

# Mother's Traditional Practices Toward Infant Teething

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## Abstract

**Background:** Mothers play an essential role in managing children's health and behavioral problems during the teething period between six months and three years. Teething discomfort is a common disorder that affects a large percentage of newborns. **Objective:** This study aimed to assess mothers' traditional practices toward infant teething. **Materials and Methods:** A descriptive and analytical study was conducted in Hilla City during the period from November 9th, 2022 to May 28th, 2023. The study sample consisting of 180 mothers was selected according to the non-probability sampling approach. The validity of the questionnaire was verified by experts. Data were collected through the interview and analyzed by applying a descriptive and inferential statistical analysis. **Results:** The findings showed that participants' average age was 28.53 years, and they tended to get their information regarding newborn teething from family members. A typical degree of traditional practices was reported in 45.6% of the survey participants. According to the results of the current study, even though the majority of parents were educated and aware of teething symptoms. **Conclusions:** Statistically significant variations were shown by the calculation of variance in traditional practices according to different age groups. The analysis of variance revealed that there were statistically significant variations in traditional practices ( $F = 6.675$ ;  $P = 0.000$ ) according to different sources of information about infants' teeth. The availability of a guide that identifies the signs of teething in children, using clear language and attractive pictures, which may help in developing mother's concept and practices.

**Keywords:** Mothers, practices, teething, traditional

## INTRODUCTION

The movement of teeth from their pre-eruptive location in the alveolar bone through the mucosa and into the oral cavity is known as tooth eruption (teething).<sup>[1]</sup> The eruption process starts at about 6 months of age and lasts up to 3 years of age.<sup>[2]</sup> An "old wives' tale" holds that an infant's early tooth eruption is a sign of exceptional intelligence. Most mothers view an infant's first tooth eruption as an important developmental milestone. For more than 5000 years, there has been a connection between a child's general health and the emergence of their primary teeth.<sup>[3]</sup> The topic of teething symptoms has been controversial, with some authors claiming that various symptoms are related to teething while others asserted the opposite.<sup>[4,5]</sup> Mothers perceived that teething process is the cause of diarrhea. Believing that teething causes severe illness may result in high morbidity among children.<sup>[6]</sup> Breastfeeding also helps with the right development of teeth, face muscles, and occlusion. Hence symmetric, well-proportioned face and appropriate occlusion depend on balanced facial growth.<sup>[7]</sup>

Parents believe that teething is associated with signs and symptoms, which may induce them to give medications that could harm their children.<sup>[8]</sup> Local and systemic symptoms such as general irritability, sleep disturbances, crying, nasal discharge, flushed cheeks, fever, diarrhea, loss of appetite, hypersalivation, ear rubbing, and gingival inflammation on the erupting teeth, in this period, when primary teeth erupt can be seen.<sup>[9]</sup> Other symptoms include swelling of the gum tissue surrounding the tooth, oral dermatitis around the mouth, gum rubbing (biting), and constipation.<sup>[3]</sup> Primary incisor eruption (6–12 months) occurs at the same time when the child's humoral immunity is developing and the placental humoral immunity of the mother is declining. Misconceptions about teething and its remedies are still prevalent. Treatment strategies for teething aim to achieve

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analgesia, anesthesia, or sedation.<sup>[10]</sup> Teething discomfort is a common disorder that affects a large percentage of newborns. It causes worry in parents who seek care at pediatric clinics.<sup>[11]</sup> There is a misunderstanding in Iraq that symptoms of teething can be alleviated by extracting teeth, drilling the gum, or pulling out baby teeth, primary teeth, or newly erupted permanent teeth. The objective of this research was to assess traditional practices in the light of infant teething symptoms in Hilla City, Iraq.

## MATERIALS AND METHODS

### Study design

The descriptive and analytical study design technique was carried out in Hilla City/Iraq during the period from November 9th, 2022 to May 28th, 2023.

### Study sample

The study sample consists of 180 mothers who visited Al-Hilla City primary health care clinics and are selected according to a non-probability sampling approach.

### Study instrument

The questionnaire consists of two parts including the following:

Part I: This section contains socio-demographic data. This include seven items concern the mother and include her age, educational level, occupation, place of residence, number of children, and information sources.

