

Evaluation of oral-health related knowledge and attitudes among mothers of children under 4 years old



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Abstract

Aim To evaluate the knowledge and attitudes of mothers of children under 4 years old about oral health in Turkey.

Material and methods This study is a cross-sectional questionnaire submitted to 401 mothers with children aged under of 4 years who came to the Pediatric Dentistry Clinics of Istanbul University-Cerrahpaşa and Altınbaş University Faculty of Dentistry. The questionnaire comprised of 3 sections with total of 33 closed questions regarding socio-demographic information and knowledge and attitudes of the mothers about the oral health of their children. The independent t-test and the Pearson's correlation test were used.

Results The question that was most correctly answered by mothers (89%, n=357) was "When should you change your child's toothbrush?". On the other hand, the question that was most incorrectly answered (89.7%, n=360) was "When should your child have snacks or sugary drinks?". The sources from which mothers get information about oral health are dentists (55.6%), friends (36.4%) and media (15.4%), respectively. There is a statistically significant relationship between regular dental visits by mothers and taking children to the dentist for the first time for a check-up, and the knowledge score ($p=0.000$; $p=0.000$). Furthermore, there is a statistically significant weak positive correlation between the mothers' knowledge score and their attitudes toward dietary habits ($r=0.338$, $p=0.000$) as well as preventive oral and dental health practices ($r=0.363$, $p=0.000$).

Conclusion In conclusion, it has been noted that mothers who regularly visit the dentist have a greater understanding of oral hygiene. Additionally, mothers who possess knowledge about oral care are more likely to prioritize scheduling appointments for their children with a paediatric dentist for check-up purposes.

Introduction

Early childhood caries (ECC) affects children under the age of six years. The IAPD Bangkok Declaration defines ECC as the presence of one or more decayed (non-cavitated or cavitated lesions), missing, or filled (due to caries) surfaces in any primary tooth of a child under the age of six years [Pitts et al., 2019]. ECC not only affects oral health but also interfere with children's nutrition, growth, development, speech, self-esteem and quality of life [Featherstone, 2004]. The key contributors to ECC are the

KEYWORDS Maternal, Oral Health, Knowledge, Attitude.

subject's sensitivity, the early colonisation by bacteria, poor dental hygiene, a diet high in sugar, and various environmental aspects such as low socioeconomic status, premature birth, or low birth weight [Selwitz et al., 2007; Italiano, 2021]. Understanding the complex and multifactorial aetiology of ECC is crucial in developing effective and preventive strategies. A multi-level conceptual model has been presented to evaluate socioeconomic, behavioural, and biological factors that affect children's health, including dental caries, at the individual, family, and community levels of influence. Notably, parents and caregivers play a crucial role as primary intermediaries for these familial influences, as they are the individuals with whom preschool children spend the majority of their [Fisher-Owens et al., 2007]. These early years of life involve "primary socialization", when routine dietary and health behaviours are established [Featherstone, 2004]. As a result, both directly and indirectly, parents and other primary caregivers influence children's oral health by offering guidance and serving as role models [Fisher-Owens et al., 2007; Dagon et al., 2019]. Mothers are typically viewed as the primary and reliable carers of children in many nations, despite the fact that possible roles and responsibilities within the family have evolved over time [Suryanti and Setiawan 2021]. Mothers, who are regarded as the children's primary role models, may therefore have a significant impact on how they perceive and behave in relation to oral health. Additionally, because preschool children are dependent on their mothers or caregivers for daily care and are unable to care for themselves, the effect of the mother or caregiver is considerably larger in preschool children [Abiola et al., 2009]. The child's oral health is impacted by the mother's attitude and degree of knowledge about oral health not just during childhood but even into adulthood. As a result, efforts to educate mothers may be successful in raising their level of knowledge and modify negative behaviours, which may improve the dental health of their children [Dagon et al., 2019]. According to a previous study, the possibility of having ECC may decrease by 15% if pregnant women and mothers of newborns are informed about the correct diet and eating habits for the baby [Riggs et al., 2019]. Therefore, it is important to understand the level of awareness of mothers about

the oral health of children, to identify wrong attitudes, and to pinpoint those subjects who would benefit from further education. Mothers' attitudes and knowledge regarding the dental health of their children have not been studied in Turkey before. Hence, the study's objective was to evaluate Turkish mothers of children under the age of 4 years in terms of their attitudes and knowledge regarding oral health.

