

## Mothers' misconception and traditional practises towards infant teething' symptomsin Khartoum

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### ABSTRACT:

**Background:** Teething is a natural process which creates little discomfort. Mothers in Sudan, regardless of their educational levels have strong and deeply rooted believes that infant teething, causes many medical problems to infants; despite no evidence to support these belief and misconceptions. Some traditional practices for relieving teething's symptoms have caused serious harm and even death.

**Objective:** The aims of this study were to

- (i) Investigate the mothers' beliefs about teething signs and symptoms in Sudan.
- (ii) Investigate the mothers' practices used to alleviate teething troubles.

### Methodology and Results:

A cross-sectional survey involved 300 mothers presented at primary health care paediatric unit in Khartoum, using questionnaire. More than 95% of the respondents thought that babies can experience medical problems as a result of teething. The commonest medical problems perceived to be associated with teething were diarrhoea (80.3%), fever (86.6%), and loss of appetite (75%) and drooling of saliva (96%) **Conclusions:** This study showed a common misconception and myths about teething among mothers. Mothers should be better educated about the teething process and the proper management of teething troubles by the dental health care providers.

### INTRODUCTION:

Eruption of teeth (teething) is defined as the movement of the teeth from their pre-eruptive position in the alveolar bone through the mucosa into the oral cavity (1). Teething generally begins around 6 months and continues until the baby is about 3 years old (2). Teething myths have existed in many cultures from early times (3). Although many of the conditions historically thought to result from teething are now accurately diagnosed as specific clinical entities, the enigma of teething continues, especially when a cause cannot be found for the many minor ailments a child experience (4). Serious mistakes have been made because various symptoms were ascribed to teething and a thorough evaluation was not performed (5). During this time period of an infant's life, passive immunity due to maternal antibodies wanes and exposure to a wide variety of childhood illnesses occurs (6). In parts of Sudan and some other countries, teething is thought to be the cause of severe health problems in infants, and a traditional treatment involves lancing the alveolar process over the erupting canines with a heated needle, a procedure known as 'Haifat'(7). The removal of the incipient canine teeth ('germectomy') in small babies is a practice carried out in many parts of eastern Africa (8). Old remedies for teething include "blistering, bleeding, placing leeches on the gums, and applying cautery to the back of the head (9). Some traditional medicine used to treat teething pain has been found to be harmful due high lead content, with effects including toxic encephalopathy (10).

### Methodology:

A cross-sectional study was conducted in primary health care paediatric unit in Khartoum in 2000. All mothers with children aged 6 months to 3 years, were surveyed. The total sample size was 300 mothers. Data were collected using structured questionnaire. Each participant signed consent, then completed the questionnaire and returned it before leaving the clinic. The questionnaire used for this study was divided into two sections. The first section (A) on demography contained age, highest educational level attained and occupation of participant, Section (B) aimed to assess the general knowledge and beliefs of mothers regarding their children's teething and to investigate the practices that the mothers would do to manage teething's problem and relieve symptoms. The data were analysed using SPSS. The level of statistical significance used was 0.05 and 95% confidence interval reported.

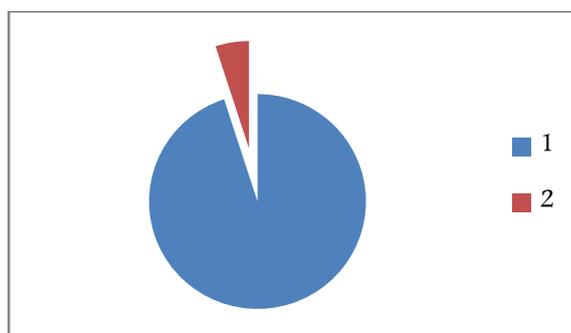
**RESULTS:**

There was no significant association between age of mothers and perceived teething problems age range (20-40) ( $p = 0.59$ ). There was also no significant association between educational status and perception of teething problems ( $p = 0.81$ ) as well as the ethnic origin of the mothers ( $p = 0.6$ ).

Most mothers (95%) reported that their children had suffered from at least one of the symptoms that were mentioned in the questionnaire, while only 5% did not figure (1). Eighty two (82%) of the mothers reported that they will be worried during their babies teeth eruption. 75% of them reported that they received the information of how to handle their babies teething’s symptoms from their grandmothers. 65% reported that; they are warned that teething may lead to death.

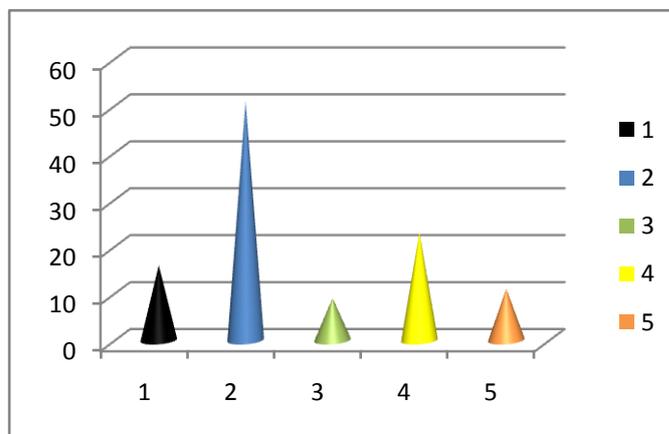
Most mothers (86.6%) perceived that teething causes fever, 80.3% of the mothers believed teething causes diarrhoea, 96% for drooling of saliva, 90.5% irritability, 75% believed it causes loss of appetite, while 35% causes cold & runny nose, 10% for conjunctivitis table (1). While Table (2) showed the percent of the personnel to whom the mother will take her child to treat his teething’s symptoms. Table number (3) showed practices & remedies done for erupting primary canine symptoms. Figure number (2) showed the percent of remedies practiced to treat infant’s diarrhea.

