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Original Research Article

A cross-sectional study on knowledge and awareness toward their children's oral health among parents in Khammam City, Telangana, India

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Abstract

Background: Maintaining good oral health is essential for a child's overall health and well-being, serving as the foundation for a disease-free life. As parents and caregivers play a pivotal role in a child's development, their knowledge and attitude toward oral health significantly impact the child's dental habits and long-term oral health outcomes.
Aim: The objective of this study was to assess parental knowledge and attitudes related to their children's oral health in Khammam, Telangana.
Materials and Methods: This study involved a random sample of 360 parents of children aged 5 to 15 years, who completed a self-administered anonymous questionnaire. The survey focused on preventive oral methods, care of deciduous teeth, children's oral habits, and the management and storage of traumatic dental injuries. The responses were collected and analyzed using statistical methods.
Results: There was a significant relation between age, occupation and income when awareness was assessed among parents regarding preventive oral methods and habits. Majority of parents have no idea on traumatic and sports injuries. The age showed significant association with the awareness of healthy milk teeth. The use of preventive procedures was significantly associated with income and education levels ($P < 0.05$).
Conclusion: Our study revealed that understanding of their children's dental health in the Khammam region is relatively moderate. To improve this, general awareness among parents should be enhanced through effective oral health programs and interventions.

Keywords: Oral health, Parents, Preventive procedures, Awareness, Traumatic injuries.

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1. Introduction

In developing countries like India, oral diseases are highly prevalent due to several contributing factors. These include limited access to dental care, inadequate primary oral health services, and the lack of widespread preventive measures, such as fluoride treatments. Rapid urbanization and lifestyle changes have also exacerbated the problem, with increasing consumption of junk food and diets high in free sugars serving as significant risk factors. Together, these challenges underscore the need for stronger public health initiatives and preventive strategies to improve oral health outcomes in these regions.[1]

Oral health significantly affects overall well-being, influencing comfort, eating, and development. Parents' understanding and modeling of good oral hygiene are crucial for children. Tooth decay, especially in permanent first molars, is common and problematic, often due to poor awareness and delayed treatment, leading to severe complications and costs.[2]

Effective oral hygiene, particularly when combined with fluoride use, is essential for controlling dental caries. For instance, a lack of proper oral hygiene coupled with high sugar intake can quickly lead to visible carious lesions. However, these lesions can be reversed with improved oral hygiene and daily fluoride mouth rinses.[3]

Early childhood caries can develop early and progress rapidly, especially in high-risk children. This condition can severely affect a child's physical comfort, emotional well-being, and social interactions.[4]

The influence of parents and family members is critical in assessing a child's oral health, as they mold early behaviors

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and set the foundation for healthy routines through their parenting practices and health habits. The decisions parents make, which are often guided by their own attitudes, directly impact their child's oral health. Parental understanding and attitudes towards oral health significantly affect how often children brush their teeth. For instance, a mother's positive attitude towards dental care is linked to better oral hygiene in her child. Conversely, a negative attitude towards oral health can lead to higher rates of tooth decay in young children.[5]

Dental professionals are essential in educating parents and providing accessible information, aligning with the American Academy of Pediatric Dentistry's recommendation for a dental visit within a child's first year.[6] Preventing oral disorders early in infants is crucial for long-term dental health, with biological and socioeconomic, educational, and behavioral factors playing significant roles.[7]

The aim of this study was to explore parents' knowledge and practices related to their children's oral health and their impact on dentition at different stages in school-aged children under 15 years old in Khammam.

2. Materials and Methods

2.1. Study design

The present study assessed parents' awareness of basic dental health for children, their knowledge and use of preventive dental practices and their responses to dental injuries in children. In this cross-sectional study, a stratified random sampling technique was applied and conducted among parents of urban areas of Khammam city. A total of 360 questionnaires were distributed to children of age group 5-15 years in government schools. Of them, six were excluded from the study because they were either incomplete or multiple options being selected. Participation in the study was voluntary. The sample size was determined using a 5.5% margin of error, a 95% confidence interval (CI), and an estimated concordance of 50%. The minimum required sample size was 314 schoolchildren. To adjust for anticipated lower participation, the sample size was increased by 11%, resulting in a final total of 360 participants.

2.2. Questionnaire

Children in schools were handed out questionnaire and parents were asked to complete an anonymous, objective-type questionnaire. The questionnaire included questions about demographic factors (such as sex, age of child, parent occupation and income), use of fluorides, and utilization of preventive dental services, knowledge on care for primary dentition, malocclusion, care for traumatic injuries of teeth in children and oral habits. Participants could respond to questions regarding awareness on preventive methods, care for primary teeth, and traumatic dental injuries with 'yes,' 'no,' or 'I don't know.'