Part II: A total of 14 items deal with traditional practices about infant teething measured on a 3-level Likert scale (3 = always, 2 = sometime, and 1 = never).

### Data collection

The researcher conducted interviews with the participants, gave them a copy of the questionnaire, answered their questions about it, persuaded them to participate, and expressed gratitude for their participation. Individual interviewers conducted each interview for 15-20min after completing the crucial stages that have to be part of the study design.

### Statistical analysis

The analysis was made on the data obtained from the study sample using the programs Statistical Package for Social Sciences (SPSS version 24) developed by IBM for data management, advanced analytics, multivariate analysis, business intelligence, and criminal investigation. The variables were classified using numbers and percentages (No. and %), whereas the continuous variables were described using the mean and standard deviation (mean and SD). Analysis of variance and independent sample *t*-test used to determine the differences in dependent variables with regards to independent variables such as differences in mothers' traditional practices with different socio-demographic

characteristics  $P = 0.05$  was used to indicate statistical significance.

### Ethical approval

The researcher offered a brief explanation of the scientific background of the research and its objectives before commencing to collect data from the study's sample of participants. The objectives of the study were verbally communicated to the mothers, and they were requested to participate voluntarily. Once it is made apparent that participation is voluntary and that all data will be kept confidential, verbal consent from the study participants is required.

According to the document with the number 42/1742 dated February 13, 2023, a local ethics committee evaluated and approved the study protocol as well as the subject information and permission form. Study protocol was reviewed and granted permission by the Ethical committee of Babylon University, College of Nursing.

## RESULTS

The results showed the characteristics of the participants, the mean age of 28.53 (SD = 5.27) and the second age group between the age of 20 and 29 years old, which recorded the highest percentage (57.8%). With respect to education level, almost more than half (43.9%) were graduates of Institutes and above. Occupation-related findings, that housewives were predominated (62.2%) as compared with employees. In regards to residents, most of the participants (64.4%) were urban as compared with rural. Half of the studied sample (50%) have 2-3 children. In terms of monthly income, most of the participants (65.5) expressed 'Sufficient' to some extent 'Ultimately' with sources of information, most mothers (31.1%) use their families as a source of information about their infant teething.

According to the statistical mean, the table shows that the moms' replies were moderate about infant teething in terms of traditional practices at all studied items except, items number (2, 3, 4, 5, 7, and 14) the responses were good.

Results indicate that the mothers' responses on the scale of the traditional practice ranged from 18 to 41 at a total mean score equal to 31.2 (SD = 5.35), and according to the study criteria, this indicated that the mothers with a moderate level of traditional practices towards infant teething.

Statistically significant variations were shown by the calculation of variance in traditional practices according to different age groups. According to the analysis of variance, there were statistical significance variations in traditional practices according to different education levels. The analysis of variance revealed that there were statistically significant variations in traditional practices ( $F = 6.675$ ;  $P = 0.000$ ) according to different sources of information about infants' teeth.

## DISCUSSION

The results showed the characteristics of the participants [Table 1] the mean age was 28.53 (SD = 5.27) and the second age group was 20-29 years old (57.8%), which recorded that the majority of mothers. These results are in line with a study conducted in the South East of Iran, where it was discovered that 58% of the moms were between the ages of 20 and 30.<sup>[12]</sup>

Concerning education level, the greatest percentages of the sample (43.9%) were graduates of institute and above. These findings are in the same line with the,<sup>[13]</sup> from Poland, which found most participants (57.8%) attained university-level. Occupation-related findings, the housewife was predominated (62.2%) as compared with employees. These findings are in agreement with findings from Pakistan,<sup>[2]</sup> a study found that most of the women (57%) were housewives in regards to residents, more than half of the participants (64.4%) were urban as compared with rural. Half of the studied sample (50%) have 2-3 children. In terms of monthly income, most of the participants (65.5) expressed sufficient to some extent. Ultimately with sources of information, most mothers (31.1%) use their families as a source of information about

their infant teething. These findings are in agreement with,<sup>[14]</sup> a study in Nigeria, found that most of the participants in the study live in urban areas and (67.2%) had 2-5 children and do not have enough monthly income. Most of them used their families as a source of advice regarding children's teething.

