



Factors influencing parents' choices of oral care products for children

Parental choices in children's oral care

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Abstract

Aim: This study aimed to evaluate the factors influencing parents' choices of oral care products for their children.

Methods: A cross-sectional descriptive study was conducted in the Department of Pediatric Dentistry at Altınbaş University between April and June 2023. Ethical approval was obtained (No: 2023/186). A structured 15-item questionnaire was administered to parents of children aged 4–9 years. A total of 552 valid responses were analyzed using Pearson Chi-Square tests (IBM SPSS 25), with significance set at $P < .05$.

Results: The study included 552 parents (21% male, 79% female; mean age 36.91 ± 5.79 years). Pediatric dentists (52.7%) and dentists (37.3%) were reported as the main sources of information for product selection. While 59.6% of parents recognized fluoride as caries-preventive, 40.4% held misconceptions regarding its potential health risks. Mothers were significantly more likely than fathers to consider “chemical content” when selecting toothpaste ($P < .05$). Higher educational status was significantly associated with increased attention to “fluoride concentration,” “chemical content,” and “child’s age” ($P < .01$). In toothbrush selection, mothers emphasized brush head, bristle type, electric use, and child’s age more than fathers ($P < .05$). Parents with university-level education reported greater emphasis on toothbrush features and dentist recommendations ($P < .01$).

Conclusion: Parental gender, education, and socioeconomic status were significantly associated with oral care product choices. Although professional guidance played a strong role in decision-making, misconceptions regarding fluoride and sodium lauryl sulfate persisted. These findings highlight the importance of targeted parental education and professional counseling to support informed product selection and promote optimal oral health in children.

Keywords

parents, child, toothpaste, oral health

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Introduction

Childhood is a critical period for establishing oral health behaviors that lay the foundation for lifelong oral well-being. Appropriate oral hygiene practices adopted during this stage are essential for preventing dental caries and periodontal diseases.¹ Parents, as primary caregivers, play a central role in fostering these habits, particularly during the first three years of life, when they are chiefly responsible for their children's oral health.^{2,3} This responsibility continues throughout the preschool years, when sustained parental involvement remains vital for promoting and maintaining optimal oral health.³ Parents play a crucial role not only in instilling oral hygiene habits in their children but also in selecting appropriate oral care products, serving as the primary decision-makers.⁴

As the dental industry continues to grow, there are many oral care products on the market, such as toothbrushes, toothpaste, mouthwash, and dental floss, among which toothbrushes and toothpaste are the most widely used.⁵ Making the right choice in oral care products is crucial to maintaining good oral health. However, individuals find it challenging to choose from the variety of oral and dental care products available and the abundance of eye-catching ads for these items.⁶

Purchasing decisions for oral care products are shaped by a range of influences, including environmental, familial, and sales-related factors, as well as cultural, social, personal, and psychological considerations.⁷ Consumer behavior refers to the decision-making process by which individuals determine why, when, and how to purchase a necessary product from among various available options.⁸ Therefore, it is important to understand what factors parents consider when choosing oral care products for their children. The aim of the present study is to evaluate the factors that influence parents' choices of children's oral care products.

Materials and Methods

This cross-sectional and descriptive study was conducted at the Department of Pediatric Dentistry, Faculty of Dentistry, Altınbaş University, between April and June 2023. The sample size was calculated using a 50% prevalence rate, a 5% error, and a 95% confidence interval, resulting in a minimum sample size of 384 parents. The study sample consisted of parents of children aged 4–9 years who provided informed consent to participate and completed all questionnaires in their entirety. A total of 582 parents participated in the survey; however, 30 questionnaires

Table 1. Evaluation Of The Relationship Between Parents' Gender And Educational Status And The Sources Of Information Utilized

Response	Parent's Gender <i>n</i> (%)		<i>P</i> value	Parent's Eduational Status <i>n</i> (%)				<i>P</i> value
	Male	Female		Primary school	Secondary school	High school	University	
What sources of information do you utilize when selecting oral care products for your child?								
Dentist	50 (43.1)	156 (35.8)	.147	50 (31.4)	35 (33.0)	81 (42.6)	40 (41.2)	.106
Pediatric Dentist	52 (44.8)	239 (54.8)	.045*	88 (55.3)	56 (52.8)	95 (50.0)	52 (53.6)	.793
Pharmacist	24 (20.7)	110 (25.2)	.311	38 (23.9)	17 (16.0)	50 (26.3)	29 (29.9)	.110
Medical Doctor	1 (0.9)	9 (2.1)	.388	1 (0.6)	1 (0.9)	3 (1.6)	5 (5.2)	.045*
Social Media	7 (6.0)	31 (7.1)	.684	5 (3.1)	3 (2.8)	20 (10.5)	10 (10.3)	.008**
Television	1 (0.9)	24 (5.5)	.033*	5 (3.1)	6 (5.7)	7 (3.7)	7 (7.2)	.399
Community	20 (17.2)	56 (12.8)	.222	15 (9.4)	14 (13.2)	30 (15.8)	17 (17.5)	.225

