

The Oral Health Status of Students in the Division of Northern Samar

Gaybird Parial-Palacio

Faculty, College of Nursing and Allied Health Sciences,
University of Eastern Philippines, University Town, Northern Samar

ABSTRACT

In order to construct a dental health education program for the Division of Northern Samar, it is important to understand the opinions of school-age students on oral health, which were presented in this study. The profile of the school-age students and the condition, and practices, of their oral hygiene were also described using a descriptive research design that included both quantitative and qualitative approaches.

Students in grades one through six from the four districts Catarman served as respondents totaled 377. Significantly, it was discovered that the typical meals served to the student responders included rich fish, rich chicken, rich rice, and rich vegetables. Most of the parents of the student responders are low-income, college-educated individuals who believe that it is important for kids to brush their teeth after every meal. The majority of respondents had dental decay, had multiple tooth decay, indicated that cleaning their teeth was not the primary cause of their tooth decay, experienced tooth loss, had no filled teeth, and believed that the best approach to remove plaque was by brushing their teeth.

Additionally, the majority of respondents flossed regularly because they had access to dental floss and understood its importance to oral health. They also used toothpicks, toothpaste commercials, and used mouthwash brushes every morning and after breakfast. The school-age students had average brushing knowledge and experience. Additionally, because there has never been a program created for the Division of Northern Samar, the health education program is crucial.

KEYWORDS: *Oral hygiene, nutrition, knowledge, oral health, school-age learners*

1. INTRODUCTION

Undoubtedly, dental health professionals, of which the author is a significant part, are becoming more concerned and interested in oral health as it impacts other sections of the human system, whether in school-age students or the elderly.

Dental caries (tooth decay) and periodontal disease are the two main issues with oral health, according to a joint report from the Departments of Health and Education (gum disease). The prevalence of these two oral disorders is so great that 48 percent of our population has gum disease and 87 percent of our population has tooth decay (2011 NMEDS Survey).

Except for oral cancer, the combined negative consequences of these two primary diseases weaken the body's defense mechanisms and act as entrance points for other, more severe, potentially hazardous, and opportunistic infections that overlap with other diseases already present. Such will render a young victim helpless, as in the case of fatal cardiac diseases brought on by oral infections. It is well recognized that a person with a disability like this has trouble speaking, withdraws, and avoids interacting with others, which reduces his chances of succeeding in life. The impact of bad or damaged teeth on general nutrition, which starts with the first bite and effective chewing of food, is more significant, though.

There were no statistics from the Departments of Education and Health, despite the researcher's aim to find information on oral health in the setting of Northern Samar. However, according to a TV news report from February 18, 2015, India ranked #1 in the globe for the frequency of oral health issues, with the Philippines coming in second.

The students who are of school age are among those who are significantly/mostly impacted. A reality that such an issue exists and is prevalent has emerged from preliminary conversations with some teachers and observations of the students' oral health. This

supports a class adviser's interview comment that tooth pain is one of the causes of student absenteeism, which unquestionably has an impact on academic achievement.

As a result, dental health is crucial to overall health and wellbeing since it allows people to eat, talk, and interact with others. Additionally, dental health is regarded as a reflection of overall health, and the mouth serves as a point of entry for infectious agents into the body as a whole. Sheehan contends that since oral health influences overall health, the compartmentalization that results in considering the mouth as distinct from the rest of the body must end.

2. OBJECTIVES OF THE STUDY

The study aimed to document the school-age learners' views about the oral health status of the Division of Northern Samar. The same would be essential in designing or developing dental health education programs.