The result of the current study [Table 2] shows the highest percentage (57.2%). Sometimes visit a physician, and (49.4) Give the child paracetamol to relieve pain. These findings agree with<sup>[15]</sup> study conducted in eastern Sudan, which found that 313 (81.5%) of the mothers preferred to administer paracetamol or other systemic analgesics, and 262 (68.2%) agreed that a child with tooth eruption should be taken to a hospital or health center. (70.6%) give fluid to prevent dehydration, and most mothers (55.0%) use herpes. These findings agree with,<sup>[15]</sup> 280 (72.9%) of the sample administered extra fluids to prevent dehydration Every time there is even a minor deviation from a child's usual appearance, behavior, or health, the mother is the first to notice it. For the everyday obligations of their children, they typically have more authority and responsibility than their fathers. The current findings show that mothers are more likely to experience newborn teething problems. In a similar vein, a study conducted in Saudi Arabia revealed that

**Table 1: Socio-demographic characteristics of participants (No. 180)**

| SDVs                   | Classification            | No. | %            |
|------------------------|---------------------------|-----|--------------|
| Age                    | <20 years                 | 19  | 10.5         |
|                        | 20-29 years               | 104 | 57.8         |
|                        | 30-39 years               | 48  | 26.7         |
|                        | ≥40 years                 | 9   | 5.0          |
|                        | Mean ± SD                 |     | 28.53 ± 5.27 |
| Education level        | Illiterate                | 5   | 2.8          |
|                        | Read and write            | 27  | 15.0         |
|                        | Elementary                | 42  | 23.3         |
|                        | Secondary                 | 27  | 15.0         |
|                        | Institutes and above      | 79  | 43.9         |
| Occupation             | Employ                    | 68  | 37.8         |
|                        | Housewife                 | 112 | 62.2         |
| Residents              | Rural                     | 64  | 35.6         |
|                        | Urban                     | 116 | 64.4         |
| No. children           | 1                         | 58  | 32.2         |
|                        | 2-3                       | 90  | 50.0         |
|                        | >3                        | 32  | 17.8         |
| Monthly income         | In-sufficient             | 43  | 23.9         |
|                        | Sufficient to some extent | 108 | 65.5         |
|                        | Sufficient                | 19  | 10.6         |
| Sources of information | Non                       | 6   | 3.3          |
|                        | Family member             | 56  | 31.1         |
|                        | Internet                  | 41  | 22.8         |
|                        | Medial                    | 2   | 1.1          |
|                        | Doctor                    | 40  | 22.2         |
|                        | Nurses                    | 26  | 14.4         |
|                        | Work-field                | 9   | 5.0          |