Methods

The Research Ethical Board of Altınbaş University, Faculty of Dentistry, Istanbul, Turkey, gave ethical clearance (No: 2022/129). In this study, 401 mothers with children under the age of 4 years who came to the Pediatric Dentistry Clinics at Istanbul University-Cerrahpaşa and Altınbaş University Faculty of Dentistry between August 2022 and March 2023 responded to a questionnaire.

Study Sample

A minimum sample size of 384 patients was determined using a sample size calculation that took into account a 50% prevalence rate, a 5% error, and a 95% confidence interval. Inclusion criteria in our study was determined as follows: mothers with children under the age of 4 years who accepted to take part in the study and answered all of the questions. Mothers who did not have any children under the age of 4, unable to respond to all of the questions, or who withdrew to participate in the study were excluded. Participation was on a voluntary basis and all participants gave informed consent to participate. The mothers who rejected to take part did so because they could not devote the necessary amount of time to answering the questions.

The Questionnaire

A structured questionnaire created by the researcher (SCI) was used to gather information on mother's knowledge and attitude. The survey has three sections and a total of 33 closed questions. The Cronbach's alpha test was used to evaluate the reliability of the questions. The calculated value of Cronbach's alpha coefficient was 0.53. Sociodemographic information was covered in Part 1 and included the mother's age, education level, occupation, monthly income of the family, the child's age and gender, the child's birth order, the number of children in the family, the mother's frequency of dental visits (regular or not), and the time and reason for the child's first dental visit. The mother's primary source of information on oral health of children (paediatric dentist, social media, or friends) was also asked. The following 12-item scale to assess the mother's knowledge level of children's oral health included time of first dental visit, age to begin oral care of child, frequency of brushing, who brushes the child's teeth, when to change the toothbrush, the right amount of toothpaste, fluoride concentration in toothpaste, dietary habits, and role of fluoride in dental caries prevention. Responses were recorded using the following ranking system: 1 point for a correct answer, 0 for a wrong answer. The following 9-item scale was designed to evaluate the mother's attitudes regarding the children's oral health, dietary habits and social media. A 5-point Likert scale with ratings ranging from 1 (strongly disagree) to 5 (strongly agree) was used to evaluate the participants' answers to these questions.

Statistical Analysis

Data were analysed using the IBM SPSS Statistics 25 software (Chicago, USA). The reliability of the questionnaire was evaluated according to the Cronbach alpha coefficient. Based on 9 attitude and 12 knowledge items, the participants' correct answers and positive attitudes were evaluated. A multivariate linear regression model was developed to assess the effect of sociodemographic variables on the obtained scores. Regression analyses were performed using the forced entry method. The independent t-test

was used to compare the mean scores. The Pearson's correlation test was used to analyse the relationships between numerical variables since they had a normal distribution. All analyses used a significance level of 0.05.

Results

In total, 401 mothers of children under 4 years old participated. Five hundred mothers were contacted about participating in the study; however, 90 mothers declined, and 9 mothers did not answer all the questions, while 401 mothers gave their consent. The socio-demographic characteristics of mothers are shown in Table 1. The majority of mothers who participated in the study are aged between 31 and 35 ($n=180$, 44.9%), are university educated ($n=307$, 76.6%) and the family income is above the minimum wage ($n=329$, 82.3%). In addition, 45.6% of mothers visit the dentist regularly, 81.6% of mothers had their children visit the dentist for the first time for a checkup and 38.7% of mothers follow dentists on social media (Table 1). The sources from which mothers obtain information about oral health are dentists (55.6%), friends (36.4%) and media (15.4%), respectively (Table 2). The mean knowledge score was 5.83 ± 1.89 , whereas the mean attitude score was 3.73 ± 0.48 (Table 1). The question that was most correctly answered (89%, $n=357$) by mothers was "When should you change your child's toothbrush?", and question that was most incorrectly answered (89.7%, $n=360$) was "When should your child have snacks or sugary drinks?". Most of the mothers in the present study (78%, $n=316$; 75%, $n=301$) knew that adding sugar to the bottle at night increases the risk of the development of dental caries, and that dental caries affects the growth and development of the child. In total, two thirds of mothers (80.2%, $n=322$; 81.2%, $n=326$) did not know that their child's teeth should be brushed by the parents and the proper fluoride concentration in the toothpaste (Table 3). Regular dental visits of the mothers positively affected their knowledge score ($B=0.693$, $t=3.671$, $p=0.000$). There was a positive relationship between the mother's attitude towards diet and their knowledge score ($B=0.549$, $t=3.699$, $p=0.000$). Likewise, there was a positive correlation between the parents' attitude about preventive oral and dental health practices and their knowledge score ($B=0.555$, $t=4.480$, $p=0.000$). On the other hand, taking the child to the dentist for the first time for a checkup was found to be statistically positively correlated with the mother's knowledge score ($B=0.736$, $t=3.877$, $p=0.000$). No linear relationship was found between the mothers' education level, family income, number of children, sources of information, number of information sources, following a paediatric dentist on social media, mothers' social media attitude and mothers' knowledge score ($p>0.05$) (Table 4). A statistically significant relationship between regular dental visits for mothers and knowledge score ($t=-7.701$, $p=0.000$) was found. Accordingly, the mean knowledge score of the mothers who went to the dentist regularly (6.57) was higher than the mean (5.21) of the mothers who did not. Similarly, a statistically significant relationship was found between taking children to a dentist's for the first time for a checkup and the knowledge score ($t=-5.354$, $p=0.000$). Accordingly, the mean knowledge score of the mothers who took their children to the dentist for the first time for a checkup (6.42) is higher than the mean (5.06) of the mothers who did not take or took them for pain reasons (Table 5). As a result of the correlation analysis, statistically significant weak positive correlation was found between the mothers' knowledge score and their attitude scores about preventive oral and dental health practices ($r=0.363$, $p=0.000$) and their dietary habits attitude scores ($r=0.338$, $p=0.000$). Accordingly, as the mothers' oral and dental