Specifically, this study aimed to:

1. Document profile of school-age learners in terms of:
 - 1.1. nutrition in terms of the type of food usually eaten
 - 1.2. socio-psychological condition
 - 1.2.1. Parents' income
 - 1.2.2. Parents' occupation
 - 1.2.3. Parents' educational attainment
 - 1.2.4. Parents' perspective to oral health
2. Determine the status of oral hygiene of school-age learners in terms of the presence of the following:
 - 2.1. tooth decay
 - 2.2. tooth loss
 - 2.3. filled tooth
 - 2.4. plaque deposition

3. METHODOLOGY

Locale of the Study

The Catarman Municipality was divided into four districts in 2002 by Resolution No. 2001-35-1871, which was created by the Sanguniang Bayan of Catarman. These districts are Catarman I, Catarman II, Catarman III, and Catarman IV.

The four Catarman districts in particular were the focus of this investigation, which was carried out by the Department of Education's Northern Division.

The Catarman I and II Central Schools, the G. R. Frigillana Memorial School, and the Cawayan

Integrated School were the specific subjects of this study.

Research Design

This study's main goal was to describe the state of the Division of Northern Samar's school-age population's oral health. Along with the description of such a state, this study used a descriptive research design combining both qualitative and quantitative methods in accordance with the IPO framework to describe the knowledge and oral hygiene habits of the learners.

The Variables

The profile of school-age learners, their oral hygiene status, their knowledge of oral hygiene, and their oral hygiene practices were the inputs in the input, process, and output model, which was exhibited when the descriptive type of research design was taken into consideration.

It was thought that socioeconomic status and nutrition were minor factors in the respondents' profile. Nutrition includes the kinds of foods often consumed for breakfast, lunch, dinner, and snacks. Contrarily, socioeconomic factors included the parents' earnings, educational achievement, occupation, and level of education.

Population and Sampling

There were 6, 416 students in four districts of Catarman, Division of Northern Samar, who were of school age. There were 2,472 students in total from Catarman I Central School, 1,168 students from Catarman II Central School, and 1,512 students from G. 1, 264 students from Cawayan Integrated School and R. Frigillana Memorial School.

To provide improved trustworthiness of results, a statistically approved sample was nonetheless selected using the Sloven's formula due to the vast population.

On the basis of stratification, this was done. The stratification was based on the partition of the Catarman districts into Catarman I and II Central Schools, G. R. Frigillana Memorial School, and Cawayan Integrated School, as well as the grade levels of students who were of school age, from kindergarten to grade six. This tactic determined how well each population strata was represented in the sample.

Research Instrument

In this investigation, a survey questionnaire was employed. No study that was reviewed, in terms of the instrument utilized, fit the current study. In doing

so, the researcher gathered the instruments, reorganized them to match the study's goals, and used numerous evaluated papers. The first section of the survey asked about the demographics of students of school age. It offered details on nutrition and socioeconomic status. The sort of food often consumed at breakfast, lunch, dinner, and between meals was covered in nutrition. However, sociopsychological state also takes into account the parental level of education, employment, and income.

4. DISCUSSION

According to this study, the typical meals consumed by the student respondents were rice and fish, rice and chicken, and rice and vegetables. The majority of the parents of the students who completed the survey had modest incomes, worked for the government or as housekeepers, had a college degree, and believed that it was important for kids to brush their teeth after every meal. In general, parents understood the importance of healthy milk children in properly chewing food.

The majority of respondents reported experiencing tooth decay when asked about the oral hygiene of school-age students. Most of the student responders suffered tooth decay while they were between the ages of 6 and 7 years old. Most students understood that consuming chocolate and candy and brushing your teeth weren't the main causes of tooth disease. The majority of those surveyed had no tooth loss. However, taking into account the data on tooth loss displayed in the table below, this is a significant statistic in researching tooth loss given that nearly all of the population under investigation had tooth loss.

The mainstream of people who had lost teeth had experienced several tooth losses, which might be explained by how they felt about brushing and the role that common foods played in tooth decay. Most of the responders didn't have any filled teeth. Given the distinction between students with tooth decay and those who have filled teeth, this indicates that the students with tooth decay had filled teeth. The majority of the students who responded to the survey had several filled teeth. The vast majority of responders had an inclination toward plaque. Most of the student respondents acknowledged that they have plaque on their teeth as a result of not cleaning them. The majority of students said cleaning their teeth was the most effective approach to reduce plaque buildup.