^a Pearson Chi-Square; * P < .05; ** P < .01

Table 2. Evaluation Of The Relationship Between Parental Gender And Educational Status And Toothpaste Selection Criteria

Response	Parent's gender <i>n</i> (%)		<i>P</i> value	Parent's eduational status <i>n</i> (%)				<i>P</i> value
	Male	Female		Primary school	Secondary school	High school	University	
Which factors influence your choice of toothpaste for your child?								
Brand	42 (36.2)	166 (38.1)	.712	49 (3.8)	37 (34.9)	78 (41.1)	44 (45.4)	.075
Price	12 (10.3)	51 (11.7)	.684	16 (10.1)	10 (9.4)	23 (12.1)	14 (14.4)	.645
Fluoride content	13 (11.2)	67 (15.4)	.258	8 (5.0)	9 (8.5)	36 (18.9)	27 (27.8)	.001**
Color	4 (3.4)	11 (2.5)	.586	4 (2.5)	4 (3.8)	5 (2.6)	2 (2.1)	.888
Smell	9 (7.8)	34 (7.8)	.989	6 (3.8)	9 (8.5)	18 (9.5)	10 (10.3)	.154
Taste	13 (11.2)	77 (17.7)	.094	22 (13.8)	15 (14.2)	30 (15.8)	23 (23.7)	.171
Chemical content	21 (18.1)	126 (28.9)	.019*	24 (15.1)	22 (20.8)	63 (33.2)	38 (39.2)	.001**
Packaging	3 (2.6)	9 (2.1)	.732	2 (1.3)	3 (2.8)	5 (2.6)	2 (2.1)	.793
Social Media	2 (1.7)	9 (2.1)	.816	2 (1.3)	3 (2.8)	4 (2.1)	2 (2.1)	.841
Dentist recommendation	40 (34.5)	167 (38.3)	.450	55 (34.6)	33 (31.1)	77 (40.5)	42 (43.3)	.209
TV advertisement	2 (1.7)	15 (3.5)	.388	5 (3.1)	4 (3.8)	8 (4.2)	0 (0.0)	.251
Child's age	27 (23.3)	127 (29.1)	.212	26 (16.4)	26 (24.5)	61 (32.1)	41 (42.3)	.001**
Child's preference	12 (10.3)	57 (13.1)	.430	20 (12.6)	8 (7.5)	28 (14.7)	13 (13.4)	.345

^a Pearson Chi-Square; * P < .05; ** P < .01

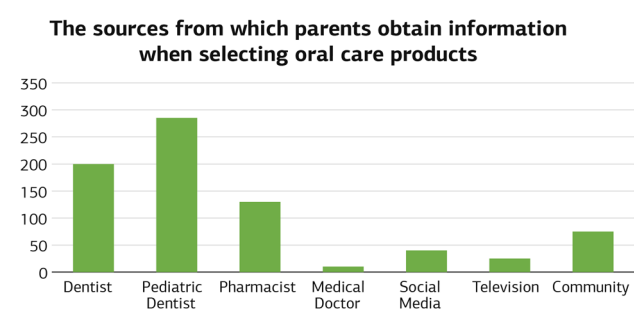


Figure 1. The sources from which parents obtain information when selecting oral care products

were excluded due to incomplete responses, resulting in 552 surveys included in the final analysis.

The researcher (S.D.) developed a structured questionnaire to collect data on parents’ choices for oral care products. The survey consisted of 15 questions divided into two sections. The first section comprised questions on parents’ sociodemographic characteristics, dental care routines, and sources of information regarding their children’s oral care products, while the second section focused on factors influencing parents’ selection of these products.

Ethical Approval

This study was approved by the Clinical Research Ethical Committee of Altınbaş University (Date: 14.04.2023, Decision No: 2023/186).

Statistical Analysis

IBM SPSS Statistics 25 software (Chicago, USA) was used for statistical analysis. Study data were analyzed using descriptive statistics, including the mean, standard deviation, median, minimum, and maximum. Pearson Chi-Square tests were used to compare variables. Statistical significance was assessed at the $P < .01$ and $P < .05$ levels.

