Original Research Article

Teething myths and practices among nursing mothers attending the Paediatric outpatient clinic in a tertiary hospital in Southern Nigeria

Abstract

Background

Misconceptions about teething are prevalent even in the 21st century. These myths, which are handed down from one generation to another may lead to trivialization of severe childhood illnesses as well as practices that negatively impact child morbidity and mortality.

Aim: The present study was carried out to determine teething myths and practices among nursing mothers attending the ~~Paediatric~~ outpatient clinic of a tertiary hospital in Southern Nigeria.

Methods and materials

A cross-sectional study of one hundred and forty eight nursing mothers of children aged 6-24 months who had erupted at least one tooth, who visited the children's outpatient clinic of a tertiary health facility in Southern Nigeria. Data was ~~analysed~~ using the Statistical Package for Social Sciences (SPSS) version 24.0. Descriptive statistics was used. Chi square tests of significance (Fisher's exact test) were used with a 95% confidence interval ($P < 0.05$).

Results: A high percentage of mothers (95.9%) associated teething with various symptoms such as fever, gum itching and diarrhoea; majority of them got information on teething from health workers, personal experience or parents. About 41.9% of the children recruited had perceived teething symptoms. Furthermore, 51.4% of respondents said teething should be treated and health workers formed the bulk of prescribers of teething medicines, the commonest of which were teething syrups, paracetamol and teething powder while the least used was herbs. About half of the respondents believed teething medicines were effective. Most respondents would take their babies to the hospital for perceived teething symptoms like fever, diarrhoea or vomiting but were less likely to visit the hospital if catarrh, drooling of saliva or sucking of the fingers was observed. The level of education, occupation, tribe, age of mother or baby, sex or position of child did not significantly affect the use of teething medication but the presence of perceived teething symptoms especially fever and vomiting did.

Conclusion: Teething myths are common and often over-treated even by healthcare workers. Continuous training and retraining of health workers and the community at large may be one of the ways of enlightening the populace on the innocuous and normal expectation of teething.

Key words

Comment [D1]: The title is good, but does not have a significant relationship between the description in the introduction, problem formulation and discussion

Comment [D2]: Abstract is good, describes the research objectives, research methods and clear results.

However, there needs to be an emphasis on research suggestions, which Code of Conduct should be implemented. Because in the research findings the code of ethics has been carried out in a tertiary hospital in Southern Nigeria .

Comment [D3]: describe the problems encountered in your research location

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Comment [D4]: STRUCTURE OF REPUTABLE JOURNAL IDEAL (Glasman, 2010; EMERALD, 2020; Wibirama, 2019)
1. General Problems in Your Field
2. Specific Problem (Research Gap)
3. Your Proposed Solution/Proposed Method
4. Key Results/Key Findings
5. Brief Discussion and Implications

Teething myths, nursing mothers, Southern Nigeria, practices, teething medicines.

Introduction

Teething which is the eruption of the primary or deciduous teeth is a normal physiologic process that occurs between 6 months and 30 months of age.[1,2] It represents an important milestone in the life of an infant and thus is highly anticipated by parents.

The period of teething in an infant's life may be challenging for both the baby and the parents/caregivers and as such a frequent presentation in Primary Health care settings. This is because children may present with symptoms during this period which are often wrongly associated with teething by mothers, grandmothers and even some health workers. These associations have been the bone of contention by many researchers whether teething results in clinical symptoms or merely a coincidence[3-6] although there is no scientific evidence to show that the various symptoms are attributable to teething. Mclntyre & Mclntyre[7] and Dentplan[8] in their studies showed that most of the effects of teething were due to other causes. The development of symptoms during the period of teething is however, not surprising as this period coincides with the period of waning circulating maternal antibodies in the baby and the development of the child's own humoral immunity. In addition, during this period the infant is exposed to various aetiologic agents of childhood illnesses as the infant apart from being introduced to weaning (new) diets, working class mothers also resume work about this time thereby affecting the quality of care received by the babies.[9] These children are therefore at risk of many infections and disease conditions.[9]

Several symptoms have been associated with teething by mothers/caregivers and these include; fever, diarrhoea, generalized irritability, drooling of saliva (sialorhoea), sleep disturbances and ear infection.[10] Others are inflammation of the mucous membrane overlying the tooth, facial flushing /circumoral rash, biting/finger sucking, constipation and loss of appetite. It is pertinent to note that several studies in Nigeria[11-13] Qatar[14] and Bangladesh[15] reported fever and diarrhoea as the commonest symptoms attributed to teething. The association of these symptoms with teething could lead to trivialization of potentially severe illnesses and thus could increase childhood morbidity and mortality.

