

Prevalence and awareness regarding dental problem in school children at Jeddah City, KSA

Corresponding Author:

Dr. Abdullah AlGhtany

Dr.abdullah.07@hotmail.com

King Fahad Army Forced Hospital, Jeddah

Co- authors:

Basoum ashour, Lama alhalees, Saif alyamani, Nazneen Mushtaq

Abstract:

Dental caries is the most prevalent chronic disease affecting humans irrespective of age, sex, race and socioeconomic status. As around 90% of school children and most of the adults have been affected by dental caries, hence it has been considered as the most important global oral health burden . Epidemiological surveys are important for monitoring trends in dental caries and for assessing the dental needs.

Methods:

School children's visited Primary care health care center during the study period (Jan-2019-March-2019) of Jeddah city under 12 years of age were included in this study. Written consent was taken from them. A purposely constructed questionnaire was used to collect the data. SPSS ver.20 was used for analysis. Chi-square and t - test was used for analysis at 5% level of significance.

Results:

Total students included in this study was 178 with mean \pm s.d was 7.5 ± 3.8 , 85% were aware about the dental problems.

Conclusion:

Need of reforms in dietary and brushing habits required

Key Words:

Brushing habits, dietary, prevalence, pedia.

Introduction:

Dental caries is the most prevalent chronic disease affecting humans irrespective of age, sex, race and socioeconomic status [1]. As around 90% of school children and most of the adults have been affected by dental caries, hence it has been considered as the most important global

oral health burden [2]. Epidemiological surveys are important for monitoring trends in dental caries and for assessing the dental needs [3].

The oral health of children 12-year-old is the object of several epidemiological studies conducted around the world. According to the World Health Organization (WHO, 2013) the importance given to this age group is because it is the age that children leave primary school. Thus, in many countries, it is the last age at which data can be easily obtained through a reliable sample of the school system. Moreover, it is possible that at this age, all the permanent teeth except third molars have already erupted. Thus, the age of 12 was determined as the age of global monitoring of caries for international comparisons and monitoring of disease trends. [4-6]

There is a high prevalence of dental caries worldwide involving the people of all region and society, voluminous literature exists about dental caries levels in Indian population. Geographical location plays a great role in caries prevalence; it varies with the change in location. According to the National Oral Health Survey Report 2004. [7-9]

Dental caries is an infectious disease that causes demineralization of teeth. The association of four aspects accords this to occur: a susceptible tooth surface, specific bacteria in dental plaque, duration and a rich diet in fermentable carbohydrates, mainly refined sugars.

The unhealthy practice of children often leads to many medical problems some of which can cause permanent damage. If dental caries develops after the eruption of permanent dentition and proper care is not taken it may lead to permanent damage and spread of infection throughout the body can also occur. Utmost care must thus be taken so that dental caries should not develop. Early diagnosis with prompt treatment is also necessary.[10-11]

Dental caries is a major oral health problem affecting 2.43 billion people (35.3% of the population) worldwide in the year 2010 . A high burden of dental caries was evident among children in Saudi Arabia with an estimated prevalence of approximately 80% ; other high-risk areas include Latin America, Middle East, and South Asia . The World Health Organization (WHO) emphasizes the need to reduce global burden of dental caries in attaining optimal health. Consequently, in the year 2003, WHO and Fédération Dentaire Internationale (FDI) World Dental Federation set global goals for oral health in 2020 to guide planners and policy makers to improve the status of oral health in their populations [4]. Unfortunately, knowledge gaps with respect to the availability of baseline data on oral health and population-specific key modifiable factors of dental caries restrict the ability of many developing nations and semi-developed countries, including Saudi Arabia to attain the goals set by WHO. In addition, competing interests in health care funding warrant prioritizing the associated factors to better direct public health mitigation efforts.[12-16]

The main aim of this study is to find out the prevalence of awareness regarding dental problem among the school children of Jeddah city.

