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Oral Hygiene in Children with Different Social Status

Peter Bakardjiev[1], Liliya Doichinova[2]

[1]Assistant Professor, Department of Pediatric Dentistry, Faculty of Dental Medicine, Medical University – Sofia, Bulgaria

[2]Associate Professor, Department of Pediatric Dentistry, Faculty of Dental Medicine, Medical University – Sofia, Bulgaria

Abstract: ***Introduction: Oral health is linked to the knowledge, motivation and the level of oral hygiene of each individual. It reduces the risk of dental caries. Oral hygiene care is the most effective way of preventing it. Aim: The study aims to assess oral hygiene status of students of different social status, their health awareness for oral hygiene and skills in brushing. Material and Methods: The study included 200 children aged 4-12 years. They assess the oral hygiene, health knowledge for its maintenance through a short questionnaire and skills in brushing by applying visual index Simmons. Oral hygiene status was determined by the index of Greene & Vermillion. Results: The results show unsatisfactory oral hygiene habits in children with low social status, consisting of short-term cleaning of teeth once a day and poor cleaning of all tooth surfaces. Conclusion: Poor oral hygiene, lack of parental control, and adequate health knowledge with frequent consumption of cariesogenic foods in addition to socio-demographic characteristics are the main risk factors for development of caries in children under study.***

Keywords: oral hygiene, children, social status

1. Introduction

Oral health is linked to the knowledge, motivation and the level of oral hygiene of each individual. It reduces the risk of dental caries. Oral hygiene care is the most effective way of preventing it.

2. Aim

The study aims to assess oral hygiene status of students of different social status, their health awareness for oral hygiene and skills in brushing.

3. Material and Methods

The study included 200 children aged 4-12 years. They assess the oral hygiene, health knowledge for its maintenance through a short questionnaire and skills in brushing by applying visual index Simmons. Oral hygiene status was determined by the index of Greene & Vermillion.

4. Results

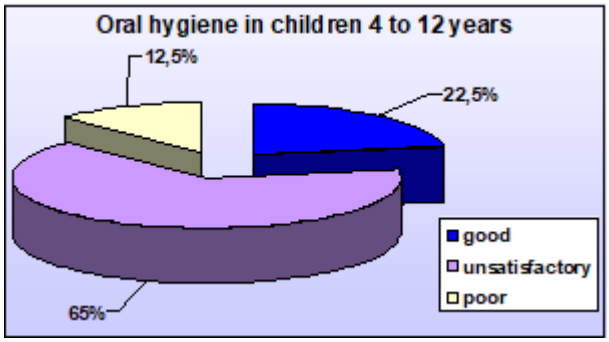

Chart 1

On **Chart No. 1** shown the level of oral hygiene in the children studied. Prevail children with poor oral hygiene, only 22.5 percent of the children with good oral hygiene, and the rest are poor oral hygiene. This is a serious risk factor for dental caries, which have to take emergency measures for correction and improvement of oral hygiene habits taking hold active motivation.

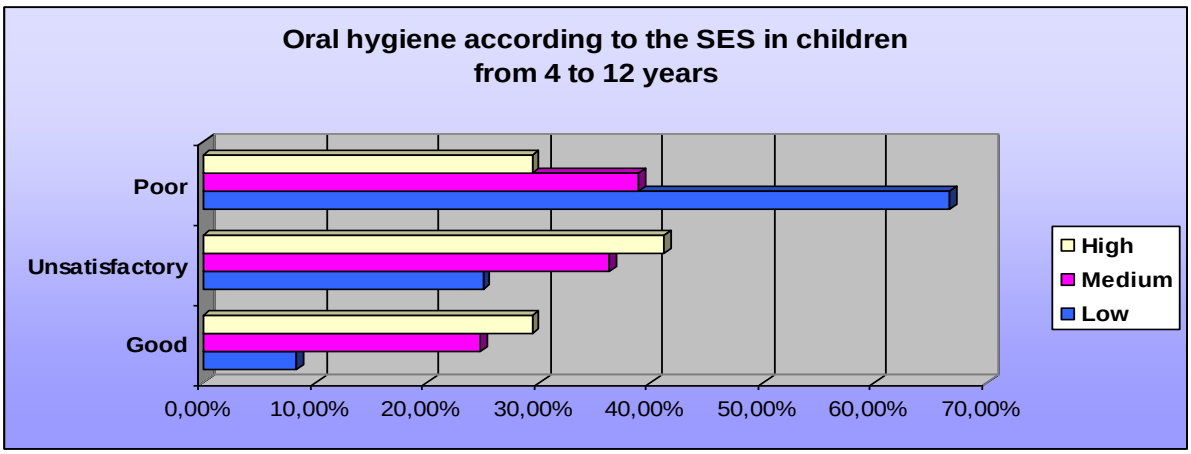

Chart 2

On **Chart №2** reflected the level of oral hygiene in children studied depending on social status. The analysis showed that children with poor oral hygiene are mostly low social status. The reason for this result may indicate that they are roma and most parents are less educated, which affects the health education of these children and poor parental controls in conducting oral hygiene care. Approximately equally are children from the other two social with poor oral hygiene. This alarming fact and neglected oral hygiene in most children from all social groups must implement a program for oral hygiene adapted to all age groups.

