Oral health knowledge, atitudes, and practices of Chinese adults. J Dent Res 2001;80:1466-70.

9) Kumar RP, John J, Saravanan S, Arumugham IM. Oral health knowledge,atitude and practices of patients and their andendants visiting College of Dental

Surgery, Saveetha University, Chennai. J Indian Assoc Public HealthDent 2009;13;43-53.

10) Gussy MG, Waters EB, Riggs EM, Lo SK, Kilpatrick NM. Parental knowledge, beliefs and behaviours for oral health of toddlers residing in rural Victoria. Aust Dent J 2008;53:52-60.

11) Al Ghanim NA, Adenubi JO, Wyne AA, Khan NB. Caries prediction model in pre-school children in Riyadh, Saudi Arabia. Int J Paediatr Dent 1998;8:115-22.