

KNOWLEDGE AND BELIEFS OF MOTHERS TOWARDS INFANT TEETHING VISITING THE TERTIARY CARE HOSPITALS IN PESHAWAR, KHYBER PAKHTUNKHWA (KP), PAKISTAN

Ayesha Rizwan¹, Adeel Ahmed Khalil², Fawad Ahmad^{*3}, Zahoor Rahman⁴, Ansar Ullah⁵, Muhammad Suliman⁶

^{1,4,5,6} Institute of Health Sciences, Peshawar

²CMT, Bacha Khan Medical College, Mardan

³Khyber Medical University, Peshawar

^{*3}fawadkmu781@gmail.com

DOI: <https://doi.org/10.5281/zenodo.17500506>

Keywords

Knowledge, Belief, Infant teething.

Article History

Received: 15 September 2025

Accepted: 18 October 2025

Published: 31 October 2025

Copyright @Author

Corresponding Author: *
Fawad Ahmad

Abstract

Background:

Teething or the process by which a tooth moves from its developmental position within the jaws to make an appearance in the oral cavity, is a normal physiological process.

Aims and Objectives:

To assess the knowledge of mothers regarding infant teething and to evaluate the beliefs of mothers regarding infant teething visiting the Tertiary Care Hospitals in Peshawar, Khyber Pakhtunkhwa (KP), Pakistan.

Materials and Methodology:

A cross-sectional study was conducted among the mothers visiting the Tertiary Care Hospitals in Peshawar, KP. The study was carried out from September 2024 to December 2024. The sample size was 384 mothers calculated through Cochran formula. Convenient Sampling Technique was used. All the mother having children of aged 6 months to 3 years of age visiting the Tertiary Care Hospitals, Peshawar, KP and those who gave informed consent were included in the study. Mothers having children with any systemic disease and those whose children need intensive care were excluded from the study. The data was collected from mothers visiting the Department of Oral and Maxillofacial of Hayatabad Medical Complex and Lady Reading Hospital through a questionnaire. Descriptive statistics and Chi-square test were used to analyse the data.

Results:

The result of this study indicates that most of the mothers were aged 31 and above (n = 135, 35.2%), illiterate (n = 226, 58.9%), unemployed (n = 309, 80.5%), belonging to rural areas (n = 208, 54.2%) and had 2 to 4 children (n = 220, 57.3%) aged 1 year to less than 2 years (n = 183, 47.7%). Only a smaller proportion, 20.8% (n = 80), demonstrated good knowledge. The most commonly recognized signs were fever (81.8%) and diarrhea (78.4%), while increased salivation (57.0%) was the least acknowledged symptom. A chi-square analysis revealed that the education level of mothers was highly correlated with their knowledge (p < 0.001).

Conclusion:

These findings suggest that improving maternal education may enhance awareness and understanding of childhood teething, emphasizing the importance of educational interventions to inform mothers on this topic better.

Limitations:

This study used convenience sampling, which may limit generalizability to other populations. Future studies should use more robust sampling methods to increase external validity.

INTRODUCTION

Teething or the process by which a tooth moves from its developmental position within the jaws to make an appearance in the oral cavity, is a normal physiological process (1). Usually starting in six months, teething lasts until the infant is roughly three years old (2). During the teething period, it's essential to consider that the infant's protection from their mother's antibodies, which provided immunity at birth, gradually wanes. As a result, the infant becomes more susceptible to a range of common childhood illnesses, as their own immune system begins to take over. This increased vulnerability, combined with the natural process of teething, can make infants more prone to experiencing various health issues, making it crucial for parents and caregivers to be vigilant and take necessary precautions to ensure the infant's health and well-being (3).

