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Mothers' Awareness of their Children's Dental Status: A Study among a Group of Mothers of Children Diagnosed with Early Childhood Caries

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Abstract. Mothers' dental awareness has an important impact on their children's oral health and oral health-related behavior. The aim was to evaluate mothers' awareness of their children's dental health status and assessing the effect of different socio-demographic variables on their awareness. A total of 124 healthy children diagnosed to have caries were included together with their mothers. The mothers answered a self-administrated questionnaire regarding different socio-demographic variables, their children dental status and dental history. Most of the mothers included were aware of their children's dental status; 70 (56.5%) were aware that their children have caries. Significantly, more Saudi mothers were aware that their children have caries compared to non Saudi mothers ($p = 0.04$). Working mothers were also significantly more aware ($p = 0.007$). Most of the mothers 90 (65.3%) reported that they did not take their child to a dentist before and in those who did, pain was the main cause of their children first dental visit. Significantly, Saudi working mothers and higher ($p = 0.037$) percentage of mothers who took their child to a dentist were aware of their child dental status.

Keywords: Early childhood caries, Mothers' awareness, Dental education.

Introduction

Early childhood caries (ECC) is a severe form of tooth decay used to describe any form of caries that affects the primary teeth of infants and

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preschool children[1,2]. Historically, other names were used to describe ECC including, baby bottle tooth decay (BBTD), nursing caries, nursing bottle syndrome, and rampant caries[3-5]. Currently, the American Academy of Pediatric Dentistry defines ECC as "the presence of one or more decayed (noncavitated or cavitated lesions), missing (due to caries), or filled tooth surfaces in any primary tooth in children from birth through 71 months of age[6]. In children younger than 3 years old, any sign of smooth-surface caries is indicative of severe ECC[7].

Early childhood caries is a public health problem that affects infants and preschool children worldwide, leading to pain, chewing difficulties, speech problems, general health disorders, psychological problems and lower quality of life[8]. These children have been also proven to be at a much greater probability of subsequent caries in both the primary[9] and the permanent dentitions[10].

Many studies report a high prevalence of ECC in preschool children in Saudi Arabia[11-18]. Wayne *et al.*[18] studied the caries prevalence, severity and pattern in preschool children of Riyadh, Saudi Arabia. They reported that the caries prevalence among the sample was 74.8% with mean (dmft) score 6.1, which was higher as compared to preschool children from other countries such as Sweden, Italy and India[19-21].

In Jeddah, a city located in the western region of Saudi Arabia few studies were done to investigate the prevalence of caries in preschool children. The first was done by Alamoudi *et al.* [22] and found that ECC affected 20% of the included children between 3-6 years old. More studies were done by Al Malik *et al.*[15,16,23] and reported that caries was diagnosed in 73% and rampant caries in 34% of the preschool children examined.

Several maternal and family socio-demographic risk factors have been identified and reported to be significantly related to the occurrence of ECC. The level of mothers' education[16,18,24,25], living in single-parented families[26] and the family's socio-economic status [25,12] were reported to be related to the occurrence of ECC.

Parents are usually the primary decision makers on matters affecting their children's health and health care[27]. Research has shown that mothers' dental awareness has an important impact on their children's oral health and oral health-related behavior[28]. Understanding the factors associated with mothers' awareness about their children's oral health may

help the dental community to understand some of the reasons why children do not receive the dental care they need[29], especially for preschool-aged children. Usually, specific groups of mothers are less aware of their children dental status. Exploring these mothers is the first step to know who need more dental education to be targeted for dental educational programs.

This study was aimed at evaluating mothers' awareness of their children's dental health status and assessing the effect of different socio-demographic variables on their awareness.

Materials and Methods

The descriptive Cross sectional study was conducted at the Faculty of Dentistry and King Abdulaziz University Hospital in Jeddah, Saudi Arabia in 2011following approval of the Ethical Committee. According to the aim of the study, our targets were mothers of healthy pre-school children (2-4 years old) diagnosed with caries. A convenient sample of 124 mothers with their children was included in the study. The sample was recruited from the waiting area of King Abdulaziz University Hospital during a three-month period (September, 2011 to December, 2011).

A written consent form was obtained from 275 mothers of 2-4 year-old children in the waiting area to examine their children for the presence of caries. All of the mothers agreed to have their children examined.