Reporting Guidelines

This study was reported in accordance with the STROBE guideline.

Results

The study included 552 parents, of whom 116 were male (21.0%) and 436 were female (79.0%). Regarding educational status, 28.8% ($n = 159$) had completed primary school, 19.2% ($n = 106$) secondary school, 34.4% ($n = 190$) high school, and 17.6% ($n = 97$) university education. In terms of income levels, 9.1% ($n = 50$) reported earning below the minimum wage, 49.3% ($n = 272$) at the minimum wage, and 41.7% ($n = 230$) above the minimum wage. The parents' ages ranged from 25 to 63 years, with a mean of 36.911 ± 5.79 years.

The sources parents use to obtain information when selecting oral care products for their children are shown in Figure 1. Factors influencing parents’ choice of toothpaste and toothbrush are shown in Figure 2. In Figure 3, while 59.6% of parents indicated that fluoride is an agent that prevents

dental caries, 40.4% stated that it may cause mental and developmental retardation. Regarding sodium lauryl sulfate, 80.3% of parents indicated that it enhances toothpaste's cleaning efficacy, whereas 19.3% reported that it may adversely affect oral tissues.

By parental gender, mothers obtain information about oral care products from pediatric dentists and television at statistically significantly higher rates than fathers. Among parents with a university education, the rate of reporting a medical doctor as a source of information for selecting oral care products was significantly higher. Parents with a high school or university education were statistically more likely to report social media as a source of information when choosing oral care products (Table 1). Mothers were significantly more likely than fathers to consider ‘chemical content’ as an influencing factor when selecting toothpaste for their children ($P = .019$; $P < .05$). Parental education level was significantly associated with considering ‘fluoride content’, ‘chemical content’, and the child’s age when selecting toothpaste for their children ($P = .001$; $P < .01$), with higher rates reported among parents with a high school or university education (Table 2). According to parental gender distribution, statistically significant differences were observed in the responses to the question ‘Which factors influence your choice of toothbrush

Table 3. Evaluation Of The Relationship Between Parental Gender And Educational Status And Toothbrush Selection Criteria

Response	Parent's gender <i>n</i> (%)		<i>P</i> value	Parent's eduational status <i>n</i> (%)				<i>P</i> value
	Male	Female		Primary school	Secondary school	High school	University	
Which factors influence your choice of toothbrush for your child?								
Brand	34 (29.3)	132 (30.3)	.840	42 (26.4)	24 (22.6)	66 (34.7)	34 (35.1)	.075
Price	18 (15.5)	63 (14.4)	.773	20 (12.6)	18 (17.0)	28 (14.7)	15 (15.5)	.787
Toothbrush head	12 (10.3)	80 (18.3)	.040*	16 (10.1)	9 (8.5)	40 (21.1)	27 (27.8)	.001**
Toothbrush bristle	20 (17.2)	135 (31.0)	.003**	22 (13.8)	25 (23.6)	65 (34.2)	43 (44.3)	.001**
Color	10 (8.6)	38 (8.7)	.974	10 (6.3)	8 (7.5)	18 (9.5)	12 (12.4)	.372
Electric Toothbrush	6 (5.2)	51 (11.7)	.040*	12 (7.5)	2 (1.9)	23 (12.1)	20 (20.6)	.001**
Manuel Toothbrush	12 (10.3)	71 (16.3)	.112	18 (11.3)	18 (17.0)	31 (16.3)	16 (16.5)	.487
Packaging	2 (1.7)	11 (2.5)	.614	1 (0.6)	4 (3.8)	7 (3.7)	1 (1.0)	.159
Child's age	33 (28.4)	175 (40.1)	.021*	38 (23.9)	41 (38.7)	68 (35.8)	61 (62.9)	.001**
Child's preference	23 (19.8)	104 (23.9)	.360	40 (25.2)	21 (19.8)	44 (23.2)	22 (22.7)	.793
Dentist recommendation	31 (26.7)	148 (33.9)	.140	42 (26.4)	26 (24.5)	73 (38.4)	38 (39.2)	.013*
TV advertisement	3 (2.6)	6 (1.4)	.360	1 (0.6)	3 (2.8)	5 (2.6)	0 (0.0)	.192
Social media	2 (1.7)	6 (1.4)	.780	3 (1.9)	1 (0.9)	3 (1.6)	1 (1.0)	.909

