

Original Research Article

# Mother's Knowledge, Attitude and Practice towards their Children's Oral Health; A Survey-Based Study in Riyadh

Faisal Alhakeem<sup>1</sup>, Ahmad Alhumeidan<sup>1</sup>, Abdullah Alali<sup>1</sup>, Wale Alamoudi<sup>1</sup>, Yazeed Abdullah<sup>1</sup>,  
and Shahzeb Hasan Ansari<sup>2\*</sup>

<sup>1</sup>Dental Interns, Riyadh Elm University, Saudi Arabia.

<sup>2</sup>Faculty of Preventive Dentistry, Riyadh Elm University, Saudi Arabia.

Accepted, 28<sup>th</sup> June, 2018.

**Introduction:** The development of the child's oral hygiene and maintenance are largely inspired by the belief and knowledge of the mother. It is extremely essential for the mother to have positive attitude and knowledge to make sure that there is a good preventive cycle maintained. **Materials and methods:** The total sample size that we achieved was 729 mothers. These subjects were divided into subgroups according to their age groups, educational levels and number of children. **Results and conclusion:** On the basis of number of children, overall, there were no significant differences among the mothers' groups. Mothers aging between 18-30 years showed better awareness and attitude towards the prevention of oral diseases among their children.

**Keywords:** Mothers' knowledge, Children oral health, Mothers' attitude

## INTRODUCTION

It is quite evident that children who are under the age of 5 spend most of their time with their guardians or parents especially with their mothers. Even before they start attending their nurseries and preschools their ultimate teaching places are their mothers. This is one of the most essential periods in the child's life realizing that this is the age when the child creates his habits and routines. The habits which are extremely important include one such as the healthy behavior and the eating habits which are usually the norms of any house. The information involved in this process is usually set up by the elder siblings and the parents too. The development of the child's oral hygiene and maintenance are largely inspired by the belief and knowledge of the mother. It is extremely essential for the mother to have positive attitude and knowledge to make sure that there is a good preventive cycle maintained. It has been researched that if the mother's attitude is more positive and approachable then the dental health of the child also remains good (Sami, 2016).

The oral health is very important for a child who belongs from a preschool. There are many unfortunate cases of dental caries which are experienced at a very early age. Some are so early that the child is not even of 12 months of age. The ones which are affected often experience such problems because they have bad oral health and the quality of hygiene is not good. The children who undergo the problems of caries may, later on, face several other issues such as the local infections

or even oral pain. This in turn cultures problems in growth, eating and sleeping along with psychological issues. There can even be a risk of having permanent caries. Problems associated with the childhood caries are usually the ones which should be treated at an early age but they are treated with general anesthesia or under sedation but they also entail their own risks (S Shaghaghian, 2016).

Things regarding the dental issues have now become a lot better and that especially because of the promotional programs which educate the mothers regarding the feeding practices, oral hygiene and even dietary issues which enable mothers to access professionals at an early stage. But there are still many unfortunate countries which are undergoing development face various issues regarding the oral health which needs special attention. Such countries need special attention regarding issues of care of primary teeth, dental knowledge, concerns regarding oral health, attitudes, awareness, and beliefs regarding the dental health. It is essential to understand that there needs to be right kind of awareness and knowledge to bring a change in the behavior of how oral health is treated (Gharlipour, 2017).

The decisions which are taken by the mothers regarding the child's oral health and hygiene can greatly affect the child in general. The oral health which is provided by the mothers to the child plays a very essential role since it not only determines the current status of the child's dental health but it also lays a

strong background for the child's future. This also depicts the future practices and attitudes which will be followed by the child in his coming adulthood. The child's oral health is greatly dependent on the awareness and knowledge of the mother. It is important that good habits and norms are created at an early age so that the child is injected with them and makes sure that he follows it in future. Another factor that plays an important role in the child's oral health is the family background as well. The first institution for a child is their family especially the mother. Mothers develop a good behavior for the child. Therefore, it is essential that when the child is growing up his behavior should be closely monitored. In the early span when the child is in the formative years, the mothers play a role of care givers since they enable them to create a social and dental background. The researchers have highlighted that there is a significant relationship between the oral health of the mother and the child (Smadi, 2016).

The family especially a mother can play a very essential role in making sure that the child's oral health and hygiene are being taken care of properly. This is important that the mothers take special care of the child's teeth, teach them how they should take care of their oral health and also what they should preferably eat and follow. It is important that mothers should properly teach their child how they are supposed to floss and brush their teeth in the right manner. The preschool children learn a lot by what they observe from their surrounding and the words which are taught as wisdom. This kind of education comes way before the child meets a professional dentist. Although such information is taught in classrooms, it is essential that the practical entailment is carried out at home. Whatever they observe the child replicates it and does it on his own. The major aim of this study is to assess the attitude and knowledge which should be practiced in oral health and hygiene (Ghaffari, 2017).

