Knowledge and Oral Health Attitudes among Parents in Kuwait

Elective Project Study Course No. 703

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Abstract

Objective: The dental health of children has extensive implications on the oral health of the individual as he grows into an adult. Parents play a central role in enforcing proper oral hygiene and preventive regime in these children. This study was conducted with the aim of evaluating the current oral health knowledge and attitudes of parents of children in Kuwait.

Methods: A self-administered questionnaire was used. A sample of 300 parents attending Kuwait University Dental Clinic, several polyclinics, some markets and shops, and family members was gathered over 6 months period. Data were analyzed using the Statistical Package for Social Sciences (SPSS) software.

Result: The results of this explorative research showed that the sample selected had a relatively good knowledge regarding the importance of the primary teeth, the fact that problems in primary teeth can affect the permanent teeth, brushing frequency on daily basis, and brushing aids. Participants were aware about the effect of prolonged bottle feeding and sticky foods on the dentition. On the other hand, the majority of participants failed to recognize the ideal time of first dental visit. Parents showed positive attitudes regarding the importance of regular dental visit, and their role in their children's daily oral hygiene habits.

Conclusion: In Kuwait, parental awareness and attitudes regarding their children's oral health are relatively good. However, the high dental caries prevalence in children in Kuwait contradict the study findings, which prove the fact that changing parental behavior and attitudes toward their children's oral health is far more important than increasing their knowledge only.
Introduction:

Dental caries is a chronic infectious disease affecting dental hard tissue, dentin and enamel, causing it to demineralize. If the oral environment is not favorable, the bacterial fermentation of food debris and the production of acidic compounds result in the demineralization of tooth structure. If the demineralization exceeds the remineralization potential of the host, the demineralization can progress to cavitation which can be severe enough to cause the premature loss of the tooth. A new dental caries pattern is seen in 6 years old and younger children. The American Academy of Pediatric Dentistry, AAPD, define this early childhood caries (ECC) 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 under the age of six". However in children younger than 3 years of age, this pattern is called severe early childhood caries(S-ECC) which is defined as the presence of one or more cavitated, missing (due to caries), or filled smooth surfaces in primary maxillary anterior teeth or a decayed, missing, or filled score of greater than or equal to four (age 3), greater than or equal to five (age 4), or greater than or equal to six (age 5) surfaces also constitutes S-ECC [1].

The etiology of dental caries seems to be multi factorial disease. The presence of these factors simultaneously is crucial to establish dental caries [2]. These factors include cariogenic diet, oral flora (in particular Streptococcus Mutans), tooth, and time. Time is an essential factor in this process. Tooth has to be under continues threat of the acidic environment for a period of time so a carious lesion can be established [2]. The early establishment of cariogenic bacteria in the child’s mouth would lead to the early initiation of dental caries [3]. The frequent sugar intakes accompanied with poor oral hygiene are
associated with a higher prevalence of dental caries [3]. Recent studies have identified other risk factors contributing to dental caries. Reduced salivary flow rate is associated with increased caries since the buffering capability of saliva is not present to counterbalance the acidic environment created by certain foods. As a result, medical conditions that reduce the amount of saliva produced by salivary glands are likely to dry mouth and thus to widespread tooth decay. Also, some medications, such as antihistamines and antidepressants, can also impair salivary flow. Intrauterine and neonatal lead exposure promotes tooth decay. Besides lead, all atoms with electrical charge and ionic radius similar to bivalent calcium, such as cadmium, mimic the calcium ion and therefore exposure may promote tooth decay. Poverty is also a significant social determinant for oral health. Dental caries have been linked with lower socio-economic status [4].

Caries is a major public health problem worldwide because of its social impact and high prevalence. Sixty to ninety percent of schoolchildren worldwide have experienced caries according to world health organization (WHO) [5]. Although caries prevalence and incidence differ in different geographic areas, the DMFT scores are still high in most of the world. The DMFT scores of 12-year-old children according to WHO regional offices in AFRO, AMRO, EMRO, EURO, SEARO, and WPRO are approximately 1.5, 3.5, 2, 2.5, 1.5, and 2.3 respectively [5]. Al-Mutawa et al. (2006) showed that a high percentage of carious maxillary incisors were found in 4- and 5-year-old Kuwaiti children indicating an early childhood caries pattern in these age groups [6].

