

# Retention of Parental Oral Health Knowledge Before and After Educational Intervention



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#### INTRODUCTION

- Early childhood caries (ECC) is defined as "the presence of one or more decayed (non-cavitated or cavitated lesions), missing (due to caries), or filled tooth surfaces in any primary tooth in a child 71 months of age or younger."
- Previous studies have shown a relationship between early childhood caries, pain, missed school time, reduced school performance, missed work for parents and interruptions in activities of daily living.
- About 28% of children ages 2-5 years are affected by early childhood caries.
- Early childhood caries can be prevented through modifiable behaviors such as increasing knowledge about caries and promoting healthy home habits.
- A recent study conducted using a promotora model showed an impact in the parent's knowledge regarding their child's oral health.
- Specifically, using a promotora model for parent's oral health education has shown that education is one of the main tools to increase parent's knowledge.
- There are a limited number of studies assessing the retention of oral health knowledge.

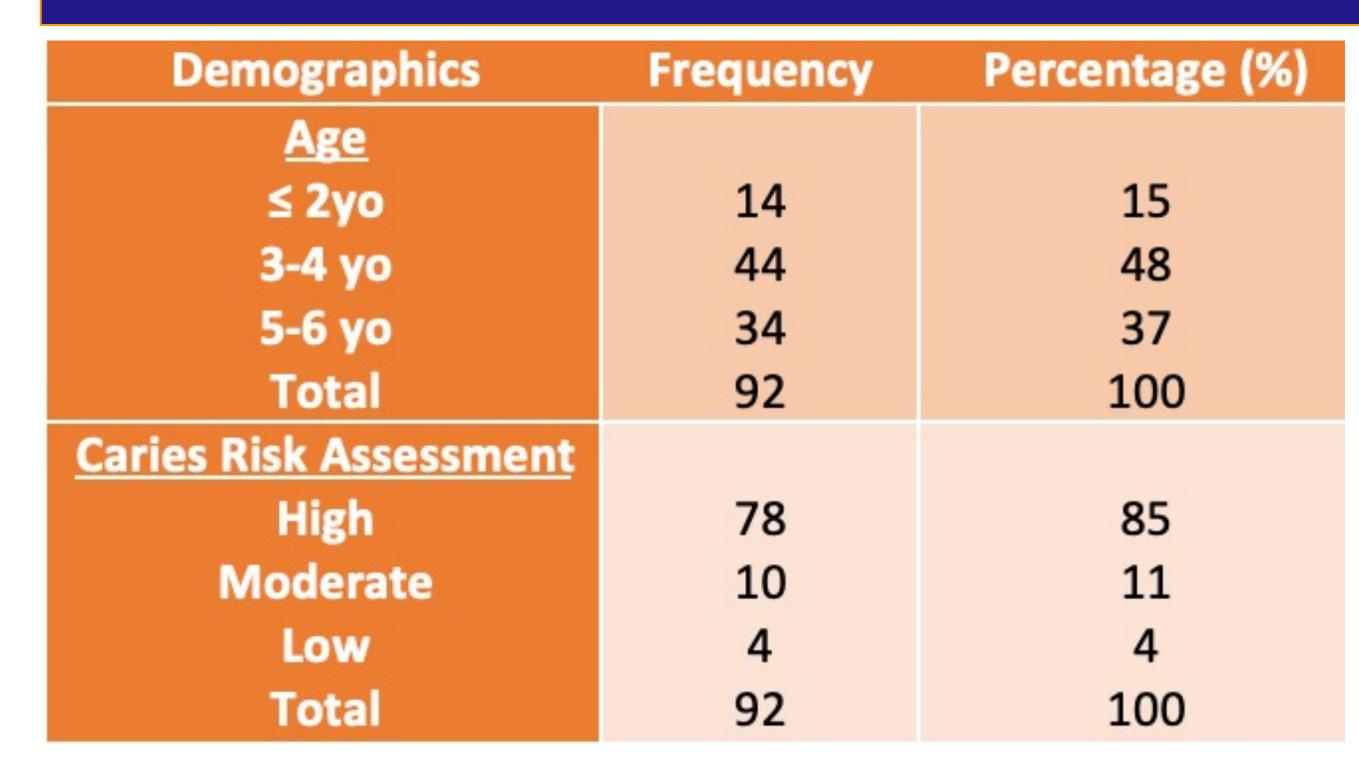
## **OBJECTIVE**

• The purpose of this study was to determine the retention of oral health knowledge of the parents of children who had a dental appointment at Naples Children Education Foundation (NCEF) Pediatric Dental Center before and after an educational Intervention.

