# Effect Of A Dental Health Education Program On The Oral Health Status Of Hearing-Impaired Children

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# **Dedication**

To Students of Salahelddin School

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# LIST OF ABBREVIATIONS

**AAPD** American Academy of Pediatric Dentistry

deft decayed, decayed tooth needs extraction, filled tooth

(index for primary dentition)

**dmfs** decayed, missed, filled surface (index for primary

dentition)

dmft decayed, missed, filled tooth (index for primary dentition)def decayed, decayed tooth needs extraction, filled tooth(index

for primary dentition).

**DMF** Decayed, Missed, Filled tooth(index for permanent

dentition)

OHI-S Simplified Oral Hygiene Index

OHI Oral Hygiene Index HI hearing impairment

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# Aim of the study

#### The purpose of this study is to:

- 1- Assess oral health status of hearing-impaired children.
- 2- Assess oral health knowledge and attitude of hearing-impaired children and their caregivers.
- 3- Assess the outcome of the dental health education program on oral health status of hearing-impaired children.

#### **INTRODUCTION**

World health organization has defined person with special health care need as "one who over an appreciable period is prevented by physical or mental conditions from full participation in the normal activities of their age groups including those of a social recreational, educational and vocational nature". The handicapped patients differ from normal patients with regard to professional relationship between patient and the dentist. Therefore with adequate training and understanding of the various medical complications and handicapping conditions and with adequate alteration in the dentist's treatment protocol these patients can be manage well. (Nandini, 2003).

The disabled form a substantial section of the community, and it is estimated that there are about 500 million people with disabilities worldwide; children with hearing impairment constitute one of the major population groups of disabled children. (**Jain et al., 2008**).

Hearing impairment is the inability to hear as well as someone with normal hearing. Hearing of impaired people can be hard of hearing or deaf. Hearing impairment may be inherited, caused by maternal rubella, complications at birth, certain infectious diseases such as meningitis, use of autotoxin drugs, exposure to excessive noise and ageing (Chauhan et al., 2015) Hearing disorder affect general behavior, and impair the level of social functioning, this group is often neglected because of ignorance, fear, stigma, misconception and negative attitudes (Jain et al., 2008).

Tesini and Fenton, 1994, Kumar et al., 2008 reported that the poorer oral hygiene and the increased severity of gingivitis and periodontitis found in disabled people. Also, Jain et al, 2008 stated that the dental caries is the most prevalent disease among children worldwide, and dental treatment is the greatest unmet needs of the disabled.

Oral diseases are one of the most prevalent conditions in the world and are largely preventable. Prevention of disease, disability and suffering should be a primary goal of any society that hopes to provide a decent quality of life for its people. Prevention on the community or population based level is the most cost effective approach and has the greatest impact on a community, whether it is a school, neighborhood, or nation. An effective community prevention program is a planned procedure that prevents the onset of a disease among a group of individuals. Many different approaches to preventing dental diseases exist and the most cost-effective method is health education. (Nakre and Harikiran, 2013).

Dental health education is any combination of learning experiences designed to facilitate voluntary actions conducive to Health. These actions or behaviors may be on the part of individuals, families, institutions or communities. Thus the scope of health education may include educational interventions for children, parents, policy makers, or health care providers. It has been well-documented in dentistry and other health areas that correct health information or knowledge alone does not necessarily lead to desirable health behaviors. However knowledge gained may serve as a tool to empower population groups with accurate information about health and health care technologies, enabling them to take action to protect their health (Shrikanth and Acharya, 2015).

# **Introduction**

This study was planned to assess the effect of implementing a dental health educational program on oral health status of a group of Egyptian children with hearing impairment.

#### **REVIEW OF LITERATURE**

Oral health is multi-faceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex. (Glick and Williams, 2016).

#### **Definition of Special Health Care Needs:**

The American Academy of Pediatric Dentistry (AAPD) defines special health care needs as any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity. Health care for individuals with special needs requires specialized Knowledge acquired by additional training, as well as increased awareness and attention, adaptation, and accommodative measures beyond what are considered routine. (AAPD, 2012).

#### Oral hygiene in children with Special Health Care Needs:

Children and adolescents with disabilities appear to have poorer oral health than their non-disabled counterparts; dental care is the most common unmet health care need of disabled children. (Ajami et al., 2007).