A growing number of guidelines provide recommendations on individual, professional, and community interventions to prevent and control dental caries. Keyes (1969) has suggested 3 preventive methods for dental caries that interfere with the cariogenic diet,
bacteria, and host factors [2]. First is to avoid multiple sugary attacks within a day and try to confine it once daily [2]. Second, oral hygiene habits including tooth brushing is another measure to mechanically remove the dental plaque [2]. Third, importance measure is the use of fluoride systematically and locally that have been proven to strengthen the tooth structure against acidic environment [2]. Due to the increasing prevalence of ECC and S-ECC, AAPD suggested some preventive methods that should be implemented at home to prevent such severe presentation of dental caries. Those methods include the implication of oral hygiene habit no later than 6 months of age with the eruption of first primary tooth. Also, avoiding the high frequency consumption of food and drinks containing sugar.

Parents’ knowledge and attitudes have a significant positive influence on their children’s dental caries and gingival health [7]. Parental knowledge regarding oral health showed to influence their children's oral health [7]. Also, the number of decayed teeth in children is greatly affected by their parents' oral health [7]. Parental oral health-related knowledge, beliefs, and attitudes were found to influence the tooth-brushing behavior of their children [8].

Moreover, considering parents' central role in ensuring the well-being of young children, it is important to explore their perceptions about their children's oral health. These perceptions can affect the preventive dental care that the children might receive at home and the use of professional dental services [9].

A study done in Kuwait few years ago revealed that the main source of dental health information among children are their parents (74%); followed by dentists (45%) and school teachers (33%). Thus, parents are essential for health communication [10].
So conducting a study on parental perceptions of oral health of their children was of paramount importance. The present study aimed at evaluating the current oral health knowledge and attitudes of parents of children in Kuwait.

**Methodology:**

An ethical clearance to conduct the study was obtained from HSC research committee (Appendix). An informed consent was also obtained from each participant before the commencement of the study (Appendix). The purpose of the study was explained to the subjects and confidentiality was assured. The participation was entirely voluntary. No potential risks to the participants are anticipated due to this study.

A questionnaire was prepared with ten points. It covers three sections: demographic information of participants, views on dental health of children, and views on dental care for young children (Appendix). All subjects qualifying for the study were recruited without regard to color, race, or ethnic background. The questionnaire was handed over randomly to 300 parents attending Kuwait University Dental Clinic, several polyclinics, some markets and shops, and family members, over a period of six months from April to September 2013. Only 270 were selected for the final study. The remaining 30 were not considered as they were deemed incomplete. Data analysis was done using the Statistical Package for Social Sciences (SPSS) software.

The resulting sample was therefore anticipated to give a general idea about the knowledge and attitude towards oral health in Kuwait.
**Results**

The response rate of this study was 90%. Of which, 41.9% were males and 58.1% were females as it shown in (Figure 1). Regarding the importance of primary teeth, 88.1% of participants believed that primary teeth are important, while 4.8% did not. 7% of the participants didn’t know about the importance of primary teeth (Figure 3).

About 65% of the subjects thought that problems in primary dentition can affect the permanent dentition, whereas 14.8% did not. 20% didn’t know whether such effect exists (Figure 4).

With regard to the first dental visit, 18.1% answered that the first dental visit should be at 6 months of age, 30.7% at 18 months, and 18.1% at 6 years. However, 23.3% believed that the first dental visit is when the child has dental pain. Only 9.6% did not know when the first dental visit should be (Figure 5). Out of 157 female subjects, only 15.5% knew the ideal time of the first dental visit. However, 21.2% of male participants knew the ideal time of first dental appointment (Table 1).

Twenty percent of parents took their children to see the dentist once a year, while 38.5% took them twice a year. On the other hand, more than third (38.9%) visited the dentist only when the child experienced pain, and 2.2% never took their children to the dentist (Figure 2).

