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ORIGINAL ARTICLE

Expectant mothers' readiness to initiate preventive oral health care for their children

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Abstract *Objectives:* To assess the readiness and barriers faced by expectant mothers in Libya to initiate preventive oral health care for their children. *Methods:* A cross-sectional quantitative survey was conducted based on a structured questionnaire in a face-to-face interview. Four hundred and thirty seven expectant women who attended three main public maternal centers in three different districts in Libya were invited to participate. Descriptive statistics, bivariate and logistic regression analyses were performed. Statistical significance (p-value) was set at 0.05. *Results:* The response rate was 89.0% (389/437). In terms of knowledge readiness, less than half of the participants had adequate knowledge regarding healthy dietary habits, oral hygiene care, and preventive dental attendance (44.7%, 35.7% and 56.8% respectively) with fewer than one-third (27.5%) of mothers ready in terms of overall knowledge readiness. The majority demonstrated readiness in terms of their attitude toward the importance of their children's oral health (89.9%) and their willingness to initiate preventive oral health care for their children (98.7%). Only 17.7% of participants demonstrated an overall readiness to initiate preventive oral health for their children. Overall readiness significantly differed based on maternal age and number of children ($p = 0.001$ and $p = 0.04$, respectively). Most mothers (84.6%) faced barriers that prevented them from initiating preventive oral health for their children. Barriers included busy schedules at work/home (34.7%), insufficient information (29.3%), and insufficient skills (13.7%). *Conclusion:* These findings highlight the

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limited basic dental knowledge of the expectant mothers in Libya and the need to develop and implement appropriate oral health education programs for the expectant women and young mothers.

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1. Introduction

Good oral health during early childhood is crucial, considering oral health is an integral component of general health and well-being.[1] Unfortunately, many children are afflicted with dental caries at an early age, even those as young as 12 months.[2] Dental caries in young children is still a major public health problem.[3] The prevalence of dental caries in the developed countries has declined over the past decades.[3] However, studies in the Middle East and Arabic countries report a high prevalence and severity of caries in children.[4–8] Recently, a study involving school children aged 6–12 years in the Libyan cities of Al Zahra and Al Zawia showed that the prevalence of dental caries was 60.8% (6).[6] The mean DMFT and dmft scores were 1.01 (SD ± 1.48) and 1.45 (SD ± 2.39) respectively.[6]

Young children generally spend much of their time with their primary caregivers where most of their early childhood routines and habits, including dietary habits and health behaviors are acquired.[9] These habits and behaviors that are learned early in life become ingrained in the children's mind and this may lead to adoption of good oral hygiene methods in later life.[10] Mothers are central in providing their children with the information, knowledge and encouragement needed for starting a healthy life. Since tooth brushing and healthcare behaviors are learned from models (e.g. parents), mothers play an important role in establishing their children's oral health behaviors from an early age.[11,12] Young children's health behaviors are influenced by their parent's knowledge and beliefs, which affect oral hygiene and healthy eating habits. Basic oral health knowledge is essential to any effective disease prevention strategy.[13] Many studies have reported poor parental knowledge, practices and/or poor attitudes toward children's oral health.[14,15] Low parental knowledge and poor attitudes are found to be associated with higher caries experience in young children.[9]

In many developed or developing countries, the majority of children (76–99%) start tooth-brushing before two years of age.[16] However, a study conducted in Libya among 6–12 year olds demonstrated that 61.9% of 6–12 year olds had dental caries and about 42.1% of the 6 year old children had not started brushing their teeth. In addition, only 14.3% brushed at night time.[17] In fact, there are no previous studies conducted in Libya exploring mothers' oral health knowledge and attitudes. In order to develop an effective oral health promotion strategy targeting this community, it must be based on an in-depth understanding of the unique needs of this population. Assessing the levels of knowledge, attitudes and practices is the first and an essential step in identifying areas of weakness.[14] Thus, the need to assess Libyan expectant mothers' knowledge, attitudes and willingness to initiate preventive oral health care for their children would appear to be timely at this point.

The aims of this study were to assess the knowledge and attitudes of Libyan expectant mothers toward preventive oral health care for their children, and to investigate their willingness, barriers faced, and overall readiness to initiate preventive oral health care for their children.

2. Methods

In Libya, about 88% of the population is located in urban areas, mostly concentrated in the five largest cities, Tripoli, Benghazi, Aljafarah, Misratah, and Azawiyah. In this study, all Libyan expectant mothers attending three main public maternal centers in Libya namely, Al Zahra hospital, Al Zawia hospital and Al Jala maternal hospital in 3 different cities in the North West Libya for maternal check-ups within a three month period in 2011 constituted the study population. Approval for this study was obtained from the Human Ethics Committee at the University of Malaya, Malaysia and Ministry of Health, Libya (DF CO1003/0053(P)). An estimation sample size of 380 participants was calculated using Epi info software based on the total antenatal attendances in three selected hospitals,[18] a confidence interval of 95%, an alpha level of 0.05, and power of study of 80%.

Data were collected using a structured questionnaire survey (modified from previous studies)[1,19] in a face-to face interview method to assess the knowledge, attitude, willingness, and readiness of expectant Libyan women to initiate preventive oral health care for their children in their family setting. The original questionnaire was designed in Canada in English language and has been tested and validated.[1,19] For use with this population of Libyan mothers, the tool was sent to two dental public health specialists in order to validate the intended objectives of the questionnaire items against the study objectives. The finalized questionnaire was translated into Arabic using the forward-back translation method. The Arabic translated questionnaire was then finalized by separate panels to ensure the semantic equivalence of the Arabic translated version to the original questionnaire. The finalized Arabic version questionnaire was pre-tested among ten Libyan mothers prior to the actual data collection. This was done in order to check for the clarity and understanding of the questionnaire, time taken to answer and the anticipated difficulties during the data collection. The mothers showed good cooperation and fully understood the questionnaire. No changes to the questionnaire were needed after the pre-test. All the interviews were carried out by one interviewer. Mothers were required to respond to all the items of the questionnaire as all interviews were conducted by a staff member. The interviews were conducted either before or after maternal checkups in a separate room from the waiting area (at the hospitals) to ensure the privacy of the respondents.

The questionnaire comprises five sections. The first section collected socio-demographic characteristics of expectant mothers including mother's age, employment status, education levels and number of children. The second section assessed each mother's knowledge regarding preventive oral health care

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