2.3. Validation of questionnaire

To ensure the questionnaire's validity, it was initially created in English and then translated into Telugu. Accuracy of the interpretation was verified by translating the Telugu version back into English.

2.4. Method

Questionnaires were distributed to children in schools, who were instructed to give them to their parents. Each questionnaire included a consent form and description of the study. Parents were asked to review and answer the questions based on their knowledge and sign the consent form. The completed questionnaires were then collected from the children the following day.

4. Results

4.1. Statistical analysis

The results were analyzed by evaluating the frequency distribution of the data. Descriptive statistics were calculated, and the chi-square test was used for analysis with a 95% confidence interval. Statistical analysis was performed using SPSS for Windows version 20.0 (SPSS). P-values less than 0.05 were considered statistically significant.

Table 1 shows distribution based on awareness of parents on preventing methods. Out of 354 participants majority (98.3%) said their child brush the teeth daily and majority (96.3%) of them use tooth paste to brush their teeth. When awareness was compared with age, occupation and income there is a significant association between type of material used (p=0.000), use of preventive measures (p=0.000), rinse the mouth after eating/drinking (p=0.000) and schoolteachers, parents play an crucial role in the dental health of a young children (p=0.000). Whereas only occupation showed significant association with the awareness of necessary visiting dentist (p=0.000). The income was associated with parents' awareness that good oral health is connected to a child's overall health (p=0.000).

Table 2 shows distribution based on awareness of parents on care of primary dentition. Majority (69.4%) of parents were aware about snacking in between meals may cause caries in children and consumption of cool drinks causes erosion of child's teeth. When awareness was compared with age, occupation and income there is a significant association between awareness on various oral habits and their adverse effects on the future alignment of permanent teeth to income (p= 0.04). Whereas, awareness about breast/bottle feeding children during bedtime can increase the incidence of caries development (p=0.000), the most common cause of early childhood caries (p=0.000) and think primary teeth do not need as much care since they are eventually going to be replaced. (p=0.000) showed significant association with both education and income. The age showed significant association with the awareness of healthy primary teeth are crucial for properly chewing food

(p=0.036) and early loss of milk teeth and loss of permanent teeth in mesial drifting of child's teeth (p=0.010).

Table 3 shows distribution based on awareness of parents on traumatic injuries of teeth. Majority (40.1%) of parents have no idea of storage media of loss of any teeth due to trauma, placing the loss tooth (avulsion) again in the socket and also about mouth guards help in preventing sports injuries. When awareness was compared with age, occupation and income there is a significant association between awareness of traumatic injuries with both education and income (p=0.000).

Table 1: Awareness of parents on preventing methods

Questions	Response	Frequency	%	Age (chi-square-p value)	Occupation (chi-square-p value)	Income (chi-square, p-value)
Does your child brush their teeth	Yes	348	98.3	4.52,0.807(NS)	29.5,1.00(NS)	88.034,0.004*(S)
	No	6	1.6			
How many times does your child brush their teeth	Once	256	72.0	10.02,0.263(NS)	87.197,0.12(NS)	71.47,0.80(NS)
	Twice	99	27.9			
Which material	Tooth paste	341	96.3	24.325,0.083(NS)	89.25,0.000*(S)	96.45,0.008*(S)
	Tooth powder	9	2.54			
	Others	4	0.8			
Do you think tongue cleaning is necessary for your child?	Yes	334	94.3	5.46,0.993(NS)	85.86,1.00(NS)	69.9,0.999(NS)
	No	9	2.54			
	Don't know	11	0.03			
Do you practice preventive measures for your child such as flossing, mouthwash?	Yes	213	60.1	33.00,0.104(NS)	58.03,0.000*(S)	53.363,0.000*(S)
	No	100	28.2			
	Don't know	41	11.5			
Does your child rinse the mouth after eating/drinking?	Yes	310	87.5	10.559,0.992(NS)	56.22,0.000*(S)	52.99,0.000*(S)
	No	32	9.03			
	Don't know	12	3.38			
Does your child's toothpaste contain fluoride?	Yes	193	54.5	17.50,0.353(S)	47.70,0.445(NS)	129.8,0.439(NS)
	No	92	25.9			
	Don't know	69	19.49			
Do you know proper method of brushing plays an important role in good oral hygiene of your child?	Yes	279	78.8	19.19,0.259(NS)	17.58,0.039*(S)	98.91,0.807(NS)
	No	36	10.1			
	Don't know	39	11.01			
Do you use mouthwash for your child?	Yes	212	59.8	13.8,0.608(NS)	150.08,0.391(NS)	95.5,0.867(NS)
	No	121	34.1			
	Don't know	21	5.93			
Do you think Fluoridated toothpaste helps in preventing your child tooth decay?	Yes	215	60.7	14.37,0.571(NS)	68.9,0.093(NS)	112.0,0.482(NS)
	No	67	18.9			
	Don't know	72	20.3			
Do you think visiting dentist is necessary for your child?	Yes	232	65.5	9.454,0.89(NS)	253.5,0.000*(S)	106.03,0.641(NS)
	No	116	32.7			
	Don't know	6	1.69			
	Yes	134	37.8	23.163,0.109 (NS)	47.6,0.221(NS)	

How frequently do you take your child to a dentist?	No	151	42.6			116.12,0.376(NS)
	Don't know	69	19.4			
Do you think schoolteachers and parents play an important role in the dental health of a child?	Yes	290	81.9	18.1,0.798(NS)	41.23,0.000*(S)	54.23,0.000*(S)
	No	38	10.7			
	Don't know	26	7.3			
Do you think good oral health is related to good general health of a child?	Yes	1	0.2	23.5,0.487(NS)	53.0,0.075(NS)	92.32,0.000*(S)
	No	301	85			
	Don't know	51	14.4			

*=S=statistically significant, NS=not significant

Table 2: Awareness of parents on care of primary dentition

Questions	**Response**	**Frequency**	**%**	**Age (chi-square, p-value)**	**Occupation (chi-square, p-value)**	**Income (chi-square, p-value)**
Do you think habits such as thumb sucking; nail biting and lip biting have adverse effects on the future alignment of permanent teeth of your child?	Yes	213	60.1	9.90,0.872(NS)	166.5,0.117(NS)	138.69,0.04*(S)
	No	100	28.2			
	Don't know	41	11.5			
Do you think consumption of cooldrinks causes erosion of child's teeth?	Yes	227	61.2	18.53, 0.304(NS)	144.7,0.514(NS)	102.98,0.717(NS)
	No	65	18.3			
	Don't know	62	17.5			
Do you think snacking in between meals may cause caries in children?	Yes	246	69.4	19.72,0.233(NS)	152.970,0.310 (NS)	104.7,0.675 (NS)
	No	68	19.2			
	Don't know					
	Others	40	11.2			
Do you think breast/bottle feeding children during bedtime can increase the incidence of caries development?	Yes	191	53.9	15.78,0.896(NS)	24.59,0.000*(S)	28.76,0.000*(S)
	No	90	25.4			
	Don't know	73	20.6			
What do you think is the most common cause of early childhood caries?	High sugar intake	106	29.9	31.039,0.515 (NS)	88.69,0.000*(S)	84.21,0.000*(S)
	Improper oral hygiene	135	38.1			
	Congenital factors	43	12.1			
	All the above	69	19.4			
	Yes	146	41.2	10.766,0.824(NS)	167.23,0.11(NS)	118.01,0.330(NS)

From your point of view can early childhood caries affect the permanent teeth in future?	No	158	44.6			
	Don't know	50	14.1			
Do you think milk teeth do not require good care as it is going to fall?	Yes	192	54.2	17.46,0.983(NS)	529.8,0.000*(S)	456.82,0.000*(S)
	No	158	44.6			
	Don't know	1	0.2			
	D	2	0.56			
Do you think healthy milk teeth are essential to chew food properly?	Yes	276	77.9	27.54,0.036*(S)	126.0,0.88(NS)	83.32,0.980(NS)
	No	73	20.6			
	Don't know	4	1.12			
Do you think Brushing the children's teeth at the age of 6 years and below should be done under the help of parents/caregiver?	Yes	285	80.5	25.15,0.067(NS)	137.9,0.671(NS)	137.23,0.06(NS)
	No	34	9.6			
	Don't know	34	9.6			
Do you know that malalignment of child teeth causesperiodontal disease?	Yes	188	53.1	17.60,0.347(NS)	152.23,0.345(NS)	109.47,0.550(NS)
	No	80	22.5			
	Don't know	86	24.2			
Do you think That prolonged retention of deciduous tooth is a risk factor for malocclusion of child's teeth?	Yes	204	57.69	18.91,0.271(NS)	169.16,0.092(NS)	107.24,0.609(NS)
	No	71	20			
	Don't know	79	22.3			
Early loss of milk teeth and loss of permanent teeth in mesial drifting of child's teeth?	Yes	211	59.6	32.01,0.010*(S)	19.72,0.233(NS)	153.97,0.310(NS)
	No	75	21.1			
	Don't know	68	19.2			

*=S=statistically significant, NS=not significant

Table 3: Awareness of parents on traumatic injuries of teeth

Questions	**Response**	**Frequency**	**%**	**Age (chi-square-value)**	**Occupation (chi-square-value)**	**Income (chi-square-value)**
Do you have any idea of storage media of loss of any teeth due to trauma	Yes	101	28.5	18.55,0.972(NS)	26.69,0.000*(S)	45.422,0.000*(S)
	No	142	40.1			
	Don't know	110	31.07			
Do you have any idea of placing the loss tooth (avulsion) again in the socket?	Yes	99	27.9	26.12,0.758(NS)	36.88,0.000*(S)	33.6,0.00*(S)
	No	162	45.7			
	Don't know	91	25.7			
Do you have any idea of mouth guards help in preventing sports injuries?	Yes	106	29.9	23.8,0.850(NS)	41.4,0.00(S)	32.8,0.00(S)
	No	136	38.4			
	Don't know	110	31			

*=S=Statistically significant, NS=not significant

5. Discussion

Teeth are a vital asset, with primary (milk) teeth crucial for children's eating, speaking, appearance and space maintenance for permanent teeth. Issues with these teeth can cause pain, difficulty in chewing, and speaking problems.[6] Proper care is essential for a healthy dental start. Parents are crucial in this care and must be well-informed about primary teeth to help establish healthy oral habits in their children.[7]

In the present study, the age group of 5 to 15 years was selected as the target group, as children in this age range (specifically 5, 12, and 15 years) are considered a vulnerable population for the development of dental caries, according to the WHO.[8]

Results of the study showed that there was no significant difference between low and high income parent population regarding oral hygiene practices, whereas significant difference was seen in preventive measures. A study done by Nassar AA et al, was in contrast with present study, revealed that parents with lower incomes were more likely to provide incorrect answers.[4]

A significant statistical correlation was observed between accurate dietary knowledge and both the educational level and occupation of the participants, aligning with results from several earlier studies.[3]

In the current study, 96.3% of parents believe that teeth should be cleaned using toothpaste, while 2.54% prefer tooth powder. These findings are consistent with a study done by Patil AN et al., where 92.7% of parents indicated toothpaste as the preferred brushing material, and 6.3% opted for tooth powder.[9] Similar results were observed in other studies by Bamba S (100%), Dikshit P (56.5%), Hans R (82%), and Suma G (93%), all of which showed a preference for toothpaste in dental cleaning routines.[11,12,13] Children who neglected to use a toothbrush and toothpaste for dental hygiene were 1.56 times more likely to develop dental caries compared to those who maintained proper oral care practices.[9]

In this study, majority of parents practice preventive measures for their children, such as flossing and using mouthwash. This supporting the conclusions of Al-Batayneh OB.[10] In this study, majority of children (87.5%) rinse their mouths after eating or drinking, which is consistent with the results of Chandran V et al (91.1%).[11] However, a study done by Helal M et al has shown that only 26.25% children rinse their mouth after eating/drinking.[12]

Additionally, the results showed that 54.5% of parents are aware that their child's toothpaste contains fluoride, similar with the findings of Chala et al.[16] and Chandran et al, [11] and Helal M et al.[7] However, this contrasts with studies by Dali M.,[17] Mohamed YS,[18] Salama AA et al,[19] and Nagarajappa et al,[20] which reported low parental awareness of fluoride's function in toothpaste. This lack in awareness may be due to parents typically not paying attention to the ingredients in toothpaste.[17]

In this study, majority of parents are knowledgeable about the proper brushing technique, which is crucial for maintaining their children's oral hygiene. This finding is accordance with the study by Al-Batayneh OB.[10] However, despite their awareness of the importance of oral hygiene; inconsistencies were noted in their overall knowledge.

The majority of parents (81.9%) acknowledged that both school teachers and Parents have a crucial role in managing their children's dental health, as effective tooth cleaning cannot be accomplished by the child alone. This perspective aligns with the findings of Nassar AA[4] who reported that 98.1% of participants shared a similar view.

