

# REVIEW ARTICLE

## SCHOOL DENTAL HEALTH PROGRAMMES- A REVIEW

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### ABSTRACT:

Dental health programmes especially school based influences oral behavior of children during their developing and formative years to a great extent. Good oral health in children is one of the essentials in their general health needs. Tooth decay and gum disease are the most common and least treated of childhood diseases. Dental disease in children interferes with eating, sleeping, speaking, playing, learning and smiling. The cognitive performance in school and ability of children to attend and stay in school depends on their general health. Those young people who attend primary schools have better chances of survival. The general health and also dental health issues must be addressed continuously in order to ensure attendance and to enhance their ability to learn. Dental health of school children are of great importance in promoting oral health of a community as children are the most common victims.

**Keywords:** comprehensive treatment, fluoride, prevention, school dental health programmes.

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### INTRODUCTION:

The importance of oral health during childhood and adolescence is always given preference to. Nowadays schools provide an ideal setting for promoting oral health.<sup>1</sup>

Good oral health in children is important to meet their general health needs. Tooth decay and gum disease are the most common and least treated of childhood diseases. For many children, dental disease interferes with eating, sleeping, speaking, playing, learning and smiling.<sup>2</sup> Children with poor oral health are 12 times more likely to have more restricted-activity days than those who do not. More than 50 million hours annually are lost from school due to oral diseases.<sup>3</sup> Most of the oral diseases or conditions in children are preventable or treatable. It is essential for the youth to gain knowledge and skills to attain and maintain good health, including oral health. So it is necessary for promoting oral health in schools. Education goes beyond enriching knowledge and developing life-skills in students. A more essential element

in education is to cultivate in students, positive values and attitudes with a view to developing in them a healthy lifestyle conducive to the healthy growth and development of the body and the mind. The coverage of health education in schools encompasses the acquisition of knowledge, the mastery of skills, and the development of values and attitudes.<sup>4</sup>

Furthermore, education and health are inseparable. Children's health affects not only their cognitive performance in school, but also their ability to attend and stay in school over the years. Those young people who attend primary schools have better chances of survival. To ensure attendance of our children and to enhance their ability to learn, their general health and also dental health issues need to be addressed continuously. Since children are often most important victims of dental diseases, programmes aimed at dental health of school children are of great importance in promoting oral health of a community. It should be cost effective in manpower,

money and material and should produce observable results.<sup>5</sup>

### **Various School Dental Health Programs<sup>6</sup>:**

#### **1. Learning about Your Oral Health**

This is a prevention oriented school programme. It was developed by the 'American Dental Association (ADA)' and their consultants in coordination with the 1971 ADA House of delegates and is presently available to school systems throughout the United States of America.

'Learning about Your Oral Health' is a comprehensive programme covering current dental concepts. The primary goal of this programme is to develop the knowledge, skills and attitudes needed for prevention of dental diseases. The main aim of the programme is to develop adequate plaque control skills and knowledge among the school children.

#### **2. Texas State-wide Preventive Dentistry Programme- 'Tattle tooth Programme'**

In May 1987, an advisory committee recommended that a new programme be developed to replace the existing Tattletooth Programme. The committee developed a model and with input from the regional staff formulated a scope and sequence chart and the lesson format. The curriculum was developed according to a systematic process of educational development that began with recognition and analysis of the needs. An educational model was developed, the programme was conceptualized and materials were designed. The new programme underwent formative evaluation in the spring of 1988.

In 1989, the Bureau of Dental Health Developed a mostly new programme, Tattletooth II, A New Generation for Grades K-6, so named because the characters in the artwork for grade kindergarten through second were from the old curriculum. The new curriculum was modified to reflect recommendations obtained from the formative evaluation process.

#### **3. Askov Dental Demonstration**

Askov is a small farming community with a population mostly of Danish extraction. It showed very high dental caries in the initial surveys made in 1943 and 1946. During the period from 1949 to 1957, the Section on Dental Health of the Minnesota Department of Health supervised a demonstration school dental health programme in Askov, including caries prevention and control, dental health education and dental care.

#### **4. North Carolina State-wide Preventive Dental Health Programme**

North Carolina has a long history of involvement in dental public health and school dental health education. In 1918, the first scientific paper addressing the need for a school dental health education programme was presented to the North Carolina Dental Society. In 1970, this society passed resolutions advocating a strong preventive dental disease

programme embracing school and community fluoridation, fluoride treatments for schoolchildren, continuing education on prevention for dental professionals.

