

Beliefs and myths on teething in infants - A review article

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Abstract

Myths and misconceptions continue about signs and symptoms of teething such as beliefs by both mothers and health workers relating fever and diarrhea to teething. While some investigators believe teething is associated with local irritation and a whole host of other symptoms, others disagree. A variety of physical disturbances have historically been associated to teething like pain, inflammation of the mucous membrane overlying the tooth, irritability, disturbed sleep, facial flushing, drooling, gum irritation, bowel upset, loss of appetite, and ear rubbing on the side of the erupting tooth. Parents' false beliefs about signs and symptoms associated with teething may interfere with the prompt diagnosis and management of serious illnesses. Medical professionals can join hands to educate mothers about their role in improving their children's oral health during antenatal checkups and immunization visits. This study was done to review the literature on myths and beliefs on teething in infants.

Keywords: Beliefs, Myths, Teething

Introduction

Myths and misconceptions continue about signs and symptoms of teething such as beliefs by both mothers and health workers relating fever and diarrhea to teething(1,2,3). Reports on local and systemic signs and symptoms associated with teething appeared as far back as the 5th century(4). While some investigators(5,6) believe teething is associated with local irritation and a whole host of other symptoms, others disagree. One example is the normal salivary gland development which occurs at about two to three months of age when the salivary glands of infants begin functioning which contributes to constant drooling, which mothers may

misinterpret as a sign of teething(7). Nocturnal awakening occurring around eight or nine months of age when infants develop a sense of object permanence and call out to their parents is another normal developmental event mothers can erroneously assume is a symptom of teething(7). Also at this age children begin to crawl and place unclean objects in their mouths which can introduce pathogens into their bodies and may lead to gastrointestinal disturbances such as diarrhea, vomiting with an associated increase in body temperature. A variety of physical disturbances have historically been associated to teething like pain, inflammation of the mucous membrane overlying the tooth, irritability,

disturbed sleep, facial flushing, drooling, gum irritation, bowel upset, loss of appetite, and ear rubbing on the side of the erupting tooth(9). Parents' false beliefs about signs and symptoms associated with teething may interfere with the prompt diagnosis and management of serious illnesses. Thus, there is a need to distinguish between facts and false beliefs associated with teething. 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'(12)The removal of the incipient canine teeth ('germectomy') in small babies is a practice carried out in many parts of Eastern Africa(13).Old remedies for teething include "blistering, bleeding, placing leeches on the gums, and applying cautery to the back of the head(14).Some traditional medicine used to treat teething pain has been found to be harmful due high lead content, with effects including toxic encephalopathy(15).

This study was done to review the literature on myths and beliefs on teething in infants.

Review of literature

A study in Nigeria(8)reported a significant association between socioeconomic status, mother's beliefs, and the actual reported signs and symptoms of teething in their children. Mothers in a high socioeconomic status reported significantly fewer signs and symptoms associated with tooth eruption in their children compared to those in the middle and low socioeconomic groups. Their beliefs on teething and associated signs and symptoms was also significantly more positive (they expected less signs and symptoms) in comparison to those from the other socioeconomic groups. Fever was the most common teething problem seen in children by the mothers. Traditionally, most mothers believed fever to be the most

common teething problem seen in children. This study also found no significant association between breastfeeding status and reported teething symptoms. In addition, no association between a child's gender and reported teething symptoms was found in children.

A study in Udaipur(10) reported that the majority of parents in had false beliefs about the signs and symptoms of teething, such as the inclusion of fever (70%) and diarrhea (87.5%). Other incorrectly identified symptoms included a runny nose (32.7%), vomiting (37.1%), and ear problems (23.3%); almost 75% of parents believed that at least one of these symptoms was associated with teething. About half (48.2%) of parents in the present study believed that sleep disturbance wakefulness was associated with teething; Vomiting (37.1%) and convulsions (1.5%) were attributed to teething in this study. Only 33.8% of parents in this study allowed their children to chew on chilled objects, and around 40.4% allowed bottle feeding or nursing at night.

A study of Jordan reported(11)that the desire to bite, gum irritation, increased salivation and loss of appetite were correctly chosen by parents as an association with teething. Almost three-fourth of the participants incorrectly attributed fever, diarrhoea and sleep disturbances to teething and more than one half believed systemic symptoms were not related to the process. Of the studied sample, 54.0% had a good knowledge score about the signs and symptoms related to teething leaving(46.0%) with poor knowledge. The study also reported that the practices that the parents believed were useful to deal with teething problems. Eighty percentage of parents disagreed with the use of bottle feeding or nursing at night as a measure to control the symptoms of teething. More than half of the participants allowed their children to bite chilled objects, 76.1% used

systemic analgesics and 65.6% rubbed the gums with topical analgesics to relieve the symptoms associated with teething. More than 66% of participants gave their children fluids to prevent dehydration and tended to consult a primary health care provider in case of eruption and teething problems. 75.0% of the high income people had 'good' knowledge of the signs and symptoms related to teething. As the number of children in the family increased, parents exhibited better knowledge scores; 60.0% of parents with more than four children had a 'good' knowledge score. Younger parents tended to have better knowledge than older parents. Seventy-eight percentage of the parents with 'good' knowledge were found to be younger than 40 years of age

Another study(16) reported that 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 .

In another study(17) in India, myths or false beliefs prevailed regarding diarrhoea, cold/runny nose and diaper rash (77%; 48%; 42%) and to a lower extent regarding conjunctivitis and convulsions (21% and 13%) respectively. Fever was wrongly attributed to teething by 75% of the respondents. With regard to visiting dentist or health care professional for teething problems, 79% of mothers believed consultation to be unnecessary. The lower awareness could be ascribed to the fact that majority of the mothers were high-school dropouts hence preferred the use of alternative medications like ginger root, clove oil, vanilla extract, spring onion, alcohol as well as combinations of these therapies as topical applications.

In a study in Mysore(18), most mothers perceived that teething causes diarrhoea (65.4%), 34.1 % of the mothers believed teething causes fever, 18.5% irritability,

37.6 % for drooling of saliva, 68.3% mothers reported finger sucking, 62.4 % reported gum biting during teething. Less than 20% of the mothers in the study believed that sleep disturbance / wakefulness was associated with teething;

Conclusion

Awareness regarding dental health appears to receive low priority, resulting in poor knowledge levels. Paediatric dentists can emphasize and call for education and awareness programs at rudimentary and national levels .Communities would benefit if mothers underwent training on oral health-promoting factors. Medical professionals can join hands to educate mothers about their role in improving their children's oral health during antenatal checkups and immunization visits.

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