

# **0426 Familial and Cultural Perceptions and Beliefs of Oral Hygiene and Dietary Practices among Ethnically and Socio-economically Diverse Groups**

P.M. ADAIR<sup>1</sup>, C.M. PINE<sup>2</sup>, G. BURNSIDE<sup>2</sup>, A.D. NICOLL<sup>2</sup>, [A. GILLET](#)<sup>2</sup>, S. ANWAR<sup>3</sup>, Z. BROUKAL<sup>4</sup>, I.G. CHESTNUTT<sup>5</sup>, D. DECLERCK<sup>6</sup>, X.P. FENG<sup>7</sup>, R. FERRO<sup>8</sup>, R. FREEMAN<sup>9</sup>, D. GIBBONS<sup>10</sup>, D. GRANT-MILLS<sup>11</sup>, T. GUGUSHE<sup>12</sup>, J. HUNSRISAKHUN<sup>13</sup>, M. IRIGOYEN-CAMACHO<sup>14</sup>, E.C.M. LO<sup>15</sup>, M.H. MOOLA<sup>16</sup>, S. NAIDOO<sup>17</sup>, U. NYANDINDI<sup>18</sup>, V.J. POULSEN<sup>19</sup>, F. RAMOS-GOMEZ<sup>20</sup>, N. RAZANAMIHAJA<sup>21</sup>, S. SHAHID<sup>22</sup>, M.S. SKEIE<sup>23</sup>, P. SKUR<sup>24</sup>, C. SPLIETH<sup>25</sup>, C.-S. TEO<sup>26</sup>, H. WHELTON<sup>27</sup>, and D.W. YOUNG<sup>28</sup>, <sup>1</sup> Southern General Hospital, Glasgow, United Kingdom, <sup>2</sup> University of Liverpool, United Kingdom, <sup>3</sup> University of Leeds, United Kingdom, <sup>4</sup> Institute of Dental Research, Prague, Czech Republic, <sup>5</sup> University of Wales, Cardiff, United Kingdom, <sup>6</sup> Catholic University of Leuven, Belgium, <sup>7</sup> Shanghai Second Medical University, Shanghai, China, <sup>8</sup> Cittadella Hospital, Padova, Italy, <sup>9</sup> Queen's University, Belfast, United Kingdom, <sup>10</sup> GKT Dental Institute, London, United Kingdom, <sup>11</sup> Howard University, Washington, DC, USA, <sup>12</sup> Medical University of Southern Africa, Pretoria, South Africa, <sup>13</sup> Prince of Songkla University, Songkhla, Thailand, <sup>14</sup> Universidad Autonoma Metropolitana, Mexico, Mexico, <sup>15</sup> The University of Hong Kong, Hong Kong, <sup>16</sup> University Of Western Cape, Cape Town, South Africa, <sup>17</sup> University of Sellenbosch, Tygerberg 7505 R.S.A, South Africa, <sup>18</sup> Ministry of Health, Dar-es-Salaam, Tanzania, <sup>19</sup> University of Copenhagen, Denmark, <sup>20</sup> University of California, San Francisco, USA, <sup>21</sup> University of Majunga, Madagascar, <sup>22</sup> Bradford City Primary Care Trust, United Kingdom, <sup>23</sup> University of Bergen, Norway, <sup>24</sup> Baylor TAMU College of Dentistry, Dallas, TX, USA, <sup>25</sup> University of Greifswald, Germany, <sup>26</sup> National University of Singapore, Singapore, <sup>27</sup> University Dental School, Cork, Ireland, <sup>28</sup> Wallasey and Birkenhead Primary Care Team, United Kingdom

**Objectives:** Young children develop attitudes and behaviours to oral health based upon interactions with key adults. A questionnaire, developed from health psychology models, assessed how parental attitudes to child oral health predicts twice-daily tooth brushing and sugar snacking in children, across ethnically and socio-economically-diverse groups, as part of an international collaborative study. **Methods:** 29 sites in 17 countries took part. Each site aimed to recruit 100 children with 50% from a deprived background (n=25 with caries, n=25 caries-free) and 50% non-deprived (n=25 with caries, n=25 caries-free). The questionnaire was administered to parents who rated the direction (agree/disagree) and strength (strongly/not strongly) of their attitudes to all questions. Parental reports of toothbrushing, dental attendance, and sugar snacking of the child were also collected. **Results:** Principal components analysis identified three factors for attitudes towards tooth brushing behaviour: (parental importance and intention to brush child's teeth, parental efficacy in ensuring the child brushed their teeth - their belief in their own ability to take effective action, and parental attitudes towards prevention) and two factors for sugar snacking behaviour (parental importance and intention to control sugar intake and parental efficacy in controlling sugar intake). In logistic regressions parental efficacy factors were the strongest predictors of both twice daily toothbrushing (odds ratio 2.2) and sugar snacking behaviour (odds ratio 1.8). **Conclusions:** The results show that parents' beliefs about their own ability to

control tooth brushing and sugar intake behaviour of their child is key to whether these behaviours become established. These findings could inform an intervention to reduce dental caries in children. Supported by NIH-NIDCR Grant DE13703-02.

[Seq #55 - Childhood Caries](#)

11:00 AM-12:15 PM, Thursday, 26 June 2003 Svenska Massan Exhibition Hall B

[Back to the Behavioral Sciences/Health Services Research Program](#)

[Back to the 81st General Session of the International Association for Dental Research \(June 25-28, 2003\)](#)