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ABSTRACT: Introduction: Oral health literacy is degree to which mother’s have the capacity to obtain, process and understand basic oral health of their children and services needed to make appropriate oral health decisions. The level of mother’s oral health literacy and it’s relation to dental health of their children are important part of their children’s healthy growth. Aim: To determine the significant relation between the mother’s oral health knowledge & their attitude. towards their Health children's oral health. Methods: The study was questionnaire based which contained 17 multiple choice of question. This questionnaire was formulated and uploaded in google form and was randomly circulated in preschool children accompanied by their mother’s. Result: The total of 327 participants were emailed and invited to respond to the questionnaire.

Most of the participants were mother’s of children ranging 4-8 years. Majority of parents were aware about their children’s oral health but their practice was poor. About 69.6% of mothers were aware about use of fluoride in prevention of dental caries. Conclusion: Mother’s behaviour and oral health literacy influences oral hygiene of the children. Therefore, improving the behaviour and maternal oral health literacy significantly modifies oral health status of their preschoolers.

Keywords: Maternal Literacy, Oral health literacy, Oral health status, Preschool children.

INTRODUCTION:

Oral health literacy (OHL) is defined as the degree to which individuals have the capacity to obtain, process and understand basic oral and craniofacial Health information and services needed to make appropriate health decisions. Healthy teeth are essential part of children's oral health. Parents knowledge regarding their children’s oral health play a significant role in children’s oral health.1 Child's oral health begins in uterine life itself thus mother’s poor oral health and nutrition deficiency can disturb enamel formation of child. Most infants and young children acquire cariogenic bacteria from their mother during caregiving. Parents knowledge about infant and early childhood oral health knowledge is of paramount importance because oral health behaviour are exclusive domain of parents during the early years of life.7 Studies exploring the association between mother's behaviour, oral health literacy and children's oral health outcomes are scarce. Parents literacy is related to other health outcomes among young children and may represent a mutual factor for overcoming dental health disparities.1

The role of mother has been emphasized in relation to children's oral health, habit and status. Despite the changing roles and areas of responsibility of mother within the family, Mother plays the key role in child's oral health related lifestyle. Mother’s knowledge and positive behaviour towards oral health care are essential in preventive dentistry since it is the crucial thing that can support the children's oral hygiene.8

Many parents have rough time judging how much dental care their kids need, they know they want to prevent cavities but they always don’ t know best ways to do so. There are several challenges to broadly improve children’s oral health, primarily for better or worse. Children receive oral health care at the discretion of their parents. From the time children are born, mostly mother play a major role in determining their oral health future. Another major challenge is the inequality in access to quality dental care for low income families. Many homes are unable to get regular dental care. The data shows that children with age group of 4-8yrs from low income families are more than twice as likely as have cavities compared to children’s from higher income households. Many parents are not aware but it is imperative for babies to be seen by a dental professional when they get there first tooth. There guardians can learn how to care for there tooth and can prevent decay and nursing bottle caries. Mother’s should know about fluoride containing tooth paste which are effective in preventing caries. Mothers should have knowledge about the milk teeth and permanent teeth as well as she should be aware about how to brush her child’s teeth and should know about brushing skills. The study shows about how much

Mother’s are aware about child’s dental health. Hence, the present study evaluates association between mother’s behavior, oral health literacy and knowledge about children’s oral health.

METHODOLOGY:

A Crosssectional survey was conducted among preschool children age 4-8yrs and their mother to evaluate the association between mother’s behaviour, oral health literacy and children’s oral health. A questionnaire of 17 questions was formulated and uploaded in google form and randomly circulated in preschool children accompanied by their mothers who can read and understand English. Descriptive analysis was done to find correlation between “Association between mother’s behaviour, oral health literacy and children’s oral health”.

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ETHICAL APPROVAL:
The Institutional Ethics Committee of the Maharashtra Institute of Dental Science and Research, Latur under Registration No. MIDSR/STU/IEC-111/837/2022 approved the study.

INFORMED CONSENT:
The participants were informed that their participation in the study’s questionnaire was entirely on a voluntary basis before they responded. The formal informed consent was waived by the Institutional Ethics Committee

RESULT:
The total of 327 participants were invited to respond to the questionnaire. Most of the participants were mothers of children ranging 4-8 years. Majority of parents of the study belonged to lower middle class.

**Fig 1.** Distribution of study participants according to mother’s age

![Age Distribution](chart.png)

Fig.1
The above fig. Shows majority of mothers belongs to age group of 31-35 years whereas mother’s of age group 20-25 and 36-40 years were almost of same number.

**Fig 2.** Distribution of study participants according to their socio-economic status

![Socio-economic Status](chart.png)

Fig.2
The above fig. Shows that most of the mother’s belongs to lower middle class followed by lower middle class whereas very less number of mother’s belongs to upper class followed by lower class.