Dental Examination

The dental examination procedure was done by one of the two examiners following the World Health Organization Criteria (WHO)[30]. Using mouth mirrors and dental explorers under flash light, all children were examined for dental caries. The child was considered to have caries if there was frank cavitations or a tooth was missing due to caries, and if he or she had a restoration. No radiographs were taken for the children. The two investigators were trained and calibrated, and the reliability of the single examiner was assessed by re-examination of 10 children on a different day. Kappa value of over (0.96) was obtained. The inter examiner reliability of both examiners was also assessed by examining 10 children by each of them separately at the same day. Kappa value of over (0.83) was obtained.

Out of 275 examined children, only 124 were found to meet the inclusion criteria and were included in the study.

The inclusion criteria included:

1. A healthy 2-4 years old child diagnosed with caries.
2. The mother can read and write Arabic.

The mothers and children who were found to meet the inclusion criteria were asked to answer a self-administrated questionnaire.

The Questionnaire

The Arabic questionnaire was divided into three parts.

1- The Mothers' Socio-Demographic Data which included:

a. Age
b. Nationality
c. Educational level
d. Employment status
e. Average family income
f. Number of children in the family

Mothers were divided into three groups according to their age: The first included mothers between 20-30 years of age, the second include those between 30-40 years of age, and the third included mothers older than 40 years of age. According to their educational level, the mothers were divided into three groups: the first included those who received only primary school education, the second group were mothers with secondary/high school education level and the third group included mothers with university/higher level of education. With regards to employment status, they were divided into students, employed mothers and stay at home mothers. According to the family's economic state the mothers were divided into three groups based on the family's total household income in Saudi riyals per month. The groups included low (< 6000 SR), moderate (6000-12000 SR) and high (> 12000 SR).

2-The Child's Demographic Data which included:

a. Age
b. Gender
c. Sibling order
d. Attending nursery school and type of school
e. With whom is the child living

The child's order among siblings was divided into: single child, oldest, second, third and more and the youngest child. If the mother reported that her child was going to preschool, she was asked to select the type of school, weather private or public. She was also asked to report with whom the child was living, both parents, mother or others.

3- Dental History of the Child:

Mothers were asked if they took their children to a dentist before. The timing of the child's first dental visit and the reason was also asked.

4- Mothers Awareness of their Children's Dental Status:

The last question asked to mothers was whether they thought their children had caries or not. The options given to mothers were, yes, no and I don't know.

The collected data was tabulates and statistically analyzed using Windows SPSS Software (Version 18). Chi-square tests were used to evaluate the associations between the categorical variables. The statistical significance was set at $p < 0.05$.

Results

A total of 270 children were clinically examined and only 124 (45.92%) healthy children between the ages of 2-4 were diagnosed to have caries and included in the study. The socio-demographic characteristics of the include children are presented in Table 1. It can be seen that nearly half the children were between 41 and 45 months of age and that most were not attending preschool, and that the majority were living with both parents.

The dental awareness of the included mothers was evaluated by asking the mothers about their children's dental caries status. Figure 1 depicts the mothers' answers to the question: Does your child have caries? More than half of mothers 70 (56.5%) were aware that their children had caries; about a third 37 (29.8%) reported that their children did not have caries, and 17 (13.7%) reported that they did not know if their children had caries.

No significant association was found between the mothers awareness regarding their children's dental status and the child's age ($p = 0.685$), gender ($p = 0.391$), sibling order ($p = 0.272$), the type of school the child

Table 1. The socio-demographic characteristics of the included children.

Variables	N (%)
Age (Months)	
24-29	28 (22.6)
30-35	10 (8.1)
36-40	24 (19.4)
41-45	26 (50.0)
Gender	
Male	61 (49.2)
Female	63 (50.8)
Sibling Rank	
First	16 (12.9)
Second or third	61 (49.2)
Fourth or above	47 (37.9)
Preschool	
No	103 (83.1)
Governmental	4 (3.2)
Private	17(13.7)
Living	
With both parents	109 (87.9)
With mother	15 (12.1)

