



Short Communication

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## Child Oral Health Care, Awareness, & Treatment of Nepal.

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### Abstract

*Oral diseases are common in school children of the underprivileged region of developing countries. The community-based oral health promotion approach, using schools as a platform, is a way to tackle the oral health problems of a community with limited human and financial resources. A baseline study was conducted in a school of Bimodaya Higher Secondary School, Padampur-5 Chitwan to evaluate oral health awareness treatment plans among schoolchildren, based on which an oral health promotion program will be developed for the school. A descriptive study was conducted among all the students of the school. Oral health-related information of the students was collected using DMFT (Decayed Missing Filled Teeth) index and a questionnaire. A total of 500 plus children with ages ranging from 3 to 16 years took part in the study. Our team of Chitwan medical college has diagnosed from grade nursery to grade 8.*

*A total of 83% of the children had dental caries. The mean DMFT of the schoolchildren was 1.97 (SD 2.04). The Filled component score was 2%. The filling component was amalgam based which is now banned all over the world. Children with the experience of tooth pain the previous year was 39.5% for 3-16 yrs of age, This year's number is increased. None of them had received any form of treatment following the pain. Only 6 children have dental consultations. Almost 94% of them have never received oral health education in their school Neither they have visited in Dental hospital for consultation. A comprehensive oral health care program is required to address the present oral health needs of the school children along with the community level. College of Dental Sciences, Chitwan Medical College and Hospital, Bharatpur-10, Chitwan, Nepal has conducted a Free Dental Camp at the local level on the date of 2021-Dec-01. Our Team examines their oral health condition and recommends them for early treatment. 1-day diagnosis and awareness program was successfully done. We were guided by Associated Professor of Department of Community dentistry and preventive health Dr. Harender Singh Sir along with Dental Surgeon, Interns and My colleague BDS final year & Myself. Altogether we were 10 doctors for observation from Chitwan Medical college, Bharatpur-3, Chitwan Nepal.*

## **Introduction**

There have been significant improvements in global oral health, but still, problems continue to affect many communities around the world, especially among the underprivileged in both developed and developing countries. 1 Oral disease increases the risks of general health. 2 A report by World Health Organization suggests 60-90% of schoolchildren worldwide have experienced dental caries, with a higher prevalence in the Asian country. 3 The 2004 National Pathfinder Survey of Nepal shows 58% of 5-6 year- old schoolchildren experienced dental caries. Approximately 31% of aged 35-44 years had deep periodontal pockets, putting Nepal into the top 15% of the countries in the world where this age group suffers from deep periodontal pocketing. 4 Oral cancer, in Nepal, is the second most common form of cancer in men; and the third most common form of cancer in female. 5 In Low-Income countries, health-related behaviors among children are low. 6 Poverty, lack of awareness and inaccessibility to health care services constrain them to live with the disease. 7 Childhood oral diseases, if untreated, can lead to irreversible damage, pain, disfigurement, more serious general health problems, lost school time, low self-esteem, poor quality of life and, in the case of noma, death. The delay in treatment not only results in aggravation of disease but also costs of care are substantially escalated as a consequence. 8 Tooth

decay is one of the most common chronic childhood diseases. 9 Health behavior such as the use of fluoridated toothpaste and regular tooth brushing is rare among children in low-income countries. 10. National public health programs often do not consider oral health. 11 The community-based oral health promotion approach is a way to address poor oral health where human and financial resources are limited. 12 Schools offer the ideal setting to reach millions of children and ensure strong foundations for a healthy life at an early stage. 14 Focusing efforts in practical school-based health activities have reduced inequalities in health. 15 In 2003, the World Health Organization stated that “oral health promotion is an essential element of a health-promoting school”.16, 17 Oral health and other chronic diseases share diet, hygiene, smoking, alcohol use, stress and trauma as risk factors. Thus, adopting a common risk factor approach, during oral health promotion will help to bring down the chronic diseases as well, and contribute to the overall health of the population. 2 Above discussion holds very true in the scenario of the Bhimodaya school padampur 202. Dental Camp was organized by the Youth organization Bharatpur Leo Club & Supported by Chitwan Medical College It was on the basis of Health Survey basic Methods 1997. All examinations were carried out in the assembly hall of the school.

If we see in Himalayan region like jumla, bajang, dadeldhura of Nepal child oral heal care is in minus. Even people are unaware of choosing toothbrushes and toothpaste. Due to lack of proper guidance overall health problems they are facing day by day. No proper dental clinic or hospital in rural areas. No health worker is available for general health services not only oral health. As same In town and cities of Nepal a bit people are oral health conscious. But the fondness of sugary products like chocolate, sweets can cause more prone to dental caries in children.



Figure 1

### **Reference**

JCMC of Chitwan medical college, Bharatpur Chitwan Nepal. Department of Community & preventive health dentistry.