Socio-demographic questions

1. Mother's age = ☐ 18-25 ☐ 26-30 ☐ 31-35 ☐ 36-40 ☐ >40
2. Mother's educational level
☐ Primary school ☐ Middle school ☐ High school ☐ University
3. Family income
☐ High ☐ Medium ☐ Low
4. Number of children.
5. Child's birth order.
6. Do you regularly visit the dentist for yourself?
☐ Yes ☐ No
7. What are the sources from which you obtain information about your child's oral and dental health?
☐ Friends-Family ☐ Dentist ☐ Pediatric Dentist ☐ TV ☐ Newspaper ☐ Instagram
☐ Facebook ☐ Youtube ☐ Tik-tok ☐ Twitter
8. Is there a paediatric dentist you follow on social media?
☐ Yes ☐ No
9. What was the reason for the first dental visit of your child?
☐ Checkup ☐ Pain

Mother's Knowledge

- 1. When should your child's first dental visit be?**
 - a) Close to the eruption of the first tooth and at the latest one year old.
 - b) When there is pain
 - c) When primary teeth start to fall out
 - d) I don't know
- 2. When should oral care first start for your child?**
 - a) Before the primary teeth erupt
 - b) After the primary teeth erupt
 - c) After the permanent teeth erupt
 - d) I don't know
- 3. When should your child's teeth be brushed?**
 - a) Twice a day and after eating dessert.
 - b) After every meal.
 - c) No need to brush
 - d) I don't know
- 4. Who should brush your child's teeth?**
 - a) Child.
 - b) The parent demonstrates and the child brushes on his own.
 - c) Parent.
 - d) There is no need for brushing at this age.
- 5. When should you change your child's toothbrush?**
 - a) As long as the bristles are intact, there is no need to change them.
 - b) Every three months.
 - c) I change it as the child grows and the size of the brush changes.
 - d) I don't know.
- 6. What is the right amount of toothpaste suitable for your child?**
 - a) The size of a pea
 - b) In the form of a swab
 - c) It covers the entire brush.
 - d) No toothpaste required
- 7. What is the correct concentration of fluoride in your child's toothpaste?**
 - a) Fluoride-free toothpaste.
 - b) Toothpaste containing less than 1000 ppm fluoride.
 - c) Toothpaste containing more than 1000 ppm of fluoride.
 - d) I don't know.
- 8. Do you think that adding sugar/ to the bottle at night contributes to the development of dental caries?**
 - a) Yes
 - b) No
 - c) I don't know
- 9. What is the best time for your child to consume snacks or sugary drinks?**
 - a) During meals.
 - b) Between meals.

- c) It doesn't matter as long as the quantity is limited.
d) I don't know.