**Fig 3.** Distribution of study participants according to their educational status

![Educational Status](chart.png)

Fig.3
Above fig. Shows majority of mother's who are HSC pass are more compared to post graduate mother’s followed by none or SSC pass and graduates.
Table 1: Percentage analysis of “yes” or “no” and “don’t know” responses of study participants according to their knowledge

<table>
<thead>
<tr>
<th>Questions</th>
<th>Total responses</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Babies without teeth need mouth cleaning?</td>
<td>326</td>
<td>68.4%</td>
<td>11%</td>
<td>20.6%</td>
</tr>
<tr>
<td>Problems with milk teeth will affect permanent teeth?</td>
<td>326</td>
<td>68.7%</td>
<td>13.5%</td>
<td>17.8%</td>
</tr>
<tr>
<td>The risk of getting tooth decay increases with more frequent exposure to sugar in snacks?</td>
<td>324</td>
<td>74.4%</td>
<td>10.5%</td>
<td>15.1%</td>
</tr>
<tr>
<td>Parent's should start cleaning their child's teeth as soon as the first tooth comes in?</td>
<td>321</td>
<td>71.7%</td>
<td>10.9%</td>
<td>17.4%</td>
</tr>
<tr>
<td>Parent's should brush their child's teeth twice a day until the child can brush on his/her own?</td>
<td>322</td>
<td>75.2%</td>
<td>10.2%</td>
<td>14.6%</td>
</tr>
<tr>
<td>Cleaning of the child's teeth should be done by mothers?</td>
<td>323</td>
<td>78.6%</td>
<td>8.4%</td>
<td>13%</td>
</tr>
<tr>
<td>Fluoride helps in the prevention of tooth decay?</td>
<td>326</td>
<td>69.6%</td>
<td>8.9%</td>
<td>21.5%</td>
</tr>
<tr>
<td>The cavity in baby tooth should be filled only when it hurts?</td>
<td>323</td>
<td>58.5%</td>
<td>19.2%</td>
<td>22.3%</td>
</tr>
<tr>
<td>It is necessary to take the child for regular dental visits</td>
<td>322</td>
<td>73.3%</td>
<td>9.9%</td>
<td>16.8%</td>
</tr>
</tbody>
</table>

Table 2: Percentage analysis of “strongly disagree” or “disagree” or “don’t know” or “agree” and “strongly agree” responses of study participants according to their attitude.

| Questions                                                                 | Total responses | Strongly disagree | Disagree | Don’t know | Agree | Strongly agree |
|---------------------------------------------------------------------------|----------------|-------------------|----------|------------|-------|               |
| Milk teeth do not require good care as it anyway?                         | 326            | 20.9%             | 27.9%    | 42.3%      | 8.9%  |               |
| It is necessary to clean the child's teeth after having food?             | 324            | 13%               | 13.3%    | 19.8%      | 46.9% | 7.1%          |
| Healthy teeth are essential for children to chew the food properly?       | 323            | -                 | 12.1%    | 8%         | 79.9% |               |
| Good oral health is related to the good general health?                   | 322            | -                 | 10.9%    | 10.6%      | 78.6% |               |

Table no.3: Percentage analysis of “hardly ever” or “occasionally” or “very often” and “never” responses of study participants according to their practice

<table>
<thead>
<tr>
<th>Questions</th>
<th>Total responses</th>
<th>Hardly ever</th>
<th>Occasionally</th>
<th>Very often</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you use toothpaste when brushing your child's teeth?</td>
<td>324</td>
<td>13.3</td>
<td>42.6</td>
<td>25.9</td>
<td>18.2</td>
</tr>
</tbody>
</table>
DISCUSSION:
Mothers play an important role in children's oral health. Good oral health includes not only healthy teeth, gums and jaws but also the overall oral hygiene. Mothers are decision-makers in childrens health care. Mother's habits and knowledge about oral health has an impact on their children's oral health status.\[1\] Mother's negligence towards child’s oral health can reflects on his/her oral health status.

The participants in this study are mother’s of children ranging 4-8 years. Majority belonged to lower middle class and nearly one fourth of mother’s had any higher or secondary education. Their was no association between socioeconomic status or educational status of mother on children's oral health. The efforts taken by mother’s towards cleaning/brushing their child’s teeth were negligible as compared to other study.\[1\]

More than fifty percent of the mother’s had adequate knowledge regarding the role of sugar in tooth decay and oral hygiene practices which is same as study of Sowmya KR et al. Majority of mother’s were aware about role of fluoride in prevention of dental caries, treatment of milk teeth which varies with study of Sowmya KR et al.

Majority of mother’s had positive attitude towards cleaning their child’s teeth and necessity of taking their child for regular dental visits. Nearly one fourth of the mother’s performed their children’s oral hygiene care.

Habits and practice in preschool children provides a foundation for oral health related issues and various conditions related to it along with regular visits to dentist in their coming life. Children should be encouraged by there parents especially mother's to improve their oral health conditions.\[1\]

CONCLUSION:
Our study concluded that mother’s play an important role in children’s oral health. By changing the attitude of mothers as well as improving their knowledge can improve oral health of their child. By bringing mother’s knowledge regarding oral health in day-to-day life may improve child's oral health. Therefore mother’s behaviour, oral health literacy and children’s oral health are interlinked.

REFERENCES: