

## \*TÜRKİYE VE ROMANYADAKİ 6-12 YAŞ ARASI ÇOCUKLARDA ORAL HİJYEN ALIŞKANLIĞINDAKİ FARKLILIKLAR VE İLGİLİ GERÇEKLER

### INTERESTING FACTS AND DIFFERENCES IN ORAL HYGIENE HABBITS IN CHILDREN AGED 6-12 BETWEEN TURKEY AND ROMANIA

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#### Özet

Bu çalışmamız farklı kültür ve yaşam tarzlarına sahip toplumda ağız hijyeni ile ilgili farkları karşılaştırmak ve değerlendirmek için tasarlanmıştır. 6-12 yaş arası çocuklarda ağız ve diş hijyeni problemlerini ortaya çıkarmak amaçlanmıştır.

Türkiye'nin Diyarbakir ve Romanya'nın Târgu Mureş ilinde 532 çocukta (265 kız ve 267 erkek) yürütülen çalışmada oral hijyen alışkanlıkları ile ilgili 20 maddelik bir anket ile incelenmiştir.

Çocuklarda diş fırçalama alışkanlığını ihmal etmek veya unutmak diş çürüğü oluşumunda önemli bir faktör. Çocuk ve ailelerin ağız ve diş sağlığı eğitimi için yazılı ve görsel basını da kullanmak önemlidir.

Türk ve Romen toplulukları ağız ve diş sağlığı için düzenli kontrolüne ihtiyaç vardır.

**Anahtar Kelimeler:** Oral hijyen, Ağız ve diş taraması, Diş fırçalama, Diş hekimi korkusu.

#### Abstract

The study was conducted in two different countries ( Romania and Turkey ) ,with different cultures,lifestyles and oral and dental hygiene problems ,which was designed to compare and evaluate the differences regarding oral hygiene.

In our study conducted at Nil koleji-Mevlana Halit i.o.o in Turkey/Diyarbakir and School number 10 of Romania/Târgu Mureş,532 adolescents ( 265 girls and 267 boys) were examined with the 20 item screening questionnaire related to oral hygiene habits.

So the major factor in the occurrence of dental caries in children is forgetting or neglecting the habit of brushing teeth. In the oral and dental health education of children and parents it is important to use a variety of written and visual media.

There is a need for regular checks according to the oral and dental health in Turkish and Romanian communities evaluating and improving all the necessities.

**Key words:** Oral hygien, Oral and dental screening, Toothbrushing, Fear of dentist.

#### Giriş

Scans in oral and dental health in our society reveal the complexity of dental health problems.

The precautions measures which will be taken are determined by that scans and emphasize the importance of dental health which plays an important role in raising awareness of the society <sup>1,2</sup>. Deteration from oral and dental hygiene habits causes functional, phonation and aesthetic problems.

These problems affect each individuals health and their life quality. Dental caries, different malocclusions and their complications occurred at the bottom of these problems.

The effect of oral and dental hygiene habits in recent years, on the quality of life in elderly and young adults, was investigated via surveys. Similar studies on this subject have been less on children. Scans made at a national level on oral and dental health status and treatment of dental caries, indicates the need for data collection and the improvement of the level of health policies. The targets will be based on the creation of preventive and curative services.

The first study showing data about oral health and teeth status was made in Turkey in 1988 and according to the World Health Organization 1987<sup>3</sup>. This study was not made at an international level, it is just comparing two different cities from Turkey. The comparison of

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two different cultures from two different countries is not very common.

Sari and his colleagues made a study on people with disabilities from Samsun, a city belonging to Turkey. Overall disabled people were given good scores in terms of oral hygiene but worse scores were attributed to people with orthopedic disabilities<sup>4</sup>. The dental profession has an obligation to maintain an adequate state of dental health. In the past most dental practices have been oriented towards treating the damage resulting from disease but lately an obvious increase towards the prevention of these diseases, offers hope for the future modern dental practice<sup>5</sup>.

Many "home cleaning procedures" are available nowadays aiding in the prevention of a disease before it occurs. Besides the classical toothbrush and toothpaste we also have to mention about the existence of mouthwash, dental floss, oral irrigator and different prevention procedures available nowadays<sup>6</sup>. We can also say that the oral hygiene status is strongly related and dependent to dietary habits, genetics, ethnicity, culture and family characteristics as we will see by comparing Romania and Turkey. Even if all these can be taught the problem rests in motivating the patients to practice these procedures faithfully<sup>7</sup>.

### Method and material

Our study was conducted on 532 children (265 girls, 267 boys) by distributing questionnaires containing 20 questions about oral hygiene habits in children aged 6-12 years. We want to mention that we have chosen a prestigious school from Turkey ( Nil Koleji) for better results and interpretation. Children 6-8, 9-10 and 11-12 age groups were examined. After they completed the questionnaires we evaluated the differences occurring between these two countries (Romania and Turkey) as well as between ages and sexes.