Primary tooth eruption is one of the important developmental steps a child goes through, marking the initiation of his or her dental history. This is the transition from infancy to early childhood; hence, it forms an important part of the child's growth and development. The primary teeth are required for several functions like chewing, speech, and maintaining space for permanent teeth in their proper alignment. The eruption of primary teeth reflects a physical aspect of teeth and shows the child's development and health. Teething is a normal and essential part of a child's development, marking the gradual maturation of their oral cavity and the formation of their jaw structure. This natural process is a crucial aspect of a child's overall development, laying the foundation for their future oral health and well-being. For many parents, the eruption of their child's first tooth is of immense significance as it is symbolic of growth and development. This is often tinged with excitement and pride because it means so

much more to the parents as their child passes this important milestone. For some parents, primary tooth eruption might also be regarded as a pointer or realization of progress into adulthood and independence for a child. Primary teeth, more correctly called baby teeth, serve as holders for permanent teeth and perform an important function in oral health. They help in proper chewing, speech development, and the maintenance of space for permanent tooth eruption. The best oral hygiene practices during the eruption of primary teeth are, therefore, very important in preventing dental problems and ensuring healthy permanent dentition (4).

Teething usually comes with various signs including irritability, fever, excessive drooling, and the impulse to chew on substances. However, numerous studies have been conducted to identify teething symptoms. Opinions vary among medical experts regarding the consequences of teething and how best to manage them. Even though some of the symptoms, including salivary drool and gum irritation, seem unimportant, they still hold significance for both the child and parents (5). Teething-related signs and symptoms can be either local or systemic, and they differ among babies (6). Moreover, some newborns may refuse to eat because of the discomfort associated with teething, and they may chew on their fingers and toys to relieve the gums (7). The conventional wisdom in Uganda has it that main canines are carriers of diseases and their removal will stop the disease. In some traditional Ethiopian cultures, there is a long-held belief that a specific illness, often accompanied by diarrhea and fever, is caused by a mythical worm that is thought to reside in the gums of infants. According to this belief, the emergence of milk teeth is believed to be linked to the presence of this worm, which is

said to cause a range of symptoms, including digestive issues and fever, as the teeth begin to erupt. This traditional understanding of the relationship between teething and illness reflects a unique cultural perspective on the causes of childhood health issues, and highlights the importance of considering the diverse beliefs and practices that exist across different societies (8).

The literature, regarding the association of systemic disorders with teething, has yielded conflicting results. Tighe and Roe observed several systemic symptoms that coincided with teething, but they concluded there was inadequate evidence in the literature to suggest that teething could be the cause of systemic symptoms (9). Further research from Australia, the United States, and other African countries has revealed that a significant proportion of mothers and medical professionals believe common children's ailments are caused by teething (10). Thus, as researched by Shapira et al. children at the teething stage may have cytokines in the Gingival Crevicular Fluid (GCF) that are associated with elevated temperature, gastrointestinal disorders, sleeping disturbances, and appetite disorders (9). In a review of parents' experiences with teething, Baykan et al. reported that the most common symptoms described in their study were increased biting, irritability and fever in that order, in Turkey (11).

A study conducted by Faheem et al. aimed to investigate mothers' understanding of the teething process in children, including associated symptoms, cultural practices, and medications used to alleviate these symptoms. The research employed descriptive statistics and Chi-square tests to analyze data from a sample of 115 mothers who visited the outpatient department of Dow Dental College between July 2021 and September 2021, with a simple random convenience sampling method used to recruit participants. The findings revealed that 52% of mothers expressed concern when their children started teething, with this concern correlated with the mother's level of education. Furthermore, 90% of mothers reported that teething was associated with various symptoms, with fever being the most commonly reported symptom, followed by diarrhea and poor appetite. When symptoms worsened, 53% of

mothers took their children to the hospital, and paracetamol was the most commonly administered medication, used by 51.3% of mothers, with its use associated with the mother's education and occupation. The study also found that mothers' awareness of teething symptoms was directly correlated with their educational level, with misconceptions about teething, such as associating diarrhea and fever with teething, more prevalent among mothers without professional education. Additionally, while half of the mothers used paracetamol during the teething period, some relied on unregulated homeopathic drugs, highlighting the need for targeted health education and advocacy to debunk these myths and promote evidence-based practices (12).