5. CONCLUSION

In the light of the findings of the study, the following conclusions were drawn:

The parents offered and provided the proper diet to the school-age children. This suggests that students are consuming the proper diet for optimal dental health. The fact that fish is the most popular item supplied by parents to the student respondents and is high in calcium further suggests that students are receiving a balanced diet.

In terms of the nutrition and socio-psychological condition, the following were the findings and implications:

The parents of the students were both college graduates and low-income. This suggests that the parents of the students have few resources for ensuring their children's dental health. Government workers and housekeepers make up the majority of the parents. This suggests that parents don't work enough or don't have a stable job. This suggests that parents would be quite knowledgeable about maintaining good oral health. Parents had positive attitudes about how important it was for kids to brush their teeth after every meal. This suggests that parents are aware of how crucial good milk teeth are for kids to effectively chew food.

6. RECOMMENDATIONS

After the analysis of the findings, the following recommendations are proposed:

1. Parents should offer a variety of foods high in omega 3 fatty acids, fatty fish rich in vitamin D, oranges rich in vitamin C, which are beneficial for the gums, apples and carrots, which help remove plaque and freshen breath, and restrict foods high in acid, such as citrus fruits.
2. In order to prevent the development of tooth decay, the school should work in tandem with parents to increase monitoring and supervision of the oral hygiene of school-age children, particularly with regard to brushing, using dental floss, using toothpicks, and rinsing.
3. The division and school health departments shall abide by the health program created by the researcher to address issues with the development of tooth decay and plaque deposition.

7. REFERENCES

- [1] Abrahamsson, K. L., Berggren, U., Hakeberg, M., & Carlsson, s. G. (2001). Phobic avoidance and regular dental care in fearful dental patients: *A comparative study. Acta Odontologica Scandinavica*, 59, 273-279.
- [2] Ajzen, I. (2006). TPB diagram. Retrieved from <http://people.umass.edu/aizen/tpb.diag.html>.
- [3] American Dental Association. (2008). *Key dental facts*. Chicago, IL: American Dental Association.
- [4] American Dental Association Council on Access, Prevention and Inter-professional Relations. (2010). *Health literacy in dentistry action plan 2010-2015*. Chicago, IL: American Dental Association.
- [5] Bartholomew, L. K., & Mullen, P. D. (2011). Five roles for using theory and evidence in the design and testing of behavior change interventions. *Journal of Public Health Dentistry*, 70(S), 20-33.
- [6] Becker, M. (1974). The health belief model and personal health behavior. *Health Education Monographs*, 2, 324-473.
- [7] Beegle, D. (2003). *Overcoming the silence of generational poverty: Invisible literacies*. Retrieved from Communication Across Barriers website:<http://www.combarriers.com/TP01510vercoming.pdf>
- [8] Berry, J. (2005, November 7). New ADA president outlines priorities. *American Dental Association News*, p. 29.
- [9] Bertness, J., & Holt, K. (2004). *Oral health and health in women: A two-way relationship*. Retrieved from <http://www.ask.hrsa.gov/detail.cfm?id=MCH00123>
- [10] Blumenshine SL, Vann WF Jr, Gizlice Z, Lee JY. Children's school performance: impact of general and oral health. *Journal on Public Health Dent*. 2008; 68: 82-7.
- [11] Bolton, J., Cox, B., Clara, I., & Sareen. (2006). Use of alcohol and drugs to self-medicate anxiety disorders in a nationally representative sample. *Journal of Nervous and Mental Disease*, 194(11), 818-825
- [12] Brookfield, S. (1995). *Becoming a critically reflective teacher*. San Francisco, CA: Jossey-Bass.
- [13] Bullock, K. (1999). Dental care of patients with substance abuse. *Dental Clinics of North America*, 43(3), 513-526.