The most concluding results are shown here.

Question: Beside toothbrush and toothpaste what else do you use?(figure 1)

Question: Do you brush your teeth every time after eating sweets?

The majority answered negative ( both children from Romania and Turkey) but in a higher percentage the ones from Romania.

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Question: Which of the following ( fruits, milk, chocolate, candies) do you think are healthy for your teeth?

Most of the children regardless of the country of origin answered correctly with fruits and milk.

Question: Do you know how much the recommended time for brushing is? Around 70% of the children in both countries knew the recommended time for brushing is 2-3 minutes.

Question: In case of a severe toothache what do you do?

Over 70 % percents of the children from Romania and Turkey prefer to make a visit to the dentist instead of waiting for the pain to pass.

Question: Which type of toothpaste do you use?( figure 2)

In this question we can remark that WHITENING toothpaste is more used at young ages while classic becomes more popular with age.

As they grow older Romanian children use more whitening and less flavored toothpaste but the use of the classic one is always around 30%.

While at Romanian children we can notice an increase with the age, but ALSO a higher percentage of "nothing".

Question: What do you feel about going to the dentist? (figure 3)

At the ages 6-8 Turkish children are happy about going to the dentist but that feeling is replaced with calm as they get older. Contrary, Romanian children are more frightened to go to the dentist BUT they also feel calm as they grow up.

Question: How often do you change your toothbrush? (figure 4)

We can clearly notice a big difference between the sexes, boys change their toothbrush more often as they grow older and in a quite high rate once in a month.

The number of girls who change their toothbrush twice a year increases with the age, but at 11 -12 years almost 38 % don't change their toothbrush.

### Results

In our study nil koleji- Mevlana Halit i.ö.o in Turkey/Diyarbakır and connect with schools in Romania/ TarguMures nr 10 of Targu Mures total 532 (265 female, 267 male)

students were examined with the 20-item screening questionnaire and oral cavity.

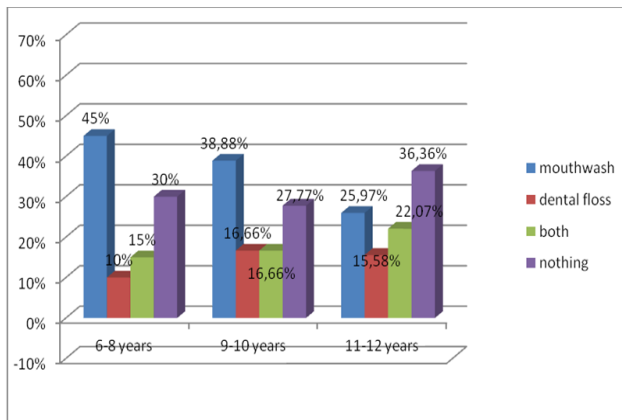


Figure 1 (Turkey)

Resulting this question we can observe the decrease in the usage of mouthwash.

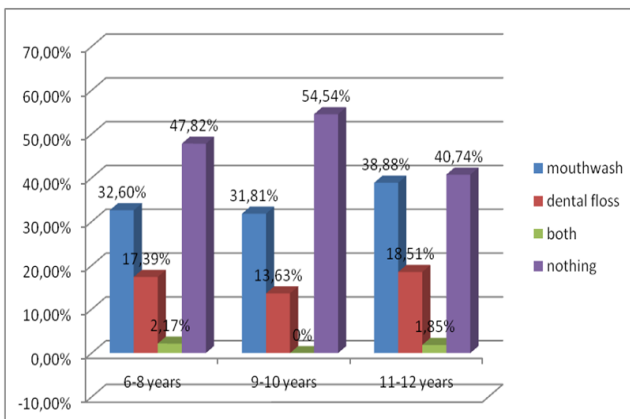


Figure 1 (Romania)

While at Romanian children we can notice an increase with the age, but also a higher percentage of “nothing”.

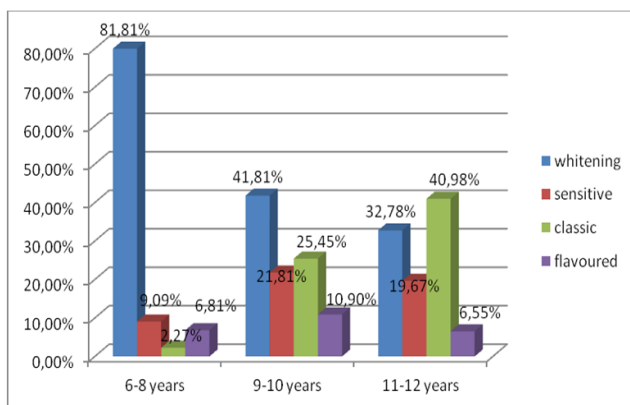


Figure 2 (Turkey)

In this question we can remark that WHITENING toothpaste is more used at young ages while classic becomes more popular with age.