**Figure number (1) showing the percent of mothers who thought that their children will suffer medical problems while their teeth are erupting (95%)**



**Figure number (2) showing the percent of remedies practiced to treat infant’s diarrhea:**

- 1) Take to doctor (16%)
- 2) Perform Dokhan (51%)
- 3) Oral rehydration solution (9%)
- 4) Just wait (23%)
- 5) Topical herbs (11%)



**Table (1) showing the percent of symptoms mother ascribed to teething:**

Drooling of saliva	96%
irritability	90.5%
fever	86.6%
diarrhoea	83.3%
Poor appetite	75%
cold and cough	35%
Weight loss	33%
conjunctivitis	10%

**Table (2) showing the percent of the personnel to whom the mother will take her child to treat his Teething's symptoms:**

doctor	5%
I can handle	20%
Reliable neighbour	40%
Grand mother	26%
nobody	15%

**Table number(3) showing practices & remedies done for erupting primary canine symptoms:**

Give paracetamol	9%
Apply Topical herb	11%
Haifat	14%
cautery	4%
Just wait	62%

**DISCUSSION:**

Sudan is one of the countries of east Africa that; adopt very bad traditional practices for managing teething's symptoms. Best examples is Haifat (lancing of gum and alveolar bone of erupting primary canine) (7), Dokhan is smoke used by the mother to treat the child teething diarrhoea and to alleviate other teething symptoms (not published before only by observation), in addition to topical application of dried herbs powder done by old ladies; famous to be expert for that.

The risk, adverse effects, serious harm and psychological trauma to infants following these bad traditions should be considered. On the other hand attribution of serious systemic signs and symptoms to teething may result in delayed management and in some cases to death.

Findings from this study showed that a vast majority of mothers (96%) attribute child ailment to teething which coincide with OG et al (95.2%) (11), higher than Oyejide et al 58 % (12)

This misconception is prevalent not only in Sudan but also in other parts of the world, especially east Africa like Nigeria (11) Guinea Bissau (13) and Ethiopia (14)

The finding of this study showed that majority of mothers (80.3%) believed that diarrhoea in infants was caused by teething which coincide with other study done in Sudan (90%) (15). These strong mothers' beliefs to attribute infants symptoms to teething contrast the finding of most of contemporary researchers, who did not confirm this strong association and conclude that the symptoms may occur contemporaneously with teething, and only weak association may exist (16,17,18). As well as the practices used for management of teething symptoms lack the evidence-based background (19).

**RECOMMENDATION:**

This paper highlights the importance of the myths and traditions that may lead to serious harm. Parents, carers and health professionals need to be well informed about teething. Therefore, further research into teething and its management should be supported and encouraged.

## REFERENCES:

1. Carpenter J V. The relationship between teething and systemic disturbances. *ASDC J of child* 1978; 45, 381-384.
2. Jones M. Teething in children and the alleviation of symptoms. *J Fam Health care* 2002; 12 (1): 12- 13.
3. Burnet J. Conditions simulating disease which may be produced by teething. *Br J child Dis* 1918; 15:28.
4. McIntyre G T, McIntyre G M. Teething Troubles? *B D J* 2002; 192: 251- 255.
5. Swann IL. Teething complications, a persisting misconception. *Postgrad Med J* 1979; 55 (639): 24-5.
6. Sood S, Sood M. teething: myths and facts. *J ClinPed Teething* 2010;35(1):9-13. P
7. Rasmussen, F. Elkhidir, M. Raadal. Enamel defects in primary canines related to traditional treatment of teething problems in Sudan *International Journal of Paediatric Dentistry* 1992; 2(3), 151–155.
8. Hanne Overgaard Mogensen *Culture, Medicine and Psychiatry*, 2000; 24 (3), 331-351
9. Ann Dally, "The lancet and the gum-lancet: 400 years of teething babies", *Ann Dally* 1996;348(9043) 1710-1711.
10. Surya K. Karri, Robert B. Saper, and Stefanos N. Kales. *Curr Drug SafLead Encephalopathy Due to Traditional Medicines* 2008; 3(1): 54–59.
11. OG Uti1 , KO Savage2 and EE Ekanem Maternal beliefs about infant teething *Journal of Community Medicine and Primary Health Care*. June 2005; 17(1): 61-64
12. Oyejide C O, Aderinokun G A. Teething myths in Nigerian rural Yoruba communities. *Afr Dent J* 1991; 5: 31-34.
13. Sodemann M, Jakolosen M S, Molbak K, Martins C, Aaby P. Management of childhood diarrhoea and use of oral rehydration salts in a suburban West African community. *Am J Trop Med Hyg* 1999;60(1): 167 -71
14. Olango P, Abond F. Determinants of mothers treatment of diarrhoea in rural Ethiopia. *Soc-sci-Med* 1990;31(11); 1245-9.
15. Ahmed I S, Elton A R, Karrar Z A. Knowledge, attitudes and practices of mothers regarding diarrhoea among children in a Sudanese rural community. *East Afr Med J* 1994; 71(11): 716-9
16. Wake M: Parent beliefs about infant teething: A survey of Australian parents *J Paediatr Child Health* 1999, 35:446-449.
17. Tighe M, Roe MF: Does teething child need serious ill health exclusion? *Arch Dis Child* 2007, 92:266-273.–
18. Markman L. Teething: facts and fiction. *Pediatr Rev* 2009;30(8):e59-e64.
19. Bennett HJ., Brudno DS. The teething virus. *Pediatr infect Dis* 1986;5:399-401.

