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ORAL HEALTH STATUS OF ADOLESCENT SCHOOL CHILDREN IN RURAL AREAS TUTICORIN

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ABSTRACT

Aim: To evaluate oral health status of adolescent school children in rural areas Tuticorin **Objective:** Oral health is often neglected by most people. A survey was conducted in Tuticorin to raise awareness among adolescent school children. And their OHS was evaluated

Background: Adequate knowledge of oral health is also mandatory. Assessment of oral health status and treatment needs among rural population plays a major role. It's important to note that 70% of India comes under rural area

Reasons: Oral health systematic view of health of the body. Hence an updated knowledge would go a long way. There is a need to develop and implement community oriented oral health promotion programs targeting oral health practices to control preventable oral disease among adolescents

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INTRODUCTION

Dental diseases are a significant public health burden in India as well as across the globe. WHO recognizes the oral health as an integral part of general health. The consequences of widespread poor oral health can be seen on the personal, population, and health systems level, as caries and periodontal disease deteriorates the individual health and wellbeing, decrease economic productivity, and act as significant risk factors for other systemic health ailments. In most of the developing countries including India, there is a limited access to oral health are services, as a result teeth are often left untreated or are extracted because of pain or discomfort. The growing incidence of some chronic diseases like diabetes can further have a negative impact on oral health. Extensive research in public health has shown that a number of individual, professional, and community preventive measures are effective in preventing most oral diseases.

In developing countries, there is a vast difference in oral health status between urban and rural populations, with enormous and widening disparities in access to quality care, predominantly in rural areas. The sad thing is that oral health education and indeed even emergency dentistry are low on the list of priorities when it comes to health care in developing countries. This is further compounded by most countries choosing to use the little money they do have for oral health on traditional approaches of employing a very small number of fully trained dentists along with the complex equipment and expensive materials. This makes even simple treatment inaccessible to the vast majority of the population.[4]

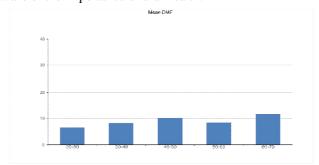
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MATERIALS AND METHODS

60Patients of age group 20-70 we're selected at random from a dental clinic records their DMF scores were taken and the mean DMF was taken for each age group to asses their oral health status.

RESULTS

From the graph its clear that age groups of 20-30 are more aware of the importance of oral health.



DISCUSSION

There should be a greater emphasis on the oral health statusand help the people of rural areas to know the importance of the rural areasand they should be given proper awareness of maintaining proper oral health and its importance it should be taken as the combined work of the government and private institutions to set up camps and awareness programs for this purpose and importance of brushing should be made clear. And medical treatments must be made freely available to the common public. Children should also be adviced toproperly brush their teeth and

periodic visits to their dentist should be advised to prevent further complications.

CONCLUSION

Government has the ultimate responsibility of the health of its citizens. It is clear from the above discussion that India strongly needs an oral health policy that can be formulated on the basis of discussed aspects. In India, policy makers have not included oral health in public health policies, a change that could have led to improvement in the differences in health status of urban and rural population. Like in developed and few developing countries, oral health deserves to be included in family health policies.

Reference

- Singh A, Purohit BM. Addressing oral health disparities, inequity in access and workforce issues in a developing country. *Int Dent J.* 2013; 63:225-9. [PubMed]
- 2. Petersen PE. Priorities for research for oral health in the 21 st century The approach of the WHO Global Oral Health Programme. *Community Dent Health*. 2005;22:71-4.[PubMed]

- 3. Singh A. Oral health policies in developing countries. *J Public Health Policy*. 2010; 31:498-9. [PubMed]
- 4. Oral Health in Developing Nation, British Dental Health Education.
- 5. Oral health status of children in Los Angeles County and in the United States, 1999-2004.
- Indices used for dental caries assessment http://www.codental.uobaghdad.edu.iq/uploads/lectures/3rd%20class%20community%20dentistry/2%20DC%20Indices.pdf
- 7. Reddy KV, Moon NJ, Reddy KE, Chandrakala S. Time to implement National Oral Health Policy in India. *Indian J Public Health*. 2014; 58:267-9. [PubMed]
- 8. Kishore KM. Public health implications of oral health-inequity in India. *J Adv Dent Res.* 2010; 1:1-10.
- 9. Kaur J. Dental education and oral health problems in India. *Indian J Dent Educ*. 2009; 2:167-71.
- 10. Bali RK, Mathur VB, Talwar PP, Chanana HB. National Oral Health Survey and Fluoride Mapping, 2002-2003. India: *Dental Council of India*; 2004.

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