Furthermore, 60.1% of parents believe that habits like thumb sucking, nail biting, and lip biting can adversely affect the alignment of their children's permanent teeth, while 28.2% disagree and 11.5% are unsure. These findings align with a study by Kumar G, reported that 92% of participants acknowledged that such oral habits can lead to irregular teeth and jaw issues, with 4% disagreeing and 4% unaware of these effects.[21] The majority of respondents recognized the importance of teeth, with most correctly understanding that various deleterious oral habits can impact permanent teeth alignment.

In our study, 53.9% of parents believe that breast or bottle feeding at bedtime can increase the risk of caries development in children. This is quite similar to a study that found 53.1% of parents thought night time bottle and breastfeeding could lead to tooth decay.[4] Another study indicated that breastfed children are significantly less likely to develop caries compared to those who are bottle-fed from birth, early childhood caries (ECC) can occur among breastfed children if breastfeeding continues at night after six months of age.[22] Despite breastfeeding being the best nutritional source for newborns, mothers should be aware of the potential risk of ECC and ensure their child's oral cavity is cleaned after feeding.

In our study, 54.2% of parents felt that milk teeth do not need extensive care since they will eventually fall out, while 44.6% disagreed. This is consistent with Dali MA et al.'s findings, where 58% of respondents viewed milk teeth as less important because they are temporary.[19] Conversely, Dikshit P et al. found that 47.6% of parents disagreed with this view and Setty JV et al. reported a much lower figure (24%). Shetty RM et al. found that a majority (71.7%) of parents believed milk teeth still requires proper care; even though they will be shed.[24] Most parents recognized that problems with primary teeth can affect the health of permanent teeth.

In our study, 77.9% of parents believe that primary teeth are important for chewing food. This finding is consistent

with Helal M et al., who reported 100% agreement on the significance of primary teeth.[12] However, it contrasts with the results of Patil AN et al.[13] This showing parents have knowledge on importance of primary teeth.

In our study, only few respondents were aware of the option to replant avulsed teeth into the socket. This finding is consistent with the study by Ozer S et al.[25] Inadequate knowledge of emergency management for avulsed teeth can greatly impact their prognosis, there is a clear need for educational campaigns to raise public awareness about proper emergency procedures for managing avulsed teeth.

6. Conclusion

The present study found that parents in Khammam city had a reasonable level of knowledge and awareness regarding preventive methods for oral health. A clear association was observed between the parents' education level and their children's oral health status. However, parents demonstrated limited understanding of the appropriate actions to take in emergencies such as tooth avulsion, replantation, and sports-related injuries. Additionally, family income significantly influenced the parents' awareness of necessary treatments for primary teeth. It is essential to develop a positive attitude among parents and enhance their dental health awareness through comprehensive child-focused dental programs. These programs should emphasize the importance of primary teeth, their functions, and best practices for effective preventive care, while encouraging active parental involvement.

7. Ethical Approval

Not required.

8. Source of Funding

None.

9. Conflict of Interest

None declared.