Methods:

School children’s visited Primary care health care center during the study period (Jan-2019- March-2019) of Jeddah city under 12 years of age were included in this study. Written consent was taken from them. A purposely constructed questionnaire was used to collect the data. SPSS ver.20 was used for analysis. Chi-sqaure and t - test was used for analysis at 5% level of significance.

Results:

Total students included in this study was 178 with mean \pm s.d was 7.5 ± 3.8

Figure 1 depicted that 85% were aware about the dental problems

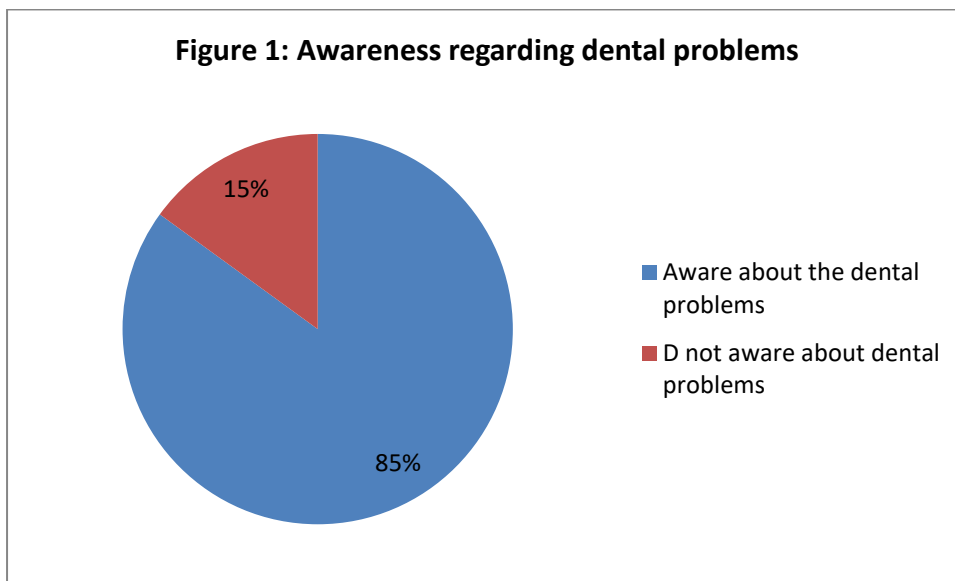


Figure 2 depicted that 40% had the problem of yellow teeth, 25% have problem of pain and tooth decay while 10% have other problems

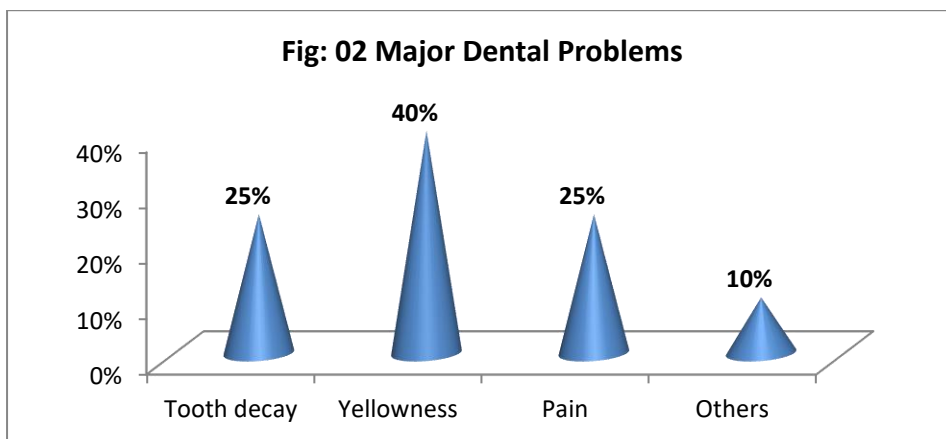


Table 1 Age Distribution with awareness:

Age Group in Years	Aware	Not Aware
1-5	40%	8%
6-11	45%	7%
p=0.45		

Table 1 Stated that we did not observed the significant difference between age groups regarding dental awareness.