Parents’ role in the daily oral hygiene habit was reported to be mainly observing and guiding the child during tooth brushing procedure (81.1%). 14.1% of the participants only advise their children and 1.1% did not even supervise their children during tooth brushing. Few parents (3.7%) leave their children's' dental home care to others (Figure 6).
About 18.5% of participants thought that tooth brushing should be once daily, while 80.4% answered twice daily. Few participants (1.1%) reported occasionally brushing, and no participant thought that the child should not brush his/her teeth (Figure 7).

Ninety percent of participants use a tooth brush with fluoridated toothpaste to clean their children's teeth. However, 8.5% use a tooth brush with non-fluoridated tooth paste. Few parents use tooth brush with water only (2.2%) or use meswak (4.1%) to clean their children's teeth. Only 9.3% reported the use of dental floss, while less than one percent (0.7%) did not use any of the above measures (Figure 8).

Most of the subjects were aware about the effect of prolonged and frequent bottle feeding on child's dental health (68.1%). Whereas, 10% thought that bottle feeding does not have any effect on child's teeth. 22% did not know whether such effect exists (Figure 9).

The majority of the participants (94.8%) answered that sweets and sticky foods affect the child's dental health. On the other hand, 2.2 % didn’t think that sweets and sticky foods have an effect on the dental health. Around, 3% did not know whether sweets and sticky foods affect the child's dental health (Table 1).

![Figure 1 Demographic information for participants](image-url)
10

How frequently do you take your child to the dentist?

- once a year: 20 participants
- twice a year: 38.5 participants
- upon pain: 38.9 participants
- never: 2.2 participants

**Figure 2** The distribution of participants according to their answers for the question "How frequently do you take your child to the dentist?"

Do you think that primary teeth are important?

- yes: 88.1 participants
- no: 4.8 participants
- I don’t know: 2 participants

**Figure 3** The distribution of participants according to their answers for the question "Do you think that primary teeth are important?"
Do you think that problems in primary teeth can affect the permanent teeth?

- yes: 65.2%
- no: 14.8%
- I don’t know: 20%

**Figure 4** The distribution of participants according to their answers for the question "Do you think that problems in primary teeth can affect the permanent teeth?"

At what age should you take your child for his/her first dental visit?

- 6 months: 18.1%
- 18 months: 30.7%
- 6 years: 18.1%
- upon pain: 23.3%

**Figure 5** The distribution of participants according to their answers for the question "At what age should you take your child for his/her first dental visit?"
What is your role in your child’s oral hygiene and dental home care?

- Observe and guide: 81.1%
- Only advise: 14.1%
- Don’t monitor: 1.1%
- Leave it to others: 3.7%

**Figure 6** The distribution of participants according to their answers for the question “What is your role in your child’s oral hygiene and dental home care?”

How often do you think your child should brush his/her teeth?

- Once daily: 18.5%
- Twice daily: 80.4%
- Occasionally: 1.1%
- Never: 0%

**Figure 7** The distribution of participants according to their answers for the question “How often do you think your child should brush his/her teeth?”
What does your child use for cleansing his/her teeth?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tooth brush with fluoridated tooth paste</td>
<td>90</td>
</tr>
<tr>
<td>Tooth brush with non fluoridated tooth paste</td>
<td>8.5</td>
</tr>
<tr>
<td>Tooth brush with water</td>
<td>2.2</td>
</tr>
<tr>
<td>Meswak</td>
<td>4.1</td>
</tr>
<tr>
<td>Dental floss</td>
<td>9.3</td>
</tr>
<tr>
<td>None of the above</td>
<td>0.7</td>
</tr>
</tbody>
</table>

**Figure 8** The distribution of participants according to their answers for the question "What does your child use for cleansing his/her teeth?"

