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Original Research Article

Oral hygiene practices, dental experiences and dietary habits in school going children

Amit[1], Ribhu Hooja[2], Prachi Mital[3]*, Mitakshra Nirwan[4]

[1]Department of Oral and Maxillo-facial Surgery, [3]Department of Conservative Dentistry and Endodontics, [4]Department of Pediatric and Preventive Dentistry, Mahatma Gandhi Dental College and Hospital, Jaipur, Rajasthan, India
[2]St. Xaviers Sr. Sec. School, Jaipur, Rajasthan, India

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***Correspondence:**
Dr. Prachi Mital,
E-mail: drpremlatamital@gmail.com

ABSTRACT

Background: Prevalence of oral diseases is increasing with growing urbanization and changes in living conditions. Increasing consumption of sugary snacks, chocolates, sugary or aerated drinks are making children prone to develop dental problems. Regular toothbrushing, rinsing mouth with water, use of mouthwashes and inter dental brush or dental floss, a balanced diet and regular visits to dentist are associated with a decreased risk of dental diseases. Objective was to determine the oral hygiene practices, dietary habits and dental experience among children of 3-15 years.
Methods: This was a cross-sectional study carried out at a tertiary care center and dental college. Questionnaire was used to determine the dental health practices, dietary habit and dental experiences. Responses of 100 duly filled forms were included and statistically analyzed.
Results: 100% of the students brushed their teeth daily with toothpaste. About 53% brushed at least twice daily. 85% children rinsed mouth with water after brushing, 42% rinsed mouth with water after every meal. Adult help required for brushing and habit of eating in between meals snacks were significantly more in children of primary section compared to children of 6th standard onwards. Only 16% children were using mouthwash regularly. 47% children visited dentist for various reason out of which 46.8% visited for routine check-up.
Conclusions: In our study 100% children were brushing their teeth at least once a day, 42% were rinsing mouth after every meal. Efforts should be made to promote good oral hygiene habits among children through various educational programs.

Keywords: Dental practices, Dental experiences, Dietary habit, Children

INTRODUCTION

Good oral health is essential for good general health and quality of life.[1] Oral diseases, while largely preventable, pose a major health burden for many countries and affect people throughout their lifetime, causing pain, discomfort, disfigurement and even death.[2] It is estimated that oral diseases affect nearly 3.5 billion people and 520 million children suffer from caries of primary teeth.[3] In most low- and middle-income countries, the prevalence of oral diseases continues to increase with growing urbanization and changes in living conditions. This is primarily due to inadequate exposure to fluoride (in the water supply and oral hygiene products such as toothpaste), availability and affordability of food with high sugar content and poor access to oral health care services in the community.

Poor oral hygiene can lead to the development of dental caries and periodontitis, and is also associated with heart disease, cancer, and diabetes.[4,5] The World Health Organization (WHO) recognizes oral diseases as an important public health problem as a result of the costs

involved, their association with other diseases and their strong influence on people's quality of life; accordingly, the FDI suggests that oral health should be included in all national health policies.[6,7] Primary prevention is essential to reduce the incidence and prevalence of such oral diseases.[8] Behavioural factors, oral as regular toothbrushing, use of dental floss and mouthwashes, a balanced diet and regular visits to oral-health professionals, are associated with a decreased risk of dental-caries.[9,10] Toothbrushing must include the tongue and gingiva and should be performed at least twice per day, preferably at night before bed and within 30 minutes after every meal. It is after these critical periods that the acids produced by cariogenic bacteria begin to demineralize the tooth structure.[11,12] Dental floss and mouthwash should be used as complementary to toothbrushing, in order to remove the plaque from interdental surfaces more effectively.[9] Furthermore, visits to a dentist should be regular (ideally, once every 6 months), to increase the chance of early detection of oral diseases. During visits, patients can also receive preventive-care procedures specific for their age, mainly regarding brushing techniques, use of the correct dose of fluoride and sealants.[9,13]

