Parental Education and Income Influencing Knowledge, Attitudes, and Perceptions of Oral Health Self-Care Practices

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Abstract : Oral health behaviors such as dietary preferences and tooth brushing are acquired during a child's primary socialization period yet many oral health promotion interventions are implemented without taking into account the role and impact of parental influence in supporting healthy oral health behaviors. The aim and objective of this study was to determine the relationship between parental income and level of education with knowledge, attitudes and perceptions of oral health care practices. Methods: The study design was cross-sectional and exploratory, and data collection occurred in two phases. Phase 1 comprised of a self-administered questionnaire. The sample consisted of parents of 313 Grade 1 learners aged between 5-6 years old attending one of twelve selected public primary schools in the Chatsworth Circuit, Durban, South Africa. Phase 2 comprised of focus group discussions held at 5 purposively selected schools. Data collection comprised of a semi-structured face-to-face group interview with the objective of obtaining a deeper understanding of parental knowledge, attitudes and perceptions of dental caries. Results and Discussion: Almost 56% of participants earned a monthly income of less than R6000 (600 US dollars). Nearly three quarters (77.5%) of participants indicated that they did not have medical aid/insurance scheme. More than three-quarters of the participants (76.6%) identified diet as being the primary cause of decayed teeth. More than half of the study sample (56.1%) indicated that milk teeth were important and that rotten teeth (74.6%) could affect the child's health. Almost half (49.8%) of participants reported that "bad teeth" were inherited. With more than two-thirds of the participants (77.7%), having at most a high school education, there was a correlation between the level of the caregiver's education and the oral health care of the child. The analysis of the correlation between a child having decayed teeth and income (p=.007); and the manner in which the income is received (p=.003) was statistically significant. The results indicate that more effort needs to be placed in understanding parental knowledge, perceptions and attitudes towards dental caries. Parental level of education, income and oral health literacy is shown to be related to attitudes, and perceptions towards dental caries and its subsequent preventive measures. These findings have important implications for oral health planning at community and facility-based levels.

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