Do you think that prolonged and frequent bottle feeding affects your child's dental health?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>68.1</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
</tr>
<tr>
<td>I don't know</td>
<td>21.9</td>
</tr>
</tbody>
</table>

**Figure 9** The distribution of participants according to their answers for the question "Do you think that prolonged and frequent bottle feeding affects your child's dental health?"
### Table 1

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you primary teeth important?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>99</td>
<td>139</td>
<td>238 (88.1)</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>7</td>
<td>13 (4.8)</td>
</tr>
<tr>
<td>I don’t know</td>
<td>8</td>
<td>11</td>
<td>19 (7)</td>
</tr>
<tr>
<td>Total</td>
<td>113</td>
<td>157</td>
<td>270</td>
</tr>
<tr>
<td>Do you think problems in primary teeth affect permanent teeth?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>70</td>
<td>106</td>
<td>176 (65.2)</td>
</tr>
<tr>
<td>No</td>
<td>16</td>
<td>24</td>
<td>40 (14.8)</td>
</tr>
<tr>
<td>I don’t know</td>
<td>27</td>
<td>27</td>
<td>58 (20)</td>
</tr>
<tr>
<td>Total</td>
<td>113</td>
<td>157</td>
<td>270</td>
</tr>
<tr>
<td>At what age should you take your child for his/her first dental visit?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 months</td>
<td>24</td>
<td>25</td>
<td>49 (18.1)</td>
</tr>
<tr>
<td>18 months</td>
<td>38</td>
<td>45</td>
<td>83 (30.7)</td>
</tr>
<tr>
<td>6 years</td>
<td>17</td>
<td>32</td>
<td>49 (18.1)</td>
</tr>
<tr>
<td>When felt pain</td>
<td>27</td>
<td>36</td>
<td>63 (23.3)</td>
</tr>
<tr>
<td>I don’t know</td>
<td>7</td>
<td>19</td>
<td>26 (9.6)</td>
</tr>
<tr>
<td>Total</td>
<td>113</td>
<td>157</td>
<td>270</td>
</tr>
<tr>
<td>How frequently do you take your child to the dentist?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once a year</td>
<td>26</td>
<td>28</td>
<td>54 (20)</td>
</tr>
<tr>
<td>Twice a year</td>
<td>39</td>
<td>66</td>
<td>104 (38.5)</td>
</tr>
<tr>
<td>When felt pain</td>
<td>45</td>
<td>60</td>
<td>105 (38.9)</td>
</tr>
<tr>
<td>Never</td>
<td>3</td>
<td>3</td>
<td>6 (2.2)</td>
</tr>
<tr>
<td>Total</td>
<td>113</td>
<td>157</td>
<td>270</td>
</tr>
<tr>
<td>What is your role in your child's oral hygiene and dental home care?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observe and guide</td>
<td>82</td>
<td>137</td>
<td>219 (81.1)</td>
</tr>
<tr>
<td>Only advice</td>
<td>21</td>
<td>17</td>
<td>38 (14.1)</td>
</tr>
<tr>
<td>Don’t monitor</td>
<td>2</td>
<td>1</td>
<td>3 (1.1)</td>
</tr>
<tr>
<td>Leave it to others</td>
<td>8</td>
<td>2</td>
<td>10 (3.7)</td>
</tr>
<tr>
<td>Total</td>
<td>113</td>
<td>157</td>
<td>270</td>
</tr>
<tr>
<td>How often do you think your child should brush his/her teeth?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once daily</td>
<td>25</td>
<td>25</td>
<td>50 (18.5)</td>
</tr>
<tr>
<td>Twice daily</td>
<td>85</td>
<td>132</td>
<td>217 (80.4)</td>
</tr>
<tr>
<td>Occasionally</td>
<td>3</td>
<td>0</td>
<td>3 (1.1)</td>
</tr>
<tr>
<td>Total</td>
<td>113</td>
<td>157</td>
<td>270</td>
</tr>
<tr>
<td>What does your child use for cleansing his/her teeth?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toothbrush with fluoridated tooth paste</td>
<td>100</td>
<td>144</td>
<td>243 (90)</td>
</tr>
<tr>
<td>Method</td>
<td>Yes</td>
<td>No</td>
<td>I don’t know</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-----</td>
<td>-----</td>
<td>-------------</td>
</tr>
<tr>
<td>Toothbrush with non-fluoridated tooth</td>
<td>8</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Toothbrush and water</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Meswak</td>
<td>6</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Dental floss</td>
<td>9</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td>2</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>129</td>
<td>182</td>
<td></td>
</tr>
</tbody>
</table>

Do you think that prolonged and frequent bottle feeding affects your child’s dental health?