#### **5.The Bright Smiles, Bright Future**

Both the IDA and Colgate, have been partnering for over 25 years for awareness generation programme. Latest in the series was "The Bright Smiles, Bright Future" has been mounted under the aegis of NOHCP from July 2003, targeting 45 lakhs school children across India. It has been ritual to distribute "Colgate paste and brush" free to teachers and school children, shown as an activity of State or local IDA branch for teachers training and promotion of oral health, it is an easy escape and bad trap. It has seldom ensured follow up activities as to what happens to these "Colgate Pastes". Whether this activity has led to change in behaviour of cleaning teeth or not is questionable. Tracking of teachers and students exposed to such campaigns is seldom ensured and communication needs on oral health are seldom assessed for effective communication.

#### **6. Preschool Dental Health Programme**

The preschool years are a critical period in the development of a healthy child.

Preschool children can be reached through Department of Health Baby clinics, necessary schools, day-care centres, and kindergarten classes.

##### **a. Head Start**

In 1965, Head Start, a national preschool programme, was initiated in the United States under the Economic Opportunity Act of 1964 to provide early learning experiences to poor and underprivileged children.

##### **b. Smiling for Life**

The nutritional survey (1995) of British preschool children showed that the consumption of non-milk extrinsic sugars (NMES) was significantly higher at 19 % of total energy, than the 10 % recommended level. The main sources of NMES in British children's diets are soft drinks and confectionery.

#### **7. New Zealand Programme**

The New Zealand School Dental Service Plan has been successful in influencing parents to enrol their children 'before reaching school age' and in persuading children to attend cheerfully and accept the required treatment. From its inception the service has emphasized dental health education. The importance of early care has been stressed. For more than 25 years, promotion of the use of services by preschool children has been a primary health education objective. Once caries has been established, it is progressive, unhealing and irreversible.

#### **8.School Health Additional Referral Programme**

A programme called SHARP was instituted in Philadelphia where the lowest rate for correction of physical defects prevailed. The purpose of the programme was to motivate

parents into initiating action for correction of defects in their children through effective utilization of community resources. The project was carried out by the district nurses with the cooperation of all school personnel. The nurses made daytime visits to families in which the mothers were at home. Working parents were contacted by phone. The one-to-one basis of health guidance between parent and health worker establishes better rapport between school and home.

### 9.The National Healthy School Standard

Healthy school programmes are partnerships between health and education and involve fundamental changes in school culture, for example through school policy, involvement of pupils, parents and the community, staff development and work with external agencies through Personal, Social and Health education and Citizenship.

### 10.National School Fruit Scheme

The National School Fruit Scheme was implemented as part of the UK Government's funded 5 a day programme to increase fruit and vegetable consumption. The scheme was developed in response to research which shows that children are eating on average only two portions of fruit and vegetables a day, instead of five portions recommended in order to protect against heart disease and cancer.

### 11.Mid-day Meal Programme

The Mid-day Meal Programme (MDMP) is also known as School Lunch Programme. This programme has been in operation in India since 1961 throughout the country. The major objective of the programme is to attract more children for admission to schools and retain them so that literacy improvement of children could be brought about.

### 12.The Mid-day Meal Scheme

With a view to enhancing enrolment, retention and attendance and simultaneously improving nutritional levels among children, the National Programme of Nutritional Support to Primary Education (NP-NSPE) was launched as a Centrally Sponsored Scheme on 15th August 1995, initially in 2408 blocks in the country. By the year 1997-98 the NP-NSPE was introduced in all blocks of the country. It was further extended in 2002 to cover not only children in classes I -V of government, government aided and local body schools, but also children studying in Education Guarantee Scheme (EGS) and Alternative and Innovative Education (AIE) centres.

### Future Recommendations for School Dental Health Program in India<sup>7</sup>

The following recommendations should be incorporated in school health program in India.

1. The government should incorporate dental surgeons in school health programs to give lecture on oral health, oral hygiene, plaque control, oral and dental diseases, oral cancer or smokeless tobacco use and hazards counseling and topical fluoride application.
2. The government should incorporate oral and dental health related topic in School curriculum.
3. Compulsory fitness regarding oral and dental health should be made mandatory for class promotion. Dental Surgeons play an important role in recognizing child abuse in school set up.
4. Dentists should evaluate child abuse cases and child abuse cases will present clinically as physical abuse, neglect, sexual abuse and emotional abuse.
5. The straight path to accomplish the above goals is achieved through strong support from policy makers and professional support from dental surgeons working in public and private sector in India.

### CONCLUSION:

The good oral health practices are necessary from a young age to ensure positive long-term dental health and hygiene. Positively influencing the knowledge, attitude and behaviours of children towards sustainable good oral health requires an integrated health education and health promotion approach.

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