

Oral health knowledge and practices of women attending dental clinics of Baghdad University

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ABSTRACT

Background: Knowledge is considered to be essential for developing healthy practices and preventing the main oral diseases. In some developing countries, women were at higher risk to develop these diseases. This study was conducted to evaluate women's dental knowledge and practices through a specific questionnaire and the relationship with patient's educational level and the number of their children.

Subjects and method: Women, aged from 25-35 years old, were selected to participate in the current study. They were attending dental clinics in the teaching hospital of Baghdad University. Each participant was instructed to answer questionnaire sheet which is previously prepared in Arabic language by the authors. The total number of women was divided into three groups according to women's educational level and the number of their children.

Results: The number of women that participated in the study was 150. Higher percent of them (58.7%) have received instruction on the use of dental floss but 60.0% had no information about fluoride. Dental floss was used by only 24.7% of women. Higher percent of women eat candies, chocolate bars and cookies in between meals. Significant association was reported between educational level and oral health information. Educational level didn't influence patients' health practices. Frequency of follow-up appointments and toothbrushes changes were higher among women with less number of children.

Conclusion: The study revealed important gaps in oral health practices especially in diet control and the use of dental floss. There is a need for frequent dental educational programmes among women to promote the proper practices and to achieve good oral hygiene.

Keywords: Oral health knowledge, Oral health practices, dental caries, periodontal disease. (Received: 10/10/2018; Accepted: 25/11/2018)

INTRODUCTION

Periodontal disease and dental caries are the two major oral diseases that affect human populations worldwide at high prevalence rates ⁽¹⁾. Regarding these diseases, women had attracted the attention in many of previous studies. Most of these studies were reported higher prevalence of periodontal disease and dental caries among females than males ⁽²⁻⁶⁾.

The associations were revealed between poor oral hygiene and periodontal disease ⁽⁷⁻⁹⁾. Good oral hygiene is necessary to reduce inflammation and to allow the periodontium to heal ⁽¹⁰⁾. In addition to that, it has been found that there is an association between dental caries and poor oral hygiene ^(11, 12). However this association between the main oral diseases and poor oral hygiene is not so linear due to the multifactorial nature of these diseases.

Healthy dental practices are fundamental to general human health. These practices are necessary to prevent and treat diseases of the teeth; gingiva and other tissues of the mouth ⁽¹³⁾. Knowledge is considered to be essential for developing healthy practices ⁽¹⁴⁾. Good knowledge of oral health establishes better oral health practices and aims to promote healthy habits ^(15,16). These practices may include regular and daily brushing of the teeth, dental flossing, reduced intake of sugar between meals and regular attendance at the dental clinic ⁽¹⁷⁾.

The present study was conducted to assess 1) the oral hygiene knowledge among the women 2) some of practices that necessary to establish good oral hygiene 3) the association between the oral health knowledge and practices among women and their educational level 4) the association between women' oral health practice and number of their children.

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SUBJECTS AND METHOD:

This study was performed after the agreement of scientific committee in the college of dentistry, University of Baghdad. 150 women, aged from 25-35 years old, were selected to participate in the current study in the period from October 2017 to April 2018. All the selected women were married and accompanied with their children in the dental clinics of Pedodontic and Preventive Dentistry departments. Smokers, pregnant and patients with the history of systemic disease were excluded from the study. The questionnaire was created with direct questions⁽¹⁸⁾ and Arabic language by the authors (specialist). Informed consent was obtained from each participant before the administration of the questionnaire regarding the objectives of the study. The women who accept to participate in the study were instructed to answer questionnaire sheet voluntarily and individually. After data collection, women were divided into three groups according to the level of education (primary school, secondary school and higher education). The sample also was divided into three groups according to the number of their offspring (1-2 children, 3-4 children, 5 or more). The collected data were submitted to descriptive statistical analysis (number and percentage) for the frequency of answers. Pearson Chi-Square test was used to determine if there is a significant association between the frequency of answers and educational level. Probability values (P), less than 0.05 were considered statistically significant while values less than 0.01 were considered highly significant. Computer software (SPSS, version 20) was used in data analysis.