A study conducted by Amjad et al. explored the beliefs, myths, and awareness surrounding teething among parents, as well as their practices for alleviating teething troubles in their children. The research utilized descriptive statistics to analyze data from a sample of 120 parents who visited the Outpatient Department of Sharif Medical and Dental College and CMH Lahore Medical College and Institute of Dentistry between May 13, 2021, and November 13, 2021. The findings revealed that 87.5% of parents found it challenging to manage their child during teething, with general irritability (80%), diarrhea (74.2%), and a desire to chew or bite on something (70.8%) being the most frequently reported signs and symptoms. To soothe their child's teething troubles, 43.3% of parents used homeopathic medicine, while 26.7% allowed bottle feeding at night. Notably, nearly one-third of parents believed that delayed tooth eruption was a sign of an underlying systemic disease, leading some to consider consulting a faith healer (2.5%) or undergoing a gum incision (4.2%). Additionally, some parents held misconceptions about the timing of tooth eruption, with 17.5% believing that early eruption was a sign of a child's intelligence and 6.7% thinking that it was a sign of a cursed family. The study concluded that these myths and misconceptions about teething can have negative consequences for a child's health, highlighting the need for dental health professionals to educate parents and eliminate false beliefs through targeted education and awareness campaigns (20).

Symptoms

- **Fever:** Teething can sometimes cause the body temperature to rise, resulting in low-grade fever. This is typically related to the inflammatory response triggered by the process.
- **Diarrhea:** Some babies do get diarrhea or even have loose stools during the teething period. This can perhaps be attributed to a rise in salivation or gastrointestinal changes.
- **Dermatitis:** Drooling excessively in teething may irritate the skin or rashes around the mouth area or on the chin. This is due to the constant moisture on the skin that leads to dermatitis.
- **Constipation:** On the other hand, constipation can also occur in babies as a result of teething. This could be due to changed eating habits or due to the excess swallowing of saliva.
- **Irritability:** Teething is a painful process for the infant. Therefore, they turn out to be irritable and fussy babies. The discomfort and pain caused by teething can hold higher importance for showing their mood or behaviour.
- **Respiratory Diseases:** Teething is sometimes directly associated with some respiratory illnesses such as coughing or cold. However, further investigation studies are needed to relate it directly (12).

Aims and Objectives:

The aims and objectives of our study were;

- To assess the knowledge of mothers regarding infant teething visiting the Tertiary Care Hospitals in Peshawar, Khyber Pakhtunkhwa (KP), Pakistan.
- To evaluate the beliefs of mothers regarding infant teething visiting the Tertiary Care Hospitals in Peshawar, Khyber Pakhtunkhwa (KP), Pakistan.
-

Materials and Methods

Study design

A cross-sectional study was conducted. The nature of the study was observational.

Study Settings

The study was undertaken among the mothers visiting the Department of Oral Maxillofacial of the following Tertiary Care Hospitals in Peshawar, KP;

- Hayatabad Medical Complex (HMC)
- Lady Reading Hospital (LRH)

Study Timeframe

The study was carried out from September 2024 to December 2024.

Sample Size

The sample size was 384 mothers. Cochran formula is used for sample size calculation. Sample size was calculated through formula at 95% confidence interval, level of significance 0.05%, anticipated population 50% and Z-score is 1.96.

Sampling Technique

The participants were chosen using a non-probability method, Convenient Sampling Technique.

Inclusion Criteria

- All the mother having children of aged 6 months to 3 years of age visiting the Tertiary Care Hospitals, Peshawar, KP.
- Those who gave informed consent.

Exclusion Criteria

The following were excluded from the sample;

- Mothers having children with any systemic disease.
- Mothers whose children need intensive care.

Data Collection Procedure

The data was collected from mothers visiting the Hayatabad Medical Complex and Lady Reading Hospital from November 15, 2024 to December 15, 2024. An approval from institute research committee was obtained for conducting research. Then, approval from relevant institutional ethical committee to ensure the ethical guidelines and privacy regulations, was obtained. For collecting data, a permission was obtained from Hospitals authority. Participant anonymity was ensured throughout the research, as the survey was administered anonymously to maintain confidentiality. The data were collected through a validated questionnaire from the previous study (11) after getting the written informed consent to ensure the voluntary participation. Each participant received a thorough explanation of the survey, which was then administered and collected in person by the researcher. The first section of the questionnaire contained the demographic characteristics including age of mother,

education of mother, occupation, ethnicity, number of children and age of youngest child. The second and third section contained the multiple-choice questions with Agree, Disagree and Don't know answer choices provided. The second section contained questions to assess the knowledge of mothers regarding teething of their children. The third section consisted questions to evaluate beliefs of mothers regarding their children's teething.