Table 2: Habits

Brushing Habits	
1 times	55%
2 times	25%
3 times	17%
more than 03	3%
No. of Meals / Day	
2	35%
3	45%
4	11%
more than 4	9%
Fast Food/ week	
No	25%
Yes	75%

Table 2 depicted that 55% were brushing their teeth’s only one time, 45% have 3 meals / day while 75% eating fast food / week.

Discussion:

The problem of dental caries is high in Saudi Arabia with eight out of ten primary school children aged 5–11 years suffering from this preventable condition. Several individual factors encompassing three risk domains, including oral health behaviors and practices. In recent era there is a great need to make the students aware regarding the dental problems . In our study that 85% were aware about the dental problems which is inline with Riyadh based study . In Riyadh base study almost 80% were suffering from the dental carries. Asked about students habits of brushing the teeth and it was observed that those who used to brush twice a day had less prevalence of dental caries as compared to those whose brushing habit are either once daily or not every day. It was reported that in Kenya that brushing habit has no significant effect on the dental carries prevalence which is contradictory to the results of present study. However in other study found that 24% children had the brushing habit more than once a day and overall prevalence of dental caries is less in their study as compared to the present

study.¹⁴ Dental caries is not only a medical problem but also a social problem. Dental caries would be prevented by appropriate hygienic ways. Dental awareness among students and their parents should be prompted for prevention of this condition. Prompt diagnosis and early treatment would prevent additional impairment and save the teeth. Dental and nutritive habits are likely to increase this prevalence; therefore the need for continuous monitoring, protecting and curative programmes.

Dietary habits, such as fast food habits (more than once a week), were significantly associated with dental caries in our study.

The high prevalence of dental awareness observed among primary school children in our sample was consistent with previous studies in Saudi Arabia [17-22]

Conclusion: Need of reforms in dietary and brushing habits required

References:

1. Peterson PE. The World Oral Health Report 2003: Continuous improvement of oral health in the 21st century – the approach of the WHO Global Oral Health programme. *Community Dentistry and Oral Epidemiology*. 2003;31(Supp-1):3–24. [[PubMed](#)] [[Google Scholar](#)]
2. Peterson PE. The global burden of oral diseases and risk to oral health. *Bulletin of the World Health Organization*. 2005;83(9):661–69. [[PMC free article](#)] [[PubMed](#)] [[Google Scholar](#)]
3. Bonecker M, Marcenes W, Sheiham A. Caries reductions between 1995, 1997 and 1999 in preschool children in Diadema, Brazil. *Int J Paediatr Dent*. 2002;12(3):183–88
4. Casanova-Rosado AJ, Medina-Solís CE, Casanova-Rosado JF, Vallejos-Sánchez AA, Maupomé G, Avila-Burgos L. Dental caries and associated factors in Mexican schoolchildren aged 6-13 years. *Acta Odontol Scand* 2005;63:245-51.
5. Basha S, Swamy HS. Dental caries experience, tooth surface distribution and associated factors in 6- and 13- year- old school children from Davangere, India. *J Clin Exp Dent* 2012;4:E210-6.
6. Al-Darwish M, El Ansari W, Bener A. Prevalence of dental caries among 12-14 year old children in Qatar. *Saudi Dent J* 2014;26:115-25. Back to cited text no. 6
7. WHO. *Oral Health Surveys: Basic Methods*. 5th ed. Geneva: World Health Organization; 2013. p. 125. Back to cited text no. 7
8. Karunakaran R, Somasundaram S, Gawthaman M, Vinodh S, Manikandan S, Gokulnathan S. Prevalence of dental caries among school-going children in Namakkal district: A cross-sectional study. *J Pharm Bioallied Sci* 2014;6 Suppl 1:S160-1. Back to cited text no. 8
9. Joshi N, Sujan S, Joshi K, Parekh H, Dave B. Prevalence, severity and related factors of dental caries in school going children of Vadodara city – An epidemiological study. *J Int Oral Health* 2013;5:35-9
10. Ripa LW. Nursing caries: A comprehensive review. *Pediatr Dent*. 1988;10:268–82. [[PubMed](#)] [[Google Scholar](#)]

