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Review Article

EFFECTIVE TEACHING AN IMPACT ON SCHOOL CHILDREN IMPROVING ORODENTAL HYGIENE KNOWLEDGE AND PRACTICE

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ABSTRACT

School children are the future of the country they form about 25% of total population. Majority of Indian population lives in rural areas, of which more than 40% constitute children. Dental caries affects 60-90% of children across the world and is found to be associated with a variety of negative impacts.[1]Education is the basic fundamental need for the school children to improve in all aspect of health and hygiene. Oral hygiene is necessary to be maintained which is ignored either because of lack of knowledge and its related correct practice or incorporated social and economical needs among these children from their early childhood which leads sometime serious attention. In India its seen today few of minor aged children use to have things harmful for oral health mostly belongs to rural and underprivileged area. A bit work has been made to find the difference through awareness undergone teaching in improving the knowledge and correct practice related to dental hygiene. Dental health plays an vitalrole in the overall health status and quality of life from childhood. It strongly affects several aspects of child growth and development. Good Oro-dental health improves the child's ability to develop several physical and social functions such as speaking, smiling, feeding, breathing, and social adaptation. Hazards of Oro-dental diseases in children may include pain, discomfort, embarrassment, challenged cognitive development, reduced self-esteem, and impairments of daily life activities. Severe caries in young children is associated with underweight, poor growth, irritability, higher risk of hospitalization, disturbed sleeping, and diminished learning ability.[2]

Keywords - School children, Harmful, Awareness, Dental hygiene, dental health, oral health, child health, child development, academic achievement, Psycho Social well-being.

INTRODUCTION

The Most of the Indian population residing in village areas, where more than 40% constitute children population. The children can'tobtain dental health facilities due to inapproachability,economic problem and sluggishness of public dental healthcare services. According to WHO globally 200,335,280 teeth are either decayed or missing due to the caries. The estimated global DMFT (decayed missing filled teeth) rate for 12yearolds was 1.61 in the year 2004 and in India it was 0.5 in 2003. This is just for one age group the 12 yearsold and was presented in database in February 2004. It is also observed that by the age 9years most of the children will have at least one cavity and by the age 15 this proportion will be 60%. [3]

Dental caries in orodental problems is a common disease during childhood in India. Over 40% of the children in India are seen to be affiliated with dental caries and a large part of children reside in rural areas where most of them are in the need of dental care.

EFFECTS OF UNCARED ORODENTALHYGIENE

A study was done on dental caries and periodontal disease in wardha district of Maharashtra, India on the habit of material and technique used for brushing among urban, rural and tribal children of 12 years age. They concluded that dental caries were more prevalent about 22.8% among urban children and 15.5% in rural whereas 15% was in tribal children and concluded that school oral health education should address dental caries periodontal disease and the material that harm teeth. [4]

In Indian study showed that dental caries and periodontal diseases are most common oral diseases showing notable geographic variations, socioeconomic patterns and extremity of distribution all over the world. Though many studies are conducted in different parts of the world, the review of literature indicates that there is a great deficiency in baseline data concerning the oral health of Indian school children. There is deficiency of information regarding the frequency and prevalence of dental caries and oral hygiene status in many region of India. The health professional to adopt a more practical approach to achieve primary prevention of oral diseases. The most viable solution seen to be health education in relation to dental hygiene is utmost required. It shows that teachers and parents altogether can improve the communication wining confidence of the children to adopt and modify their dental health and related behavior.

DENTAL CARIES AND ITS EFFECT ON ATTITUDE, BEHAVIOUR, SOCIAL ASPECTS OF THE CHILD'S LIFE (THE IMPACT)