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References

1. Saheb SA, Najmuddin M, Nakhran AM, Mashhour NM, Moafa MI, Zangoti AM. Parents knowledge and attitudes toward preschool's oral health and early childhood caries.Int J Clin Pediatr Dent. 2023;16(2):371-5.
2. Elshebani SB, Huew R, Buzaribah KS, Mansur EK. Parental awareness and attitude about oral health habits of their children and its relation to caries experience in 8–10-year-old children. J Adv Educ Sci. 2022;2(3):45-52.
3. AlSadhan SA, Darwish AG, Al-Harbi N, Al-Azman A, Al-Anazi H. Cross-sectional study of preventive dental knowledge among adult patients seeking dental care in Riyadh, Saudi Arabia. Saudi J Dent Res. 2017;8(1-2):52-7.
4. Nassar AA, Fatani BA, Almobarak OT, Alotaibi SI, Alhazmi RA, Marghalani AA. Knowledge, attitude, and behavior of parents regarding early childhood caries prevention of preschool children in Western region of Saudi Arabia: A cross-sectional study. Dent J. 2022;10(12):218.
5. Narayanan N. Knowledge and awareness regarding primary teeth and their importance among parents in Chennai city. J Pharm Sci Res 2017; 9(2):212-4.
6. Bamba S, Chachra S, Duhan H. A questionnaire-based study to assess the level of awareness among parents about preventive measures and its relationship with dental health status of 6–12 years old children in Panchkula, Haryana, India. J South Asian Assoc Pediatric Dent. 2019;2(1):10-3.
7. Helal M, Moneim SA, Foad M. Parents knowledge, attitude and practices toward oral health of their children with primary dentition:A cross-sectional study. J Med Sci Res. 2022;5(2):164-70.
8. Kundu H, Patthi B, Singla A, Jankiram C, Jain S, Singh K. Dental Caries Scenario Among 5, 12 and 15-Year-old Children in India- A Retrospective Analysis. J ClinDiagn Res 2015;9(7):ZE01-5.
9. Patil AN, Karkare SR, Jadhav HS, Sirikonda S, Suryawanshi VB, Patil SN. Knowledge attitude and practices of parents towards oral health maintenance among their children and correlation with dental caries experience-A cross-sectional study. Med J DY Patil Univ 2021; 14(1):40-4.
10. Al-Batayneh OB, Al-Khateeb HO, Ibrahim WM, Khader YS. Parental knowledge and acceptance of different treatment options for primary teeth provided by dental practitioners. Front Public Health 2019; 7:322.
11. Chandran V, Varma RB, Joy TM, Ramanarayanan V, Govinda BS, Menon MM. Parental knowledge, attitude, and practice regarding the importance of primary dentition of their children in Kerala, India. J Indian Assoc Public Health Dent 2019;17(3):247-52.
12. Dikshit P, Limbu S, Gupta S, Pradhan R. Evaluation of knowledge, attitude and practices of parents toward their children oral health compared with their dental caries status. Birat J Health Sci2018; 3(2):447-52.
13. Hans R, Thomas S, Dagli R, Bhateja GA, Sharma A, Singh A. Oral health knowledge, attitude and practices of children and adolescents of orphanages in Jodhpur city Rajasthan, India. J Clin Diagnostic Res. 2014;8(10):ZC22-5.
14. Suma G, Anisha P. Evaluation of the association of parent's oral health knowledge and development of dental caries in their children. Austin J Dent2017;4(7):1092.
15. Patil AN, Karkare S, Jadhav HS, Damade Y, Punjari BK. Knowledge, attitude, and practice of parents toward their children's oral health and its influence on the dental caries status of 5-10-yearold schoolchildren in Nashik, Maharashtra: a cross-sectional study. Int J ClinPediatr Dent. 2022;15(2):126–30.
16. Chala S, Houzmali S, Abouqal R, Abdallaoui F. Knowledge, attitudes and self-reported practices toward children oral health among mother's attending maternal and child's units, Sale, Morocco. BMC Public Health. 2018 May 11;18(1):618.
17. Dali M, Koirala B, Shrestha S. Knowledge, Awareness and Perception Regarding Importance of Primary Teeth Among Parents Visiting Dental OPD, BPKIHS, Dharan, Nepal. Birat J Health Sci. 2018; 3(3):570-5.
18. Mohamed YS. Assessment of the knowledge and awareness among egyptian parents in relation to oral health status of their children. Egypt Dent J. 2020;66(2):737-46.
19. Salama AA, Konsowa EM, Alkalash SH. Mothers' knowledge, attitude, and practice regarding their primary school children's oral hygiene. Menoufia Med J. 2020;33(1):11-7.
20. Nagarajappa R, Kakatkar G, Sharda AJ, Asawa K, Ramesh G, Sandesh N. Infant oral health: Knowledge, attitude and practices of parents in Udaipur, India. Dent Res J. 2013; 10(5):659-65.
21. Kumar G, Dhillon JK, Vignesh R, Garg A. Knowledge, attitude, and practical behavior of parents regarding their child's oral health in New Delhi. J Indian Soc Pedod Prev Dent. 2019;37(1):3-7.

22. Al-Dashti AA, Williams SA, Curzon ME. Breast feeding, bottle feeding and dental caries in Kuwait, a country with low-fluoride levels in the water supply. Community Dent Health. 1995;12(1):42-7.
23. Setty JV, Srinivasan I. Knowledge and awareness of primary teeth and their importance among parents in Bengaluru City, India.Int J Clin Pediatr Dent. 2016;9(1):56-61.
24. Shetty RM, Deoghare A, Rath S, Sarda R, Tamrakar A. Influence of mother′s oral health care knowledge on oral health status of their preschool child. Saudi J Oral Sci. 2016; 3(1):12-6.
25. Ozer S, Yilmaz EI, Bayrak S, Tunc ES. Parental knowledge and attitudes regarding the emergency treatment of avulsed permanent teeth. Eur J Dent. 2012; 6(04):370-5.

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