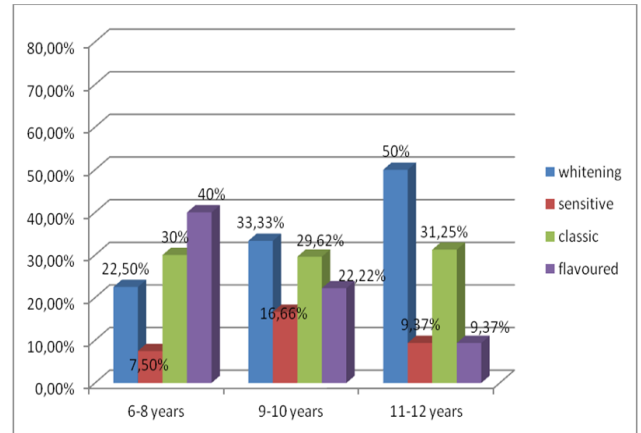


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As they grow older Romanian children use more whitening and less flavored toothpaste but the use of the classic one is always around 30%.

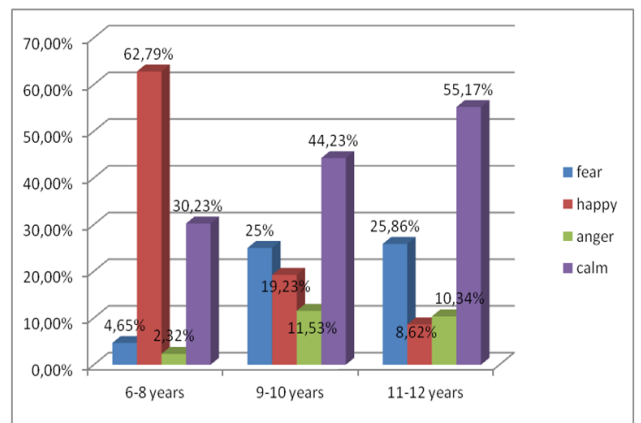


Figure 3 (Turkey)

Question: What do you feel about going to the dentist?

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Contrary, Romanian children are more frightened to go to the dentist but they also feel calm as they grow up.

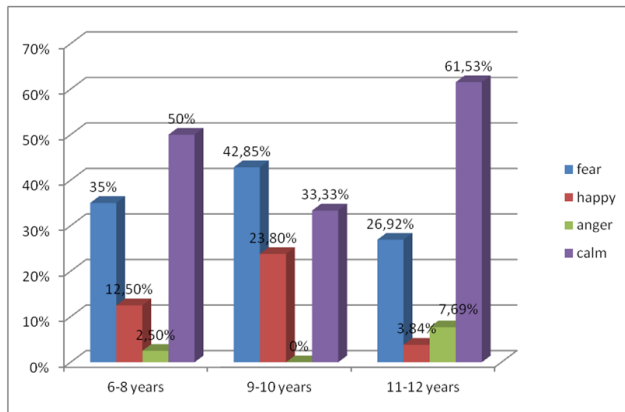


Figure 3 (Romania)

Question: How often do you change your toothbrush?

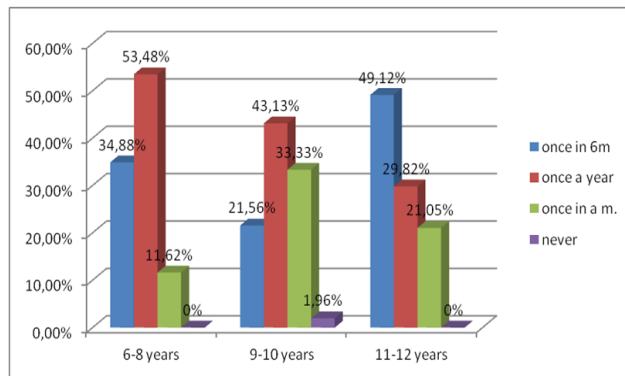


Figure 4 (Turkey)

We can clearly notice a big difference between the sexes, boys change their toothbrush more often as they grow older and in a quite high rate once in a month.

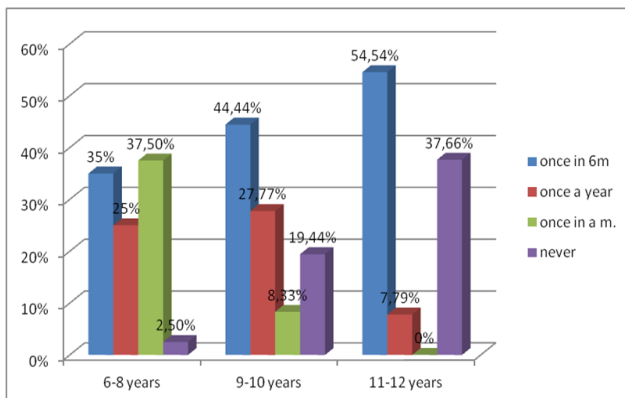


Figure 4 (Romania)

The number of girls who change their toothbrush twice a year increases with the age, but at 11 -12 years almost 38 % don't change their toothbrush.

