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# Urban Poor Community Settings' Knowledge and Management Practices of Mothers of Under-Two during Teething in Ibadan, Oyo State, Nigeria

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## Abstract

**Background:** Teething is a significant developmental milestone in infants, often accompanied by misconceptions and traditional practices among mothers. Hence, this study was designed to determine the knowledge and management practices of mothers during teething in Ibadan North Local Government Area, Oyo State.

**Method:** A descriptive cross-sectional study was used to select 225 mothers of under-two children. A pre-tested interviewer-administered questionnaire was used. An 11-point knowledge scale was used to assess respondents' level of knowledge; poor ( $\leq 3$ ), fair (4-7), and good ( $> 7$ ). A 9-point practice scale was used to assess their practice; poor ( $\leq 2$ ), fair (3-5), and good ( $> 5$ ). Data was analysed using inferential and descriptive statistics at 0.05 level of significance.

**Results:** Age of mothers was  $28.8 \pm 5.9$  years, 48.9% completed secondary education, and age of eruption of first tooth was more at 7-9months for 44.4% of the respondents' children. Overall level of knowledge of respondents was fair (84.4%). Reported signs and symptoms of teething included; fever (93.8%), diarrhoea (76.4%), restlessness (77.8%) to mention a few. Many of the respondents (75.4%) had poor management practices. Fever during teething was managed by teething syrup (59.1%), paracetamol (49.3%), tepid sponging (8.0%), herbal medication (7.1%) and (1.8%) visited a physician. Significant association was found between level of education, parity and knowledge of teething among mothers with p-value of 0.035 and 0.014 respectively.

**Conclusion:** Overall knowledge of mothers was fair; however, none of the mothers possessed a good understanding of teething management practices. This observation likely mirrors the overall fair level of knowledge about teething among the mothers.

**Keywords:** Teething, Knowledge, Management Practices, Mothers of under-two, Odontiasis.



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## Introduction

Teething is a significant developmental milestone in infants, often accompanied by misconceptions and traditional practices among mothers. A study in Nigeria has highlighted the prevalence of teething myths and traditional practices among mothers.<sup>1</sup> The teething process can be accompanied by various symptoms and discomfort. Studies revealed varying levels of knowledge and practices among mothers, indicating the need for further research and educational interventions to improve the understanding and management of teething-related issues.<sup>1,2</sup> These practices include the use of herbs, rubbing the gums with garlic, and beliefs associating systemic symptoms like fever and diarrhoea with teething. Such misconceptions may lead to the trivialization of severe childhood illnesses and inappropriate practices that negatively impact child morbidity and mortality.<sup>3</sup> It is crucial to address these misconceptions and traditional practices to ensure appropriate care for infants during the teething process.

At approximately six months of age when the primary teeth are about to erupt, maternal antibodies upon which young children depend begin to decrease while they build up their antibodies which are not yet sufficient to defend them against infections.<sup>4</sup> Some noticeable symptoms that a baby has entered the teething stage include chewing on their fingers or toys to help relieve pressure on their gums. Babies might also refuse to eat or drink due to pain. Symptoms will generally fade on their own, but a doctor should be notified if they worsen or are persistent. Teething may cause signs and symptoms in the mouth and gums, but does not cause problems elsewhere in the body.<sup>5</sup> Furthermore, this same age is when children begin to crawl and place unclean objects in their mouths which can introduce pathogens into their bodies and may lead to gastrointestinal disturbances such as vomiting, diarrhoea with an associated increase in body temperature. With many symptoms attributed to teething in infants, not that mothers use cultural remedies alone, they also gave unnecessary treatments to the infants like antibiotics. Misconceptions about teething and there were still prevalent.