Children who are usually under the age of 5 are incomplete supervision especially mothers play an important part in here. Even when they attend nurseries and preschools they always stay under the regulation of their mothers. The early years in the child's years are those where he creates all sorts of socialization and the real habits which will be nurtured in the future. The habits like these include the healthy and the dietary habits of the children and the norms of the house are majorly included in this (SA, 2012).

The oral outcomes and the maintenance are mainly influenced and created because of the kind of beliefs and knowledge which are generally adopted or generated by the mothers. Youthful youngsters' oral wellbeing support and results are impacted by their parent's learning and convictions, which influence oral cleanliness and adhering to a good diet propensity. Parent's learning and uplifting state of mind toward great dental care are essential in the preventive cycle. It has been discovered that the more positive is the guardians' demeanor toward dentistry; the better will be the dental soundness of their youngsters (R, 2013).

Moms, who are the essential good example for them, their wellbeing convictions and mentality towards oral medicinal services, go about as a noteworthy indicator of youngsters' oral health. Henceforth an endeavor has been made in this investigation to survey the information, disposition, and practices of moms toward their kids' oral wellbeing and furthermore to look at the learning, demeanor, and practices with respects age, instructive level, and financial status (BS, 2010).

Dental caries is the most widely recognized interminable ailment of youth, globally. Albeit dental caries' levels have been declining the world over, the issue of early adolescence caries

(ECCs) has stayed unaltered in numerous territories of the world, particularly the socially deprived. Dental caries influencing the essential dentition of preschool kids is alluded to as ECCs. ECC is characterized as "the nearness of at least one rotted (non-cavitated or capitated injuries), missing (because of caries), or filled tooth surfaces in any essential tooth in a tyke younger than six." ECCs is a multifactorial sickness with an etiology that includes mind-boggling collaboration amongst natural and financial variables. It is named gentle, direct, and extreme (MG, 2008).

ECC influences the deciduous dentition all the more regularly alluded to as "drain" teeth. Deciduous teeth are improperly alluded to as "impermanent teeth" when in actuality they are in charge of general wellbeing, rumination, phonetics, feel and confidence, and furthermore mental solace. Deciduous teeth are a vital piece of oral, general wellbeing, and influence the nature of life. Deciduous teeth if tainted by dental caries can cause torment and deformation making youngsters uncooperative for broad treatment, infrequently requiring the utilization of general anesthesia (GA). Treatment under GA in youngsters isn't without its related risks (MR, 2004).

Deciduous teeth and lasting teeth are specifically related, and disease from deciduous teeth can straightforwardly pass on to changeless teeth. To keep up the perpetual teeth uninfected, dental professionals exhortation mash treatment or extraction and many guardians like to get deciduous teeth separated because of budgetary and time constraints. Deciduous teeth are additionally the "best common space maintainer." (SC, 2002)

Guardians are in charge of their kid's oral human services. Preschool youngsters are not equipped for brushing themselves and do not have the manual expertise and the mental development to comprehend the significance of keeping up oral wellbeing. With evolving ways of life, a pattern of having a solitary youngster and expanded the typical cost for basic items, the greater part of the guardians are working with less time left to perform everyday oral medicinal services rehearses in their kid's initial years. Particularly in preschool kids, parental part is the most essential part of keeping up great oral health (NA, 1998).

Moms assume an essential part in the dental wellbeing of youngsters. They choose whether their kids require dental treatment or not. The points of this examination were to survey moms' information and works on with respect to youngsters' dental wellbeing and to decide relationship of moms possess demeanor and their state of mind towards kids' dental wellbeing (AS, 2003).

Moms assume a focal part when all is said in done and dental soundness of kids. Their demeanor and information about dental wellbeing specifically influence youngsters' dental wellbeing results. Investigation of parental discernment about youngster's dental wellbeing is in this manner vital as these observations can straightforwardly impact the preventive dental care kids get at home and their utilization of expert dental services. Kids who initiated oral cleanliness hones early experience less rot than the individuals who began later (VT, 2008).

American Institute of Pediatric Dental specialists (AAPD) and American Dental Affiliation (ADA) has made rules for the avoidance of dental caries and support of good oral cleanliness in children. These incorporate first dental visit of tyke inside a half year of emission of the first essential tooth, twice day by day tooth brushing and constrained in the middle of supper snacks. Studies have likewise demonstrated that wellbeing propensities and dietary examples grow ahead of schedule in

life and mirror those of the overseers and their financial status. Many examinations have been completed in the created nations with respect to parental information and disposition towards youngster's dental wellbeing. Be that as it may, as far as anyone is concerned no such examination has been led in Pakistan. This investigation was an endeavor to investigate maternal information and demeanor towards youngster's dental wellbeing. The investigation targets were to evaluate mother's learning of kid's dental wellbeing and to decide relationship of mother's own oral cleanliness hones with their state of mind towards kid's dental wellbeing (M, 2008).