## Discussions

In a European perspective, the actual level of dental caries in Portuguese children seems to be relatively low<sup>8</sup> and is now similar to what is observed recently for countries with advanced public oral health care programmes for children<sup>9,10</sup>.

According to César Mexia de Almeida et al., there has been a decline in the prevalence of dental caries among Portuguese children over the past 15 years<sup>11</sup>. Similar to our work other studies were made in Tanzania, France, Thailand and England. Most of the children in the State Kinondoni and Temeke in Tanzania have had complains about oral problems respectively, toothache, sore mouth, bleeding and swollen gums. %28.6 percent of the children who were enrolled in the study have had at least one oral problem and have experienced malocclusion and oral sores in the investigation carried out. Childrens problems were more complaining in studies carried out in France<sup>12</sup>.

## Conclusion

- 1.Once the children grow up we can notice an obvious increase in their knowledge about additional methods which help in dental prevention.
2. Regardless of the countries the usage of whitening and classic toothpaste is the most common.
- 3.While Turkish pre-adolescents feel happy about visiting a dentist the pre-adolescents from Romania feel rather fear.
- 4.Romanian children obviously brush their teeth more often than the Turkish ones.
- 5.After analyzing the questionnaires we also found out that the majority of the children make regular visits to the dentist.

The data obtained in terms of Romania and Turkey in oral and dental health education of the children and their parents should be given more attention. The support of the media for this training should be taken seriously. In our study Romanian students were shown to have less rotten teeth comparing to Turkish students. One of the easiest and accessible habits is brushing teeth and is very important in the emergence of dental caries. In our study %62.5 of Romanian students were determined to brush their teeth two times a day

while only % 38.09 of Turkish students were determined to do the same.

So that major factor in the occurrence of dental caries in children the habit of brushing your teeth. But In the education of children and parents in terms of oral and dental health is important to making use of a variety of written and visual media.

Oral and dental health to continue needs regular dental check.

## References

1. Güngör K, Tüter G, Bal B. Eğitim düzeyi ile ağız sağlığı arasındaki ilişkinin değerlendirilmesi. G.Ü.Diş Hek Fak Derg 1999;16(2): 15-20.
2. Öztunç H, Haytaç MC, Özmeriç N, Uzel İ. Adana ilinde 6-11 yaş grubu çocukların ağız-diş sağlığı durumlarının değerlendirilmesi. GÜ Diş Hek Fak Derg 2000;17:1-6.
3. Saydam G, Oktay İ, Möller, I. Türkiyede Ağız Diş Sağlığı Durum Analizi. Dünya Sağlık Örgütü Avrupa Bölgesi Sağlık Bakanlığı, Ankara, 1990.
4. Sarı E, Kalyoncuoğlu E, Çankaya S, Fiziksel engelli çocukların ağız ve diş sağlığı yönünden değerlendirilmesi Atatürk Üniv. Diş Hek. Fak. Derg. J Dent Fac Atatürk Uni ÇANKAYA Cilt:22, Sayı: 1, Yıl: 2012, Sayfa: 7-13.
5. Scottish intercollegiate guidelines network-Preventing dental caries in children, Sign publication, page 3-12.
6. Richard welbury, monty dual-Pediatric dentistry, 3rd edition, Oxford university press, page 107-130.
7. Livia Zarnea-pedodontie, editura didactic și pedagogică, R.A -București, 1993, page 63.
8. Marthaler, T.M., O'Mullane, D., Vbric, V. (1996): The prevalence of dental caries in Europe 1990-95. Caries Research 30, 237-255.
9. Pitts, N.B., Evans, D.J., Nugent, Z.J. (1998): The dental caries experience of 12-year-old children in the United Kingdom. Surveys coordinated by the British Association for the Study of Community Dentistry in 1996/97. Community Dental Health 15, 49-54.
10. Wang, N.J., Källestål, C., Petersen, P.E., et al. (1998): Caries preventive services for children and adolescents in Denmark, Iceland, Norway and Sweden: strategies and resource allocation. Community Dentistry Oral Epidemiology 26, 263-271.
11. Changing oral health status of 6- and 12-year-old schoolchildren in Portugal Community Dental Health (2003) 20, 211-216.
12. Mtaya M., Astrom A., Tsakos G: Applicability of an abbreviated version of the Child\*OIDP inventory among primary school children in Tanzania. Health and Quality of Life Outcomes 2007;5:40-50.