Awareness of Oral Care and Brushing Technique in Children below 5 Years of Age Administered to Parents.

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Abstract:
The parents should be aware of the efficient techniques and care for the oral health of his or her children. Teaching children proper oral care at a young age is an investment in his or her health that will pay lifelong dividends. Passing on good oral habits to the child is one of the most important health lessons parents can teach them. This means helping him or her brush twice a day, showing the proper way to floss, limiting between-meal snacks and seeing your dentist regularly.

Keywords: oral health, oral hygiene, common dental diseases, awareness, paediatric clinic.

INTRODUCTION
Oral health is an integral part of general health. Poor oral health can have adverse effects on general health. Hence a good oral health is very essential, which in turn is achieved by good oral hygiene. Even though, the concept of good oral hygiene evolved some 5000 years back, but it was only in the beginning of the 19th century, it gained more importance. The earlier concept of maintaining oral hygiene by just clearing debris has been taken over by removal of plaque, any infectious agent responsible for many common dental diseases. Studies have shown correlation with poor oral health and many systemic diseases. Various types of oral hygiene aids into existence in the 20th century. The maintenance of oral care should in children can only start from the parents. The parents should have the knowledge and must be aware of oral health maintenance. Hence this survey is to analyse and find the level of knowledge among the parents whose children are below five years old.

MATERIALS AND METHODS
For this study, the parents of children below five years of age were aimed. A questionnaire was administered to the parents in general population in chennai, porur. The survey was conducted in places that are of interest in children below five years of age. Places such as paediatric hospitals, elementary schools, parks, paediatric clinics, pedodontic clinics were approached to find a concentrated population of parents whose children are below five years of age. The questionnaire was given to the parents.
DISCUSSION

The proposed questionnaire is given below:

**Awareness of oral care and brushing technique in children below 5 years of age administered to parents**

- Age of your child:
- Sex of your child: male/female
- Do you prefer to use a tooth brush for your child? Yes. No
- If yes, when did you start using tooth brush (mention age)

- Do you prefer to also use a tooth paste? Yes. No
- Do you have knowledge about the brushing techniques? Yes. No
- How many times do you brush your child’s mouth?
  a) 1
  b) more than 1
- Do you rinse your child’s mouth after every meal? Yes. No
- Do you use a mouthwash for your child? Yes. No
- Are you aware of the oral diseases which can affect your child’s mouth if not cleaned properly? Yes. No
- Does your child have the habit of thumb sucking? Yes. No
- Does your child have the habit of tongue thrusting? Yes. No
- Does your child have the habit of bruxism? Yes. No

- Did you take any action about your child’s habit? Yes. No
- Have you taken your child to a dentist before? Yes. No
- If yes, how often in a year do you visit the doctor?
  a) Once
  b) More than once
- Do you floss your child’s teeth? Yes. No
- Has your child shown any signs of pain or has your child complained of any pain regarding the oral cavity? Yes. No
- If yes, have you taken any action about it? Yes. No
- Do you inspect your child’s oral cavity on a regular basis? Yes. No

These findings are consistent with studies conducted all over India including some in developing countries. It also revealed that we have to think and plan in a systematic way to provide dental health education and basic oral hygiene knowledge to the people of this country. Based on the data available from studies done in developing countries it is comparable to that of developing countries. This may indicate lack of oral health counselling on the part of physicians, poverty, illiteracy [2]. The parents lacked the knowledge on brushing technique. This shows that more effort is not taken to make the general population aware of the brushing technique [3]. The parents are unwilling to take their children to a dentist. The reason stated when approached was that the deciduous teeth (milk teeth) would exfoliate so there is no risk in the children developing problems and diseases in the deciduous teeth. The parents in the general population lack the knowledge about the problems that can arise from poor maintenance of their children’s oral hygiene [3]. The parents monitoring the child for their para functional habits were quite less in the general public. The parents who took action for their children’s para functional habits such as bruxism, tongue thrusting, thumb sucking were only 34%. This would lead to malocclusion that would later need an orthodontic treatment to be done for their children.

CONCLUSION

Oral health diseases are detrimental to the quality of life and can have impact on self-esteem, eating ability, nutrition and health of an individual. We have various materials that are used to maintain the oral health. However until we conduct various oral health programmes at schools and communities, people will not be aware of all these materials and how to make use of these materials [4]. The children must be taken care of by the parents and infants and must be taught to practice oral hygiene for a better oral health. This in future generation will reduce the risk of oral diseases.

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