Additionally, research on the knowledge and practices of mothers in managing other childhood health issues, such as diarrhoea and asthma, provided valuable insights that could be applied to the study of teething.<sup>6,7</sup> These studies have highlighted the impact of maternal knowledge on the management of childhood illnesses and the importance of targeted educational interventions to improve maternal understanding and practices. One of the greatest challenges confronting the government in

Nigeria today is the need to reduce infant and child morbidity and mortality to achieve the sustainable development goal 2030.

Understanding the knowledge and management practices of mothers of children under two during teething is crucial for ensuring the well-being of both the child and the mother and it is essential for developing effective support and educational programs. By synthesizing the findings from these studies, it is evident that there is a need for comprehensive and targeted interventions to improve maternal knowledge and practices related to teething and other childhood health issues. This can ultimately contribute to better health outcomes for children and support the well-being of mothers.

## Method

### *Design*

A descriptive cross-sectional design was adopted using a questionnaire to investigate the knowledge, attitude, and management practices of mothers of under-two during the management of teething in Ibadan North Local Government Area, Oyo State.

### *Setting*

The study was carried out in six wards out of twelve wards in Ibadan North Local Government Area of Oyo State, Nigeria.

### *Population*

The study population was made up of mothers of under-two residents in Ibadan North Local Government Area, Oyo State. Participants eligible for the study were all women who have at least one child under-two years and were residents of the study area at the time of the study and excluded those who were ill and refused to give consent to the study.

### *Study variables*

The study variables included the knowledge of teething and its management practices among mothers of two years in poor community settings in Ibadan North Local Government Area, Oyo State.

### *Sample size calculation*

The number of mothers of under-five interviewed in the study area was determined using Leslie Kish formula. It was established that the desired level of reliability should not exceed 0.05 with 95% confidence interval using percentage of under-five that did not receive all basic vaccination in Oyo State of 76.7% according to Nigeria Demographic and Health Survey.<sup>8</sup>

$n = Z^2pq/d^2$   
 where  $n$  = Sample size,  $Z$  = Standard normal deviation; 1.96,  $p$  = Prevalence of mother of under-five,  $q = 1 -$  Prevalence,  $d$  = Precision; 0.05,  $z = 1.96$ ;  $p = 84.3\%$  that is, 0.843.<sup>9</sup>  
 $q = 1 - 0.843 = 0.157$   
 $d^2 = 0.05 \times 0.05 = 0.0025$   
 $= 1.96 \times 1.96 \times 0.843 \times 0.157 / 0.0025 = 0.5084 / 0.0025 = 203.4$   
 10% non-response rate =  $203.4 / (1-0.10) = 225$  (approximately)

### Sampling methodology

Multistage sampling was used to determine the number of respondents from each ward. The first stage involved the selection of two wards from each of the community simple random selection through balloting. The second stage was the selection of one community from each ward randomly (since each ward is made up of several communities and all of them cannot be selected). The third stage was the selection of houses in these communities through systematic sampling after the enumeration. The fourth stage involved final selection by simple balloting of mothers of under-two (if more than one eligible participant in each house).

### Data collection instrument

An interviewer-administered questionnaire was used. The questionnaire was divided into five major sections based on the objectives of the study which included: socio-demographic characteristics, knowledge about teething among mothers of under-two, attitude of mothers towards teething, cultural beliefs of mothers towards teething, and management of teething by mothers of under-two years. The face validity was ensured through the development of an initial draft instrument by consulting relevant kinds of literature and subjecting the draft to independent, peer, and expert reviews, particularly experts in public health. Prior to its use, the data collection instrument underwent the scrutiny of the researcher's supervisor and the suggestions from the supervisor were used to modify the instrument. After ensuring the face and content validity of the instruments as stated above, the instrument was translated into Yoruba by a Yoruba language expert and back to English language. The reliability of the instruments was achieved using pre-test which was subjected to Cronbach alpha test and a value of 0.74 was obtained.