Various factors have been found to be associated with suboptimal tooth brushing among young people, including sociodemographics such as men and lower socioeconomic status, poor oral health attitude, addictive risk behaviour such as smoking and alcohol and cannabis use, lack of exercises, dietary behaviour, including infrequent fruits and/or vegetables consumption, frequent servings of chocolate, candy or chips/day, and poor mental health or psychological distress.[14-22]

Along with oral hygiene, dietary habits have also been known to influence the dental health.[23] Several studies have shown that sugar consumption and eating patterns are essential factors in the etiology of dental diseases.[23,24] A significant association was found between the frequency of at- and between- meal consumption of sweets and sweet drinks and high levels of dental caries.[24] Frequent snacking, without brushing immediately afterward, provides constant fuel to feed bacteria, which leads to plaque development and tooth decay.[25] Many studies about oral hygiene practices and dietary habits have been conducted among students in the world, but very few studies are done in our state of Rajasthan. The aims of this study were to evaluate the oral hygiene practices, dietary habits and dental experience among children of 3-15 years.

METHODS

This cross-sectional study, in the form of a questionnaire, was conducted during the month of August 2022 and September 2022 at a tertiary care center and dental college. The questionnaire was divided into four sections. The first Section contained demographic date like age, gender, class, number of siblings, socio-economic status of the parents. The second section contained questions regarding dental health practices which included the frequency of tooth brushing, use of toothpaste, use of water or mouthwash for rinsing and help required for brushing the child's teeth. The third section consisted of child's experience of dental pain, gum problem, visit to a dentist and reason for the visit and the experience about the dental clinic visit. The fourth section consisted of dietary habits, including the frequency of consumption of sweets, sweet snacks and sweet drinks and the number of in-between meals snacks a day. The questionnaire was given to mothers who have children between 3–15 years and willing to allow their children to take part in the study. Written consent was taken from the mothers. They were asked to get the questionnaire filled by their children and to provide help in filling the form if needed and to return them. Responses of 100 duly filled forms were included. Data were entered in excel sheet and statistically analyzed. A p value of <0.05 was considered statistically significant. Chi-square test was used to compare the proportions between the groups.

RESULTS

Table 1 shows demographic profile of the children studied. Out of 100 children included in the study, majority of them (38%) were in the age group 6–10 years followed by in the age group 1–5 years (34%) and age group 11–15 years (28%). Majority of the children were male (70%), in primary section (72%), had one sibling (52%) and belonged to middle socio-economic status (73%).

Table 1: Demographic profile of children.

Demographic variables	Number	Percentage
Age groups (years)		
1–5	34	34
6–10	38	38
11–15	28	28
Mean age of the children	7.7±8.6	
Gender of the children		
Male	70	70
Female	30	30
Class		
1–5	72	72
6–8	12	12
9–12	16	16
No. of siblings		
None	20	20
1	52	52
2	24	24
≥3	4	4
Socio-economic status of the family		
Low	0	0
Middle	73	73
Upper	27	27

We compared dental practices followed by children in primary section with children in 6th standard onwards. All

children are brushing their teeth daily. 47.2% children in primary section brushed their teeth once a day and 52.8% brushed their teeth twice a day while 46.4% children in 6th standard onwards brushed their teeth once a day and 53.6% brushed their teeth twice a day. There was no statistical difference in the brushing frequency in the two groups (p=0.9). All children were using tooth paste for brushing their teeth. 83.3% children in primary section and 89.3% children in 6th standard onwards rinsed their mouth with water after brushing. The difference was not significant (p=0.5). 42% children in our study rinse their mouth with water after every meal. There was no significant difference in two groups in reference to mouth rinsing behavior after every meal (p=0.055). There was no significant difference in the two groups in reference to the use of mouthwash to rinse their mouth (p=0.86). Only 33% children were changing their brush frequently. There was no statistical difference in two groups with reference to changing brush at correct frequency (p=0.5). Adult help required was significantly more in children in primary section (72.2%) compared to children in 6th standard onwards (7.1%) (p≤0.00001) (Table 2).