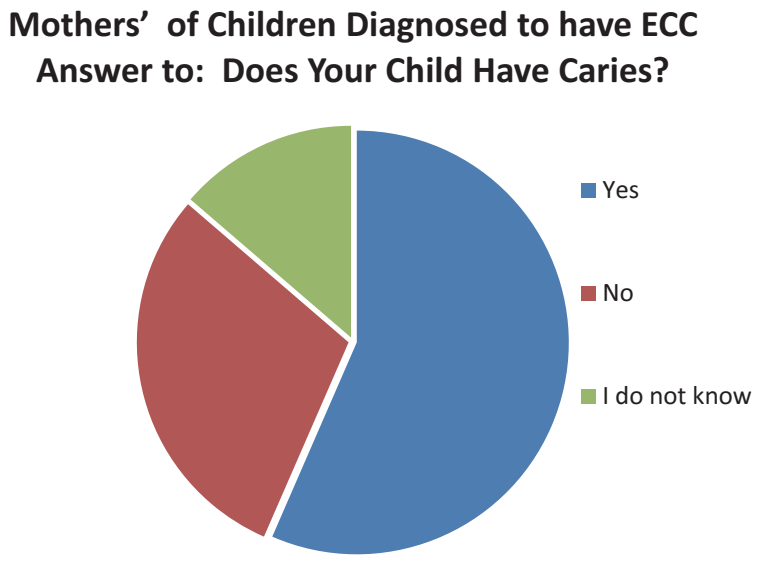

Fig. 1. Mothers of children diagnosed to have ECC answer to Does Your Child Have Carries?

is going to (p = 0.250) and with whom the child is living (p=0.093). The socio-demographic characteristics of the mothers included in the sample are presented in Table 2. It can be seen that the majority of mothers were younger than 40, have either secondary or high school education, did not hold formal jobs, and were in the low income category with 4 or more children in the household.

Table 2. The socio-economic characteristics of the mothers included in the sample.

Variables	N (%)
Age (Years)	
20-30	61 (49.2)
30-40	57 (46)
> 40	6 (4.8)
Nationality	
Saudi	68 (54.8)
Non Saudi	56 (45.2)
Level of Education	
Primary	18 (14.5)
Secondary/high school	62 (50)
University/ postgraduate	44 (35.5)
Employment status	
Stay-at-home mothers	99 (79.8)
Working mothers	20 (16.1)
Students	5 (4.0)
Family Income(Riyals)	
Low (< 6000)	73 (58.9)
Moderate (6000-12000)	32 (25.8)
High (> 12000)	19 (15.3)
Number of Children	
One	16 (12.9)
2 or 3	48 (38.9)
4 or more	60 (48.4)

The association between socio-demographic characteristics of included mothers and their dental awareness is presented in Table 3. No significant association was found between the mother's age (p = 0.803), level of education (p = 8.05), the average family income (p = 0.323), the number of children (p = 0.599) and the mothers dental awareness. A significant difference (p = 0.04) was found between Saudi and non-Saudi mothers in the terms of dental awareness. More Saudi mothers of children with caries 44 (64.7%) were aware that their children had caries compared to 26 (46.4%) of the non-Saudi mothers (Table 3). A significant association was also found between mothers' employment

status and their awareness regarding their children's dental status (p = 0.007). Eighteen (90%) of the working mothers knew that their children had caries compared to 4 (80.0%) and 48 (48.5%) of the student mothers and the stay-at-home mothers, respectively (Table 3).

Table 3. The association between different socio-economic characteristics and the mothers' dental awareness.

The Variable	Mothers' answers to (Does your child have caries?)			Chi-square	p-Value
	Yes	I don't know	No		
	N (%)	N (%)	N (%)		
Age (Years)					
20-30	33(54.1)	7(11.5)	21(34.4)	1.634	0.803
30-40	34(59.6)	9(15.8)	14(24.6)		
> 40	3(50.0)	1(16.7)	2(33.3)		
Nationality					
Saudi	44(64.7)	5(7.4)	19(27.9)	6.437	0.040*
Non Saudi	26(46.4)	12(21.4)	18(32.1)		
Level of Education					
Primary	11(61.1)	3(16.7)	4(22.2)	1.620	0.805
Secondary/High School	32(51.6)	9(14.5)	21(33.9)		
University/Postgraduate	27(61.4)	5(11.4)	12(27.3)		
Employment Status					
Stay-at-home mothers	48(48.5)	15(15.2)	36(36.4)	14.171	0.007*
Working mothers	18(90.0)	2(10.0)	0(0.00)		
Student	4(80.0)	0(0.00)	1(20.0)		
Family Income (Riyals/month)					
Family Income (Riyals/month)					
Low (< 6000)	40(54.8)	11(15.1)	22(30.1)	4.670	0.323
Moderate (6000-12000)	16(50)	6(18.8)	10(31.3)		
High (> 12000)	14(73.7)	0(0.00)	5(26.3)		
Number of children					
One	10(62.5)	1(6.3)	5(31.3)	2.760	0.599

