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Research Article

**ELEMENTS CONNECTED WITH THE USE OF ORAL HEALTH  
SERVICES PEDIATRIC POPULATION**<sup>1</sup>Dr. Aiman Zafar, <sup>2</sup>Dr Rabia Hanif<sup>1</sup>College Peshawar Dental College and Hospital, <sup>2</sup>THQ Hospital Chishtian

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**Abstract:**

*This integrative writing survey aims to examine elements related to the use of dental wellness administrations by the pediatric population between the ages of zero and 15, distributed between 2019 and 2020 and available in Pakistan, English or Spanish. A review of articles from the Lilacs and Medline databases was conducted, using the tracking system: ("dental consideration/use" OR "dental welfare administration/use") AND ("child" OR "youth, preschool") AND NOT adult. To break down methodological quality, the Adjusted Critical Appraisal of Competencies Program (CASP) and the Agency for Health Care and Research and Quality (AHRQ) were used. Indicators of use of the dental wellness administrations that accompany this study include: child or adolescent factors (age, frequency of tooth brushing, consistent conditions), parent figures (tutoring, impression of the child's dental well-being, observed oral wellness needs), dental specialists (evening and weekend accessibility), and follow-up of oral well-being by the family wellness group. Our current research was conducted at Jinnah Hospital, Lahore from May 2019 to April 2020. These are innate elements for the development of oral wellness strategies or projects for the pediatric population. In any case, these elements change according to the particular circumstances, so a logical investigation should be carried out.*

**Keywords:** *Elements Connected, Oral Health Services Pediatric Population. Pakistan.***Corresponding author:****Dr. Aiman Zafar,**

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**INTRODUCTION:**

The use of wellness administrations is central to the tasks of medical services, because of the communication between the clients' behaviour and the experts who direct them in this framework [1]. It is also identified with access (the demonstration of entry, passage) and availability (the nature of what is accessible) [2]. Among wellness jurisdictions, dental wellness jurisdictions have disparities identified in usage. These disparities could be recognized in some nations with little regard for the nature, extent and productivity of wellness systems. Youth and adolescents are less likely to accept dental care and, in this sense, have neglected the need for oral medical services [3]. The National Family Survey (2008) conducted in Pakistan showed that among the 12.8% of the population who have never consulted a dental specialist, 48.8% were 4-year-olds and 36.5% were children and adolescents between 5 and 19 years of age. Variables identified in the pediatric population, guardians and DHS may have an impact on the visit to the dentist. Hence, it is extremely important that directors and wellness experts be recognizable with these components and consider them with caution when proposing dental administrations, as early interventions during youth and puberty can influence the lives of adults and subsequently reduce health imbalances [4]. Studies that assess the factors that impact on the use of DHS are carried out in everyone, and moreover, are essential to provide data to organize approaches and projects that boost the use of DHS and reduce acts of shame to society. Regardless of the importance of these administrations, there are no distributed reviews that gather logical evidence on the elements related to the use of DHS by pediatric patients. Subsequently, this review planned to dissect articles distributed between 2006 and 2016 on variables related to the use of DHS by the pediatric population between the ages of zero and 15 years, adding to a conversation dependent on logical evidence [5].

**METHODOLOGY:**

It is an integrative writing audit, which allows to mix and examine in a fundamental way logical information on a specific theme or management issue, adding to confirm based wellness practice. The audit consists of six methodological steps: 1 - recognizable evidence of the theme and identification of the management issue; 2 - basis for models of incorporation and avoidance of revisions; 3 - meaning of the data to be separated from the selected considerations and their particular disposition; 4 - methodological assessment of the revisions included; 5 - understanding of the results; 6 - introduction of the audit and union of knowledge. For

