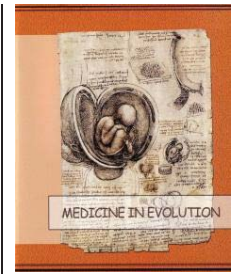


Teachers' perception of oral hygiene of children aged 8 to 12 years old. Case study in the rural area of the Timis county.



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Abstract

Our social approach is to evaluate in rural areas important dental hygiene activities and their effects. This analysis is carried out through stakeholders present in rural areas and more specifically teachers who work with children between the ages of 8 and 12 years old. the research method used was a quantitative method, the tool used to be a questionnaire that consisted of 14 questions. In order to carry out this study, 20 teachers were interviewed, in grades 1-4 in rural schools in Timis County.

Keywords: Teacher, oral hygiene, children. Timis County.

INTRODUCTION

Romania's post-decembrist experience was a prominent and profound-minded experience, which was not limited at political and economic level by changing a totalitarian system with a capitalist one and a centralized economy to a capitalist economy regulated by market rules. On a social level, the mutations were at least as profound. The 30 years have brought profound changes and the level of population and their lives (1). The replacement of the egalitarian system with a meritocratic system, which has known Romanian features, has led to the development of increasingly obvious social cleavage between poor and rich between educated and least educated people, between young and old and perhaps most obviously between villages and towns. With the illusion of some villages located in the immediate outskirts of the major cities that became bedrooms for these cities, life in rural areas experienced a constant degradation. In this context the quality of life of people living in rural areas is increasingly low, and the likelihood of reducing gaps with those living in urban areas is becoming increasingly low. Obviously, the medical component of the standard of life is not any different. The number of doctors is increasingly lower in rural areas, with information obviously less available, so much more limited access to what quality medical services mean for people in rural areas.

Aim and objectives

Starting from these realities, our social approach is to evaluate in rural areas important dental hygiene activities and their effects. Even though such research was carried out through child-wide analysis (2), no research was done at the level of stakeholders. This analysis is carried out through stakeholders present in rural areas and more specifically teachers who work with children between the ages of 8 and 12 years old.

MATERIALS AND METHODS

For data collection, the research method used was a quantitative method, the tool used to be a questionnaire that consisted of 14 questions. In order to carry out this study, 20 teachers were interviewed, in grades 1-4 in rural schools in Timis County. In order to provide a more competitive picture of the perception of dental hygiene in the authentic countryside, the localities where the research was carried out were at a distance of at least 20 km from Timisoara, as follows: Berini (2), Ictar-Budint (1), Iosifalau (1), Periam (5), Sacosu Turcesc (3), Sustra (2), Topolovatu Mare (3), Uliuc (3). Respondents were 100% female, with an average age of 41.5 years and an average work experience of 20 years. In terms of the level of training of respondents, 15 people completed university studies, 4 people high school and one person another school.

RESULTS

A first dimension targeted by our analysis was the analysis of teachers' perception of the importance that children attach to dental hygiene. As can be seen in Figure 1, the vast majority of the teachers surveyed believe that children pay little attention to dental hygiene. This result may be a first indicator that supports the need to pay more attention to children in grades 1 to 4 in authentic rural areas.

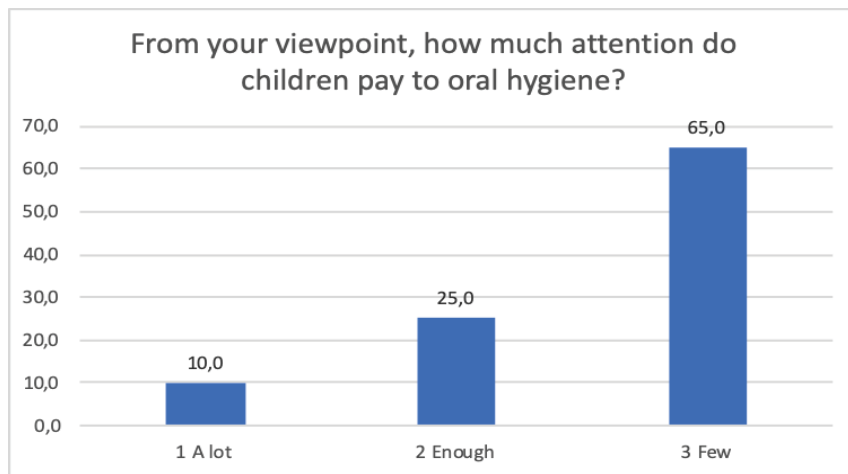


Figure 1. How much attention do children pay to oral hygiene

As the literature states, a low interest in activities that support dental hygiene is associated with a number of problems in oral health. From here starts another dimension of interest in our research, namely the extent to which the problems in the health of the mouth (toothache, thrush, etc.) end up impacting the smooth conduct of the educational act. In this respect, the teachers interviewed were interviewed about the frequency with which the problems of dentition affected teaching activity. As can be seen in Figure 2, the distribution of answers is almost perfectly normal for the ranges analyzed from every week to never. Thus, for the vast majority of teachers surveyed, the problems of dentition affect the teaching activity every 2 - 3 months. Only one teacher replied that they encountered such problems every week, while two responded that the teaching activity was never affected by the children's dentition problems. However, in summing up the answers of those who have problems at least every few months or more often, we notice that 65% of the respondents (13 out of 20), find themselves in such a situation, which denotes that even school activities are impacted by dental problems that children have.