Data Analysis

The collected data was subjected to statistical analysis using a specialized software program, Statistical Package of Social Sciences (SPSS) version 25, to extract meaningful insights and trends. Descriptive statistics (frequencies and

percentages) were used to summarize the sample. Relationship between knowledge (dependent variable) and education level which is a demographic characteristic (independent variable) were analysed using the Chi-squared test. A value of $p \leq 0.05$ was considered statistically significant.

Result

A total of 384 lactating mothers were participated in our study. The demographic data for all the participants were recorded. Age level of education, occupation, ethnicity, no of children was recorded.

The age of mothers is distributed between less than or equal to 19 and older than 31 table 1.

Table 1 Age of Mothers

		Frequency	Percent
Valid	Less than and equal to 19	31	8.1
	20-25	104	27.1
	26-30	114	29.7
	≥ 31	135	35.2
	Total	384	100.0

The educational level of the mothers in the sample differs, with most illiterate. Indeed, 226 (58.9%) reported being illiterate, while 53 (13.8%) received primary education, 37 (9.6%) middle school, 38 (9.9%) were

matriculate and 30 (7.8%) above the matriculate level. From this, it is evident that the sample has a skewed distribution toward lower levels of education table 2.

Table 2 Education of Mothers

		Frequency	Percent
Mother education levels	Illiterate	226	58.9
	Primary	53	13.8
	Middle	37	9.6
	Matriculate	38	9.9
	Above	30	7.8
	Total	384	100.0

The majority of mothers in the sample were unemployed, only 75 (19.5%) mothers were employed and 309 (80.5%) were unemployed and 208 (54.2%) mothers were from rural areas and 176 (45.8%) were from urban areas.

The age distribution of the youngest child among mothers in the sample was: 114 (29.7%) mothers had a youngest child aged 6 months to 1 year, 183 (47.7%) had a youngest child aged 1

to 2 years, and 87 (22.7%) mothers had a youngest child aged 2 to 3 years.

The knowledge of mothers regarding teeth eruption are summarized in table 3 below. About the level of knowledge 39.3% ($n = 151$) of the mothers had poor knowledge, while 39.8% ($n = 153$) had average knowledge. While only a smaller proportion, 20.8% ($n = 80$), demonstrated good knowledge. While belief of

mothers regarding tooth eruption are summarized in table 4, while association between Mothers' Education Level and

Knowledge Regarding Infant Teething are summarized in table 5.

Table 3 knowledge of mothers regarding teeth eruption

Knowledge about tooth Eruption		Frequency	Percent
First teeth are lower incisors	Agree	180	46.9
	Disagree	86	22.4
	Dont know'	118	30.7
	Total	384	100.0
Teeth eruption completes at 2 years	Agree	110	28.6
	Disagree	65	16.9
	Dont know'	209	54.4
	Total	384	100.0
Delayed eruption indicates systemic illness	Agree	97	25.3
	Disagree	159	41.4
	Dont know'	128	33.3
	Total	384	100.0
Knowledge level of mothers	Poor Knowledge	132	34.4
	Average Knowledge	134	34.9
	Good Knowledge	118	30.7
	Total	384	100.0

Table 4 Percentage Wise Distribution of Responses Regarding Beliefs About Infant Teething

Beliefs	Responses	Percentage
Fever	Agree	81.8%
	Disagree	14.8%
	Dont know'	3.4%
Diarrhea	Agree	78.4%
	Disagree	17.7%
	Dont know'	3.9%
Gum irritation	Agree	77.3%
	Disagree	15.1%
	Dont know'	7.6%
Desire to bite	Agree	72.4%
	Disagree	19.0%
	Dont know'	8.6%
Increased salivation	Agree	57.0%
	Disagree	38.5%
	Dont know'	4.4%

