Assessment of parents’ oral health behavior on SiC and plaque indices

Mehrnaz Karimi Afshar\textsuperscript{1}, Molook Torabi Parizi\textsuperscript{2}, Jahangir Haghani\textsuperscript{3}, Hamid Reza Poureslami\textsuperscript{4}, Ali Taheri\textsuperscript{5}, Mansureh Salari\textsuperscript{6}

1- Postgraduate Student, Department of Prosthodontics, School of Dentistry, Tehran University of Medical Sciences, Tehran, Iran

2- Associate Professor, Department of Oral and Maxillofacial Pathology, School of Dentistry, Kerman University of Medical Sciences, Kerman, Iran

3- Associate Professor, Department of Oral and Maxillofacial Radiology, School of Dentistry, Kerman University of Medical Sciences, Kerman, Iran

4- Professor, Department of Pediatric Dentistry, School of Dentistry, Kerman University of Medical Sciences, Kerman, Iran

5- Assistant Professor, Department of Oral and Maxillofacial Pathology, School of Dentistry, Kerman University of Medical Sciences, Kerman, Iran

6- Dentist, School of Dentistry, Kerman University of Medical Sciences, Kerman, Iran

Corresponding Author: m.torabi.p@gmail.com

Abstract

Background and purpose: Dental caries is one of the most common chronic diseases in childhood. Parents have an important role in the control of caries in their children. The aim of present study was to assess of parents oral health behavior on Sic and plaque indices of their 7 years old children.

Methods: This cross-sectional study was conducted on 200 girls, first grade students in Kerman, Iran. Data were collected by questionnaire consist of demographic data and oral health behavior and clinical examination according to by WHO criteria and plaque index. T-test and regression were used to analyze data. P value at 0.05 was considered statistically significant.

Results: 89.5% of parents were mothers (179 people). The mean age of parents was 34.00 ± 6.33. 63% of fathers and 52.5% of mothers had university education. The mean of Sic and dmft indices were 6.29 ± 3.25 and 5.25 ± 3.27 respectively. The mean of plaque index in the one third of the population with highest dmft was 94.5313 ± 10.10731 and 90.8862 ± 12.54252 for the other two third. There was a significant difference between two groups (p=0.003). The mean score in oral health behavior with highest dmft was 6.87 ± 1.742 and 7.14 ± 1.846. There was a statistically significant difference between these two groups. There was a significant correlation between mothers’ job and parents’ age with the oral health behavior of the children (p=0.008, p=0.050). There was a significant correlation between fathers’ job with their oral health behavior (p=0.020).

Conclusion: According to the study, the low level of education of parents, especially the mother and the habitat in the village, affect the oral health of children. Due to the young population of the country, planning for the prevention and treatment of children's oral teeth is essential.

Keywords: Children, oral health status, education, employment.