## MATERIALS AND METHODS

This is a cross-sectional study, which utilized a closed-ended questionnaire. The survey was constructed using Google forms, which was then sent to the Saudi mothers via emails, social media websites and mobile applications. The total sample size that we achieved was 729 mothers. These subjects were divided into subgroups according to their age groups, educational levels and number of children. The survey included questions related to the demographics, previous dental experience of their children, attitudes, and knowledge about various preventive techniques and others.

After the completion of data collection, we analyzed the information using Statistical Package for Social Sciences (SPSS) version 19. We performed descriptive statistics and crosstabs using Chi-square test to determine the value of significance (p-value) among the subgroups. The p-value was kept under 0.05 to be statistically significant.

### Inclusion criteria

All Saudi women having at least 1 child and aging 18 or above.

## DISCUSSION

In this investigation, learning with respect to part of fluoride was poor. This was like the examination done by Molina et al., Suresh et al. though thinks about done by Gussy et al., Franz man et al., Kamolmatyakul and Saion detailed great learning about fluoride. Lion's share of the moms could recognize tooth rot as the most well-known dental sickness among kids. This was in accordance with the other studies (F, 2004).

The consequences of this examination were like the aftereffects of studies led by Molina et al., Wyne et al., Kamolmatyakul and Saion and Chan et al. where lion's share of the moms knew that sugary thing likes chocolates can prompt dental caries. Notwithstanding, there was low mindfulness about the distinctive types of sugary things, which are unsafe for the teeth. This tosses the light on insufficient learning about the connection between the distinctive types of sugar utilization and dental caries. Besides, learning about the caries preventive strategies, cause and avoidance of gum sickness and malocclusion were low which was in accordance with the investigation done Suresh et al. All these findings are suggestive of poor learning about oral wellbeing and demonstrates the requirement for powerful oral wellbeing instruction program (NJ, 2002).

Dominant part of the moms were in sentiment that, it is important to take the tyke for general dental visits, which was like the aftereffects of Moulana et al. and Chan et al. It is recommended that the before a youngster visits to dental practitioner, the more prominent would be his probability of being caries free (JM, 2004).

Respondents had incomplete information on the significance of deciduous teeth. A considerable lot of them said that infant's teeth don't require great care as they will tumble off. This was as per the examination done by Suresh et al (R B., 2002).

In this examination, greater part of moms initiated tooth brushing for their youngster simply after ejection of every single essential tooth. As opposed to our outcome, 95% of the guardians in rustic Australia trusted that they should begin brushing when the principal tooth emits, as announced in an investigation done by Gussy et al (NJ, The relationship between socio-demographic characteristics and dental health knowledge and attitudes of parents with young children., 2002).

Around 75% moms concurred that kid's teeth ought to be cleaned by them which demonstrates uplifting state of mind. A randomized controlled trial in the UK demonstrated that visits to a dental wellbeing instructor by the moms of preschool youngsters expanded the parental learning and enhanced mentalities toward their kids' oral health (JG, 2002).

In this investigation despite the fact that dominant part of moms concurred that customary dental visit is required, not very many answered to take after this. This was in accordance with the other studies. Purposes behind the absence of visit could be worry, high costs, availability or absence of inspiration. These boundaries should be assessed by additionally inquire about (A, 2005).

Over 80% kids utilized toothbrush and tooth glue for cleaning their teeth. This was tantamount to the next studies. Greaterpart of the respondent doesn't have the foggiest idea about the significance of time of admission of sugars. Comparable outcomes were removed from the reports got by Moulana et al. and Chan et al. Interestingly, Blink horn et al. has detailed that 78% of moms confined the admission of sugary sustenance things to feast times as it were (AG, 2000).

Daily papers and television were accounted for to be the significant wellspring of data with respect to oral wellbeing. This shows how broadly broad communications impact individuals in their day by day lives. Methodologies ought to be made to use broad communications more viably for oral wellbeing instruction (AR, 2002).

Wyne et al. had announced that 34.2% of the Saudi populace get the oral wellbeing data from dental practitioner, trailed by media. While in the present investigation not very many (10– 15%) subjects got the data from dental practitioner. This demonstrates the pressing need to propel dental practitioner and other wellbeing experts (like pediatrician) to consolidate oral wellbeing training in their routine clinical technique for every one of the patients (HS, 2011).

Moms with advanced education have a superior learning in regards to the oral cleanliness practice and significance of deciduous teeth. This is like a Clean report which reports that moms with bring down level of training additionally have low levels of oral wellbeing knowledge. It has been recommended that the guardians with a general, enhanced level of instruction might have the capacity to evaluate fitting wellspring of data and comprehend that data more completely (MM, 2005).

A noteworthy affiliation was seen in this examination between learning, disposition and practice scores and financial status. Concentrates by Suresh et al. and Williams et al. have likewise demonstrated that guardians with bringing down instruction had poor dental information and state of mind level. It is conceivable that guardians with advanced education level will probably have positive wellbeing mentalities and render more prominent thoughtfulness regarding the soundness of the tyke (SA M., 2010).