the initial phase, the corresponding management question was developed: "What are the elements related to the use of DHS by the pediatric population from 0 to 15 years old? Subsequently, the rules for the qualification of articles were established by consulting the information bases LILACS (Latin American and Caribbean Health Sciences Writing) and MEDLINE (Medical Literature Investigation and Retrieval System Online) between March and April 2016. Our current research was conducted at Jinnah Hospital, Lahore from May 2019 to April 2020. The articles were chosen freely by two analysts, taking into account the succession of articles to verify the qualification: titles, digests and full content articles were consulted. In case of inconsistencies, the commentators settled them by mutual agreement. The templates for incorporation were: articles on topics related to the use of DHS by pediatric patients aged 0-15 years, distributed between 2006 and 2016 and available in Portuguese, English or Spanish. The review plan was open-ended. The rules of avoidance were: copies are concentrated in the databases as well; distributions are not accessible in their entirety. Articles were reviewed using descriptors recorded in the Health Science Descriptors and Clinical Subject Headings - "dental care" and "dental wellbeing administrations" - related to the qualifier "use" and the descriptors "kid", "youngster, preschool" and "grown-up".

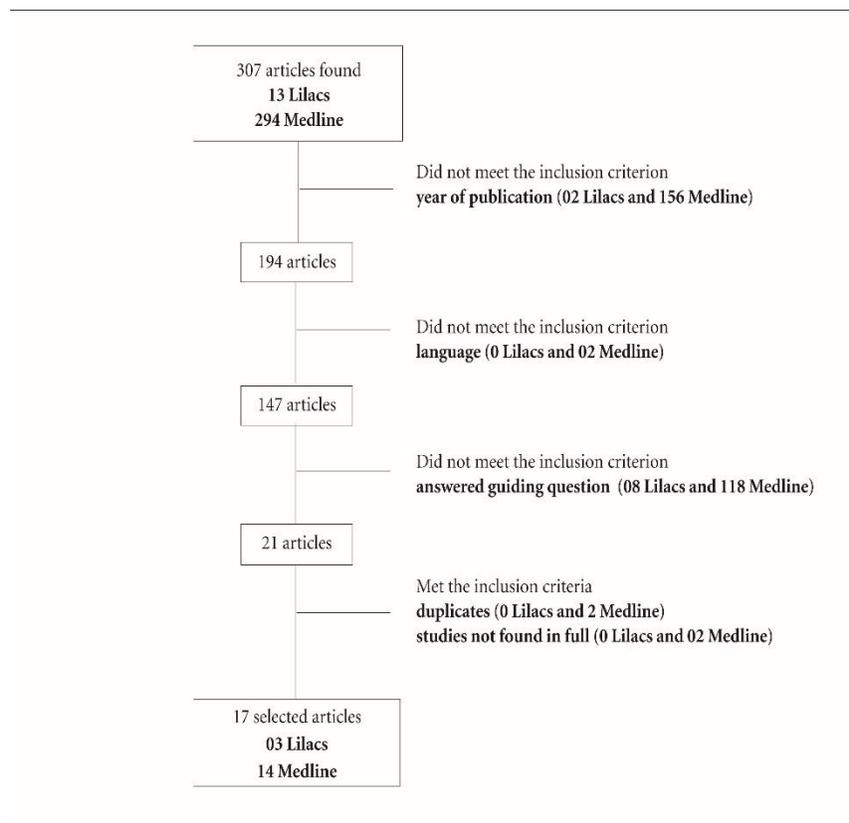
**RESULTS:**

Of the 307 items found, 158 did not meet the incorporation rule for "year of distribution", 2 for "language" and 126 for "control survey", for a total of 24 items. Of these, 4 (2 more copies, 2 were not available in their entirety) were avoided, for a total of 19 articles in the last example (Figure 1). The significant data on the last example are summarized in Figure 1. A large proportion of the articles (58.9%) investigated factors related to the use of the DHS among preschool children (2-5 years) and, in addition, school children (6-12 years), followed by 3 articles (17.6%) concerning newborns (0-23 months) and preschool children, and 2 articles (11.7%) concerning school children and adolescents (13-15 years). Similarly, 1 (6.8%) article incorporated age grouping of preschool children to youth; and 1 (6.8%) article incorporated age grouping of newborns to adolescents. In absolute terms, 2 (11.7%) examined youth and, in addition, adolescents with chronic conditions. The main factors related to the use of the Demographic and Health Survey are: the mother's level of education, the family's salary, the medical coverage plan, age, neglected oral health needs, frequency of tooth brushing and the parents' opinion of the youth's oral

well-being. In addition, attention should be drawn to the relevant elements identified with the dental specialist regarding the basic state of well-being of the pediatric population (Figure 1). Regarding language, 10 articles (57.9%) were distributed in English, 5 (28.6%) in Spanish and 2 (12.8%) in Portuguese. Similarly, 15 articles (83.5%) were found in global diaries and 4 (18.7%) in public diaries. Regarding the year of distribution, most of the articles were distributed in 2012 (28.5%), followed by 2008