### Procedure for data collection

The study was carried out with the assistance of three (3) trained Research Assistants (RAs). The RAs were recruited and trained to ensure adequate understanding

of the content of the study instrument as well as the data collection process and management. The trained RAs were involved in the pretest and this was done to provide them with practical experiences. Both the benefits and the possible harms that may arise as a result of participating in the study was explained to the research participants. The informed consent forms were read to the potential participants after they were given adequate information about the study. Then, after the questionnaire had been filled, the researcher checked for completeness and errors before leaving the field.

### Data management and analysis

The copies of the questionnaire administered were serially labelled for ease of identification. The data were edited, coded, processed, and analysed using Statistical Package for Social Sciences (SPSS) statistical package version 21. The values were analysed using descriptive statistics. An 11-point knowledge scale was used to assess respondents' level of knowledge; poor (0-3), fair (4-7) and good (>7). A 9-point practice scale were used to assess their practice; poor (0-2), fair (3-5) and good (>5). Fishers Exact test and logistic regression was used to analyse data, and the results were presented in tables and charts. Differences and associations yielding  $p$  values of less than 0.05 were considered statistically significant ( $p \leq 0.05$ ).

## Results

**Table 1:** Respondents' Socio-Demographic Characteristics (N=225)

Socio-demographic Characteristics	Freq	(%)
<b>Age</b>		
15-24	57	25.3
25-34	122	54.2
≥35	46	20.4
<b>Ethnic group</b>		
Yoruba	210	93.3
Igbo	15	6.7
<b>Level of Education</b>		
No Formal Education	7	3.1
Primary Education	36	16.0
Some Secondary Education	24	10.7
Completed Secondary Education	110	48.9
Tertiary Education	48	21.3
<b>Marital status</b>		
Single	11	4.9
Married	211	93.8
Separated	3	1.3
<b>Number of children</b>		

Socio-demographic Characteristics	Freq	(%)
1-2	131	57.6
3-4	78	34.3
5-6	14	6.2
7-8	2	0.9
<b>Age of eruption of first tooth (months)</b>		
4 – 6	69	30.7
7 – 9	100	44.4
10 -12	30	13.3

The mean age of the respondents was  $28.8 \pm 5.9$  years which was more than half of the respondents (54.2%) were between 25 – 34 years which most comprised of Yoruba ethnicity (93.3%). Educational status of respondents showed that almost half (48.9%) completed secondary education. A significantly larger proportion (93.8%) were married of which many of the respondents (58.2%) had not more than 2 children and their age of eruption of first tooth was more at 7-9 months as mentioned by 44.4% of the respondents (Table 1).

**Table 2:** Respondents' Knowledge about Teething

Knowledge about teething	Freq	(%)
Teething describes permanent tooth eruption in children	155	68.9
Teething is a normal physiological process so it is painless*	102	45.3
The process of teething is painful	195	86.7
Baby's teeth start to erupt around 4-10 months*	201	89.3
The first teeth to appear in most infant is the lower central incisors*	220	97.8
The total number of milk teeth are 24*	143	63.6
The eruption of teeth is complete at approximately 24 months	57	25.3
Teething causes high grade fever	198	88.0
Teething causes diarrhoea	172	76.4
Symptoms seen during teething is due to teeth eruption	207	92.0
Symptoms seen during tooth eruption are coincidental*	109	48.4

