

Oral Hygiene among Children: An Extensive Survey on Mothers

Bincy Vincent¹, Divya Raju²

¹Research Scholar, Department of Nursing, Shri Venkateshwara University, Amroha, India

²Research Guide, Department of Nursing, Shri Venkateshwara University, Amroha, India

Abstract: This paper presents a survey on Oral Hygiene among Children.

Keywords: oral hygiene

1. Introduction

Health-related behaviors are influenced by knowledge and awareness, with oral health being no exception. Oral health is an integral component of general health that plays an essential role in the life of a child. Dental caries is one of the pertinent oral health problems that are universally present. In most developing countries, the levels of dental caries are steadily rising. Dental caries is one of the most important and prevalent disease of oral cavity. It is a transmissible infectious oral disease, caused by interplay of cariogenic bacteria with fermentable dietary carbohydrates on the tooth surface over a period of time. Although caries occurs in both young and adults, it has been observed that it affects nearly 90% children. Early Childhood Caries (ECCs) is defined as “the presence of one or more decayed (non-cavitated or cavitated lesions), missing (due to caries) or filled tooth surfaces in any primary tooth in a preschool-age child between birth and 71 months of age” Children, specially preschoolers, generally don’t understand mechanics of proper brushing and significance of oral hygiene maintenance. Recommendations by American Dental Association (ADA) includes parents cleaning their child’s gums with wet cotton after feeding, initiating brushing of their child with a baby toothbrush after eruption of first tooth, reducing sugar intake and avoiding giving bottle to child during sleep. It is also recommended to schedule dental visits every 6 months, beginning at one year of age. This is the only study conducted in Kangettumkara, Kerala with aim of evaluating knowledge, attitude and practice of mothers related to oral health of children of 6 months to 12 years of age.

2. Methodology

This was a cross-sectional study, carried out at the Kangettumkara village, Kerala from January- April 2018. A 20-item structured questionnaire was administered. Mother’s knowledge, attitude and practice were assessed using questionnaire which was grouped under three categories: Oral hygiene, Brushing and Etiological factors. It was then translated

in Malayalam as most of the mothers were not fluent in English. Participants were informed about the study and only those consenting, were included in the study. The sample size calculated was 100 with 80% power of test and 5 % level of significance.

3. Results

Total 160 questionnaires were distributed however, response was obtained from 88 mothers and 12 mothers refused to participate. As far as education of participants was concerned, majority of them had completed their graduation and were housewives. It is evident that mothers did not think that caries was a transmissible disease. Although majority of children were brushing their teeth themselves, many (51%) mothers considered parents to be responsible for their child’s oral health and hygiene till 6-7 years. Many children had never visited a dentist as most (50%) mothers believed in visiting dental clinic only when necessary. Only 32% were aware that a visit must be arranged every 6 months. Almost all mothers knew that too much sweet intake caused caries, yet 59% of mothers reported adding sweeteners in their child’s milk. Approximately 61% of mothers were aware of changing their child’s tooth brush after every 3 months. 68% of mothers knew that brushing before going to bed and after waking was effective. Some (32%) mothers thought that brushing for children should begin by 3-4 years whereas few (22%) stated starting brushing on appearance of first tooth in oral cavity.

4. Discussion

Mothers play vital role in maintaining oral health and healthy habits of their children as they are developed during infancy and maintained throughout their early childhood. To implement oral hygiene habits in children, parents must practice these oral habits themselves. In this study, most of the mothers did not know that caries is a transmissible disease and frequently shared their utensils with children. This corresponds with the results of study by Johnson et. al. (2010). This study also showed that the knowledge of mothers regarding brushing was good. The mother’s were aware of brushing twice a day, after breakfast and before bedtime. Concurrently, same phenomenon was observed in another study carried out by Rajasree et al. (2017).

Knowledge of mothers regarding brushing was deemed to be inadequate in another study. Despite having good knowledge, many mothers had poor practice of brushing their child's teeth. Also, majority of mothers knew that parents were responsible for their child's oral health till 7 years but contrasting results were reported in another study where, most mothers thought that child's teeth should be cleaned by them till. The study also showed lack of awareness in mothers regarding visiting a dentist. Mothers thought that they should only visit a dentist when necessary. Similar observations were seen in a study by Rani thampi et. al. (2012).

The study also demonstrated that mothers were knowledgeable about harms associated with bottle feeding for longer duration and at night. Correspondingly, a similar study reported that 79% of mothers were aware of the damaging effect of prolonged bottle feeding amongst children.

Mangalya et al. (2012) in his study also reported that mothers had good knowledge about the effect of prolonged bottle feeding on oral health, and only mothers who weren't educated did not know about its harmful effects.

5. Conclusion

This study shows that most mothers were knowledgeable about oral hygiene practices of children however, this needs to be reflected in their attitude and practice which was observed to be in an equate.

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