RESULTS

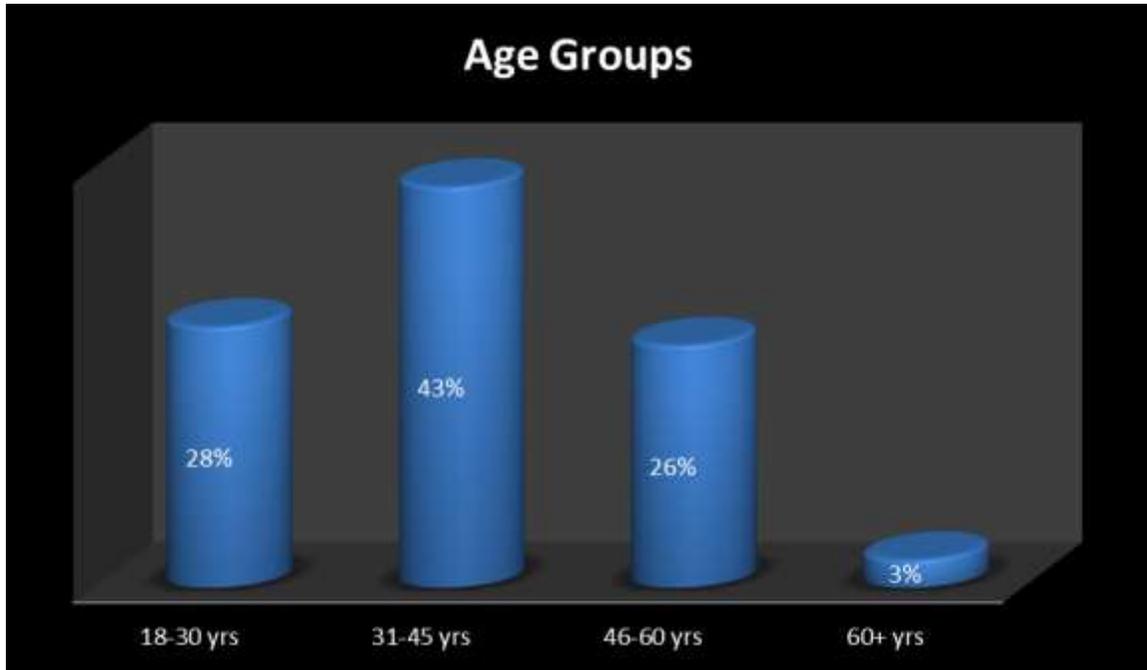


Figure 1: Age group distribution and frequency of participants in this study

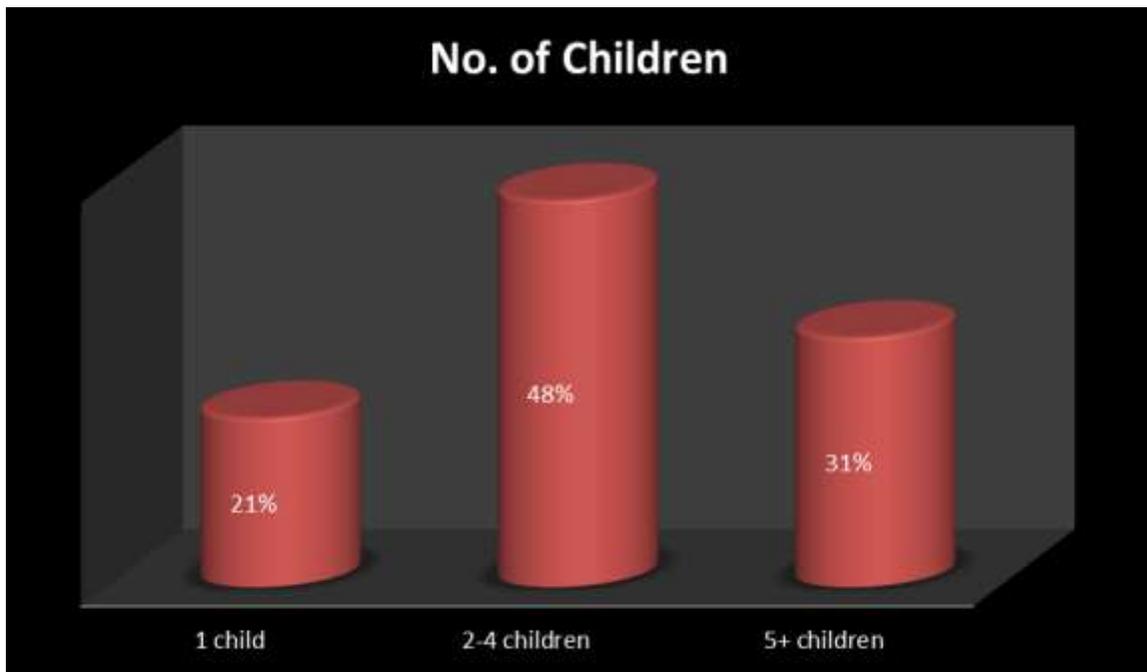


Figure 2: Study participants categorized on the basis of number of children

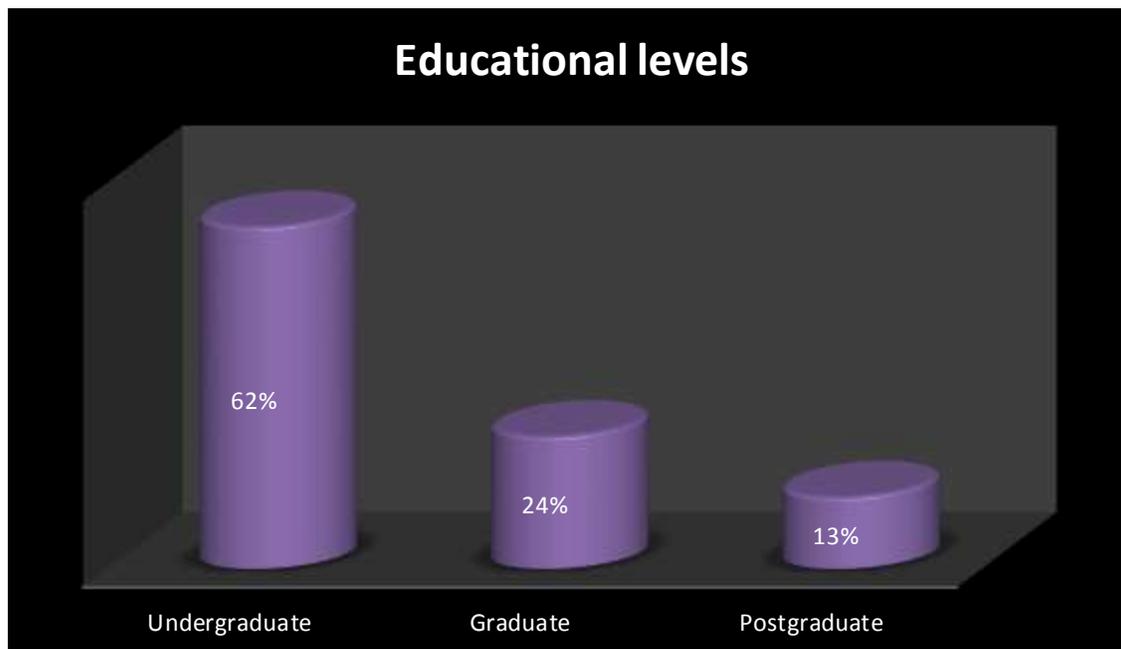


Figure 3: Educational levels of the study participants.

Table 1: Comparison of survey questions on the basis of age groups of Saudi mothers.

Item	18-30 yrs	31-45 yrs	46-60 yrs	60+ yrs	p-value
Caries can affect children below 2 years?	Yes: 34% No: 45% Don't know: 21%	Yes: 46% No: 40% Don't know: 13%	Yes: 39% No: 44% Don't know: 18%	Yes: 48% No: 35% Don't know: 17%	0.135
Caries can be transmitted from parents to child?	Yes: 11% No: 64% Don't know: 25%	Yes: 18% No: 61% Don't know: 21%	Yes: 7% No: 71% Don't know: 21%	Yes: 13% No: 74% Don't know: 13%	0.013
Do you kiss your baby on mouth?	Yes: 57% No: 43%	Yes: 44% No: 56%	Yes: 37% No: 63%	Yes: 43% No: 57%	0.000
Child ever gone to the dentist?	Yes: 64% No: 36%	Yes: 85% No: 15%	Yes: 96% No: 4%	Yes: 100% No: 0%	0.000
Frequency of dental visit?	When needed: 52% 6 months:36% 1 year: 12%	When needed: 56% 6 months:30% 1 year: 14%	When needed: 68% 6 months:21% 1 year: 11%	When needed: 61% 6 months:4% 1 year: 35%	0.000