11. 11. Drury TF, Horowitz AM, Ismail AI, Maertens MP, Rozier RG, Selwitz RH. Diagnosing and reporting early childhood caries for research purposes. A report of a workshop sponsored by the National Institute of Dental and Craniofacial Research, the Health Resources and Services Administration, and the Health Care Financing Administration. *J Public Health Dent.* 1999;59:192–7
12. Vos T, Flaxman AD, Naghavi M, Lozano R, Michaud C, Ezzati M, et al. Years lived with disability (YLDs) for 1160 sequelae of 289 diseases and injuries 1990-2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet.* 2012;380(9859):2163–2196. doi: 10.1016/S0140-6736(12)61729-2. [[PMC free article](#)] [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
13. Al Agili DE. A systematic review of population-based dental caries studies among children in Saudi Arabia. *Saudi Dent J.* 2013;25(1):3–11. doi: 10.1016/j.sdentj.2012.10.002. [[PMC free article](#)] [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
14. Petersen PE. The World Oral Health Report 2003: continuous improvement of oral health in the 21st century--the approach of the WHO Global Oral Health Programme. *Community Dent Oral Epidemiol.* 2003;31(Suppl 1):3–23. doi: 10.1046/j..2003.com122.x. [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
15. Hobdell M, Petersen PE, Clarkson J, Johnson N. Global goals for oral health 2020. *Int Dent J.* 2003;53(5):285–288. doi: 10.1111/j.1875-595X.2003.tb00761.x
16. Gautam DK, Vikas J, Amrinder T, Rambhika T, Bhanu K. Evaluating dental awareness and periodontal health status in different socioeconomic groups in the population of Sundernagar, Himachal Pradesh, India. *J Int Soc Prev Community Dent.* 2012;2(2):53–57. doi: 10.4103/2231-0762.109367
17. Narang R, Mittal L, Jha K, Anamika R. Caries experience and its relationship with parent's education, occupation and socio economic status of the family among 3-6 years old preschool children of Sri Ganganagar City, India. *Open journal of dentistry and Oral Medicine.* 2013;1(1):1–4. [[Google Scholar](#)]
18. 10. Amin TT, Al-Abad BM. Oral hygiene practices, dental knowledge, dietary habits and their relation to caries among male primary school children in Al Hassa, Saudi Arabia. *Int J Dent Hyg.* 2008;6(4):361–370. doi: 10.1111/j.1601-5037.2008.00310.x. [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
19. 11. Woodward M, Walker AR. Sugar consumption and dental caries: evidence from 90 countries. *Br Dent J.* 1994;176(8):297–302. doi: 10.1038/sj.bdj.4808437
20. Alhabdan, Y. A., Albeshr, A. G., Yenugadhathi, N., & Jradi, H. (2018). Prevalence of dental caries and associated factors among primary school children: a population-based cross-sectional study in Riyadh, Saudi Arabia. *Environmental health and preventive medicine*, 23(1), 60. doi:10.1186/s12199-018-0750-z
21. Al-Nahedh NNA, Morley DC. Infant feeding practices and the decline of breast feeding in Saudi Arabia. *Nutr Health.* 1994;10(1):27–31. doi: 10.1177/026010609401000103. [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
22. Ogbeide DO, Siddiqui S, Al Khalifa IM, Karim A. Breast feeding in a Saudi Arabian community. Profile of parents and influencing factors. *Saudi Med J.* 2004;25(5):580–584