Various teething remedies have been administered by mothers via self-medication while others have been prescribed by health professionals in a bid to please disturbed mothers. Cranswick et al[16] showed that the aim of treatment of teething was to achieve analgesia, anaesthesia or sedation. Teething remedies used includes various analgesics, teething powder, teething syrups, teething soaps, antibiotics, native herbs, sedatives, teething rings etc. Some of these unnecessary medications are hazardous to these young infants and children as reported in a Nigerian study.[17] These practices thus interfere with the prompt diagnosis and management of severe illnesses.[5]

Misconceptions about teething and their treatment could still be prevalent in the 21st century even after seven years of a previous study was carried out in Rivers State, Nigeria.[18] The present study was therefore carried out to assess teething myths and practices of mothers

Comment [D5]: The structure in the Chapter "INTRODUCTION" must contain the following criteria:

1. GENERAL ISSUES; Issues that are happening in society. Include support for both quantitative and qualitative data.
2. GENERAL PROBLEMS; Common problems that usually underlie research in your field
3. LITERATURE ANALYSIS; Where has this problem (point 2.) been discussed in literature? (in a reputable journal and the last 2 years). Not only does it explain "A does X ..." or "B does Y ..-, it also explains what the strengths and weaknesses of the methods proposed by researchers A and B.
4. PROBLEM FORMULATION> RESEARCH QUESTIONS; Problem formulations are specific details of the research problem (research gap) that you find from previous research research, and will answer with your research.
5. THE PROPOSED METHOD; The research method that you propose to answer or provide a solution to the research gap you put forward. (Read the handbook. Louis Cohen, Lawrence Manion, and Keith Morrison. RESEARCH METHODS IN EDUCATION, 8th Edition, Routledge, 2018)

The INTRODUCTION chapter you have written DOES NOT reflect ideal preliminary criteria. Please correct it according to the preliminary criteria with clear, simple, and good sentence propositions.

attending the Paediatric outpatient clinic of a tertiary hospital in Rivers State, Nigeria. Findings from this study would aid in health education of nursing mothers and the population at large of the false/harmful beliefs and practices about teething thereby reducing childhood morbidity and mortality. Training and re-training of health care workers on the dangers of teething myths and remedies would also be stressed.

Comment [D6]: You need to provide the gap of your study: why do you need to conduct this research? No research questions mentioned.

Methodology

The study was conducted in the Paediatric Outpatient Department of the Rivers State University Teaching Hospital (RSUTH). The RSUTH is a 375-bedded tertiary health facility that serves as a referral centre for private and public hospitals within the 23 local government areas in Rivers State as well as neighbouring States. The Paediatric Outpatient clinic consists of specialist clinics and general outpatient clinics which are run every day by consultants, resident doctors and house officers.

Ethical clearance

Ethical clearance for the study was approved by the Rivers State Hospitals Management Board. Verbal informed consent of the participants was obtained. The confidentiality of the information obtained was assured by removing unique identifiers from the questionnaires.

Study period

The data was collected over a 6 month period from January 2021 to June 2021.

Study design

Cross- sectional study design.

Sample population

Consenting mothers with children aged 6-24 months who had erupted at least one tooth were recruited into the study. The choice of mothers whose children had erupted at least one tooth was based on the need for them to have recently observed a child passing through the experience of tooth eruption. The mothers whose children were less than 6 months or more than 24 months as well as those whose children had not erupted any tooth were excluded from the study.

Sample size

Convenience sampling technique was used.

Data collection and analysis

Data were collected using a 23-item semi- structured self-administered questionnaire written in English language. The questionnaire assessed the socio-demographic characteristics of the mother (age, level of education, occupation, tribe), mothers' knowledge on teething (source of information, management of teething, possible teething medications, source of prescription for teething medications, source of acquisition of teething medications), teething child characteristics(age, sex, age at 1st tooth eruption, how the mother got to know the child was erupting a tooth, presence of perceived teething problem, use of teething medication) and lastly questions were asked on symptoms the mothers perceived are not significant enough to seek medical care for a child during teething. Mothers who could not fill the forms by themselves were assisted by the researchers to do so.