RESULTS

In the current study, the total number of women that participated and answered the questionnaire was 150 with mean of age 30.15 ± 3.36 . The women were divided into three groups according to the level of their education (higher education, secondary school and primary school). Higher number of them (70) completed only secondary schools while the others completed either primary (40) or higher education (40). Table 1 showed the distribution of questionnaire responses on women' oral health knowledge. Percent of 49.3% reported that lack of hygiene is related to dental caries and percent of 57.3% reported that lack of hygiene is related to periodontal disease. Higher percent of them have received instructions about oral health from the dentist. However, 41.3% of women haven't

received instruction on dental flossing and 60.0% have no information about fluoride.

Highly statistical significant association was seen between oral health instructions and the level of education. In addition to that, highly statistical significant association was seen between instruction on the use dental floss and educational level.

Table 2 showed the distribution of questionnaire responses on women' oral health practices. Higher percent of women have brushed their teeth twice a day and changed the tooth brush every month. The results also revealed that 68.0% didn't use dental floss either because they didn't know how to use it or because of gingival bleeding. Higher percent of women (46.0% always and 38.0% sometimes) eat candies, chocolate bars and cookies in between meals and 54.7% of them drink coffee or tea with sugar in between meals. Percent of 88.7% visited dentist only when they were feeling pain.

Table 2 also showed a significant association between educational level and the frequency of tooth brush changes. No significant association was reported between educational levels and other oral hygiene practices.

Table 3 is demonstrating the distribution of questionnaire responses on women' oral health practice according to number of their children. Statistical significant association was reported between the number of children and frequency of toothbrushes changes. In addition to that, frequency of follow-up appointments was higher among women that have less number of children with statistical significant association.

DISCUSSION

Most women (> 84%) have received oral hygiene instructions especially from the dentist. Previous studies also showed that the dentist was the responsible for oral hygiene instruction^(18, 19). However, the study revealed weak role of the media in oral health education. In another Iraqi study, media was the main source of information⁽²⁰⁾. This disagreement could be related to the different social environments among Iraqi governorates.

Higher percent of women have received the instructions about dental floss. In spite of that, most of participants thought that tooth brushing is the only effective preventive measures. The majority of the participants did not floss or flossed sometimes. Most of them don't know how to use it. Others claimed that dental floss is responsible for gingival bleeding or feeling pain. One possible

explanation could be the lack of instruction on the proper use of dental floss and its benefit. The economic status could be another explanation.

Highly statistical significant association was reported between educational levels and the receiving of oral health instructions. However, no statistical significant association was reported between educational levels and most of oral hygiene practices. Knowledge may not effective to change the attitude and doesn't lead to influence oral hygiene practices. This result agrees with other study conducted among women in another Arabic country ⁽²¹⁾.

The study reported that women with less number of children changed toothbrushes more frequently. In addition to that, women kept the follow-up appointments with the dentist if they had less number of children. In previous Iraqi study, caries experience was the highest among women with more than three children and the lowest among women with no children with highly statistical significant differences ⁽²²⁾. Women are holding the majority of roles, building families and societies. Women's health practices could be

influenced not just by their knowledge but also by different conditions such as poverty, work, and family responsibilities.

Frequent consumption of cariogenic substances in between meals and poor consultation of a dentist were reported in the current study. This result agrees with the results of other studies conducted in different countries ^(18, 23, 24).

These results revealed the weakness in preventive programmes and the necessity of strengthening these programmes especially on role of diet and dental floss. Schools are good environments to perform these programmes. Children can transmit the dental knowledge to the family and community. In addition to that, one of the major problems in Iraq is the shortage in the Middle Dental Staffs (Dental Nurses, Hygienist) ⁽²⁵⁾ which could explain the serious shortage in educational centers.

Proper technique of oral hygiene practices wasn't evaluated in this study which is one of its limitations. Larger sample size may be necessary to confirm the results of this study.

Table 1: Distribution of questionnaire responses on women' oral health knowledge according to educational level