Table 5 Association between Mothers' Education Level and Knowledge Regarding Infant Teething (n = 384)

Education Level	Poor Knowledge	Average Knowledge	Good Knowledge	Total	p-value
Illiterate	121 (31.5%)	75 (19.5%)	30 (7.8%)	226 (58.9%)	p<0.001
Primary	7 (1.8%)	39 (10.2%)	7 (1.8%)	53 (13.8%)	
Middle	4 (1.0%)	14 (3.6%)	19 (4.9%)	37 (9.6%)	
Matriculate	0 (0.0%)	6 (1.6%)	32 (8.3%)	38 (9.9%)	
Above Matriculate	0 (0.0%)	0 (0.0%)	30 (7.8%)	30 (7.8%)	
Total	132 (34.4%)	134 (34.9%)	118 (30.7%)	384 (100%)	

Discussion

The current study 384 mothers who visited Tertiary Care Hospitals, Peshawar, KP to assess the knowledge and evaluate the beliefs of mothers regarding infant teething.

most of the mothers were aged 31 and above (n = 135, 35.2%), illiterate (n = 226, 58.9%), unemployed (n = 309, 80.5%), belonging to rural areas (n = 208, 54.2%) and had 2 to 4 children (n = 220, 57.3%) aged 1 year to less than 2 years (n = 183, 47.7%). In correspondence to the study conducted by Olah et al. in Riyadh city, Saudi Arabia, showed most of the mothers were aged 31 to 45 (47%), university-level educated (62%) and had 2 to 4 children (53%) (16)

our study shows that most mothers lack good knowledge regarding teething and associate common symptoms of childhood illnesses with teething, which is in accordance with most studies. 39.8% (n = 153) of mothers had average knowledge which makes the largest portion of the sample (n = 384) while 39.3% (n = 151) of the participants had poor knowledge and a smaller proportion, 20.8% (n = 80), demonstrated good knowledge. Research by El-Gilany et al. revealed that a mere 16.8% of mothers possessed a satisfactory understanding of the teething process in infants, highlighting a significant knowledge gap (6). In accordance to a study conducted by Kakatkar et al., the majority of participants about 393 (which makes 71.4% of the total sample size i.e. 550) answered all questions correctly and most of them had high-school level education (n = 224, 40.7%) (11). A similar investigation by Owais et al. found that nearly 40% of parents accurately responded to all inquiries, while approximately

half of the participants held a university degree, with 45.5% possessing higher education credentials (1) A study conducted by Ahmed et al. in Sudan showed that a total of 126 mothers which make 32.8% of the total sample size (384) answered all the questions correctly regarding knowledge of infant teething. The education level of 203 (52.9%) mothers was secondary or higher (17).

The mothers in our study had believed that fever (81.8%), diarrhea (78.4%), gum irritation (77.3%), desire to bite (72.4%) and increased salivation (57.0%) was associated with teething. The present study showed that the most commonly recognized sign was fever (81.8%). The proportion of mothers with this belief was lower than that found by More et al. (87%) (4) and was higher than that was found by Adnan et al. (73.1%) (21) Our study demonstrated that 78.4% of mothers associated teething with diarrhea which is higher than the study conducted by M D et al. which showed that diarrhea was associated with teething by 65.4% of mothers (14). The study conducted by Kakatkar et al. demonstrated that 81.5% of the participants associated gum irritation with teething (11), which is higher than that shown by our study (77.3%). According to the study by Kumar et al., the most frequent associated symptom by participants was desire to bite. 97.5% of the participants associated this symptom with teething (9), while the desire to bite was associated with teething by 72.4% of the participants in our study. The present study demonstrated increased salivation as the least acknowledged symptom which was about 57.0% participants associated this symptom to teething.

The proportion of participants is higher than that found by Paul et al. (7.8%) (7) and lower than that found by Wake et al. (77%) (18).