Data were collected and analysed by Statistical Package for Social Sciences (SPSS) IBM version 24.0 (Armonk, NY). Descriptive statistics was used. Chi square tests of significance (Fisher's exact test) were used with a 95% confidence interval ($p < 0.05$).

Result

Socio-demographic characteristics of the nursing mothers

One hundred and forty-eight nursing mother baby pairs were recruited into the study of which age group 28-37years predominated, 93 (62.8%) with mean age of 33.06 ± 5.39 years. Majority of the nursing mothers were married, 143 (96.5%) and had tertiary education, 110 (74.3%). Most engaged in business/trading 63 (43.9%), of Ijaw tribe 87 (58.8%) and nulliparous (para one), 60 (40.5%). Table I.

Table I: Socio-demographic Characteristics of nursing mothers

Variables n=148 (%)	**Frequency,**
Mother's age (years)	
18-27	22 (14.9)
28-37	93 (62.8)
≥ 38	33 (22.3)
Marital status	
Married	143 (96.5)
Single/Divorced	5 (3.4)
Educational level	
Primary/Secondary	38 (25.7)

Tertiary	110 (74.3)
Occupation	
Civil servant/Public servant	38 (25.7)
Business/Trader	65 (43.9)
Artisan	14 (9.5)
Health workers/Professionals	14 (9.5)
Housewives/Student	17 (11.5)
Tribe	
Ijaw	87 (58.8)
Igbo	45 (30.4)
Yoruba	8 (5.4)
Hausa	8 (5.4)
Parity	
One	60 (40.5)
Two	45 (30.4)
≥ Three	43 (29.1)

Characteristics of the children recruited

Of the 148 children recruited, majority were ≤ 12 months, 94 (63.5%) with mean age of 13.10 ± 1.28 months. Males predominated, 78 (52.7%) with M:F ratio of 1.1:1. Most had their first tooth erupted after 6 months 89 (60.1%) and had no perceived teething symptoms 86 (58.1%), Table II.

Table II: Characteristics of the children

Variables	**Frequency, n=148 (%)**

Age (months)	
≤ 12	94 (63.5)
13-24	54 (36.5)
Sex	
Male	78 (52.7)
Female	70 (47.3)
Age at first tooth eruption (months)	
≤ 6	59 (39.9)
> 6	89 (60.1)
Presence of perceived teething symptoms	
Yes	62 (41.9)
No	86 (58.1)

Common symptoms attributed to teething by nursing mothers

Commonest symptoms attributed to teething by nursing mothers were fever 123 (83.7%), gum itching 105 (71.4%), diarrhoea 85 (57.8%) and drooling of saliva 79 (53.7%), figure 1.

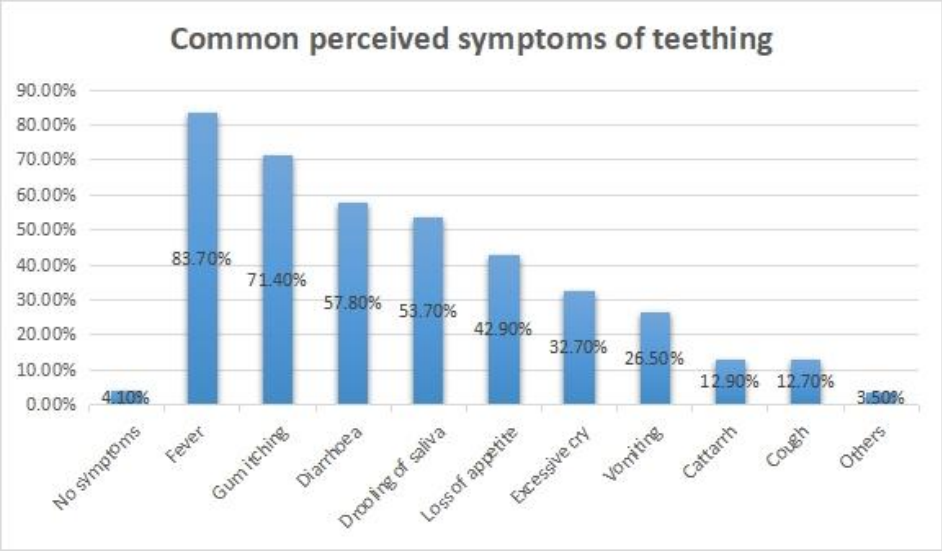

Figure 1: Common symptoms attributed to teething by nursing mothers

Common sources of teething information

The commonest source of teething information was from health workers 60 (40.8%) followed by personal experience 55 (37.4%), parents 55 (37.4%) and friends 36 (24.5%), figure 2.