We compared dental experiences in children of primary section with children in 6th standard onwards. 22.2% and 28.6% children in primary section and in 6th standard onwards respectively had pain in their gums. 25% and 35.7% children in primary section and in 6th standard onwards respectively had cavity in their teeth. 8.3% and 14.3% children in primary section and in 6th standard onwards respectively had bleeding from their gums. There was no significant difference in two groups in reference to pain, bleeding or cavity. Visit to dentist was significantly more in children in 6th standard onwards (n=20; 71.4%) than in children in primary section (n=27; 37.5%) (p=0.002). Most common reason for visit to dentist in children of primary section was routine checkup (66.7%) followed by tooth extraction (40.7%) and toothache (14.8%) while the most common reason for visit to dentist in children of 6th standard onward was tooth extraction (50%) followed by cavity (30%) and routine checkup (20%). 16 children (22.2%) in primary section and 10 children (35.7%) in 6th standard onward had tooth extraction in the past. The most common reason for tooth extraction in children of primary section was removal of milk teeth (75%) followed by cavity (12.5%). 12.5% children in primary section do not know the reason for tooth extraction. The most common reason for tooth extraction in children of 6th standard onwards was cavity (40%), followed by removal of milk teeth (20%) and for spacing to have braces (20%). 20% children in 6th standard onwards do not know the reason for tooth extraction (Table 3).

Table 4 compares dietary habits of children in primary section and children in 6th standard onwards. There was no significant difference in the habit of having sweets or chocolates (p=0.4) and drinking sweet or aerated drinks (p=0.7) in two groups of children. Use of in between meal snacks was significantly more in children of primary section than children in 6th standard onwards (p=0.004).

Table 2: Distribution according to dental practices in the children.

Variables	Total number		Children in primary section (n=72)		Children in 6th standard onwards (n=28)		P value
	No	%	No	%	No	%	
Do you brush your teeth daily							
Yes	100	100	72	100	28	100	-
No	0	0	0	0	0	0	
How many times per day do you brush your teeth							
Once a day	47	47	34	47.2	13	46.4	0.9
Twice a day	53	53	38	52.8	15	53.6	
Do you brush your teeth with tooth paste							
Yes	100	100	72	100	28	100	-
No	0	0	0	0	0	0	
Do you always rinse your mouth with water after brushing							
Yes	85	85	60	83.3	25	89.3	0.5
No	15	15	12	16.7	3	10.7	
Do you always rinse your mouth with water after every meal							
Yes	42	42	26	38.9	16	57.1	0.055
No	58	58	46	61.1	12	42.9	
Do you use mouthwash to rinse your mouth							
Yes	16	16	12	16.7	4	14.3	0.86
No	75	75	53	73.6	22	78.6	
Sometimes	9	9	7	9.7	2	7.1	
Change of brush with correct frequency							
Yes	33	33	25	34.7	8	25.6	0.5
No	67	67	47	65.3	20	74.4	

Continued.

Variables	Total number		Children in primary section (n=72)		Children in 6th standard onwards (n=28)		P value
	No	%	No	%	No	%	
Do you have adult help while brushing							
Yes	54	54	52	72.2	2	7.1	<0.00001
No	41	41	16	22.2	25	89.3	
Sometimes	5	5	4	5.6	1	3.6	

Table 3: Distribution according to dental experiences.

Variables	Total number (n=100)		Children in primary section (n=72)		Children in 6th standard onwards (n=28)		P value
	No	%	No	%	No	%	
Have you ever had pain in your gums							
Yes	24	24	16	22.2	8	28.6	0.5
No	76	76	56	77.8	20	71.4	
Have you ever had a cavity in your tooth							
Yes	28	28	18	25.0	10	35.7	0.2
No	72	72	54	75.0	18	64.3	
Have you ever had bleeding from your gums							
Yes	10	10	6	8.3	4	14.3	0.3
No	90	90	66	91.7	24	85.7	
Have you ever been to dentist							
Yes	47	47	27	37.5	20	71.4	0.002
No	53	53	45	62.5	8	28.6	
Reason for the visit to dentist*							
Toothache	6	12.8	4	14.8	2	10.0	-
Routine checkup	22	46.8	18	66.7	4	20.0	
Tooth extraction	21	44.7	11	40.7	10	50.0	
Cavity	8	17.0	2	7.4	6	30.0	
Alignment	2	4.2	2	7.4	0	0	
Have you ever had a tooth taken out							
Yes	26	26	16	22.2	10	35.7	0.1
No	74	74	56	77.8	18	64.3	
Reason for tooth removal							
Cavity	6	6	2	12.5	4	40.0	-
Temporary/milk tooth	14	14	12	75.0	2	20.0	
For spacing to have braces	2	2	0	0	2	20.0	
Do not know	4	4	2	12.5	2	20.0	