Your child ever had caries?	Yes: 46% No: 51% Don't know: 3%	Yes: 72% No: 26% Don't know: 2%	Yes: 87% No: 12% Don't know: 1%	Yes: 97% No: 2% Don't know: 1%	0.000
Brushing frequency of child(ren)?	Once daily: 22% Twice daily: 52% After every meal: 26%	Once daily: 14% Twice daily: 62% After every meal: 23%	Once daily: 12% Twice daily: 54% After every meal: 34%	Once daily: 26% Twice daily: 48% After every meal: 26%	0.014
Type of brush being used?	Small: 90% Large: 3% Doesn't matter: 7%	Small: 90% Large: 2% Doesn't matter: 8%	Small: 93% Large: 0% Doesn't matter: 7%	Small: 78% Large: 9% Doesn't matter: 13%	0.035
Quantity of toothpaste used?	Pea size: 76% Full length: 18% Don't know: 6%	Pea size: 80% Full length: 16% Don't know: 4%	Pea size: 76% Full length: 21% Don't know: 9%	Pea size: 83% Full length: 0% Don't know: 17%	0.481
Fluoride quantity in kids' toothpaste?	500ppm: 50% 1000ppm: 8% Not aware of Fluoride: 42%	500ppm: 53% 1000ppm: 1% Not aware of Fluoride: 46%	500ppm: 49% 1000ppm: 11% Not aware of Fluoride: 40%	500ppm: 50% 1000ppm: 8% Not aware of Fluoride: 42%	0.503
Way of assisting in brushing?	Stand behind: 48%	Stand behind: 52%	Stand behind: 46%	Stand behind: 48%	0.542