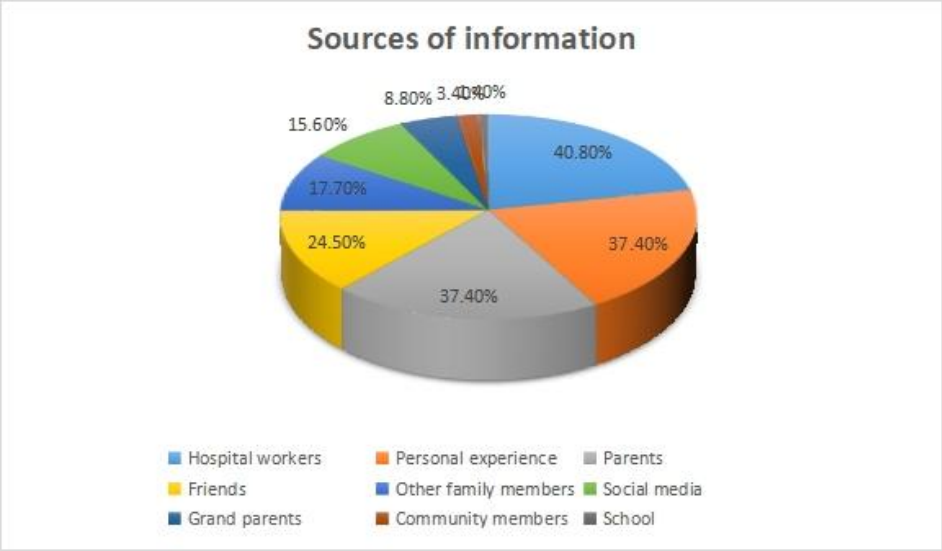

Figure 2: Common sources of information of teething by nursing mothers

Treatment of teething symptoms by nursing mothers

Majority of respondents agreed that teething symptoms should be treated, 76 (51.4%) and had treated their child with teething medicines 88 (59.5%). Most prescription was gotten from doctors 31 (34.8%) and pharmacist 26 (29.2%). Teething syrups were the commonest teething medicine administered 71 (70.3%) while the least was herbs 1 (1.0%) and were mostly obtained from chemists/pharmacy shops 84 (84.0%). Seventy-three (49.3%) respondents attested to the effectiveness of teething medicines, Table III.

Table III: Treatment of teething symptoms by nursing mothers

Variables	Frequency, n=148 (%)
Teething should be treated	
Yes	76 (51.4)
No	46 (31.1)
I don’ t know	26 (17.5)
Child’ s teething symptom was treated	
Yes	88 (59.5)
No	60 (40.5)
Source of prescription, n=117	
Doctor	31 (34.8)
Pharmacist	26 (29.2)
Nurse	20 (22.5)
Parents	11 (12.4)
Relatives	10 (11.2)
Chemist	7 (7.9)
Friends	7 (7.9)
Neighbour	5 (5.6)
Types of teething medicines given, n=136	
Teething syrup	71 (70.3)

Paracetamol	32 (31.7)
Teething powder	17 (16.8)
ORS	11 (10.9)
Pacifier	2 (2.0)
Teething rings	2 (2.0)
Herbs	1 (1.0)
Place where teething medicine was obtained, n=100	
Chemist/Hospital	84 (84.0)
Hospital	14 (14.0)
Friends	2 (2.0)
Effectiveness of teething medicines	
Yes	73 (49.3)
No	52 (35.2)
I don’ t know	23 (15.5)

Symptoms attributed to teething by nursing mothers that would require hospital visit

The commonest symptoms attributed to teething by nursing mothers that would require hospital visit were fever 107 (74.8%), diarrhoea 99 (69.2%), vomiting 85 (59.4%) and convulsion 77 (53.8%) while the least was sucking of finger 7 (4.9%), Table IV.

