ORAL HYGIENE AMONG CHILDREN: A DESCRIPTIVE SURVEY AMONG MOTHERS AT SELECTED VILLAGES IN INDORE.

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Introduction

Oral hygiene is no exception to the rule that health-related behaviours are influenced by one's level of knowledge and awareness. The health of a child's mouth is an important part of their overall well-being. Dental caries is one of the most common oral health issues that affects everyone. Dental caries is on the rise in many developing countries. There are many diseases of the mouth, but dental caries is among the most serious and common. Bacteria and fermentable dietary carbohydrates interact with each other over time, resulting in an infectious oral disease that can be transmitted. Caries affects nearly 90% of children, despite the fact that it can occur in adults as well. It is defined as the presence of one or more decayed (non-cavitated or cavitated lesions), missing (due to caries) or filled tooth surfaces in any primary tooth in a preschool-age child between the ages of birth and 71 months of age. "

In general, children, particularly preschoolers, do not understand the mechanics of brushing and the importance of oral hygiene maintenance, especially in the early stages of their development. ADA recommends that parents clean their child's gums with wet cotton after feeding, begin brushing their child with a baby toothbrush after the eruption of the first tooth, reduce sugar intake, and avoid giving the child a bottle during sleep. Starting at the age of one, it is recommended to have your child's teeth checked every six months. This is the only study conducted in Kangettumkara, Indore, to evaluate the knowledge, attitudes, and practises of mothers regarding the oral health of children between the ages of six months and twelve years old.

A cross-sectional study was conducted in the selected villages of Indore between January and April of this year. It was administered a 20-item structured questionnaire. A questionnaire was used to gather information about mothers' knowledge, attitudes, and practises regarding oral hygiene, brushing, and other etiological factors. Most of the mothers were illiterate in English, so they had it translated into Hindi. Participants were made aware of the study and only those who agreed to participate were included. The calculated sample size was 100, with a test power of 80% and a significance level of 5%.

Responses from 88 mothers and 12 mothers who refused participation were obtained from the total of 160 questionnaires distributed. The majority of participants had completed their college education and were working as housewives. A mother's lack of knowledge about the transmission of a disease like caries is clear. Most children were brushing their teeth by the time they were 6-7 years old, but a majority of mothers (51 percent) still held parental responsibility for their child's oral health and hygiene until then. Many children had never been to the dentist because most mothers (50 percent) believed that only going to the dentist if it was absolutely necessary was appropriate. 32% were unaware that a 6-month check-up is required. 59 percent of mothers reported adding sweeteners to their child's milk, despite the fact that almost all mothers were aware that sweet intake can cause caries. Over 60% of mothers were aware that it is recommended to replace a child's toothbrush every three months. Sixty eight percent of mothers were aware of the benefits of brushing their teeth before and after bedtime. Some mothers (32 percent) believe that children should begin brushing their teeth at the age of 3-4 years, while others (22 percent) believe that brushing should begin as soon as the first tooth appears in the oral cavity.

Discussion

As their children's oral health and good habits are formed in the womb and carried through childhood, mothers play a crucial role in their maintenance. In order to instil good oral habits in their children, parents first need to be diligent about maintaining good oral health themselves. A majority of the mothers in this study did not know

that caries is a contagious disease and shared their utensils with their children on a regular basis. johnson et al. found similar results in their research (2010). This study also found that mothers' brushing knowledge was excellent. When it came to brushing their children's teeth twice a day, the mothers were aware. This phenomenon was also observed in another study conducted by Rajasree et al. simultaneously (2017). Another study found that mothers' brushing knowledge was woefully lacking. Even though they knew better, many mothers still didn't brush their children's teeth properly. Most mothers were aware that parents are responsible for their child's oral health until the age of seven, but a different study found that most mothers thought their child's teeth needed to be cleaned by them until the age of seven. It was discovered that mothers were completely uninformed about the importance of going to the dentist, according to our findings in the study. In the mothers' minds, dentist visits should be limited to emergencies. The same findings were made by Rani thampi et al in their study (2012)

Moreover, mothers were shown to be aware of the dangers of nighttime and extended-duration bottle feeding, according to the results of the research. A similar study found that 79 percent of mothers were aware of the detrimental effects of prolonged bottle-feeding on children.

Mangalya et al. (2012) found that most mothers were aware of the negative effects of prolonged bottle feeding on oral health, with the exception of those who were uneducated.

CONCLUSION

Most mothers were found to be knowledgeable about children's oral hygiene practises, but this knowledge was not reflected in the mothers' attitudes or practises, which were found to be deficient.

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