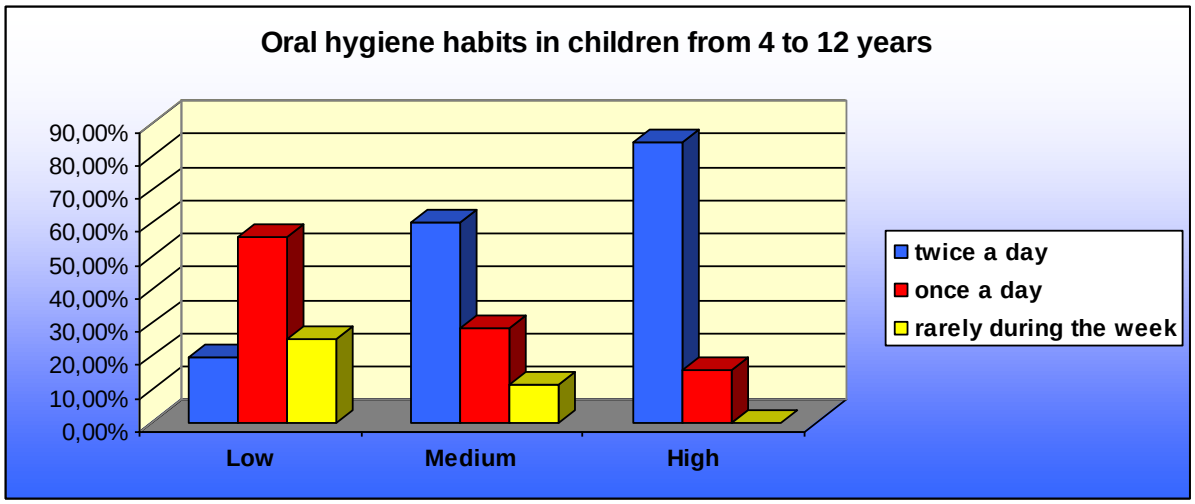

Chart 3

On **Chart No. 3** reflected oral hygiene habits of children. It is clear that the majority of children with middle and high social status held oral hygiene care twice a day. It should not underestimate the fact that there are children and the three social groups brush their teeth only once a day, making it necessary to conduct motivation and learning the rules of oral hygiene. The remaining fraction maintain oral hygiene often during the week. This result explains their poor oral hygiene, which means that they need to build the habit of brushing morning and night.

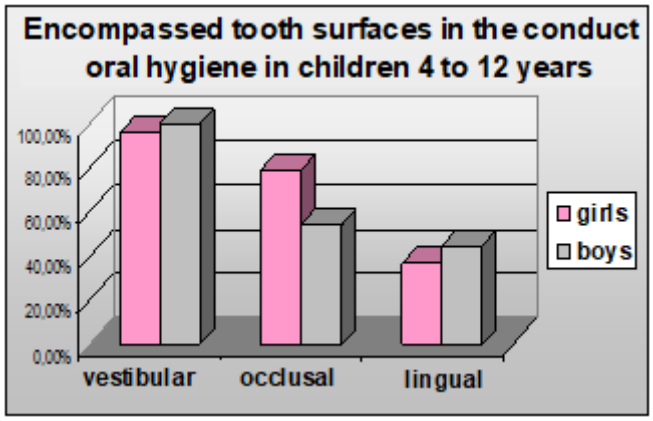

Chart 4

On **Chart No. 4** are presented results of tooth surfaces covered in conducting oral hygiene of children. It was found that children do not have built proper oral hygiene skills. Almost all children wash their vestibular and occlusal surfaces and a small part included lingual surfaces. Worryingly, very few children 6-7 years wash occlusal surfaces, and this age is the highest risk of occlusal caries of the first permanent molars.