	Stand in front: 32% Don't know: 20%	Stand in front: 30% Don't know: 18%	Stand in front: 35% Don't know: 19%	Stand in front: 32% Don't know: 20%	
Have enough knowledge about child's oral health?	Yes: 42% No: 58%	Yes: 56% No: 44%	Yes: 63% No: 37%	Yes: 54% No: 46%	0.000

**Table 2:** Comparison of survey questions on the basis of number of children

Item	1 child	2-4 children	5+ children	p-value
Caries can affect children below 2 years?	Yes: 38% No: 38% Don't know: 24%	Yes: 42% No: 41% Don't know: 17%	Yes: 42% No: 45% Don't know: 13%	0.112
Caries can be transmitted from parents to child?	Yes: 8% No: 64% Don't know: 28%	Yes: 17% No: 64% Don't know: 19%	Yes: 10% No: 67% Don't know: 23%	0.025
Do you kiss your baby on mouth?	Yes: 58% No: 42%	Yes: 40% No: 60%	Yes: 46% No: 54%	0.002
Child ever gone to the dentist?	Yes: 59% No: 41%	Yes: 85% No: 15%	Yes: 94% No: 6%	0.000
Frequency of dental visit?	When needed: 53% 6 months: 38% 1 year: 9%	When needed: 57% 6 months: 29% 1 year: 12%	When needed: 65% 6 months: 22% 1 year: 13%	0.003
Your child ever had caries?	Yes: 39% No: 58% Don't know: 3%	Yes: 71% No: 27% Don't know: 2%	Yes: 86% No: 12% Don't know: 2%	0.000
Brushing frequency of child(ren)?	Once daily: 13% Twice daily: 59% After every meal: 28%	Once daily: 19% Twice daily: 58% After every meal: 23%	Once daily: 16% Twice daily: 52% After every meal: 32%	0.270
Type of brush being used?	Small: 90% Large: 2% Doesn't matter: 8%	Small: 91% Large: 2% Doesn't matter: 7%	Small: 90% Large: 2% Doesn't matter: 8%	0.999
Quantity of toothpaste used?	Pea size: 70% Full length: 22% Don't know: 8%	Pea size: 82% Full length: 14% Don't know: 4%	Pea size: 76% Full length: 22% Don't know: 2%	0.008
Fluoride quantity in kids' toothpaste?	500ppm: 51% 1000ppm: 5% Not aware of Fluoride: 44%	500ppm: 51% 1000ppm: 7% Not aware of Fluoride: 42%	500ppm: 50% 1000ppm: 9% Not aware of Fluoride: 41%	0.741
Way of assisting in brushing?	Stand behind: 53% Stand in front: 26% Don't know: 21%	Stand behind: 49% Stand in front: 33% Don't know: 18%	Stand behind: 49% Stand in front: 34% Don't know: 18%	0.456
Have enough knowledge about child's oral health?	Yes: 44% No: 56%	Yes: 58% No: 42%	Yes: 54% No: 46%	0.027

