

**ASSESSMENT OF ORAL HEALTH IN EARLY  
CHILDHOOD IN "AMBEJOGAI TALUKA."**

**A BRIEF REPORT**

**SUBMITTED ON**

**MINOR RESEARCH PROJECT**

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## CHAPTER FIVE.

### SUMMARY AND CONCLUSIONS.

"Health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity" defined WHO.

' Another health revolution has arrived' says Dr. Michael Bonner in his well researched new book, " The Oral Health Bible" and there is no longer any separation between mouth medicine and body medicine. The mouth is doorway to achieving peak health and wellness in all the body's systems.

In America, February Month is observed as National Children's Dental Health Month, children's good oral care is becoming critical every day. First comprehensive study on the nation's oral health, released recently by the office of U. S. Surgeon. The report states that more than 51 million school hours are lost every year to dental related illness.

CDA ( Canadian Dental Association ) defines oral health as a state of the oral and related tissues and structures that contribute positively to physical, mental and social well being and to the employment of life's possibilities, by allowing the individual to speak, eat and socialize unhindered by pain, discomfort or embarrassment.

Oral health problems such as oral pain, missing teeth or oral infections can affect a person's physical, mental and social well being. Oral disease, like any other disease needs to be treated. Keeping a healthy mouth is an important part of leading a healthy life.

As oral health is an integral part of human life, common dental problems seen in children are found in the majority. When these problems are not caught and treated early, they can develop into more severe problems can impact self esteem for children and lead to problems in eating, speaking and attending to learning.

That is why present study has been designed with well defined **Objectives** as follows:

- To observe the establishment of good oral health habits in children.
- To observe presence and severity of gum diseases.
- To make sure that child consumes a balanced diet.
- To observe the health risks of using tobacco products.



- To assess the knowledge of children and their parents, about the prevention of dental diseases.

Being a student, the study suffers from the following **Limitations**.

- Only 100 samples were selected for the study.
- Only preschool children were selected for the study.
- The study was limited for the geographical area of Ambejogai Taluka.

## **METHODOLOGY**

The present study entitled "Assessment of Oral Health in early childhood in Ambejogai Taluka" was conducted. The area was selected on the basis of convenience and rapport of the Investigator with the community. For the study a sample of 100 children was selected.

The variables studied under this investigation were :

1. **Independent Variables:** Age, Education, Occupation, Family Size, Family type, Annual Income.
2. **Dependent Variables:** Oral hygiene, Oral health problems, Oral habits, Dietary habits, Use of Water.

Thus, the total scores were classified under rank method.

The data were analyzed and chi-square test was applied for knowing significance of association of dependent and independent variables. The important findings of this study are:

- The association between ages of respondents with awareness of oral hygiene found significant in this study.
- Education of respondents with oral hygiene was found non-significantly related.
- The association of family size of respondents with oral health problems was non-significant in this study.
- The association between types of family of respondents was found non – significantly related.



- The association between dietary habits of respondents with oral health problems.
- The association of mother's occupation of respondents with oral health problems found non-significantly related.

### **Conclusions:**

1. From the study it was noted that the large numbers of respondents were aware of their oral hygiene. Hence, it is stated that there was establishment of good oral habits in children.
2. Results of the study stated that there was 30% respondents having oral pain but the presence and severity of gum diseases were not found.
3. Results of dietary habits showed 20% of respondents belonged to low intake of nutritious food, 34% of respondents belonged to medium intake of nutritious food and very high i.e. 44% of respondents belonged to high intake of nutritious food. From these figures it was noted that sufficient balanced diet was provided to children.
4. From the study it was observed that there was absence of children consuming tobacco products.
5. From results of the study it was concluded that children and parents were aware of oral health having sufficient knowledge about dental health.

### **Suggestions and recommendations:**

- Supervised school health programs should be considered by authorities as one effective way of reducing dental caries and should be introduced if other ways have not proved more accurate results.
- The growth measurements of the children should be taken frequently to understand the health status of the children.
- A comprehensive physical examination should be taken including oral exams like teeth, gums, tongue, soft, tissue etc.
- Verbal referred for regular, preventive dental health checkups beginning at age 3 or earlier if risk factors are present should be done.
- Social survey should be arranged and through this survey proper oral health screening should be provided to detect common oral and dental problems and to give verbal referrals for preventives dental checkups to the parents and their children.
- Through PHC (Primary Health Centers) dental visits should be arranged frequently for the children of low socio-economic status.
- Through PSM (Preventive Social Medicines) social surveys should be arranged in rural areas to improve oral health of children.

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## CHAPTER SIX

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