Most of the mothers in the sample 81(65.3%) reported that they did not take their children to a dentist before. While 43 (34.7%) did. Pain was the cause of the dental visit in most of the children 21 (48.8%). The second most common reason was caries or tooth discoloration 10 (23.3%) followed by regular checkup 10 (23.3%). A significantly higher percentage (p = 0.037) of mothers 31 (72.1%) who took their children to a dentist before were aware of their children's dental status compared to 39 (48.1%) those who didn't. No significant association was found between the age of the child at first dental visit and mother's dental awareness (p = 0.859) (Table 4). A statistical significance (p = 0.001) was found between the reason of the children first dental visit and their mother awareness. All of the mothers 21 (100%) who took their children

the dentist due to pain were aware of their children's dental status, while 4 (40%) and 6 (60%) of the mothers who took their children to the dentist due to discoloration and checkup knew that their children had caries Table 4.

Table 4. The Association between the age and cause of the children's first dental visits and their mothers' dental awareness.

First Dental Visit	Mothers answer to (Does your child have caries?)			Chi-square	p-Value
	Yes	I don't know	No		
	No (%)	No (%)	No (%)		
Age (year/s)					
< 1	1(100.0)	0(0.00)	0(0.00)	2.581	0.859
1-2	9(69.2)	1(7.7)	3(23.1)		
2-3	13(68.4)	3(15.8)	3(15.8)		
> 3	8(80.0)	0(0.00)	2(20.0)		
Reason					
Check up	4(40.0)	1(10.0)	5(50)	32.267	0.001*
Pain	21(100.0)	0(0.00)	0(0.00)		
Discoloration or caries	6(60.0)	1(10)	3(30)		

*$p \leq 0{\cdot}05$

Discussion

The study examined a total of 270 children of which 124 (45.92%) were found to have dental caries. This percentage is relatively high compared to what was reported by other countries such as Sweden[19], Italy[20], and India[21], but less than what was reported by the most recent studies done in Saudi Arabia. In 2008, Wyne[18] reported that caries prevalence among a random sample of preschool children in Riyadh was (74.8%) and Al-Malik *et al.,*[16] reported a caries prevalence of 73% among a random sample of 2-5-year-old children in Jeddah. Using different criteria in caries examination and identification, in addition to the challenging nature of examining, this age group might contribute to the difference in the prevalence reported. In addition, no radiographs were taken for the children in the sample, hence, some degree of under estimation of caries is expected in the study.

Several unexplained interaction among unknown confounders and traditional risk factors, such as the maternal level of education, family income, oral hygiene practices and the frequency of sugar consumption

that could contribute to the development of ECC in children[31]. According to the WHO, women's educational level and social status was identified as being the major risk factor for child's morbidity and mortality[32]. Therefore, improving mothers' educational and social levels is expected to be the best intervention for preventing diseases in children, including dental caries. Most studies report a negative association between parents educational level, especially mothers' and early childhood caries [3,24,33,34]. However, this is the first study (to our knowledge) that attempts to look at the association between mothers' awareness of their children's dental status and socio-demographic variables.

Many researchers including those in Saudi Arabia report a link between socioeconomic background and caries[12]. More mothers 14 (73.7%) of the high income group were aware of their children's dental status compared to those from the low and moderate income groups. A significant association was found between the mothers' nationality and their awareness regarding their children dental status. Saudi mothers were found to be more aware about their children dental status than non Saudi mothers. This however, may not be a direct association but have resulted from a third factor which is income. The study had more Saudi mothers were from high and moderate income groups compared to non-Saudi mothers.