**Table 2: Distribution of mothers' traditional practices about infant teething**

| List | Traditional practices  | Responses | No. | %    | M.s  | Ass.     |
|------|--|-----------|-----|------|------|----------|
| 1    | Visit the physician if there is any complication during the teething process | Never     | 9   | 5.0  | 2.33 | Moderate |
|      |  | Sometime  | 103 | 57.2 |      |          |
|      |  | Always    | 68  | 37.8 |      |          |
| 2    | Use a cold compress for the child when getting a fever                       | Never     | 11  | 6.1  | 2.55 | Good     |
|      |  | Sometime  | 59  | 32.8 |      |          |
|      |  | Always    | 110 | 61.1 |      |          |
| 3    | Give the child plenty of fluid to prevent dehydration                        | Never     | 13  | 7.2  | 2.63 | Good     |
|      |  | Sometime  | 40  | 22.2 |      |          |
|      |  | Always    | 127 | 70.6 |      |          |
| 4    | Give the child paracetamol to relieve pain                                   | Never     | 18  | 10.0 | 2.39 | Good     |
|      |  | Sometime  | 73  | 40.6 |      |          |
|      |  | Always    | 89  | 49.4 |      |          |
| 5    | Rubbing the gum with garlic  | Never     | 25  | 13.9 | 2.43 | Good     |
|      |  | Sometime  | 53  | 29.4 |      |          |
|      |  | Always    | 102 | 56.7 |      |          |
| 6    | Giving a clean pacifier to relieve pain                                      | Never     | 54  | 30.0 | 2.02 | Moderate |
|      |  | Sometime  | 69  | 38.3 |      |          |
|      |  | Always    | 57  | 31.7 |      |          |
| 7    | Using herbs during teething  | Never     | 31  | 17.2 | 2.38 | Good     |
|      |  | Sometime  | 50  | 27.8 |      |          |
|      |  | Always    | 99  | 55.0 |      |          |
| 8    | Allow the child to bite on a chilled object                                  | Never     | 36  | 20.0 | 2.25 | Moderate |
|      |  | Sometime  | 63  | 35.0 |      |          |
|      |  | Always    | 81  | 45.0 |      |          |
| 9    | Allow bottle feeding or nursing at night                                     | Never     | 32  | 17.8 | 2.29 | Moderate |
|      |  | Sometime  | 64  | 35.5 |      |          |
|      |  | Always    | 84  | 46.7 |      |          |
| 10   | Apply topical analgesics (painkillers) to the gums                           | Never     | 72  | 40.0 | 1.84 | Moderate |
|      |  | Sometime  | 65  | 36.1 |      |          |
|      |  | Always    | 43  | 23.9 |      |          |
| 11   | Consult grandmother about teething symptoms                                  | Never     | 66  | 36.7 | 1.82 | Moderate |
|      |  | Sometime  | 81  | 45.0 |      |          |
|      |  | Always    | 33  | 18.3 |      |          |
| 12   | Giving the child tonics such as calcium                                      | Never     | 51  | 28.3 | 1.86 | Moderate |
|      |  | Sometime  | 103 | 57.2 |      |          |
|      |  | Always    | 26  | 14.5 |      |          |
| 13   | Giving the child vitamin D3 or multivitamins                                 | Never     | 38  | 21.1 | 1.98 | Moderate |
|      |  | Sometime  | 107 | 59.4 |      |          |
|      |  | Always    | 35  | 19.5 |      |          |
| 14   | Expose the child to sunlight   | Never     | 19  | 10.6 | 2.43 | Good     |
|      |  | Sometime  | 65  | 36.1 |      |          |
|      |  | Always    | 96  | 53.3 |      |          |

**Table 3: Overall mothers' traditional practices about infant teething**

| Scale                           | Min. | Max. | M    | SD   | Score               | No. | %     |
|---------------------------------|------|------|------|------|---------------------|-----|-------|
| Traditional Practices<br>(14 Q) | 18   | 41   | 31.2 | 5.35 | Poor (14-23.33)     | 18  | 10.0  |
|                                 |      |      |      |      | Moderate (23.32-66) | 82  | 45.6  |
|                                 |      |      |      |      | Good (32.67-42)     | 80  | 44.4  |
|                                 |      |      |      |      | Total               | 180 | 100.0 |

mothers are not well-versed in child teething signs.<sup>[16]</sup> There is a need to inform mothers about the realities of teething, particularly those that concern methods for relieving pain.

Mothers' associations with teething, which were linked to much earlier research, and other frequent signs of their infants' illnesses are consistent with our findings in [Table 3].

**Table 4: Statistical differences in study variables between demographic and traditional practices**

| Relationship between demographic and traditional practices | Source of variance | Sum of Squares | d.f  | Mean square | F-statistic | Sig.  |
|--|--------------------|----------------|------|-------------|-------------|-------|
| Age  | Between Groups     | 5.696          | 3    | 1.899       | 16.333      | 0.000 |
|  | Within Groups      | 20.458         | 176  | .116        |             |       |
|  | Total              | 26.154         | 179  |             |             |       |
| Educational level  | Between Groups     | 5.506          | 4    | 1.377       | 11.667      | 0.000 |
|  | Within Groups      | 20.648         | 175  | .118        |             |       |
|  | Total              | 26.154         | 179  |             |             |       |
| Occupation   | Employ             | 2.25           | .370 | .731        | 177         | 0.466 |
|  | Housewife          | 2.21           | .390 |             |             |       |
| Residents  | Rural              | 2.21           | .426 | .313        | 177         | 0.754 |
|  | Urban              | 2.22           | .359 |             |             |       |
| Number of Children   | Between Groups     | 1.044          | 3    | .348        | 1.440       | 0.066 |
|  | Within Groups      | 25.110         | 176  |             |             |       |
|  | Total              | 26.154         | 179  | .143        |             |       |
| Income   | Between Groups     | .394           | 3    | .131        | 0.898       | 0.443 |
|  | Within Groups      | 25.760         | 176  |             |             |       |
|  | Total              | 26.154         | 179  | .146        |             |       |
| Sources of Information                                     | Between Groups     | 4.916          | 6    | .819        | 6.675       | 0.000 |
|  | Within Groups      | 21.238         | 173  | .123        |             |       |
|  | Total              | 26.154         | 179  |             |             |       |