(18.7%). The countries where the survey began are Mexico (36.3 percent), Pakistan (23.5 percent), Spain and the United States (12.9 percent each), and Belgium, Canada, and Nicaragua (6.6 percent each). After reviewing all exams, 16 (89.3%) were delegated to Level A and two (12.9%) to Level B, as shown in the adjusted CASP. As reported by the AHRQ, 17 items (82.4%) were delegated to Evidence Level VI (cross sectional exams) and 3 (17.6%) to Level IV.

**Fig 1:**



Tab 1:

BLESES	N	Use of dental services		
		n	%	PR (CI 95%)
<b>Economic status</b>				
Low	256	55	21.48	1.00
Medium	688	205	29.80	1.39 (1.07-1.80)
High	226	104	46.02	2.14 (1.62-2.81)
<b>Identification with the body image</b>				
Identified	890	260	29.21	1.00
Not identified	275	103	37.45	1.28 (1.07-1.54)
<b>Participation in fights</b>				
Participated	947	280	29.57	1.00
Did not participate	223	84	37.67	1.27 (1.05-1.55)
<b>Frequency parents know where their children are in their leisure time</b>				
Always/nearly always	863	255	29.55	1.00
Sometimes/rarely	165	50	30.30	1.02 (0.79-1.32)
Never	142	59	41.55	1.41 (1.13-1.75)
<b>Frequency of toothbrush use</b>				
Always	947	288	29.54	1.00
Sometimes	195	76	38.97	1.31 (1.07-1.61)
<b>Frequency of teeth brushing</b>				
3-4 times/day	1124	339	30.16	1.00
1-2 times/day	46	25	54.35	1.80 (1.36-2.38)
<b>Frequency of dental floss use</b>				
Always	373	70	18.77	1.00
Sometimes	797	294	36.89	1.96 (1.56-2.47)
<b>Reason for seeking dental services</b>				
Preventive treatment	480	54	11.25	1.00
Curative treatment	586	210	35.84	3.18 (2.42-4.19)

### DISCUSSION:

The surveys selected for this audit recommended that the sector, financial, parental, conduct, logical, and wellness variables, as well as the variables identified with the dental specialist and oral and fundamental wellness status, be related to DHS use by the pediatric population in the zero to 17 age range [6-8]. Age was the significant segmentation factor related to DHS use by the population between zero and 12 years of age. The papers assessed this factor among infants, preschoolers, and school children in Mexico, Pakistan, and Spain, and found a greater likelihood of using DHS with age [9]. Lapresa and Barbero<sup>17</sup> found that out of 601 Spanish 2-year-olds, only 24 had visited a dental specialist and out of 463 5-year-olds, 181 had used DHS. A Pakistani study by Machir *et al.*<sup>13</sup> with children aged 1 to 5 years indicated that younger children (1 to 2 years) were more likely never to have visited the dental specialist [10].

### CONCLUSION:

These elements may encourage the use of DHS, given that the dental specialist is accessible when traveling and on days when tutors are not usually working. However, in different contexts, such as the family health strategy in Pakistan, the dental specialist does

not work evenings or weekends, which poses problems for children whose parents work during the week. Therefore, this issue needs to be addressed when proposing public oral wellness strategies. In addition, an important factor in the return to the dental specialist was the pleasant correspondence between experts, mothers and children,<sup>17</sup> which focused on the importance of language order, since the population in his survey consisted of settlers from Latin American nations. Nevertheless, it is imperative to emphasize that non-verbal correspondence, care development and detention are important methodologies for a pleasant relationship between dental specialists, guardians and, more importantly, children.

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