Questions	Answers	Higher education No.(40)	Secondary School No.(70)	Primary School No.(40)	Total
1) Do you think that caries is related to	Lack of hygiene	19(47.5%)	34(48.6%)	21(52.5%)	74(49.3%)
	Improper diet	8(20.0%)	13(18.6%)	4(10.0%)	25(16.7%)
	Weak teeth	7(17.5%)	12(17.1%)	9(22.5%)	28(18.7%)
	Familial inheritance	6(15.0%)	11(15.7%)	6(15.0%)	23(15.3%)
	Chi square(P value)	2.04(0.91)			150(100%)
2) Do you think that periodontal disease is related to	Lack of hygiene	26(65.0%)	41(58.6%)	19(47.5%)	86(57.3%)
	Improper diet	5(12.5%)	7(10.0%)	6(15.0%)	18(12.0%)
	Weak teeth	6(15.0%)	10(14.3%)	10(25.0%)	26(17.3%)
	Familial inheritance	3(7.5%)	12(17.1%)	5(12.5%)	20(13.3%)
	Chi square(P value)	5.30(0.50)			150(100%)
3) Have you ever received any oral hygiene instructions?	Yes	38(95.0%)	61(87.1%)	28(70.0%)	127(84.7%)
	No	2(5.0%)	9(12.9%)	12(30.0%)	23(15.3%)
	Chi square(P value)	10.24(0.006)**			150(100%)
4) If yes, who performed the instructions?	Parents	13(34.2%)	14(23.0%)	10(35.7%)	37(24.7%)
	Friends	0(0.0%)	1(1.6%)	1(3.6%)	2(1.3%)
	Media	10(26.3%)	6(9.8%)	2(7.1%)	18(12.0%)
	Dentist	15(39.5%)	40(65.6%)	15(53.6%)	70(46.7%)
	Chi square(P value)	11.51(0.07)			127(84.7%)
5) Have you received any instruction on how to use dental floss?	Yes	28(70.0%)	47(67.1%)	13(32.5%)	88(58.7%)
	No	12(30.0%)	23(32.9%)	27(67.5%)	62(41.3%)
	Chi square(P value)	15.48(0.00)**			150(100%)
6) Have received information about the benefits of fluoride in dental prevention?	Yes	19(47.5%)	26(37.1%)	15(37.5%)	60(40.0%)
	No	21(52.5%)	44(62.9%)	25(62.5%)	90(60.0%)
	Chi square(P value)	1.28(0.52)			150(100%)

** Highly Significant (P value is less than 0.01)

Table 2: Distribution of questionnaire responses on women' oral health practice according to educational level

Questions	Answers	Higher education (40)	Secondary School (70)	Primary School (40)	Total
1) Which type of toothbrush do you use?	Soft	14(35.0%)	21(30.0%)	12(30.0%)	47(31.3%)
	Medium	19(47.5%)	33(47.1%)	15(37.5%)	67(44.7%)
	Hard	3(7.5%)	8(11.4%)	9(22.5%)	20(13.3%)
	Any type	4(10.0%)	8(11.4%)	4(10.0%)	16(10.7%)
	Chi square(P value)	4.66(0.58)			150(100%)
2) How many times do you brush your teeth in a day?	Once a day	9(22.5%)	19(27.1%)	10(25.0%)	38(25.3%)
	Twice a day	17(42.5%)	35(50.0%)	25(62.5%)	77(51.3%)
	Three times a day	4(10.0%)	3(4.3%)	1(2.5%)	8(5.3%)
	I often don't remember	10(25.0%)	13(18.6%)	4(10.0%)	27(18.0%)
	Chi square(P value)	6.72(0.34)			150(100%)
3) How often do you change your toothbrush?	At every month	12(30.0%)	42(60.0%)	21(52.5%)	75(50.0%)
	At every 3 months	23(57.5%)	17(24.3%)	13(32.5%)	53(35.3%)
	At every 6 months	4(10.0%)	5(7.1%)	3(7.5%)	12(8.0%)
	More than 6 months	1(2.5%)	6(8.6%)	3(7.5%)	10(6.7%)
	Chi square(P value)	14.46(0.02)*			150(100%)
4) Do you floss your teeth?	Yes	11(27.5%)	20(28.6%)	6(15.0%)	37(24.7%)
	No	25(62.5%)	44(62.9%)	33(82.5%)	102(68.0%)
	Sometimes	4(10.0%)	6(8.6%)	1(2.5%)	11(7.3%)
	Chi square(P value)	5.57(0.23)			150(100%)
5) If you do not floss, what is the reason?	I do not know how to use	8(32.0%)	17(38.6%)	12(36.4%)	37(24.7%)
	I feel pain	7(28.0%)	9(20.5%)	11(33.3%)	27(18.0%)
	Gingival bleeding	9(36.0%)	17(38.6%)	10(30.3%)	36(24.0%)
	High cost	1(4.0%)	1(2.3%)	0(0.0%)	2(1.3%)
	Chi square(P value)	2.97(0.81)			102(68.0%)
6) Do you use mouthwash?	Yes	13(32.5%)	33(47.1%)	16(40.0%)	62(41.3%)
	No	6(15.0%)	15(21.4%)	13(32.5%)	34(22.7%)
	Sometimes	21(52.5%)	22(31.4%)	11(27.5%)	54(36.0%)
	Chi square(P value)	8.36(0.07)			150(100%)
7) Do you eat candies, chocolate bars, and cookies in between meals?	Yes	20(50.0%)	27(38.6%)	22(55.0%)	69(46.0%)
	No	3(7.5%)	13(18.6%)	8(20.0%)	24(16.0%)
	Sometimes	17(42.5%)	30(42.9%)	10(25.0%)	57(38.0%)
	Chi square(P value)	6.60(0.15)			150(100%)
8) Do you drink coffee or tea with sugar in between meals?	Yes	18(45.0%)	40(57.1%)	24(60.0%)	82(54.7%)
	No	8(20.0%)	9(12.9%)	9(22.5%)	26(17.3%)
	Sometimes	14(35.0%)	21(30.0%)	7(17.5%)	42(28.0%)
	Chi square(P value)	4.93(0.29)			150(100%)
9) When do you visit a dentist?	When I feel pain	35(87.5%)	60(85.7%)	38(95.0%)	133(88.7%)
	Follow-up appointments	3(7.5%)	5(7.1%)	1(2.5%)	9(6.0%)
	I haven't visited dentist before	2(5.0%)	5(7.1%)	1(2.5%)	8(5.3%)
	Chi square(P value)	3.28(0.77)			150(100%)