<table>
<thead>
<tr>
<th>Response</th>
<th>Yes</th>
<th>No</th>
<th>I don’t know</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>73</td>
<td>111</td>
<td></td>
<td>185(68.1)</td>
</tr>
<tr>
<td>No</td>
<td>9</td>
<td>18</td>
<td></td>
<td>27(10)</td>
</tr>
<tr>
<td>I don’t know</td>
<td>31</td>
<td>28</td>
<td></td>
<td>58(21.9)</td>
</tr>
<tr>
<td>Total</td>
<td>113</td>
<td>157</td>
<td></td>
<td>270</td>
</tr>
</tbody>
</table>

Do you think that sweets and sticky food affect your child’s dental health?

<table>
<thead>
<tr>
<th>Response</th>
<th>Yes</th>
<th>No</th>
<th>I don’t know</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>103</td>
<td>153</td>
<td></td>
<td>256(94.8)</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>0</td>
<td></td>
<td>6(2.2)</td>
</tr>
<tr>
<td>I don’t know</td>
<td>4</td>
<td>4</td>
<td></td>
<td>8(3)</td>
</tr>
<tr>
<td>Total</td>
<td>113</td>
<td>157</td>
<td></td>
<td>270</td>
</tr>
</tbody>
</table>
Discussion:

The present study aimed at evaluating the current oral health knowledge and attitudes of parents of children in Kuwait. Over-reporting is to be assumed in all the points because respondents often give socially desirable answers.

The role of mother in her child’s oral health habits and status received a special emphasis. Despite changing roles and areas of responsibility within the family, the mother still seems to play the key role in the child’s oral health-related life-style [11]. In this study there was no statistical significance between males and females in any point. However, females seem to have better knowledge and attitudes regarding their children’s oral health (table 1).

A vast majority of the respondents knew that primary teeth are important. And most of them correctly identified that problems in primary teeth can affect the permanent ones. However, more than third reported that they visit the dentist only when the child experienced pain. It has been proven that regular visits to the dentist are very/fairly important for preventing dental caries and periodontal disease [12].

Many subjects believed that the first dental visit is when the child experiences pain. And the majority answered that the first dental visit should be at 18 months. This is however in contraindication to the current AAPD recommendation that every child should begin to receive oral health risk assessment by 6 months of age by a qualified pediatrician or a qualified pediatric health care professional [13].

The majority of the respondents were found to observe and guide their children during performing oral hygiene measures and the dental home care. This is consistent with the evidence in the literature that parents must be motivated to consistently spend the time
required to take care of the primary dentition of their children by regular cleaning and controlling the snacking behavior of children [14]. However, a reasonable number of parents only advise their children and do not help them in performing oral hygiene measures.

Most of the subjects reported brushing their children's teeth twice daily. And the majority reported using a fluoridated tooth paste for cleansing their children's teeth. These findings go along with the evidence in the literature that tooth brushing with a fluoridated tooth paste should be done twice daily. This frequency is associated with additional benefits over once daily brushing, but the benefits of more frequent cleansings are not well established [15].

Few subjects are using tooth brush with water for cleansing their children's teeth. A study was done in Riyadh (1991) to compare the plaque removal effectiveness of professional tooth brushing with dentifrice and with only water. The results of this trial show that tooth brushing with dentifrice was more effective in removing plaque compared to brushing with water alone [16]. Also, few parents reported the use of meswak for cleansing their children's teeth. A randomized triple blind controlled trial was conducted (2012) to evaluate the anti-plaque efficacy of a commercially available meswak containing dentifrice compared to the conventional dentifrice. The results showed that there were significant differences in the reduction of plaque between the herbal dentifrice (meswak) and the conventional one. Also, the study concluded that further research is required to know the dental benefits of herbal products being incorporated into the commercially available dentifrice [17].

Less than ten percent of the respondents ask their children to use dental floss. However, the evidence in the literature showed that regular and meticulous flossing can drastically lower interproximal caries risk in young children with poor tooth brushing habits.
and low fluoride exposure [18]. Better tooth brushing and/or enhanced topical fluoride exposure may attenuate or eliminate this flossing effect [18].