Table IV: Perceived teething symptoms by nursing mothers that require hospital visit

Variables n=579 (%)	Frequency,
Fever	107 (74.8)
Diarrhoea	99 (69.2)

Vomiting	85 (59.4)
Convulsion	77 (53.8)
Loss of appetite	57 (39.9)
Cough	56 (39.2)
Rashes on the face/body	42 (29.4)
Catarrh	32 (22.4)
Drooling of saliva	17 (11.9)
Sucking of finger	7 (4.9)

Socio-demographic factors associated with the use of teething medicines

Socio-demographic factors of nursing mothers and those of the index children were not significantly associated with the use of teething medicines however, the use of teething medicines was significantly associated with the presence of perceived teething symptoms (P value 0.001), Table V.

Table V: Socio-demographic factors associated with the use of teething medicines

Variables	**Teething medicine use**		**P value**
	Yes, n=88(%)	**No, n=60(%)**	**Fishers' Exact**
Mothers			
Age (years)			
18-27	16 (18.2)	6 (10.0)	
28-37	54 (61.4)	39 (65.0)	0.390
≥ 38	18 (20.5)	15 (25.0)	
Level of education			
Primary/ Secondary	26 (29.5)	12 (20.0)	0.251
Tertiary	62 (70.5)	48 (80.0)	
Occupation			

Civil/Public servant	22 (25.0)	16 (26.7)	
Business/Trader	39 (44.3)	26 (43.3)	
Artisans	8 (9.1)	6 (10.0)	0.995
Tribe			
Ijaw	52 (59.1)	35 (58.3)	
Igbo	25 (28.4)	20 (33.3)	
Yoruba	6 (6.8)	2 (3.3)	0.808
Hausa	5 (5.7)	3 (5.0)	
Index child			
Age (months)			
≤ 12	57 (64.8)	37 (61.7)	0.730
> 12	31 (35.2)	23 (38.3)	
Sex			
Male	48 (54.3)	30 (50.0)	0.618
Female	40 (45.5)	30 (50.0)	
Presence of perceived teething symptoms			
Yes	47 (53.4)	15 (25.0)	**0.001***
No	41 (46.6)	45 (75.0)	

Association of symptoms attributed to teething and the use of teething medicines

Symptoms significantly associated with the use of teething medicines were fever, P value 0.003 and vomiting, P value 0.036, Table VI.

Table VI: Association of symptoms attributed to teething and the use of teething medicines

Variables	**Use of teething medicines**		**P value**
	Yes, n=88 (%)	**No, n=60 (%)**	**Fishers' Exact**
No symptom	2 (2.3)	4 (6.7)	0.223
Fever	80 (90.9)	43 (71.7)	**0.003***
Gum itching	61 (69.3)	44 (73.3)	0.713
Loss of appetite	41 (46.6)	22 (36.7)	0.242
Cough	11 (12.5)	7 (11.7)	1.000
Drooling	43 (48.9)	36 (60.0)	0.240
Diarrhoea	56 (63.6)	29 (48.3)	0.090
Catarrh	10 (11.4)	9 (15.0)	0.618
Excessive cry	31 (35.2)	17 (28.3)	0.475
Vomiting	29 (33.0)	10 (16.7)	**0.036***
Convulsion	2 (2.3)	0 (0.0)	0.515
Weight loss	0 (0.0)	1 (1.7)	0.405

Discussion

The study showed that a very high percentage of mothers (95.9%) associated teething with various symptoms. This is comparable to reports across Africa: Lagos[23] (95.2%), North Western Nigeria[12] (90.62%), Enugu[21] (90%), Egypt[26] (98.2%) and Sudan[27] (95%). In Australia and in Basra in Iraq[4,14] it was 100%. The prevalence in this study was higher than earlier reports by Paul et al[18] in Port Harcourt (84.3%), Oziegbe et al[11] (65.5%), 58.0% by Oyejide et al[25] in Ibadan, Ige et al[24] in Ibadan (64.8%). The reasons for this although not certain, could be related to the ease of sharing information, including myths, through various social media platforms.

Comment [D7]: How can you claim this? you need to have references.