Table 4: Dietary habits in the children.

Variables	Total no. (n=100)		Children in primary section (n=72)		Children in 6th standard onwards (n=28)		P value
	No	%	No	%	No	%	
How many times per day you eat sweets or chocolates							
Occasionally	32	32	26	36.1	6	21.4	0.4
Once a day	37	37	26	36.1	11	39.3	
Twice a day	21	21	14	19.4	7	25.0	
Three or more times a day	10	10	6	08.4	4	14.3	
How many times per day you take sweet or aerated drinks							
Occasionally	54	54	44	61.1	10	35.7	0.7
Once a day	29	29	16	22.2	13	46.4	
Twice a day	14	14	10	13.9	4	14.3	

Continued.

Variables	Total no. (n=100)		Children in primary section (n=72)		Children in 6th standard onwards (n=28)		P value
	No	%	No	%	No	%	
Three or more times a day	3	3	2	02.8	1	03.6	
How many times per day you eat in between meal snacks							
Never	14	14	8	11.1	6	21.4	0.004
Once a day	36	36	20	27.8	16	57.2	
Twice a day	41	41	37	51.4	4	14.3	
Three or more times a day	9	9	7	09.7	2	07.1	

DISCUSSION

The present study was done to observe dental practices, dental experience and dietary habits among children. Childhood is period when we can introduce tooth brushing habits because children are more receptive and there is increase likelihood for these habits to be maintained for life.[26]

The age of the children ranged between 3–15 years with mean age of 7.7±8.6 years. Our findings were in line with findings of Al-Hussyeen and Al-Sadhan.[20] Mean age of children in their study was 7.24±4.11 years but in contrast with the findings of Okemwa et al and Dogan et al where mean age of the students was 12±2.87 and 12.7±1.2 years.[27,28]

In our study male children were more than female (70% versus 30%) which is consistent with the study of Al-Hussyeen and Al-Sadhan, Okemwa et al and Kitsaras et al where 61.7%, 55.1% and 56.8%, respectively were male while in a study done by Dogan et al half of the students were male.[20,27-29] In a study done by Jürgensen et al 52.8% children were females.[30] Most families in our study had 2 children (52%) and 20% had only 1 child. This is in contrast with results of Kitsaras et al where most of the families had only 1 child (65%).[29]

As we all are aware that brushing eliminates bacterial plaque and therefore contributes to preventing decay, gingivitis and periodontitis. It is therefore important for children to know the association between tooth brushing and dental diseases. Brushing at least twice daily after meals has been shown to be effective for good oral hygiene.[27] 53% children in our study brushed their teeth twice a day. In a study done by Al-Kheraif Al-Bejadi, 25% children brushed their teeth twice a day.[23] 100% children brushed their teeth once a day or more while in a study done by Al-Hussyeen and Al-Sadhan nearly 75% children brushed their teeth once a day or more.[20] Habit of twice a day brushing in children ranged from 30-44% as reported by various authors in the past.[27,28,31,32]

All children in our study used toothpaste for brushing their teeth which is in line with Dogan et al and Vishwanathaiah studies, where 100% children were using tooth paste but in contrast with the study of Okemwa et al where only 38.9% children used toothpaste.[27,28,32] 25% children are using mouthwash regularly or occasionally in our study which is in line with the results of Al-Kheraif and Al-Bejadi.[33] They reported that 24.5% children in their study used mouthwash. 33% children were changing brush with correct frequency. Our results were consistent with results of Tomar et al and Khan et al but in contrast with results of Gupta et al.[34,35,37]