A positive aspect of the respondents was that the majority of them knew that prolonged and frequent bottle feeding, and sweets and sticky foods affect the child's dental health. To reduce caries in children parents need to be taught about the importance of reducing high frequency exposures to obvious and hidden sugars. Recommendations include avoiding frequent consumption of juices or other sugar-containing drinks in the bottle or sippy cup and discouraging the behavior of a child sleeping with a bottle. Also, promoting non-cariogenic foods for snacks and fostering eating patterns consistent with the Food Guide Pyramid. In addition, limiting cariogenic foods to mealtimes and restricting sugar-containing snacks that are slowly eaten (e.g. candy, cough drops, lollipops, suckers). Moreover, clearing cariogenic foods from the child's oral cavity rapidly by tooth brushing after sugar attack is necessary [19].

A study was conducted in Kuwait showed that in the primary dentition, the percentage of 5- and 6-year-old children with dft = 0 was 12.6% and 14.4% respectively. The corresponding mean dft/dfs for 5- and 6-year-olds were 4.6/9.7 and 4.6/9.9. For the permanent dentition, the percentage of 12- and 14-year-old children with DMFT = 0 was 26.4% and 21.7% respectively. The corresponding mean DMFT/DFS figures for 12- and 14-year-olds were 2.6/3.4 and 3.9/4.2 [6]. Also, a recent paper (2004), reviewed oral health in Kuwait based on all the surveys conducted in the country. In the global perspective, the prevalence of dental caries in Kuwait is high and there is no indication of a decrease, contrary to that observed in most industrialized countries [20].
So we can conclude from the present study that the knowledge of parents regarding oral health of their children in Kuwait is relatively good. However, this knowledge is not reflected by the current figures of caries experience in children. So the knowledge is not implemented and the attitudes and/or behaviors toward oral health need to be changed and improved. A change can be achieved only by developing comprehensive oral health care programs aimed at changing attitudes as well as providing parents with necessary skills to take the appropriate action. It is also recommended that camps be conducted across various playschools around the country so that the basic knowledge about oral health of preschool children is reinforced to the parents of these children.

**Limitations**

The data was collected by a mean of structured questionnaire. This method has its own limitations. Questionnaire method cannot be administered in the case of illiterate and uneducated persons. Also, it is not suitable when a spontaneous answer is required. Moreover, there is no way of checking misinterpretations and unintelligible replies by the respondents. In addition, questionnaires lack the flexibility of interviews. Generally, they have lower response rates, since it is easier for the respondents not to respond. They permit the measurement of verbal behavior only, without allowing the researcher to make observations.
References:


السيد / وكيل الوزارة المساعد لشؤون طب الأسنان

تحية طيبة وبعد...

نود الإحاطة بأن اللجنة الفرعية المنظمة من قبل اللجنة الدائمة لتمكين البحث الطبي والصحّة وال棪تة بموجب القرار الوزاري رقم 2017/2016 قد أوصت باجتيازها المنعقد يوم 14/5/2019 على إجراء البحث المقدم من طبيبة كلية طب الأسنان - جامعة الكويت (لولاية البهبيسي - دولة سلطنة عمان) بمراكز وعيادات طب الأسنان وذلك تحت إشراف الدكتور/ ريتشارد سيمونز تحت عنوان knowledge and oral health attitudes among parents in Kuwait.

وسيتم البحث باستخدام استبيان لجمع البيانات من أطباء الأسنان بمراكز وعيادات الأسنان ولا تزال المواد اللازمة لإجراء البحث المتاحة وتتضمن البحث إجراء فحوصات أو دراسات واسعة أو أبحاث على مصادرهم.

ويجب أن تتطلب الموافقة على إجراء البحث المشار إليه.

لذا يرجى تسهيل مهمة الباحثين عن التسليم بالموافقة على حقوق المشاركين في البحث من حيث الخصوصية وسرية المعلومات وعدم تشويهها خارج إطار البحث والموافق عليها الإثراء المستنير من المشاركين بالبحث حسب الضوابط المنظمة لذلك.