The beliefs were shared across educational, occupational, age groups and social strata as noted in this study as well as in other studies.[3,14,21,26,27] Ige et al[24] however, found a statistically significant difference between perceived symptoms and age whereby younger mothers believed more in the perceived symptoms of teething. He also noted a significant difference whereby mothers from lower Socioeconomic class believed more in teething symptoms than those from higher socioeconomic class. Oyejide and Aderonke[25] reported a statistically significant association between teething perception and level of education. This may be due to the fact that their studies was conducted in a rural community while ours was in an urban community.

The commonest symptom associated with teething in this study was fever. This belief is shared by mothers in an earlier report in Port Harcourt, Nigeria[18] as well as in North Western Nigeria,[14]Lagos,[23] Sudan,[22] and Egypt.[26] This is different from other studies where diarrhoea was the commonest symptom[11,12,18,21,24.26,27.] The fact that fever and diarrhoea are easily recognizable, common manifestation of childhood illness may be responsible for this observation and delay in adequate management may result in far -reaching complications and compromise of health.

Family (parents, grandparents and other relatives) members were the main sources of information on teething reported in this study as well as in another study[14]. It is therefore important that health education should involve all especially family members who pass down these myths from one generation to ~~another~~ .The family members especially the parents and grand parents are often held in high esteem and readily share their personal experiences to the younger ones who tenaciously hold on to these beliefs. Continuous health education at the community level may be helpful in ~~discontinu~~discontinueing the dissemination of these erroneous beliefs.

Comment [D8]: The discussion results of the research have been very good. The use of theory from each sub-chapter is very good, I suggest you separate the theory and the results of your research.

Health care providers (doctors, nurses and pharmacists) were the main prescribers of teething medications. This may be related to the fact that many health care providers also shared similar beliefs of symptoms being attributed to teething as found in the studies by Denloye et al[19] as well as Bankole et al[20] where more than 60% of community health officers and nurses believed that teething manifests with symptoms. Training and retraining of health care providers on the teething and to only give medications of proven efficacy.

Most commonly prescribed were syrups while herbs were the least prescribed in this study. This finding was similar to that by Ibrahim Aliyu et al[12] in North Western Nigeria. The syrups are easily available, accessible, taste sweet and are affordable hence their preference. Most mothers in this study as well as in other studies believed that these remedies work.[12,14]

This study reports that most mothers will take their children to the hospital when they have ~~perceived teething~~perceived teething problems which is a good practice that will ensure these children can receive adequate and appropriate treatment for their illnesses. This practice is similar to reports from a multi-centre report in North Western Nigeria[12,] Ethiopia,[1]Egypt [26] where at least 60% of these mothers will take the children to the hospital for perceived teething symptoms. Some other reports however showed less than 60% of mothers taking the children to the health facility for perceived teething symptoms : Sudan (16%),[22] Lagos (50%)[23] Port Harcourt(57.6%)[18] and Ibadan.[24] However, in Guinea Bissau[22], children with

diarrhoea were not even given ORS because it is regarded as 'teething diarrhoea'. This practice has serious implications on child morbidity and mortality as children do not receive needed care due to these erroneous beliefs.

Conclusion

Comment [D9]: Need suggestion based on the conclusion for other researchers

Teething myths are common among nursing mothers in Rivers State and cut across socioeconomic classes, educational levels, tribes and tongues. These myths may undermine serious illnesses like fever, diarrhoea and vomiting which may actually be due to underlying infections. The need for continuous training and retraining of healthcare workers and the community at large may be one of the ways of enlightening the populace on the innocuous process of teething.

Comment [D10]: What is the novelty of your research?

Limitation of the study

This study was a one-centre study and in an urban hospital setting.

Future study

A similar study in multiple centres across the rural, urban and semi-urban centres within the region, both community- and hospital-based.

COMPETING INTERESTS DISCLAIMER:

Authors have declared that no competing interests exist. The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors

References

Comment [D11]: Asian Journal of Pediatric Researchuses the IEEE Style instead of the APA Style in writing references and scientific citations, use and write according to the template provided.

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Comment [D12]: Use the reference management system as Mendeley or Zotero for the high quality manuscript.

References are in accordance with the alphabet, but there are only 11 references, you must add studies to the Material and Method section to enrich reference studies, at least 40 of the latest studies are sourced from reputable international journals