* Significant (P value is less than 0.05)

Table 3: Distribution of questionnaire responses on women' oral health practice according to number of children

Questions	Answers	Number of children		
		1-2 (52)	3-4 (70)	5 or more (28)
1) Which type of toothbrush do you use?	Soft	18(34.6%)	21(30.0%)	8(28.6%)
	Medium	23(44.2%)	35(50.0%)	9(32.1%)
	Hard	6(11.5%)	9(12.9%)	5(17.9%)
	Any type	5(9.6%)	5(7.1%)	6(21.4%)
	Chi square (P value)	6.19 (0.40)		
2) How many times do you brush your teeth in a day?	Once a day	13(25.0%)	18(25.7%)	7(25.0%)
	Twice a day	23(44.2%)	38(54.3%)	16(57.1%)
	Three times a day	5(9.6%)	2(2.9%)	1(3.6%)
	I often don't remember	11(21.2%)	12(17.1%)	4(14.3%)
	Chi square (P value)	4.10 (0.66)		
3) How often do you change your toothbrush?	At every month	25(48.1%)	37(52.9%)	13(46.4%)
	At every 3 months	21(40.4%)	24(34.3%)	8(28.6%)
	At every 6 months	3(5.8%)	8(11.4%)	1(3.6%)
	More than 6 months	3(5.8%)	1(1.4%)	6(21.4%)
	Chi square (P value)	15.11 (0.01)*		
4) Do you floss your teeth?	Yes	13(25.0%)	17(24.3%)	7(25.0%)
	No	33(63.5%)	50(71.4%)	19(67.9%)
	Sometimes	6(11.5%)	3(4.3%)	2(7.1%)
	Chi square (P value)	2.42 (0.65)		
5) If you do not floss, what is the reason?	I do not know how to use	11(33.3%)	20(40.0%)	6(31.6%)
	I feel pain	10(30.3%)	13(26.0%)	4(21.1%)
	Gingival bleeding	11(33.3%)	17(34.0%)	8(42.1%)
	High cost	1(3.0%)	0(0.0%)	1(5.3%)
	Chi square (P value)	3.32 (0.76)		
6) Do you use mouthwash?	Yes	23(44.2%)	29(41.4%)	10(35.7%)
	No	11(21.2%)	11(15.7%)	12(42.9%)
	Sometimes	18(34.6%)	30(42.9%)	6(21.4%)
	Chi square(P value)	9.49 (0.05)		
7) Do you eat candies, chocolate bars, and cookies in between meals?	Yes	27(51.9%)	36(51.4%)	6(21.4%)
	No	8(15.4%)	11(15.7%)	5(17.9%)
	Sometimes	17(32.7%)	23(32.9%)	17(60.7%)
	Chi square(P value)	9.27 (0.05)		
8) Do you drink coffee or tea with sugar in between meals?	Yes	26(50.0%)	43(61.4%)	13(46.4%)
	No	12(23.1%)	10(14.3%)	4(14.3%)
	Sometimes	14(26.9%)	17(24.3%)	11(39.3%)
	Chi square (P value)	4.29 (0.36)		
9) When do you visit a dentist?	When I feel pain	44(84.6%)	66(94.3%)	23(82.1%)
	Follow-up appointments	6(11.5%)	2(2.9%)	1(3.6%)
	I haven't visited dentist before	2(3.8%)	2(2.9%)	4(14.3%)
	Chi square (P value)	9.79 (0.04)*		

