



AN INITIATIVE FOR SCHOOL ORAL HEALTH CARE SYSTEM IN INDIA.

Dental Science

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ABSTRACT

For a developing nation like India, health is an integral element towards development. Throughout the world, oral health problems continue to adversely affect general health and quality of life. Although diseases are preventable, not all are benefited. School is an ideal environment that can reap returns to the communities, nation, families and individuals. School oral health programs should aim at providing effective treatments rather than only diagnosis through dental camps. This article reviews the efforts been taken, available programs and an initiative for school oral health care in India.

KEYWORDS:

School, Oral Health, Treatment, Community

INTRODUCTION:

Children are the future generation¹. They are the most common victims to various diseases². School level oral health care programs play a vital role in maintaining the general health also³. Though many efforts have been taken to improve the oral health care of children in India, it is not as effective as school oral health care programs implemented in other nations, which has shown a significant growth in oral hygiene status of the children⁴. School oral health care programs should aim at educating children, periodic examination, providing preventive oral health care and etc⁵. Establishment of these programs benefits both rural and urban population. It requires proper planning and execution⁶.

HISTORY:

Pioneers who were concerned for children's oral health include Dr. William Fisher, a dentist of England at the end of nineteenth century⁷.

The profession of 'Dental Hygiene' was started in 1906 by Dr. Alfred Fones, the founder of the same. He coined the term 'Dental Hygienist' in the year 1913.

Various successful school oral health programmes have been implemented throughout the world since 19th century.

INDIAN SCENARIO:

In 1909 medical examination of school children had been carried out in Baroda city for the first time in India. In 1946, Bhole committee noted that school health services were non-existent in India. In 1953, the secondary education committee emphasized the need for school nutrition programme. In 1960, Government of India constituted a school health committee to assess the standards of health. In 1961, the committee reported many useful suggestion and recommendations⁵.

The Government of India constituted a Task Force to propose an intensive school health service project. The Task Force submitted its report in 1982 and identified reasons for the poor state of school health program. The Task Force then suggested an Intensive Pilot Project fully sponsored by the Central Government. It was started in 25 blocks from remote and underdeveloped areas of different states in 1982-83. Then in 1984-85 it was extended to 75 more blocks¹. In 1986, Oral Health Policy was conscripted by IDA³.

Voluntary agencies like Rotary, Lions and others conduct school health programmes¹.

Colgate's Bright Smile, Bright Future's Education Programme (BSBF) is committed to educating children about oral health care. The aim is spread awareness among children about the correct oral health habits, basic hygiene and diet using engaging aids to ensure they retain the learning².

Indian Dental Association launched a National Oral Health Programme named 'Smile through the Millennium'¹.

India Smiles was a Campaign to create awareness and importance of oral hygiene and dental health care among children, their parents and teachers¹.

WHY AT SCHOOL LEVEL?

The school age is an influential period, physically as well as mentally transforming the school child into a promising adult. Poor oral health can have an adverse effect on child's quality of life, their performance at school and their success in life⁷. Schools are reliable site for promoting oral health through education and prevention programmes for both urban and rural population³. Nations like United States of America, New Zealand, Britain, Canada, and Australia have shown long tradition of successful implementation of school oral health care systems⁴.

OBJECTIVE:

Programmes should aim at bringing desired change and effective long term follow ups. Programmes should include oral screening, fluoride mouth rinses, sealants placements, referrals, comprehensive care, and oral health education. Dentists and other health care professionals, teachers and the government should contribute to the success of these programmes. Programs should be economically feasible and available to all children².

School based programs should not attempt to replace services provided in private sector, nor should compete for patients who are adequately served by existing resources⁸.

Program:

Team: Government, Dentist, Teachers, Parents¹.

Dentists to be recruited exclusively for the programme

School mobile dental van- fully equipped.

Dental Kit: Tooth brush, fluoridated tooth paste to be provide once in 3 months

Programs³

- Oral screening
- Oral Health Education
- Preventive Programmes
- Curative Services
- Referrals

Oral screening: Oral examination to be done once in every 6 months

Oral Health Education: Children to be educated through study materials, videos, books pamphlets, posters, printed curriculum⁷. Classroom Brushing is advocated for younger children⁴.

Preventive Programs: Oral prophylaxis, Sealants placements and APF gel application to be done at school premises. The required equipment needs to be provided by the Government.

Curative Services: Restorations for carious tooth.

Referrals: Children must be referred to specialists for orthodontic management, deep caries management, etc⁵.

CONCLUSION

Establishment of systemic oral health care programme for children serves as a platform for promotion of oral health for a healthier nation¹⁰. But for implementation of oral health programme in a populated and developing country like India is a challenge in reality¹¹. Despite of raising dental manpower, awareness, individual's interest is required for a change in a diverse country like India¹². To make these programs effective and successful a lot of effort is required from the Government, dentists, teachers, parents and community¹³. When India has witnessed phenomenal leap in technology, education, economy, science in a few decades then public health is no exception. Lets take-up this challenge and live our dreams.

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