\* Correct answer

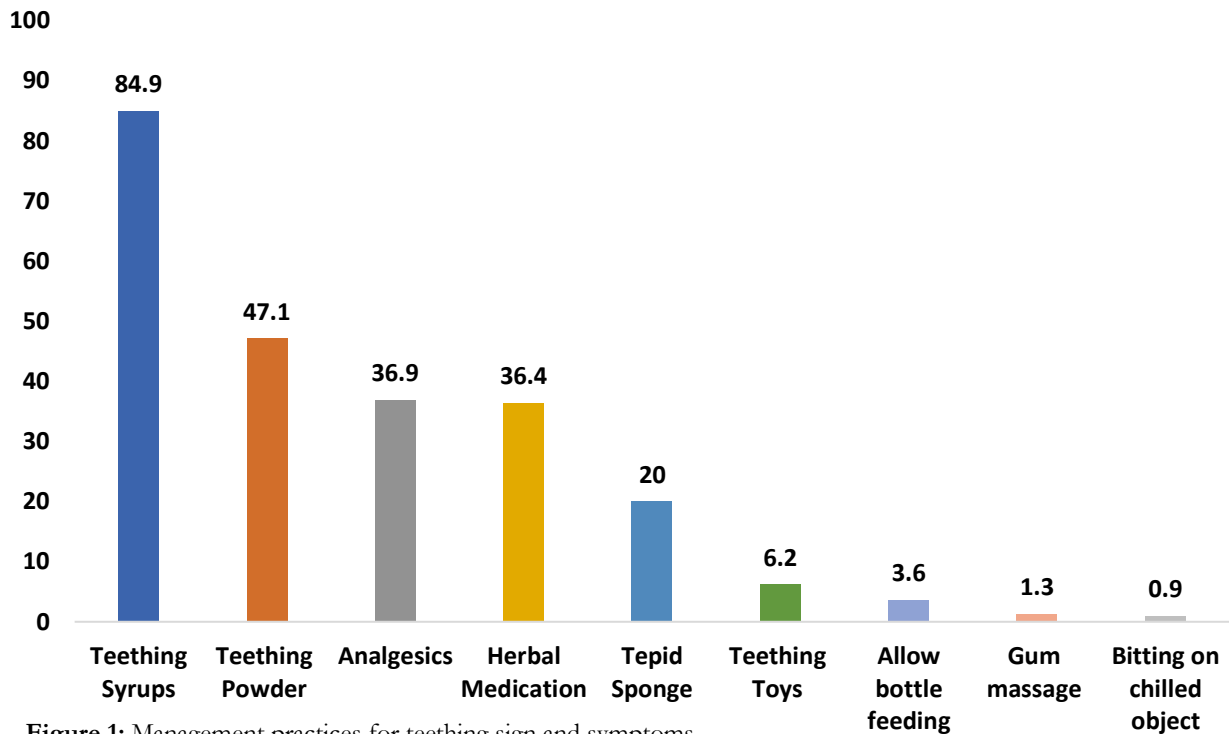
The overall level of knowledge of respondents was deduced to be fair. It was found that (12.4%) of the respondents had poor knowledge while 84.4% had fair knowledge and just 3.1% had good knowledge about teething. Many of the respondents (68.9%) described teething as permanent teeth eruption in children, majority (86.7%) said the process of teething is painful and 89.3% said yes to the fact that a baby's teeth start to

erupt around 4-10 months of age. Most of the respondents (88.0%) attributed teething to high-grade fever, and many (76.4%) also said that teething causes diarrhoea. Out of all the respondents, 92.0% saw symptoms during teething as due to teeth eruption while just 48.4% saw the symptoms as coincidental.

**Table 3:** Respondents' Knowledge about Signs and Symptoms of Teething

Signs and Symptoms	Freq	(%)
Fever	211	93.8
Weight loss*	201	89.3
Loss of appetite*	191	84.9
Gingival swelling*	187	83.9
Running nose	183	81.3
Restlessness*	175	77.8
Diarrhoea	172	76.4
Cough	154	68.4
Redness of the gum*	152	67.6
Vomiting	139	61.8
Increased salivating	129	57.3
Boils	118	52.4
Rashes	100	44.4
Ear infection	46	20.4
Convulsion	37	16.4