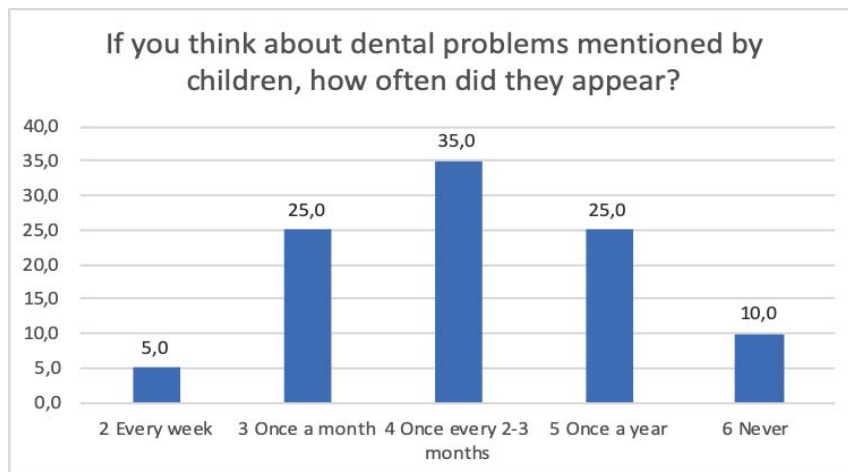


Figure 2. Dental problems mentioned by children

Even if the frequency with which the dental problems affect the instructive-educational process is quite high, the extent to which the act of education ends up being affected is considered by the majority of respondents to be limited or very limited (see Figure 3). However, 25% of respondents (5 out of 20 people) believe that the educational act is largely affected by dental problems experienced by students. This percentage is appreciated as a very large one, if we consider that the question referred only to the extent to which dental

problems impact the act of education, without taking into account the other types of medical problems.

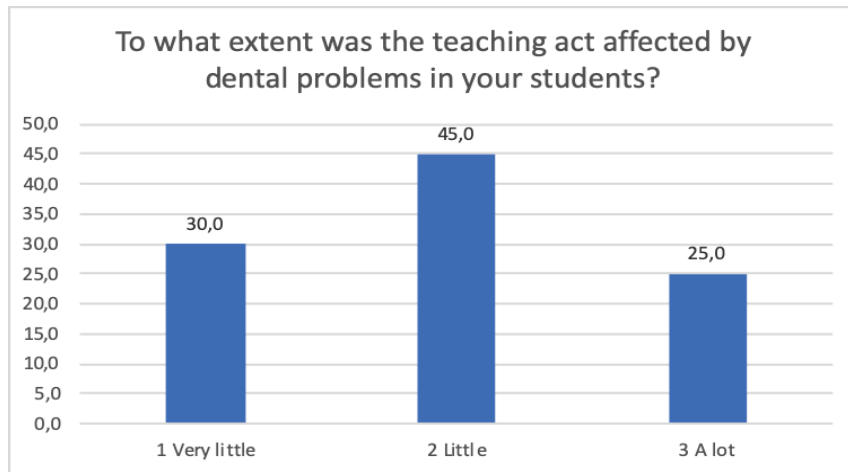


Figure 3. Teaching activity affected by dental issues

In order to solve dental health problems, the almost unanimous (19 out of 20) appearance of respondents is that education is very important for solving this problem. On a scale of 1 to 5, the respondents consider that the main authority that should perform dental education actions is the Public Health Agency. Private initiative is the one in which our respondents put great hope, with toothpaste firms being in the opinion of our respondents the second agent as important that should develop dental education programs.

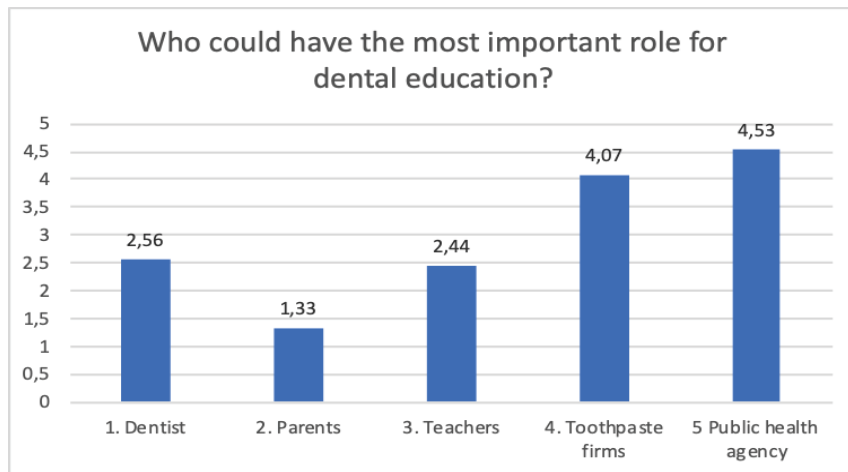


Figure 4. Persons involved in dental education

CONCLUSIONS

Our analysis highlights, this time with clear and conclusive data the health situation and rural environment with dental hygiene focus. Our approach to interviewing a category of stakeholder, in particular of teachers working in rural areas aims to highlight how this problem is assessed by an audience that has the capacity to realistically and knowingly assess this situation, without a subjective or limited involvement of their own experiences and knowledge.

A first result worth mentioning is that the vast majority of interviewed people believe that children pay little attention to dental hygiene. This indicator is a first indicator of the need to inform and train children from rural areas for the development of healthy behaviors. The effects of low attention to oral hygiene has a number of repercussions, some of them even

for educational and educational activity. Only 2 out of 20 people responded that their teaching activity was never affected by children's tooth problems. This percentage becomes a worrying one if we think first of all that 18 out of 20 were affected at least once a year and, secondly, that this percentage only takes into account the incidence of dental problems. It should be noted that these effects were during the school period and only for dental problems without regard to other health problems that could have affected the educational educational act or more than that the quality of children's lives. All these results indicate the need to carry out systematic and stretching steps on the rural population. In order to carry out these activities, the main agencies for implementing educational and information steps identified by our respondents are the Public Health Agency and the companies producing toothpaste.

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