The physiological process of teething occurs in every child. However, many unrelated illnesses are associated with teething. The findings of this study highlight the need for continued medical education to dispel some myths and incorrect ideas. This disparity might be caused in part by India's superior oral health education. In this study, the majority of moms (91.6%) believed that teething is related to numerous illnesses. Comparable research was conducted in the adjacent country of Sudan, where 95% of participants connected various symptoms with teething.<sup>[17]</sup> In [Table 4] was noted among the results that there were statistically significant differences in traditional practices according to different age groups. The concepts were in favor of the older age group, perhaps because they have more than one child or have experienced teething children more than once, so they have better awareness than younger ages. These findings come consistent with<sup>[18]</sup> findings from India, which emphasized that the misconceptions and traditional practices differ according to the age of the mothers, as the younger mothers have the worst traditional concepts and practices compared to the older mothers. This indicated that the mother's advanced age indicates an improvement in her right and wrong concepts, which improves her traditional practices.

The educational level is interesting in the results of the current study, as there are statistically significant differences in traditional practices according to different education levels. These results make sense where higher education is the significant traditional practice as the educational level plays a major role in this variable.

The mother's occupation is linked to her educational level, the more she is employed, the better her results in managing the child compared to the housewife. This is confirmed

by Meta-analysis conducted in Canada, most studies in this meta-analysis confirmed that female employees have a better understanding of children's teething compared to housewives.<sup>[19]</sup>

It was observed that the mothers' traditional practices about child teething differ according to different sources of information, where the best differences were among those mothers who use doctors and nurses as their source of information about child teething compared to those mothers who use no source or use their families' consultations, the Internet or social media. Knowing that most of the participants in the study receive their information from their families. These results are supported by the results of a study conducted in the United Arab Emirates. Pharmaceutical advice, the Internet, and social media had a significant negative impact on parents' management of teething symptoms. When the source of advice was related to their practices in managing to teethe, those who received their information from these two sources were significantly less practice degree.<sup>[20]</sup>

According to the study's criteria, the mothers with moderate levels of traditional practices toward infant teething were suggested by the results [Table 3], which show that the mothers' replies on the scale of the traditional practice varied from 18 to 41, with a total mean score equal to 31.2 (SD = 5.35). These outcomes derive from the assumptions around traditional procedures. According to these findings, which are in line with those from Saudi Arabia, there are more misconceptions than traditional practices when children's teeth first appear. As a result, traditional practices are below the acceptable level, which emphasizes the decline in medical consultations.<sup>[15]</sup> It was found that traditional practices such as taking the child to

the doctor while they were teething, giving them a clean pacifier to ease the pain, letting them bite on a cold object to relieve the pain, allowing bottle feeding or night feeding, topical analgesics, asking the grandmother about the child's teething symptoms, giving the child tonics like calcium, giving the child vitamin D3, and giving the child multivitamins were all allowed. There is no difference between these customs and those Saudi Arabian mothers follow.<sup>[21]</sup>

## CONCLUSIONS

The results showed that the traditional practices for infant teething symptoms were within average levels. Educational initiatives are urgently needed to improve parents' understanding of the teething process. The availability of a guide that identifies the signs of teething in children, using clear language and attractive pictures, which may help in developing their concepts and practices.

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Nil.

## Conflicts of interest

There are no conflicts of interest.

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