\* Correct answer



**Figure 1:** Management practices for teething sign and symptoms

The respondents were asked about the signs and symptoms of teething which majority (93.8%) mentioned fever and, most mentioned weight loss (89.3%), loss of appetite (84.9%), gingival swelling (83.9%) and running nose (81.3%). However, other signs and symptoms mentioned by the respondents are in Table 3. Many of the respondents (75.4%) had poor practice while 24.6% had a fair practice and none of the respondents had good practice. Respondents identified some remedies they used for their children generally to manage teething signs and symptoms. More than two-third (84.9%) used teething syrup, tepid sponge (20.0%), teething toys (6.2%), analgesics (36.9%), teething powder (47.1%), herbal medication (36.4%), gum

massage (1.3%), and allowed the child to bite on chilled object (0.9%) and (3.6%) allowed bottle feeding. Some remedies were used specifically to relief fever in infants during the teething period (49.3%) identified the use of paracetamol, tepid sponging (8.0%), teething syrup (59.1%), 7.1% went for herbal medicine while just 1.8% consulted a physician.

Slightly above half of the respondents (52.0%) used Oral Rehydration Therapy for their children. However, 20.0%, 14.7%, 12.4%, 4.4%, 1.3% and 0.9% of the respondents said do not use anything for the child, antibiotics, consult a physician, increase fluid intake, they did not feed the child and reduce fluid intake respectively.

**Table 4:** Relationship between level of education and parity on respondents' knowledge about teething

Variables	Level of Knowledge			Total (%)	X <sup>2</sup>	P-value
	Poor (%)	Fair (%)	Good (%)			
<b>Level of Education</b>						
No Formal	4 (1.8)	3(1.3)	0(0.0)	7(3.1)	20.474	0.035**
Primary	6(2.7)	29(12.9)	1(0.4)	36(16.0)		
Some Secondary	2(0.9)	22(9.8)	0(0.0)	24(10.7)		
Completed Secondary	12(5.3)	96(42.7)	2(0.9)	110(48.9)		
Tertiary	4(1.8)	40(17.8)	4(1.8)	48(21.3)		
<b>Number of children</b>						
1-3	20(8.9)	155(68.9)	6(2.7)	181(80.4)	20.341	0.014**
4-6	7(3.1)	35(15.6)	0(0.0)	42(18.7)		
>6	1(0.4)	0(0.0)	1(0.4)	2(0.8)		

\*\*Statistically significant (P<0.05)



Relationship between level of education and parity on respondents' knowledge about teething  
Fisher's exact test analysis revealed a statistically significant relationship between level of education, parity and knowledge of teething among mothers with p-value of 0.035 and 0.014 respectively. However, the null hypothesis was rejected.

## Discussion

More than half of the respondents were within the reproductive age which were quite smaller than the population in this same range in a study by Wu et al<sup>10</sup> where majority were between the age range and this could be due to socio-demographic difference and most comprised of Yoruba ethnicity as expected due to the study area highly dominated by Yoruba. However, only few had no formal education which showed that almost all are literate which could influence their practice. Age of eruption of first tooth was more at months for of the respondents which was supported by other research which has shown that the eruption of the first tooth can vary significantly, with studies reporting average ages ranging from six –twelve months.<sup>11,12</sup>

Overall level of knowledge of respondents on teething was deduced to be fair and the level of knowledge among mothers on child teething varies, with many holding misconceptions and traditional practices.<sup>13</sup> However, a concerned number of respondents attributed high-grade fever and diarrhoea to teething, indicated misconceptions about the symptoms associated with teething.<sup>14,15</sup> A study found that majority of respondents described teething as the eruption of primary teeth in children, with a significant percentage stated that the process was painful<sup>16</sup> which was supported by our findings where many of the respondents described teething as permanent teeth eruption in children, and said the process of teething was painful. Teething is commonly associated with symptoms such as mild irritability, drooling, and gum discomfort, but not high-grade fever and diarrhoea<sup>17</sup> which also in this study most of the respondents' attributed teething to high-grade fever, diarrhoea, and so on.