أعضاء المتضمنون في هذا البحث يتضمنون...
جامعة الكويت
كلية طب الأستان
قسم العلوم التسالحية

قرار مستنير لليابانيين (كامللي الاهلية) بالموافقة

عنوان الدراسة: معرفة وموافقة أبناء الأطفال تجاه صحة الفم في الكويت

الهدف من إجراء هذه الدراسة هو:

هذه الدراسة تهدف إلى تقييم معرفة وموافقة أبناء الأطفال تجاه صحة الفم في الكويت

الإجراءات المتضمنة في هذه الدراسة تتضمن التالي:

هذا الاستبيان عبر عن دراسة قطاعات تشمل عينة من أبناء الأطفال في الكويت. وستتم شرح الفرض من هذه الدراسة إلى المشاركين وسيتم ضمان السرية. لنن نهدف لدورة 300 مشارك في دراستنا. وسيتم تعيين المشاركين من سكان الكويت. وستتم تحليل البيانات باستخدام البرامج الإحصائية. المعلومات المأخوذة من البحث لن يتم الكشف عنها إلا للباحثين والمشرف على الدراسة.

ضرر المعلومات محفوظة.

الرجاء وضع علامة (✓) في المكان المناسب:

- أرغب بالمشاركة
- لا أرغب بالمشاركة

شكر لكم حسن تعاونكم.

اسم الطالبة، د. سلطان
لولوة البحري
كلية طب الأستان
اسم المشرف على الدراسة: د. أ.ب.رهناع
التاريخ: ..........................
Kuwait University  
Faculty of Dentistry  
Department of Restorative Sciences  
2013

Informed Consent (Adult)

Title of the Project: Knowledge and Oral Health Attitudes among Parents in Kuwait

Aim of this research is:
The present study aimed at evaluating the oral health knowledge and attitudes of parent in Kuwait.

The procedures involved in this study include:
This cross-sectional questionnaire study will include a convenient sample of parents of children living in Kuwait. The purpose of this survey will be explained to the participants and confidentiality will be assured. We aim for inviting 300 participants in our study. The participants will be recruited from Kuwait population. The data will be analyzed using statistical software. The information obtained from the questionnaire will not be exposed to anyone except the researchers and the supervision. So confidentiality is guaranteed.

Please indicate (✓) below if you wish to participate or decline to do so:

☐ I wish to participate  
☐ I do not wish to participate  

Signature of participant:____________

Thank You for Your Cooperation...

Students name:  
Dua'a Sultan  
Lulwa Al-Yahya  
(Faculty of Dentistry)

Supervised by:  
Dr. Abrar Al-Anzi

Date:____________
This questionnaire will only take few minutes of your time. It includes ten questions only. Your individual answers will be reported in aggregate with many other answers, so they will never be identified. Please feel free to answer as honestly as you can.

1) What is your gender?
   O Male
   O Female

2) Do you think that primary teeth are important?
   O Yes
   O No
   O Do not know

3) Do you think that problems in primary teeth can affect the permanent teeth?
   O Yes
   O No
   O Do not know

4) At what age should you take your child for his/her first dental visit?
   O When the first primary tooth erupts (6months)
   O When the first primary molar erupts (18months)
   O When the first permanent tooth erupts (6years)
   O When they have pain or in trouble
   O Do not know

5) How frequently do you take your child to the dentist?
   O Once a year
   O Twice a year
   O When having pain or in trouble
   O Never

6) What is your role in your child's oral hygiene and dental home care?
   O I observe and guide
   O I only advise
   O I don't monitor
   O I leave my child's dental home care to others

7) How often do you think your child should brush his/her teeth?
   O Once daily
   O Twice daily
   O Occasionally
   O Never
8) What does your child use for cleansing his/her teeth? (More than one answer can be marked)
O Toothbrush with fluoridated paste
O Toothbrush with non-fluoridated paste
O Toothbrush and water
O Meswak
O Dental floss
O None of the above

9) Do you think that prolonged and frequent bottle feeding affects your child's dental health?
O Yes
O No
O Do not know

10) Do you think that sweets and sticky food affect your child's dental health?
O Yes
O No
O Do not know