^a Pearson Chi-Square; * $P < .05$; ** $P < .01$

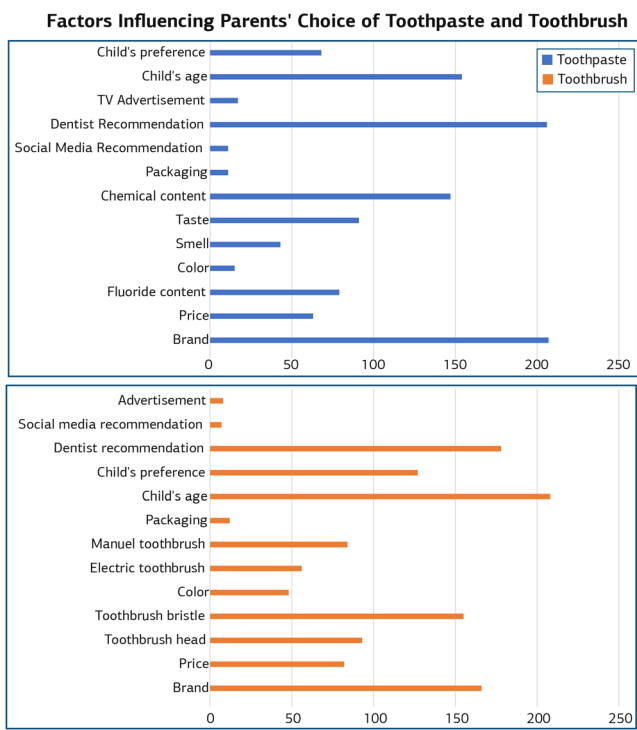


Figure 2. Factors influencing parents' choice of toothpaste and toothbrush

for your child?" with mothers reporting 'brush head' ($P = .040$; $P < .05$), 'bristle type' ($P = .003$; $P < .01$), 'electric' ($P = .040$; $P < .05$), and 'child's age' ($P = .021$; $P < .05$) more frequently than fathers. Considering parental educational status, the response rates of 'toothbrush head,' 'bristle type,' 'electric,' and 'child's age' as factors influencing the choice of toothbrush for their child showed statistically significant differences ($P = .001$; $P < .01$), with higher rates observed among parents with a university education (Table 3).

Discussion

The importance that parents attribute to oral and dental health, together with their knowledge, attitudes, and behaviors, is a determining factor in shaping children's oral hygiene practices.⁹ Although a wide variety of oral care products for children are commercially available, it is important that parents make informed choices about the most appropriate products for their children.⁶ This study investigated the determinants influencing parents' decision-making when selecting oral hygiene products for their children.

In our study, when we evaluated the sources parents used to select oral care products for their children, the majority reported receiving information primarily from pediatric dentists (52.7%) and dentists (37.3%). In the study conducted by Ak et al., the most frequently reported sources of information about toothpaste were social media and dentists.¹⁰ In contrast, according to Pawar and Ghewari, television and advertisements were identified as the most influential sources guiding parents in selecting oral care products.¹¹

The study revealed that 59.6% of parents recognized fluoride as a caries-preventive agent. Consistent with our findings, previous studies have widely demonstrated that fluoride is effective in preventing dental caries.¹²⁻¹⁴ Sodium lauryl sulfate (SLS) is currently the most commonly used surfactant in toothpaste formulations. SLS has been reported to exert antimicrobial activity by penetrating bacterial cell walls.¹⁵ Despite these beneficial

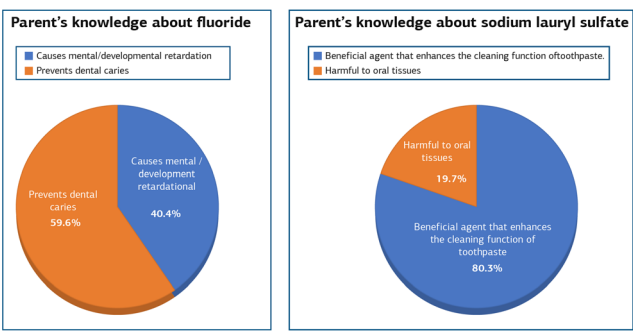


Figure 3. Parent's knowledge about fluoride and sodium lauryl sulfate

properties, several toxic effects of SLS have also been documented. Clinical studies have demonstrated that SLS can cause epithelial damage, ulceration, and inflammation of the oral mucosa.¹⁶ It has further been shown that SLS penetrates deeper layers of the mucosa, disrupts the mucin layer, induces denaturation of epithelial cell proteins, increases the solubility of structural lipids, and ultimately impairs the function of living tissue.¹⁶⁻¹⁸ In our study, 80.3% of parents reported that SLS is a beneficial agent that enhances the cleaning efficacy of toothpaste; however, this reflects a misconception.