Regarding the child sibling order many studies have found that the first and second siblings were more prone to develop early childhood caries, which was attributed to the lack of knowledge and experience of the parents[32,35,36]. In our study however, the age of the mother, number of children in the family and the sibling order of children were not significantly related to the mothers' awareness of their children's oral health status.

The child's age at the first dental visit was reported by Al Ghaneim *et al.*[36] to be the most important factor in predicting dental caries in Saudi pre-school children. An early first dental visit provides the dentists with an opportunity to introduce systemic fluorides, if needed, and to advise parents and children regarding proper oral hygiene maintenance and dietary control[37]. Our results show that most mothers in our sample (65.3%) have never taken their children to the dentist before and that mothers who took their children to the dentist were more aware that their

children had dental caries than those who didn't. This reflects the importance of taking the children to the dentist at an early age, not only for the child but also for the mothers.

The present data shows that about 44% of mothers took their children to the dentist at the age of 2-3 years. This agrees with another study done in Saudi Arabia showing that relatively few children (13%) made their first dental visit at the age of 12 months or younger, and that the majority (65%) did so after the age of 36 months[38]. When mothers were asked about the reason for taking their child to the dentist for the first time, most said that dental pain was the main cause. This percentage is lower than what was reported by AI-Ghanim*et al*., in 1996 which reported that (70%) of the 215 children had visited the dentist in response to pain or other dental problems. This puts an emphasis on the importance of screening younger children for dental problems which may or may not be associated with dental pain.

In spite the complexity of factors associated with ECC, unfortunately, most of the interest in this condition has been from dental organizations. Therefore, its believed that other health professionals, community leaders and national organizations should be involved in addressing this condition in order to provide the change required to reduce its prevalence[39].

The information on the degree of mothers' awareness in the young children diagnosed with caries will assist in determining the magnitude of preventive efforts required in our population and the mothers who will need to be targeted mainly in a preventative program. Mothers need to be encouraged to examine their children periodically and check if they have any sign of caries. Their knowledge of caries appearance will help them take their children to the dentist at an early stage rather than wait for the child to complain of pain.

Conclusion

Most of the mothers included were aware of their children's dental status. Saudi and working mothers were significantly more aware about their children dental status. Most of the mothers did not take their children to a dentist before and the mothers who did were significantly more aware of their children's dental health status.

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دراسة مدى وعي الأمهات بحالة أسنان أطفالهم: دراسة على مجموعة من الأمهات لأطفال تم تشخيصهم بإصابتهم بنخر الأسنان المبكر

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جـدة – المملكة العربية السعودية

المستخلص. لما لوعي الأمهات بحالة أسنان أطفالهن من أهمية على صحة أسنان الطفل كان الغرض من هذه الدراسة هو قياس مدى إدراك أمهات الأطفال الذين تم تشخيصهم بإصابتهم بنخر الأسنان بحالة أسنان أطفالهن ودراسة مدى تأثير العوامل المختلفة على مدى وعي الأمهات وإدراكهن لحالة أسنان أطفالهن. الدراسة أشتملت على ١٢٤ طفل أصحاء تم الكشف عليهم وتشخيصهم بإصابتهم بنخر الأسنان. تم توزيع استبيان على أمهات الأطفال، الاستبيان أشتمل على أسئلة تخص الوضع الأسري وحالة أسنان الطفل وتاريخه الطبي. أظهرت النتائج أن معظم الأمهات ٧٠ (٥٦,٥٪) كن على دراية بحالة أسنان أطفالهن. كما أظهرت الدراسة أن الأمهات السعوديات كن على دراية ووعي أكبر مقارنة بالأمهات غير السعوديات (p =٠,٠٤). والأمهات العاملات كن أيضًا أكثر وعي بحالة أطفالهن مقارنة بالأمهات غير العاملات (p =٠,٠٠٧). كما تبين أن أغلبية الأمهات ٩٠ (٦٥,٣٪) لم يصطحبن أطفالهن لطبيب الأسنان من قبل وفي حالة تم أخذ الطفل لطبيب الأسنان من

قبل كان الألم هو الدافع الأساسي لتلك الزيارة. نسبة أعلى من الأمهات اللاتي اصطحبن أولادهن إلى طبيب الأسنان من قبل كن على دراية بوضع أسنان أطفالهن من الأمهات اللاتي لم يفعلن (p =٠,٠٣٧).