Our study showed the education level of mothers was associated with the knowledge level ($p < 0.05$). According to Ahmed et al., a statistically significant association was found between maternal educational attainment and knowledge of teething, with mothers who had not completed secondary education being significantly less likely to possess accurate information about the teething process ($p = 0.002$). This suggests that educational level may be a determining factor in a mother's understanding of this important aspect of infant care (17). Similarly, study performed by Kakatkar et al. also showed participants who were educated had good knowledge (11). According to Faheem et al. significant correlation was found between the mothers' educational backgrounds and their knowledge regarding teething process in infants. Specifically, it was observed that mothers with lower levels of education tended to have limited knowledge about teething, highlighting a potential gap in awareness that may impact their ability to provide optimal care for their children during this developmental stage (12). El-Gilany et al. demonstrated that there was a notable disparity in the level of knowledge about infant teething between mothers with advanced educational backgrounds and those with more limited formal education. Generally, mothers who have pursued higher education tend to possess a more comprehensive knowledge of teething process, compared to their less educated counterparts (6). The notion that teething is solely responsible for the eruption of teeth is a common saying among pediatricians and dentists. However, current understanding acknowledges that the local symptoms accompanying teething can vary greatly from person to person, and while they may not typically lead to severe systemic complications, any unusual or persistent symptoms warrant prompt medical evaluation (7). As a result, it is essential to separate fact from fiction when it comes to teething. Healthcare providers must stay informed about the latest knowledge on teething to provide accurate and reassuring guidance to caregivers who may be concerned about their child's symptoms. By doing so, they can help alleviate unnecessary

worry and ensure that parents receive reliable information to support their child's oral health.

Conclusion

Based on the findings of this study, most of the mothers visiting the Tertiary Care Hospital in Peshawar, KP, Pakistan, had average knowledge. The result of this study indicates that most of the mothers were aged 31 and above ($n = 135$, 35.2%), illiterate ($n = 226$, 58.9%), unemployed ($n = 309$, 80.5%), belonging to rural areas ($n = 208$, 54.2%) and had 2 to 4 children ($n = 220$, 57.3%) aged 1 year to less than 2 years ($n = 183$, 47.7%). Specifically, 39.8% ($n = 153$) had average knowledge while 39.3% ($n = 151$) of the participants had poor knowledge. Only a smaller proportion, 20.8% ($n = 80$), demonstrated good knowledge. The most commonly recognized signs were fever (81.8%) and diarrhea (78.4%), while increased salivation (57.0%) was the least acknowledged symptom. A chi-square analysis revealed that the education level of mothers was highly correlated with their knowledge ($p < 0.05$). Specifically, mothers with higher educational attainment exhibited a higher level of knowledge regarding teething. The majority of illiterate mothers had poor knowledge (53.5%), while those with a primary education predominantly showed average knowledge (73.6%). Among mothers with middle and matriculate education, the proportion of good knowledge increased significantly, with 51.4% and 84.2%, respectively, possessing good knowledge. Furthermore, all mothers with education above matriculate demonstrated good knowledge. These findings suggest that improving maternal education may enhance awareness and understanding of childhood teething, emphasizing the importance of educational interventions to inform mothers on this topic better.

Recommendations

Overall, the results highlight significant gaps in maternal knowledge about teething that could be addressed through targeted educational interventions. To improve awareness, it is recommended that health professionals provide more comprehensive guidance to mothers during routine visits, particularly regarding common teething signs and symptoms. Educational programs and increasing public

awareness campaigns should focus on educating mothers and offering practical advice.

Limitations

While this study aimed to explore Knowledge and Beliefs of Mothers about Infant Teething, there are several limitations that must be acknowledged. One of the primary limitations of this study is the use of convenience sampling technique, which may compromise the generalizability of the findings. Convenience sampling is a non-probability sampling method that relies on easily accessible participants, which may not be representative of the larger population. As a result, the sample may be biased towards individuals who are more readily available or willing to participate, rather than a random sample of the population. This limitation may affect the external validity of the study, making it difficult to generalize the findings to other populations or settings. However, future studies should aim to use more rigorous sampling methods, such as probability sampling, to increase the generalizability and external validity of the findings.