In Indian culture mouth rinsing with water after meals is a common practice, but nowadays because of industrialization and urbanization this practice is not being followed by children.[25] In our study 42% children rinse their mouth with water after every meal which is in line with results of Priyanka et al where 34.4% children rinsed their mouth with water after every meal and in contrast with the results of Winner et al who reported that 67% children in their study were made to rinse their mouth after every meals by their parents.[25,37] In a study done by Vishwanathaiah around 92.29% did not rinse the mouth after meals.[32] We have to educate children to follow our age old culture of rinsing mouth after every meal because rinsing not only clears the remaining food material but also flushes out some of the microorganisms from the oral cavity along with the acids produced by them.[25]

Children in primary section required significantly more adult help for brushing their teeth than children of 6th standard and above ($p \leq 0.00001$). 54% children in our study needed help from adults while brushing their teeth which are consistent with the observation made by Al-Hussyeen and Al-Sadhan but in contrast with the observation made by Rajab et al.[20,31]

There was no significant difference in two groups in reference with pain in gums, bleeding from gums and cavity (p=0.5, 0.3 and 0.2 respectively). Children in 6th standard onwards visited dentist more often than children of primary section (71.4% versus 37.5%) and the difference was statistically significant (p=0.002). The commonest reason for visit to dentist was routine checkup (66.7%) followed by tooth extraction (40.7%) and toothache (14.8%) in children of primary section while commonest reason for visit to dentist was tooth extraction (50%) followed by cavity (30%) and routine checkup (20%) in children of 6th standard onwards while in a study done by Al-Kheraif and Al-Bejadi the main reason to visit

a dentist was toothache (85.5%).[33] 53% children in our study had never visited dentist which was in line with study of Jürgensen et al where 42% of the children had never been to a dentist but in contrast with observation of Al-Kheraif and Al-Bejadi.[30,33] In their study only 9.25% children never visited dentist. Similarly in a study done by Rajab et al, 86% children visited a dentist for symptomatic reasons and 11% attended for routine dental check-ups. 49% children in their study had tooth extraction.[31]

With industrialization, use of toothpaste is increasing. There is also increased availability and greater frequency of sugary snacks and drinks.[38,39] There was no significant difference in the habit of eating sweets or chocolates in children of two groups (p=0.4). Out of 100 children, 32% used to have sweets or chocolates occasionally, 37% once a day and only 10% of the children used to have sweets or chocolates three or more times a day. Al-Hussyeen and Al-Sadhan in their study observed that 56% children had sweets or sweet snacks occasionally, 24.8% had sweets or sweet snacks once a day and only 7.3% children had sweets or sweet snacks three times a day.[20] There was no significant difference in the habit of drinking sweet or aerated drinks in children of two groups (p=0.7). 54% children used to have sweet or aerated drinks occasionally, 29% once a day and only 3% children used to have sweet or aerated drinks three or more times a day. Our results were comparable with results of Al-Hussyeen and Al-Sadhan, Jürgensen et al, Al-Kheraif and Al-Bejadi and Peterson et al.[20,30,33,40]

Habit of having in between meal snacks were significantly more in children of primary section than in children of 6th standard onwards (p=0.004). In our study 36% had in between meal snacks once a day and only 9% children had three or more times a day while Al-Hussyeen and Al-Sadhan in their study observed that up to 55.7% children had in between meal snacks once a day and only 5.9% children had in between meal snacks three times a day.[20] Dietary habits may play an important role with regards to caries experience because good oral hygiene is not enough to offset other cariogenic factors.[41]

CONCLUSION

In our study 100% children were brushing their teeth at least once a day, 42% were rinsing mouth after every meal. Visit to dentist for routine checkup was only seen in 22%. Habit of eating in between meal snacks was significantly more in children of primary section. Efforts should be made to promote good oral hygiene habits among children. Education regarding duration of brushing, appropriate way to brush the teeth, and use of mouthwash, rinsing mouth after every meal should be provided in the school.

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