10. Do you tend to taste your child's food from his spoon?

- a) Yes, it is necessary to control the temperature of the food
b) Yes, to check if the food is good
c) No, never

11. Do you think that professional fluoride applications prevent the onset of caries?

- a) Yes
b) No
c) I don't know

12. Do you think that tooth decay affects the child's growth and development?

- a) Yes
b) No
c) I don't know

Mother's Attitude

1. I brush my child's teeth twice a day, morning and evening.

☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree

2. I ensure that my child uses the appropriate amount of fluoride toothpaste appropriate for his or her age.

☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree

3. I think that the foods my child consumes will affect his oral and dental health.

☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree

4. I think that sugary food and drink consumption should be avoided for children under 2 years of age.

☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree

5. I think it is healthy for my child to use a pacifier dipped in honey/sugar.

☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree

6. I think professional fluoride should be applied at regular intervals.

☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree

7. I need to take my child to the dentist regularly every 6 months.

☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree

8. I follow the advice given by dentists on social media about oral hygiene.

☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree

9. I use videos on social media to ensure my child's oral hygiene.

☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree

health knowledge scores increase, their attitudes towards preventive oral and dental health practices and their children's dietary habits increase positively (Table 6).

Discussion

Parental knowledge and attitudes regarding their children's oral health may influence the preventive dental care provided at home and how much they benefit from expert dental services [Prabhu et al., 2013]. Because the role of parents, especially mothers who provide primary care for the child, is very important in protecting the oral health of the child in the pre-school period [Bozorgmehr et al., 2013]. Knowledge and attitudes of caregivers, particularly maternal information, attitude, and actions regarding oral health, have been identified as one factor that may affect the dental health and diseases of children. This results from young children's limited capacity for critical thought and decision-making on their dental and oral health [Abiola et al., 2009]. However, there are few studies examining the knowledge and attitudes of mothers about their children's oral and dental health. This is the first study to examine the knowledge and attitudes of Turkish mothers of children under 4 years old about oral and dental

health. The AAPD recommends that the child's first dental visit occur within 6 months after eruption of the first tooth and no later than 12 months of age [American Academy of Pediatric Dentistry, 2016]. In the present study, only 47.1% of the mothers knew about this advice. Similar results have previously been reported by BaniHani et al. [2021]. Contrary to our results, Dagon et al. [2019] reported that one quarter of mothers knew the correct age of the first dental visit of their children. In contrast with the present study, the findings of Chabra and Chabra [2012] (15.2%) and Hussein et al. [2012] (12.5%) indicated that the level of awareness of parents about the first dental visit is low. In addition, our study showed that 71.3% of mothers knew when oral care of children should begin, contrary to the results of Aiuto et. al. [2020], which indicated that 24.8% of mothers did not have a clear understanding of when to start cleaning of their child's mouth. In our study, a majority of the mothers' (89%) responses regarding when to change a child's toothbrush were accurate. Similarly, Dagon et al. [2019] found that 72.63% of mothers were aware that it is important to replace the toothbrush every 3 months. According to the guidelines, parents should supervise and brush their children's teeth until they are 10 years old [Kruis, 2011]. However, in our study, only 19.4% of all the

N=401		n	%
Mother's age	18-25	11	2.7
	26-30	63	15.7
	31-35	180	44.9
	36-40	102	25.4
	>40	45	11.2
Mother's education level	Primary school	9	2.2
	Middle school	20	5.0
	High school	65	16.2
	University	307	76.6
Family income	Low	9	2.3
	Medium	62	15.5
	High	329	82.3
Number of children	1	210	52.4
	2	157	39.2
	3	27	6.7
	4	6	1.5
	5	1	.2
Child's birth order	1	236	59.1
	2	133	33.3
	3	25	6.3
	4	4	1.0
	5	1	0.3
Mother's regular dental visit	No	218	54.4
	Yes	183	45.6
Reasons for first dental visit of the children	Pain	53	18.4
	Checkup	235	81.6
Dentist followed on social media	No	246	61.3
	Yes	155	38.7
M		SS	
Knowledge score		5.83	1.889
Attitude score		3.73	0.480

TABLE 1 Sociodemographic characteristic, regular dental visit of mothers with children under 4 years old.

