

# Factors related to high dental caries experience in Palestinian pregnant women in the Jerusalem governorate: a cross-sectional study

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## Abstract

**Background** Beliefs about oral health during pregnancy demographic factors, such as level of education and socioeconomic status, are associated with an increased risk of oral diseases during pregnancy. The aim of this study was to assess the oral health status of pregnant women and the relation to the women's oral health knowledge, beliefs, behaviour, and access to dental care.

**Methods** For this cross-sectional study, pregnant women visiting pre-natal care clinics at the Palestinian Ministry of Health centres in the Jerusalem governorate were invited to complete a structured interview with questions about beliefs about oral health care and their oral hygiene practices. Screening for oral health conditions was done using the Decayed, Missed and Filled Teeth (DMFT) index to assess the women's dental caries experience, and gingival health indices (plaque, gingival, and calculus) were measured to assess gingival health. Ethical approval was obtained from Al-Quds University Ethics Committee.

**Findings** 152 pregnant women agreed to participate in this study. Participants had a mean DMFT score of 15.5 (SD 4.5). Bivariate analysis showed that women who had completed a degree after high school had a lower DMFT score than women who did not ( $F=4$ ;  $p=0.024$ ). Women who had visited a dentist in the past 6 months had a higher DMFT score than women who had never visited a dentist ( $F=2.4$ ,  $p=0.05$ ). Additionally, women who believed they could lose a tooth just because they are pregnant scored high DMFT scores ( $t=-4$ ;  $p=0.037$ ). Results of the multivariable analysis showed that age, level of education, recent dental visit, and the belief that it is unsafe to get routine dental care during pregnancy explained 25% of the variation in the DMFT score.

**Interpretation** Women in this study had high prevalence of dental disease and knew little about dental care during pregnancy. Faulty beliefs about oral health care and barriers to dental care were major factors in the high prevalence of the disease.

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### Contributors

EK helped in study design, data collection, data management, data analysis, data interpretation, and the writing of the Abstract. EM helped in study design and data interpretation. Both authors have seen and approved the final version of the Abstract publication.

### Declaration of interests

We declare no competing interests.

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