In our study, the most influential criteria for parents when choosing toothpaste for their children were "brand" (37.7%) and "dentist's recommendation" (37.5%). In contrast, Egil et al. (2020) reported that the most important factors influencing parents' choice of children's toothpaste were "caries-preventive properties" and "well-known brand".¹⁹ Similarly, in a study by Jahandideh and Tüloğlu, which evaluated parents' knowledge of preventive practices in oral and dental health, the most valued criteria for selecting toothpaste for children aged 0–13 years were "dentist's recommendation" and "fluoride content".²⁰ A previous study demonstrated that parents prioritized "dentist's recommendation" and "toothpaste flavor" in their selection process.¹⁴ Pawar and Ghewari reported that "brand" and "flavor" were the most important factors influencing parents' choices of oral care products for their children.¹¹ Our findings further indicated that as parents' socioeconomic status increased, greater importance was placed on "brand," "fluoride concentration," "toothpaste flavor," and "chemical content" when selecting toothpaste for their children. Moreover, higher parental education levels were associated with increased emphasis on "fluoride concentration," "chemical content," and "child's age" as determining factors. Additionally, our study revealed that mothers gave greater consideration to the "chemical content" of toothpaste compared to fathers.

In our study, the most important criteria reported by parents when selecting a toothbrush were the child's age and the dentist's recommendation. In the study conducted by Şenocak et al., dentist recommendation was identified as the most influential factor in product selection (85.9%), and 77.4% of parents considered it very important.⁵ Similarly, Egil et al. reported that dentists' recommendations influenced pediatric toothpaste selection for 21.4% of parents.¹⁹ Consistently, Opeodu et al. found that approximately 51% of participants selected their toothbrushes based on a dentist's recommendation.²¹ According to our findings, female parents with a university-level education placed greater emphasis on factors such as the toothbrush head, bristle type, the use of an electric toothbrush, and the child's age when choosing a toothbrush. Furthermore, our study indicates that as parents' income increases, criteria such as price, toothbrush head, bristle type, color, use of an electric toothbrush, and the child's age

become more prominent in their decision-making process.

Limitations

This study has several limitations that should be acknowledged. First, the gender distribution of the participants was not balanced, with a predominance of mothers (79%) over fathers (21%), which may have introduced bias in the representation of parental perspectives. Second, the study relied on a self-report questionnaire, and the subjective nature of parental responses may have introduced recall bias or socially desirable responding. Third, the study was conducted at a single university clinic, which may limit the generalizability of the findings to broader populations with different socioeconomic, cultural, and geographic characteristics. Fourth, although the sample size was sufficient for statistical analysis, the cross-sectional design prevents establishing causal relationships between sociodemographic factors and parents' choices of oral care products.

Conclusion

The findings of this study highlight the pivotal role parents play in shaping their children's oral health habits and in selecting appropriate oral care products. Pediatric dentists and general dentists emerged as the primary sources of information, emphasizing the influence of professional guidance on parental decision-making. Socioeconomic factors, educational levels, and parental gender were significantly associated with the criteria used to select toothpaste and toothbrushes, including chemical content, fluoride concentration, the child's age, and product features. Mothers, particularly those with higher education, demonstrated greater attention to specific product attributes compared to fathers.

Overall, this study underscores the importance of targeted oral health education for parents to enhance informed decision-making and ensure optimal oral care for children. Dental professionals should actively provide evidence-based guidance to address misconceptions and support parents in selecting safe and effective products. Future research with larger, more diverse samples is warranted to further explore parental behaviors and preferences and to develop strategies that promote consistent, informed oral hygiene practices across populations.

Declarations

Animal and Human Rights Statement

All procedures performed in this study were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

Informed Consent

Written informed consent was obtained.

Data Availability

The data supporting the findings of this study are available from the corresponding author on reasonable request.

Conflict of Interest

The authors declare no conflict of interest.

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Author Contributions (CRediT Taxonomy)

Conceptualization: R.S.D., S.C.İ.

Methodology: R.S.D., S.C.İ. Data Collection: R.S.D.

Formal Analysis: R.S.D., S.C.İ. Writing—Original Draft: R.S.D. Writing—Review & Editing: S.C.İ.

Supervision: S.C.İ.

AI Usage Disclosure

The authors declare that no AI-assisted technologies were used.

Abbreviations

SLS: Sodium lauryl sulfate

SPSS: Statistical package for the social sciences

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