Dental caries usually initiates as tiny in size, shallow holes; if left untreated; First, these holes can become larger and deeper and potentially lead to tooth annihilation or loss can cause pain and discomfort and reduce intake of foods because eating is painful. Second, severe caries can affect children's quality of life and thereby growth. Further impacts include severe pain, irritability and disturbed sleeping habits dental abscess, difficulties during chewing, bleeding tooth sensitivity.[5]These effects are generally expressed as a experience that worsens as the disease progresses, presenting oral clinical symptoms that indirectly affect a child quality of life. The unassertive impact of caries on children's lives includes symptoms and functional changes, such as chewing and speech impairment, schooling factors, such as a being absent in school, psychological problems, such as sleeping, and irritability, among other factors related to social interaction, such as smiling and refraining from speaking. School performance may also decline. A healthy smile is certainly one way of developing interpersonal relationships and self-esteem. Thus, rehab and clinical treatment follow-up are necessary, so far as oral health plays anvital role in the overall life of children and in their emotional well-being.[6]

DENTAL HEALTH AND ITS RELATION TO GENERAL HEALTH OF SCHOOL GOING CHILDREN

Untreated cavities can cause pain and infections that may lead to problems with eating, speaking, playing, and learning. Children who don't have proper oral and dental care often miss more school and receive lower level than children who don't. About 1 of 5 (20%) children aged 5 to 11 years have at least one untreated decayed tooth.A US Study have analyzed data from the 2007 National Survey of Children's Health for 40,752– 41,988 children. And found in their conclusion that Dental problems were significantly associated with reductions in school performance and psychosocial well-being. Dental health is positively associated with all psychosocial outcomes.

Over a quarter of children have at least one dental problem. About 30% of children have problems in school, and 80% miss at least one school day per year for injury. Frequent unhappiness, feeling inferior, and shyness are relatively common at 19.25%, 18.4%, and 11.46%, respectively.

The effects of dental problems on school performance and psychosocial well being outcomes were evaluated for demographic, socioeconomic, and health characteristics. Preventing and treating dental issues and improving better dental health may benefit child academic attendance achievement, cognitive as well as psychosocial development. [2]

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ISSUE OF CONCERN

Understanding how diet, eating behaviors, demographics, and environmental factors add to caries rates in children and adults is essential to improve the oral component of general health. Since dental caries is seems to be a multi-factorial disease, Intake of sugars are the substrate for cariogenic bacteria to grow and generate enamel dematerializing acids. Dental erosion is one of the concerning factors which is on the rise. It is associated with dietary acids which are consumed through beverages and soft drinks. There is a strong correlation between the amount and the frequency of free sugar intake and dental caries. Refined foods and fermentable carbohydrates increase the risk of dental disease. On the other hand, starchy staple food and fresh fruits have shown to be associated with low levels of caries activity. The other issues healthcare professionals should be aware of are the ever increasing fast food chains that provide the foods which are responsible for the excessive calories and obesity issues amongst children and adolescents.Closing the gap between the racial, ethnic, and demographic minorities is very essential and must be done with multiple partners including healthcare providers like pediatricians, physicians, dentists, dieticians, and allied health professionals and also local community leaders, government agencies, educators, legislators, media, industry, and related fields.[7]

The incidence of dental caries has increased over the past few decades. Cause of dental caries seen is excess intake of simple carbohydrates and sugary drinks. Dental caries can lead to premature loss of teeth. Hence, teachers, parents, clinicians, including nurses and pharmacists, should keep effort educate children from early childhood about the harmful effects of sugar on the oral cavity. Just brushing rinsing and flossing is not enough to prevent dental caries one also has to eat healthy nutritious diet.[8]

HOW CHILDREN ARE HELPED TO MAINTAIN ORAL HEALTH

Finding the basic etiological factors which may affects Orodental space can correctly be treated by early education and detection. Teachers, Parents,Health care professionals can definitely help to prevent by educating the children according to their growing age and level of understanding at place.[9] Children with poor oral hygiene habits, parent's level of education in young children associated low father's and mother's education with high caries have much effect on prevalence of Orodental diseases including dental caries. Its usuallycommonly seen that caries occurrence is influenced by using right material, brushing technique, frequency and dental visiting habits.Lack of motivation for maintaining oral hygiene, socioeconomic and cultural differences, parenting practices, genetics, among other factors, play a major role in the development of dental disease.Frequent taking of carbohydrates in the form of simple sugars increases the chance of dental caries and worsen the severity when children sleeps without cleaning the teeth at bedtime. This activity reviews the causes of dental disease and highlights the role of the inter-professional team in the prevention of cavities.[10]

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