References

- Owais AI, Zawaideh F, Bataineh O. Challenging parents' myths regarding their children's teething. *Int J Dent Hyg*. 2010;8(1):28-34.
- AwadKamil M. Mothers' misconception and traditional practises towards infant teething' symptomsin Khartoum. *IOSR Journal of Pharmacy (IOSRPHR)*. 2012 Jan;2(3):448-51.
- Aliyu I, Adewale A, Teslim LO. Teething myths among nursing mothers in North-Western Nigeria. *Medical Journal of Dr DY Patil University*. 2015 Mar 1;8(2):144-8.
- More SG, Sankeshwari R, Ankola A V. Exploring Parental Knowledge and Indigenous Practices for Infant Teething in Indian Population: A Cross-sectional Study. *Int J Clin Pediatr Dent*. 2019 Nov 1;12(6):479-83.
- Adimorah GN, Ubesie AC, Chinawa JM. Mothers' beliefs about infant teething in Enugu, South-east Nigeria: A cross sectional study. *BMC Res Notes*. 2011;4.
- El-Gilany AH, Abusaad FES. Mothers' teething beliefs and treatment practices in Mansoura, Egypt. *Saudi Dental Journal*. 2017 Oct 1;29(4):144-8.
- Paul NI, Fatoki OP. Mothers Perception of Teething in Children.
- Getaneh A, Derseh F, Abreha M, Yirtaw T. Misconceptions and traditional practices towards infant teething symptoms among mothers in Southwest Ethiopia. *BMC Oral Health*. 2018 Sep 21;18(1).
- Kumar S, Tadakamadla J, Idris A, Idris /, Busaily AA, Yaqoub A, et al. Knowledge of Teething and Prevalence of Teething Myths in Mothers of Saudi Arabia [Internet]. Vol. 40, *The Journal of Clinical Pediatric Dentistry*. 2016. Available from: http://meridian.allenpress.com/jcpd/article-pdf/40/1/44/1751973/1053-4628-40_1_44.pdf
- James RM, Gathece LW, Kemoli AM. ASSOCIATION OF FEVER AND DIARRHEA WITH INFANT TEETHING AMONG MOTHERS ATTENDING TWO HEALTH CENTRES IN NAIROBI. Vol. 6, *Journal of the Kenya Dental Association*. 2015.
- Kakatkar Ramesh Nagarajappa Nagesh Bhat Vikas Prasad Archana Sharda Kailash Asawa G, Author C, Kakatkar G. Pediatric Dentistry Beliefs about teething.
- Faheem S, Qasim R, Zaidi SJA, Maqsood S. Misconceptions and Cultural Practices toward Infant Teething among Mothers Visiting a Public Dental Hospital. *World Journal of Dentistry*. 2022 Jul 1;13(4):406-11.
- Al Olah L, Al Dubaikhi K, Al Eissa N, Shahin E, Albalawi AI, Kanakeri SA, et al. SAUDI MOTHERS KNOWLEDGE REGARDING THE TEETHING PROCESS IN THEIR CHILDREN. Vol. 8, *Annals of Dental Specialty*.
- Ahmed MAA, Salih KM, Al-Nafeesah A, Adam I, Hassan BA. Misconceptions and traditional practices toward infant teething symptoms among mothers in eastern Sudan: a cross-sectional study. *Braz J Oral Sci*. 2021;20:1-9.

- Hesketh WK. Parent beliefs about infant teething: A survey of Australian parents. Vol. 35, J Paediatr Child Health. 1999.
- Olatunya OS, Adeniyi AT, Babatola AO, Fatunla OA, Olajuyin OA, Ogundare EO, et al. Teething beliefs, misconceptions, and practices among mothers attending a tertiary hospital in Nigeria: Implications for child health and clinical practice. Journal of Nepal Paediatric Society. 2020 Sep 1;40(3):247-54.
- MS. Parental Myths, Beliefs, Awareness and Practices Regarding Teething in Infants. 2022; Available from: <https://www.researchgate.net/publication/360995149>