mothers knew that the parent should be the one who brushes the child's teeth in contrast with the study of Dagon et al. [2019]. Furthermore, Wilson et al. [2014] stated that 97.9% of parents knew that children cannot brush teeth on your own, while 68.82% of them do not always help their children brush their teeth. This is inconsistent with the parents' knowledge responses. For this reason, there is a need for further studies investigating the level of oral hygiene knowledge and behaviour together. In our study, 50.8% of the mothers had correct knowledge about the correct amount of toothpaste used for their children, in contrast with previous studies [Singhal et al., 2017; Dagon et al., 2019]. One of the most effective methods for prevention of dental caries is fluoride. In the study conducted by Chala et al. [2018], 60.9% of mothers were aware that fluoride helps prevent dental caries. However, the fact that previous studies reported that mothers do not have sufficient knowledge about the effectiveness of fluoride in preventing dental caries is consistent with our present

N=401		n	%
Friends-Family	No	255	63.6
	Yes	146	36.4
Media (TV, social media, etc.)	No	339	84.5
	Yes	62	15.5
Dentist	No	178	44.4
	Yes	223	55.6

TABLE 2 Source of information on oral health of mothers of children under 4 old.

Questions	Wrong Answer	Correct Answer	Absent
When should your child's first dental visit be?	212	189	0
When to start oral care for your child	286	115	0
When should your child's teeth be brushed?	117	284	0
Who should brush your child's teeth?	322	78	1
When should you change your child's toothbrush?	43	357	1
What is the right amount of toothpaste for your child?	195	204	2
What is the right concentration of fluoride to have in your child's toothpaste?	326	72	3
Do you think that adding sugar to the bottle at night contributes to the development of dental caries?	84	316	1
When should your child have snacks or sugary drinks?	360	39	2
Do you tend to taste your child's food from the spoon?	152	247	2
Do you think that professional fluoride applications prevent caries formation?	262	137	2
Do you think that dental caries affects the growth and development of the child?	99	301	1

TABLE 3 Frequencies of answers to knowledge questions.

study [Dagon et al., 2019; BaniHani et al., 2021]. In our study, which was similar to that of Dagon et al. [2019], only 17.9% of the mothers correctly identified the appropriate fluoride concentration in the children's toothpaste. These findings demonstrate the need for increased oral health education on fluoride as well as comprehensive prevention programmes and education about fluoride's role in preventing dental caries among mothers in Turkey. It is well-known that diet has a significant impact on the onset of dental caries. According to the IAPD Bangkok Declaration, sugar intake should be limited in foods and drinks and free sugar should be avoided for children under 2 years of age [Pitts et al., 2019]. In accordance with AAPD, infants should not be put to sleep with a bottle of milk or other drinks containing sugar [American Academy of Pediatric Dentistry, 2016]. The majority of mothers, 78.8%, knew that adding sugar to the bottle at night contributes to the development of dental caries. In the study by BaniHani et al. [2021], 70.5% of the mothers

Predictor variable	B coefficient	t	p	F	Model (p)	Corrected R2
Constant	.303	.305	.761	8.608	.000*	.289
Mother's education level	.114	.665	.507			
Family income	.002	.010	.992			
Number of children	-.065	-.470	.638			
Mother's regular dental visit	.693	3.671	.000*			
Source of information						
Friends-Family	-.073	-.330	.742			
Dentist	.184	.836	.404			
Pediatric Dentist	.254	1.088	.278			
Television	.192	.638	.524			
Newspaper/Magazine	.331	.938	.349			
Instagram	.155	.595	.552			
Facebook	-.398	-.990	.323			
Youtube	.072	.243	.808			
Twitter	.485	.645	.519			
Tik-tok	-.611	-.372	.710			
Number of information source	.004	.014	.989			
Pediatric dentist follow-up via social media	.250	1.204	.230			
First visit for checkup purpose	.736	3.877	.000*			
Preventive oral and dental health practices attitudes	.538	4.246	.000*			
Dietary habits attitude	.549	3.699	.000*			
Social media attitude	-.068	-.762	.447			

Dependent variable: Knowledge score, Enter Method; *Significant p value at 0.05 level

TABLE 4 ANOVA table of linear regression analysis.