**Table 3:** Comparison of survey questions on the basis of educational level

Item	Undergraduate	Graduate	Postgraduate	p-value
Caries can affect children below 2 years?	Yes: 40% No: 43% Don't know: 17%	Yes: 36% No: 47% Don't know: 18%	Yes: 57% No: 32% Don't know: 11%	<b>0.015</b>
Caries can be transmitted from parents to child?	Yes: 13% No: 65% Don't know: 22%	Yes: 13% No: 66% Don't know: 21%	Yes: 14% No: 60% Don't know: 26%	<b>0.870</b>
Do you kiss your baby on mouth?	Yes: 45% No: 55%	Yes: 51% No: 49%	Yes: 39% No: 61%	<b>0.127</b>
Child ever gone to the dentist?	Yes: 82% No: 18%	Yes: 81% No: 19%	Yes: 84% No: 16%	<b>0.901</b>
Frequency of dental visit?	When needed: 62% 6 months: 27% 1 year: 11%	When needed: 59% 6 months: 27% 1 year: 14%	When needed: 41% 6 months: 39% 1 year: 20%	<b>0.006</b>
Your child ever had caries?	Yes: 71% No: 27% Don't know: 2%	Yes: 66% No: 30% Don't know: 4%	Yes: 66% No: 30% Don't know: 4%	<b>0.607</b>
Brushing frequency of child(ren)?	Once daily: 16% Twice daily: 59% After every meal: 25%	Once daily: 17% Twice daily: 53% After every meal: 31%	Once daily: 18% Twice daily: 56% After every meal: 27%	<b>0.678</b>
Type of brush being used?	Small: 93% Large: 1% Doesn't matter: 6%	Small: 86% Large: 4% Doesn't matter: 10%	Small: 88% Large: 5% Doesn't matter: 7%	<b>0.003</b>
Quantity of toothpaste used?	Pea size: 78% Full length: 17% Don't know: 5%	Pea size: 74% Full length: 22% Don't know: 4%	Pea size: 82% Full length: 15% Don't know: 3%	<b>0.386</b>
Fluoride quantity in kids' toothpaste?	500ppm: 52% 1000ppm: 7% Not aware of Fluoride: 41%	500ppm: 48% 1000ppm: 8% Not aware of Fluoride: 44%	500ppm: 50% 1000ppm: 9% Not aware of Fluoride: 41%	<b>0.828</b>
Way of assisting in brushing?	Stand behind: 49% Stand in front: 33% Don't know: 18%	Stand behind: 52% Stand in front: 29% Don't know: 19%	Stand behind: 49% Stand in front: 29% Don't know: 22%	<b>0.695</b>
Have enough knowledge about child's oral health?	Yes: 54% No: 46%	Yes: 50% No: 50%	Yes: 62% No: 38%	<b>0.182</b>

General moms demonstrated poor oral wellbeing information, state of mind and practices. Remembering the changing state of mind in the public eye, it is essential to design suitable oral wellbeing programs focusing on various gatherings through the systems intended for particular prerequisites. More accentuation ought to be set on enhancing the level of learning, which would be reflected in their oral wellbeing conduct (Wright GZ, 2000).

Studies evaluating the guardians capacity to administer to youngster's oral wellbeing uncover that guardians don't have enough time, absence of information in brushing, work/business stress, and last yet not the slightest, because of atomic families and working guardians many guardians don't bring up their kids themselves and abandon them at day-mind focuses or crèches.

A few examinations have discovered that great information and state of mind toward oral wellbeing does not really create great practices. From this investigation, obviously, mindfulness with respect to terrible practices is copious which is demonstrated by the low commonness, i.e. 18.5% around. This

uncovers a critical bring home message for us dental practitioners that guardians should be prepared and inspired to do oral cleanliness hones legitimately and proficiently. Furthermore, learning with respect to the utilization of fluoridated toothpaste and whether deciduous teeth require treatment gave off an impression of being low, i.e., 54% and 62.5%, individually (AR C. , 2013).

Also, a general low score was found in the learning, demeanor, and great practices in baby oral human services, for example, timing for first dental visit, perfect time to begin utilization of fluoridated toothpaste, need to reestablish deciduous teeth, sick impacts of evening time, visit and delayed bosom/bottle encouraging, hurt caused by gulping of toothpaste (R N. , 2002).

The part of microorganisms in the causation of dental caries was not recognized by most of the guardians which was reflected by the common routine with regards to sharing utensils and gnawing sustenance into little pieces previously bolstering in this examination. This is as per thinks about by Mani et al. also, Togo et al. The emphasis ought to be on

guardians/careers to urge to constrain their kid routine with regards to sharing utensils and gnawing sustenance to complete oral cleanliness rehearses appropriately careers and youngsters ought to be exhorted that nourishment and beverages containing sugar substitutes are accessible, however ought to be expended with some restraint (Barlett JE, 2001).

## CONCLUSIONS

- On the basis of number of children, overall, there were no significant differences among the mothers' groups.
- Mothers aging between 18-30 years showed better awareness and attitude towards the prevention of oral diseases among their children.
- Saudi mothers with higher educational qualifications showed significantly better knowledge and attitude towards the oral health of their children.

## CONFLICT OF INTEREST

There is no conflict of interest among the authors or outside personnel or organization in the publication of this study.

## REFERENCES

A, S. (2005). Oral health, general health and quality of life. *Bull World Health Organ. PubMed*, 644.

AG, A. (2000). Future caries susceptibility in children with early childhood caries following treatment under general anesthesia. *Pediatr Dent.*, 302–6.

AR, C. (2013). Influence of family environment on children's oral health: A systematic review. *J Pediatr*, 116–23.

AR, T. (2002). Failure rates of restorative procedures following dental rehabilitation under general anesthesia. *Pediatr Dent*, 69–71.