The signs and symptoms of teething as mentioned by the majority were fever, weight loss, loss of appetite, gingival swelling, running nose, and so on. However, the signs and symptoms commonly associated with teething, as reported by the respondents, included gingival swelling, increased salivation, drooling, mild fever, loss of appetite, diarrhoea, circum-oral rash, facial flushing, general irritability, sleep disturbance, crying, fussiness, gum irritation, and a desire to bite.<sup>18</sup> It is important to address misconceptions about teething symptoms to

ensure that parents and caregivers are well-informed about the signs and symptoms associated with this natural process. Providing accurate information could help alleviate unnecessary concerns and prevent the misattribution of unrelated symptoms to teething and also prevent mothers from overloading their children with too many treatments and drugs which could affect them in the future.

This study revealed none of the mothers had good knowledge of teething management practice, this could be the reflection of the fair knowledge of teething among the mothers. The study by Nishana et al<sup>19</sup> revealed that none of the mothers had good knowledge of teething management practices, indicated lack of understanding in this area. Similarly, the study by Wonodi & Awoala<sup>3</sup> reported that most mothers had a fair knowledge of teething, suggesting a general lack of understanding among mothers regarding teething management practices. These findings collectively highlighted the inadequate knowledge and understanding of teething management practices among mothers. Analysis revealed a statistically significant relationship between level of education, parity, and knowledge of teething among mothers. Similarly, Octiara & Tarigan<sup>20</sup> demonstrated a significant relationship between mothers' knowledge of children's primary teeth functions, the number of children, and education level. This further supported the notion that educational level influences mothers' knowledge of oral health.

## *Implications of the findings of this study*

Based on the findings, it is recommended that healthcare providers implement targeted educational programs aimed at mothers and caregivers to improve their knowledge and management practices on teething symptoms. These programs should provide accurate information about the signs and symptoms associated with teething, emphasized that symptoms such as high-grade fever and diarrhoea are not typically linked to teething. Moreover, efforts should be made to reach out to mothers with lower educational levels, as the study highlighted a significant relationship between educational levels and knowledge of teething. By empowering caregivers with accurate knowledge, unnecessary concerns and the overuse of treatments could be minimized, ultimately promoting the well-being of children during the teething process.

## *Strengths and Limitations of the Study*

To the best of our knowledge, this study is the first of its kind concerning teething management practices among mothers of two years in poor resource setting.

The only limitation worthy of note by the researchers is that the findings are not generalizable being obtained quantitatively.

### Conclusion

This study sheds light on the knowledge and management practices surrounding teething among mothers, revealed a fair overall knowledge but also highlighted associated symptoms such as high-grade fever and diarrhoea. This study uncovered that none of the mothers possessed a good understanding of teething management practices. This observation likely mirrored the overall fair level of knowledge about teething among the mothers. Despite the fact that most respondents were literates, there remain a need for targeted educational interventions to correct these misconceptions and ensure an accurate understanding of teething symptoms. Addressing these misconceptions is crucial to prevent unnecessary anxiety among parents and caregivers, as well as the potential overuse of treatments and medications. Additionally, the study showed the significant influence of educational levels and parity on mothers' knowledge of teething, emphasised the importance of tailored educational initiatives to enhance oral health literacy among caregivers.

### Declarations

#### *Ethical Consideration:*

Ethical approval was obtained from the ethical review board from Oyo state with approval number -AD 13/479/1295 before going to the field for data collection. After this, the purpose and the procedures of the study were explained to the respondents in Yoruba a language they can understand. Informed consent and volunteerism on the part of the participants were put into consideration. To assure respondents of the confidentiality of the information that was supplied, only identification numbers were assigned to the questionnaire for proper recording. Also, the benefits of the study were explained to the respondents. The safety was guaranteed and they were informed participation was voluntary.

**Authors' Contribution:** All authors conceived the study, participated in the design, data collection, analysis and interpretation of results. OTE wrote the draft manuscript with substantial input from TMA. All authors reviewed the draft and finally approved manuscript for submission.

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