* Significant (P value is less than 0.05)

CONCLUSION

In spite of previously received instruction about oral hygiene, the study revealed important gaps in oral health practices among especially in diet control and the use of dental floss. In addition to that, higher educational level may not influence proper oral hygiene practices.

The number of children showed more influence on some of these practices.

There is an urgent need to accentuate oral health educational programmes. Target population should be carefully evaluated to create effective oral health educational programmes. These programmes should be followed by longitudinal following-up to evaluate the obtained results.

ACKNOWLEDGMENTS

The authors would like to thank the teaching staff in department of Pedodontic and Preventive Dentistry - College of Dentistry- University of Baghdad for their help and advices to perform this study.

REFERENCES

- 1) WHO (world health organization). Fact sheet: Oral health; 2014.
- 2) Khamrco TY, Saleh KM. A comparative study in dental caries prevalence and treatment needs of pregnant women and single females in Mosul City, Iraq. *Al-Rafidain Dent J* 2003; 3(1).
- 3) Salman FD, Qasim AA, Saleh KM. Oral health status and treatment needs of Iraqi and Yemeni dental students (A comparative study) *Al-Rafidain Dent J* 2005; 5(1).
- 4) Salman FD, Saleh KM, Qasim AA. Dental health status of adult population in Yemen (Thamar City). *Al-Rafidain Dent J* 2006; 6(2): 144-150.
- 5) Farsi JM. Dental visit patterns and periodontal treatment needs among Saudi students. *East Mediterr Health J* 2010 Jul; 16(7):801-806.
- 6) Abdullah HA. Experience of Dental Caries of Adult Patients in Relation to the Characteristic of Dental Visit and Brushing Behavior in Tikrit City. *MDJ* 2013; 10(1).
- 7) Al-Juboury HA. Oral health status among a group of dental students in Yemen. *J Bagh Coll Dentistry* 2006; 18(3):60-62.
- 8) Abdul-Razzaq Q. Oral health status among 15 year-old school students in Sulaimania city-Iraq. Master thesis submitted to college of Dentistry, University of Baghdad, 2007.
- 9) Newton TJ, Asimakopoulou K. Managing oral hygiene as a risk factor for periodontal disease: a systematic review of psychological approaches to behavior change for improved plaque control in periodontal management. *J Clin Periodontol* 2015; 42 (16): S36-S46.
- 10) American Academy of Periodontology. The pathogenesis of periodontal diseases (position paper). *J Periodontol* 1999; 70:457-470.
- 11) Al-Rahim YA, Hamid MA. The knowledge and practices of oral hygiene methods in a sample of college students; Baghdad. *MDJ* 2008; 5(1): 88-92.
- 12) Al-Zahawi SM. The association between some salivary factors and dental caries in group of school children and adolescents in Erbil city. *Zanco J Med Sci* 2011; 15 (2): 64-70.
- 13) Centers for Disease Control and Prevention. Oral health preventing cavities, gum disease, tooth loss, and oral cancers at a glance. 2011.
- 14) Ashley FP. Prevention of Dental Disease. Oxford UK: Oxford University Press; 1996. Role of dental health education in preventive dentistry In: Murray JJ, editor; pp. 406-14.
- 15) Smyth E, Caamano F, Fernández-Riveiro P. Oral health knowledge, attitudes and practices in 12-year-old schoolchildren. *Med Oral Patol Oral Cir Bucal* 2007; 12: 614-20.
- 16) Attaullah, Misrikhan, Alikhan A. Oral health related knowledge, attitude and practices among patients-a study. *Pak Oral Dent J* 2010; 30:186-91.
- 17) Jegede AT, Oyedele TA, Sodipo BO, Folan MO. Oral health knowledge and practices of dentists practicing in a teaching hospital in Nigeria. *Indian J Dent Res* 2016; 27 (2):137-44
- 18) Gomes APM, da Silva EG, Gonçalves SHF, Huhtala MFRL, Martinho FC, Gonçalves SE, et al. Relationship between patient's education level and knowledge on oral health preventive measures. *International Dental and Medical Journal of Advanced Research* 2015; 1: 1-7.
- 19) Teixeira SC, Cerqueira MN, Ferreira AP, Rocha DM, Naressi SC. Beira-Rio Community: First report on oral health, hygiene habits and diet. *Ciênc Odontol Bras* 2009; 12:6-14.
- 20) Ibraheem SAR. Dental Health Knowledge and Behavior in Al -Najaf city. *kufa Journal for Nursing sciences* 2012; 2(3): 116-122.
- 21) Gaffar BO, El Tantawi M, Al-Ansari A, AlAg AS. Association between oral health knowledge and practices of Saudi pregnant women in Dammam, Saudi Arabia. *East Mediterr Health J* 2016; 22(6): 411-416.
- 22) Al-dafaai R R. Oral Health Status of Women Attending Public Clinics in Relation to Marital Status. *IJSR* 2017; 6(4): 932-934.
- 23) Amuh VO, Okojie OH, Ehizele AO. Dental Care Knowledge and Practice of a Group of Health Workers in Benin City, Nigeria. *Ann Med Health Sci Res* 2014; 4(3): S307-S310.
- 24) Bamanikar S, Kee LK. Knowledge, Attitude and Practice of Oral and Dental Healthcare in Pregnant Women. *Oman Med J*. 2013; 28(4): 288-291.
- 25) Nh Albujeer NH, Taher A: Dental Education and Oral Health Service in Iraq. *Iran J Public Health* 2017; 46(5): 713-714.