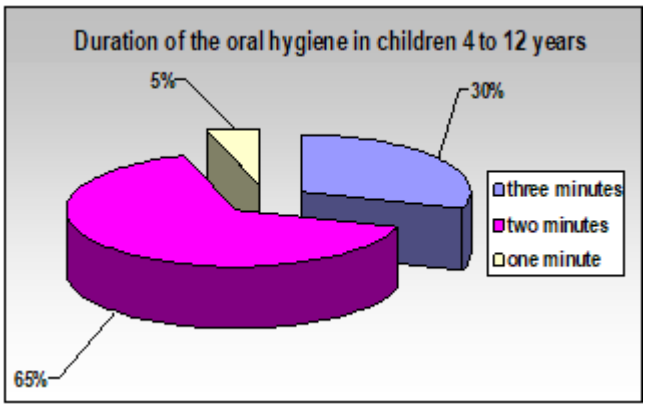

Chart 5

On **Chart No. 5** shown the duration of the ongoing children oral hygiene. Few of them cleaned their teeth three minutes. Obviously, insufficient time can not provide efficient removal of plaque biofilm in most children. We need to focus on their training time necessary to improve the level of oral hygiene. The smaller length of the conducting oral hygiene would lead to incomplete removal of the plaque and creating favorable conditions for manifestation of its pathogenic potential for a longer period of time.

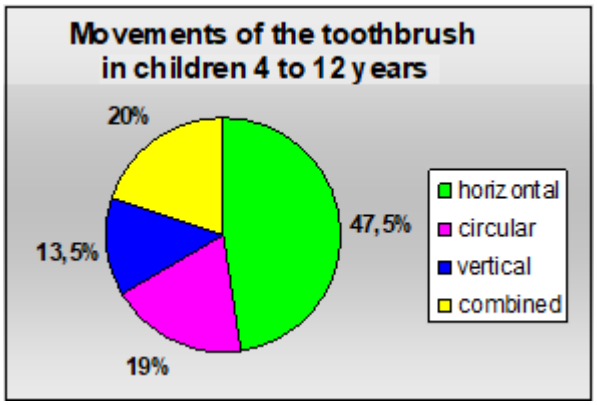

Chart 6

On **Chart No. 6** inflicted the most common movements of the toothbrush in tooth brushing and the horizontal are not enough to clean the teeth quality. Shares of children using circular movements and combined are almost equal. Follow the vertical movements. It is building knowledge of plaque biofilm and the need for combining different movements in the conduct of oral hygiene in the majority of children.

5. Discussion

The health behavior of people is determined by social, political and economic factors, and access to conditions that are important for maintaining good oral health [3] and [8]. It is related to the knowledge, motivation and level of oral hygiene of each individual. It reduces the risk of tooth decay. Oral hygiene care is the most effective way of preventing it [2] and [6].

The study conducted in children aged 4 to 12 showed that they did not have proper oral hygiene habits. It was found that the incidence of day-to-day oral care was insufficient. Combined with the poor cleaning of all the teeth and the insufficient number of tooth surfaces covered, as well as the use of only one type of toothbrush movements, results in an unsatisfactory level of oral hygiene status in these children. It is necessary to work in the direction of acquiring good knowledge of children for oral health by applying a program of motivation and training in the rules of oral hygiene.

Studies by some authors suggest that children with poor oral health habits are much more likely to develop carious lesions than those who have good habits [7], [8] and [11]. A number of studies highlight the main factors affecting children with regard to their oral health and behavior [1], [11] and [12]. The relationship between the poor oral health of children and the low socio-economic status of the family is described in the literature [5], [9] and [16]. The main factors correlating with the DMFT are the young mother's age, the way of cohabitation of parents, the place of residence, the caries of the parents, the poor oral hygiene habits of the mother, the consumption of sugar by the child [12] and [13]. The fact that most mothers of children from minority groups receive minimal education leads to poor communication skills and is one of the factors of poor oral health [18]. In addition, socio-demographic characteristics also influence [14], [15] and [18]. It has been established that, in addition to assessing opportunities, family relationships are also an important factor in oral health education [10] and [19]. When studying the socio-economic status, children with high professional status fathers and housewives have the lowest caries distribution index (DMFT = 1.3; DMFS = 2.5) [20]. Early oral health education and preventative measures also help to reduce the need for future treatment of oral diseases [21]. Therefore, the educational approach should be directed to both children and their parents [4] and [17].

6. Conclusion

Poor oral hygiene, lack of parental control, and adequate health knowledge with frequent consumption of cariesogenic foods in addition to socio-demographic characteristics are the main risk factors for development of caries in children under study.

1) Children do not have proper oral hygiene habits.
2) The daily oral care is inadequate
3) Poor oral hygiene status is the result and use only one type movements of the brush teeth.
4) Improving the health knowledge of children should be leading in correcting their oral hygiene techniques

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Author Profile

Peter Bakardjiev is in Department of Paediatric dental medicine as Faculty of Dental Medicine – Sofia, Medical University – Sofia, Bulgaria