stated that ECC is a result of exposure to sugary liquids in bottles at night. Because of their cariogenic effects, the ideal time for consuming sugary foods is close to meals. However, in the current study, it was found that only 9.7% of mothers possess adequate awareness regarding the appropriate timing for children to eat snacks and sugary beverages. These findings highlight the need to educate mothers about nutrition to prevent the occurrence of dental caries. The main source of knowledge for mothers in the present study was the dentist (55.6%), similarly to the study of Dagon et al. [2019]. This finding may be due to the fact that the majority of the mothers participating in the study were university educated. However, Chala et al. [2018] reported that less than 10% of mothers identified paediatricians and dentists as sources of information, while the majority of mothers cited family members and other mothers. This finding emphasises the value of spreading information about positive behaviours through social networks and supports conventional thought, regardless of its applicability. In addition, although the usage of digital media platforms is crucial in providing education, motivation and information about oral and dental health, in our study, there was no significant relationship between knowledge score and digital media platforms (YouTube, Instagram etc.). Digital platforms, given their widespread use and accessibility to a variety of resources, might be used to promote health by enhancing parental education, particularly among mothers. However, a previous study has shown that considering the Internet as a source of information for their own or their child's oral health can potentially lead to serious problems [Aiuto et al., 2020]. Recent studies reported that the main concerns about digital media platforms includes low reliability and the spreading of fake health information [Zhao and Zhang, 2017; Zhou et al., 2018]. Previous research have demonstrated that less favorable attitudes and knowledge regarding oral health and dental care are frequently connected with lower socioeconomic status and education level [Chala et al., 2018; BaniHani et al.,

2021]. In the present study, however, no significant relationship was found between education level, family income and knowledge level of mothers. Besides, our study stated that regular dentist visits have a positive impact on the knowledge level of mothers. This finding shows that oral and dental health education is given to patients by dentists during their visit to the dentist. In the present study, the level of knowledge on oral health is not significantly related to the number of children in the family. This may be due to the fact that the majority of the mothers in our study had only one child. However, earlier study reported that mothers with one child demonstrated less knowledge than those with three or more children, presumably indicating a learning curve over time [Dagon et al., 2019]. Our findings indicated that as the mothers' oral and dental health knowledge scores increase, their attitudes towards preventive oral and dental health practices and their children's nutrition increase positively. Therefore, mothers who have high knowledge level regarding oral health were more likely to have positive attitude about oral hygiene habits, fluoride application and healthy nutrition. This study has a few limitations. Firstly, our study's cross-sectional design makes it difficult to obtain a causal inference, but it's only able to verify the correlation between predictor and dependent variables. Secondly, the present study used self-reported questionnaires to gather its findings. Due to social desirability concerns, mothers might not have portrayed the exact conditions. Thirdly, the data cannot be generalised to the general public, as the majority of mothers participating in our study are university educated.

The findings of this study indicate the need for an oral health promotion programme to fill in the knowledge gaps for mothers about the care of young children's oral health. Oral health programmes aimed at improving public perceptions, as well as the perceptions of mothers specifically, may lead to greater improvement of mothers' perspective by minimising misconceptions about mothers' knowledge and attitudes. It is

Variable	Group	Knowledge Score			T Test	
		N	M	SS	t	p
Mother's regular dental visit	No	218	5.21	1.734	-7.701	.000*
	Yes	183	6.57	1.802		
First visit of children for control purpose	No	174	5.06	1.744	-7.637	.000*
	Yes	227	6.42	1.784		

Independent t-test; *Significant p value at 0.05 level

TABLE 5 Comparison of mothers' knowledge scores according to regular dental visit and first dental visit of children.

		Preventive oral and dental health practices attitudes	Dietary habits attitude
Correct knowledge score	r	.363	.338
	p	.000*	.000*

Pearson's correlation test; *Significant p value at 0.05 level

TABLE 6 Comparison of mothers' knowledge scores with attitudes of preventive oral and dental health practices and dietary habits.

necessary for paediatricians and paediatric dentists to work more closely together. The possibility of an educational intervention focused on prevention, starting in early childhood, can be increased by the multidisciplinary collaboration between multiple professionals who provide child health care [Paglia et al., 2016]. Further, depending on the learning preferences of the individual, several educational approaches, such as oral information, written material, audio and video recordings, and websites, can be effective for oral health education programmes [Johnson and Stanford, 2005]. Colombo et al. [2023] stated that considering the significance of the first 1000 days of life, the time between conception and the first two years of a child's life, it is necessary to raise awareness of nutrition and the prevention of oral diseases and to provide complete and accurate information beginning in the prenatal stage.

Conclusion

Based on the study's results, following conclusions can be made:

1. Regular visits to the dentist by mothers will increase their level of knowledge about oral health, and mothers who have knowledge about oral health may be more inclined to take their children to the paediatric dentist for checkup purposes.
2. Mothers who obtain correct information about their children's oral and dental health may cause them to have a better attitude about preventive oral health practices and dietary habits for their children.
3. An understanding of mother's knowledge of their children oral health issues is crucial to modify their behaviour and make improvements in children's well-being.

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