## MATERIALS AND METHODS

- Study type: Quasi-experimental design
- Setting: Naples Children Education Foundation (NCEF) Pediatric Dental Center
- Participants: Ninety-two (92) parents completed the first questionnaire and 69 completed the questionnaire after the educational intervention
- Questionnaire: A 5-item questionnaire was administered before and 3-6 months after the educational intervention. The questionnaire was designed to explore what parents knew and retained about the etiology of caries, caries transmission and the prevention of caries
- Selection Criteria: Parents who had a child less than 6 years of age who was a patient at the NCEF-Pediatric Dental Center was selected for the study.
- Descriptive analysis of the variables and mean comparison analysis was conducted using SPSS version 27.0.
- Approved by the University of Florida Health Science Center (IRB Protocol #IRB202002836

## RESULTS



**Table 1. Baseline Demographic Information** 

| Knowledge by Question   | Frequency (%) Before | Frequency (%)                       |  |
|---|----------------------|-------------------------------------|--|
|   | Intervention         | <u>After</u><br><u>Intervention</u> |  |
| Cavities are caused by  |                      |                                     |  |
| germs   |                      |                                     |  |
| Yes   | 59 (64%)             | 61 (90%)                            |  |
| No/Unsure   | 33 (36%)             | 7 (10%)                             |  |
| A child should stop<br>drinking from a baby<br>bottle by age 1 year<br>Yes<br>No/Unsure | 63 (69%)<br>29 (31%) | 62 (91%)<br>6 (9%)                  |  |
| Baby teeth are important Yes No/ Unsure   | 67 (73%)<br>25 (27%) | 68 (99%)<br>1 (1%)                  |  |

Table 2. Knowledge of Parents/Guardians Before and After Intervention by Question

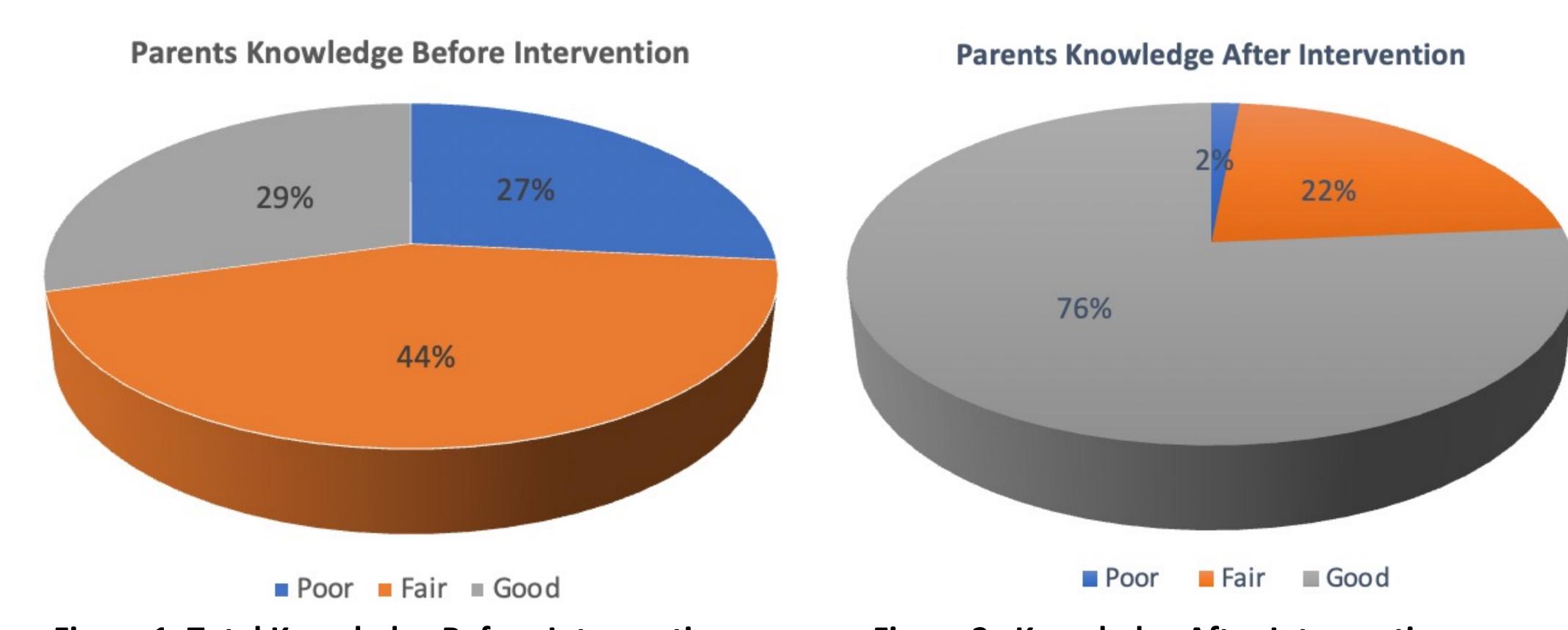


Figure 1. Total Knowledge Before Intervention Figure 2. Knowledge After Intervention

| Retention of Parental<br>Knowledge | Mean (±SD)      | 95% Confidence Interval of the Difference | t-Test | p-value |
|------------------------------------|-----------------|---|--------|---------|
| Before/ After Intervention         | -1.265 (±1.180) | -1.60, - 0.97                             | -8.841 | 0.000   |

Table 3. Mean Comparison Before and After Intervention

## CONCLUSIONS

- There was an improvement of the retention of oral health knowledge following the educational intervention
- Majority of parents had good oral health knowledge following the educational intervention
- There was a statistically significant difference in the retention of oral health knowledge of the parents/guardians before and after the educational intervention
- There is a need to continue providing oral health education to parents of children at the NCEF Pediatric Dental Center that are at high risk for caries