الخلاصة:

المقدمة: تعتبر المعرفة ضرورية لتطوير الممارسات الصحية والوقاية من أمراض الفم الرئيسية. في بعض البلدان النامية، كانت النساء أكثر عرضة لتطوير هذه الأمراض. الأهداف: أجريت هذه الدراسة لتقييم معرفة وممارسات صحة الفم والأسنان لدى النساء من خلال استبيان محدد والعلاقة مع المستوى التعليمي للمرضى وعدد أطفالهن العينة وطرق العمل: تم اختيار النساء، الذين تتراوح أعمارهم بين 25-35 سنة، للمشاركة في الدراسة الحالية. كانوا يحضرون عيادات الأسنان في المستشفى التعليمي في جامعة بغداد. تم توجيه كل مشارك للإجابة على ورقة الاستبيان التي أعدها المؤلفون باللغة العربية. وتم تقسيم العدد الإجمالي للنساء إلى ثلاث مجموعات وفقاً لمستوى تعليم النساء وعدد أطفالهن. النتائج: كان عدد النساء المشاركات في الدراسة 150 امرأة. معظمهن (58.7%) لم يتلقين تعليمات حول استخدام خيط تنظيف الأسنان و 60.0% لا يمتلكن أي معلومات عن الفلورايد. تم استخدام خيط الأسنان من قبل 24.7% فقط من النساء ولم يعرفن كيفية استخدامه أو قلن أنه يسبب نزيف اللثة. معظم النساء تناولت الحلوى والحلويات والبسكويت بين الوجبات. أظهرت الدراسة ارتباطاً معنوياً كبيراً بين المستوى التعليمي والمعلومات الصحية عن طريق الفم. ومع ذلك، لم يؤثر مستوى التعليم على ممارسات المرضى الصحية. أظهرت بعض ممارسات طب الأسنان ارتباطاً معنوياً بعدد الأطفال. الاستنتاج: هناك حاجة ملحة لبرامج تعليمية ومتكررة حول صحة الفم وأسنان بين النساء لتعزيز الممارسات السليمة وتحقيق نظافة الفم الجيدة. يجب أن تركز هذه البرامج على دور التحكم بالنظام الغذائي وخيط تنظيف الأسنان في الإجراءات الوقائية.