AS, B. (2003). A cluster randomised, controlled trial of the value of dental health educators in general dental practice. *Br Dent J*, 395–400.

Barlett JE, K. (2001). Organizational research: Determining appropriate sample size in survey research. *Inf Technol Learn Perform J.*, 43–50.

BS, S. (2010). Mother's knowledge about pre-school child's oral health. *J Indian Soc*, 282 7.

F, S. (2004). Oral health of Polish three-year-olds and mothers' oral health related knowledge. *Community Dent Health*, 175 80.

Ghaffari, M. (2017). Some of the Strongest Predisposing Factors on the Behavior of Tooth Brushing among Iranian School Age Children. *International Journal of Pharmacy*, 23-43.

Gharlipour, Z. (2017). Factors Affecting Oral-Dental Health in Children in the Viewpoints of Mothers Referred to the Health Centers in Qom City: Using the Health Belief Model. *International Journal of Pharmacy*, 12-18.

HS, H. (2011). The attitude of private dental practitioners towards treatment and management of children in Riyadh, Saudi Arabia. *J Pak Dent Assoc.*, 245–9.

JG, W. (2002). American Academy of Pediatric Dentistry. Policy on early childhood caries (ECC): Classifications, consequences, and preventive strategies. *Pediatr Dent*, 651–4.

JM, D. (2004). A practical guide to infant oral health. *Am Fam Physician.* PubMed, 2113–20.

M, P. (2008). The mother's role in effecting and supervising the early childhood oro dental hygiene. *Int J Prev Med*, 116-24.

MG, G. (2008). Parental knowledge, beliefs and behaviours for oral health of toddlers residing. *Aust Dent J*, 52-60.

MM, C. (2005). The effects of periradicular inflammation and infection on a primary tooth and permanent successor. *J Clin Pediatr Dent*, 193–200.

MR, F. (2004). Tooth brushing and dentifrice use among children ages 6 to 60 months. *Pediatr Dent*, 87 92.

NA, a. G. (1998). Caries prediction model in pre school children in Riyadh, Saudi Arabia. *Int J Paediatr Dent*, :115-22.

NJ, W. (2002). The relationship between socio-demographic characteristics and dental health knowledge. *Br Dent J*, 651 4.

NJ, W. (2002). The relationship between socio-demographic characteristics and dental health knowledge and attitudes of parents with young children. *Br Dent J*, 651–4.

R, B. (2002). Changes in oral health over ten years amongst UK children aged 4-5 years living in a deprived multiethnic area. *Br Dent J*, 88–92.

R, N. (2002). Oral healthcare of preschool children in Trinidad: A qualitative study of parents and caregivers. *BMC Oral Health.*, 27.

R, N. (2013). Infant oral health: Knowledge, attitude and practices of parents in. *Dent Res J*, 659 65.

Shaghaghian. (2016). Evaluation of parental awareness regarding their child's oral hygiene. *International Journal Of Dental Hygiene*, 23-40.

SA, M. (2010). Knowledge, attitude and practice of oral health promoting factors among caretakers of children attending day-care centers in Kubang Kerian, Malaysia: A preliminary study. *J Indian Soc Pedod Prev Dent.*, 78–83. .

SA, M. (2012). Knowledge, attitude and practices towards primary dentition among the. *Indian Assoc Public Health*, 83-92.

Sami, A. (2016). Relationship of Parental Knowledge and Attitude with Oral Health Status of Children in Karachi East. *Indus Medicus for South East Asia*, 1-9.

SC, C. (2002). Feeding and oral hygiene habits of preschool children in Hong Kong and their caregivers' dental knowledge. *Int J Paediatr Dent*, 322 31.

Smadi, L. (2016). Oral & Dental Health Knowledge and Attitude among Nursing Students. *World Journal of Educational Research*, 50-62.

VT, S. (2008). Knowledge and attitude of parents or caretakers regarding transmissibility of caries disease. *J Appl Oral Sci*, 150 4.

Wright GZ. (2000). Space control in the primary and mixed dentitions. *Dent Clin North Am.*, 579–601.

Ghaffari, M. (2017). Some of the Strongest Predisposing Factors on the Behavior of Tooth Brushing among Iranian School Age Children. *International Journal of Pharmacy*, 23-43.

Gharlipour, Z. (2017). Factors Affecting Oral-Dental Health in Children in the Viewpoints of Mothers Referred to the Health Centers in Qom City: Using the Health Belief Model. *International Journal of Pharmacy*, 12-18.

S Shaghaghian. (2016). Evaluation of parental awareness regarding their child's oral hygiene. *International Journal Of Dental Hygiene*, 23-40.

Sami, A. (2016). Relationship of Parental Knowledge and Attitude with Oral Health Status of Children in Karachi East. *Indus Medicus for South East Asia*, 1-9.

Smadi, L. (2016). Oral & Dental Health Knowledge and Attitude among Nursing Students. *World Journal of Educational Research*, 50-62.