

# THE ADDRESSABILITY TO THE DENTIST OF THE CHILDREN FROM DISADVANTAGED FAMILIES IN SIBIU

MONA IONAȘ<sup>1</sup>, MARIA MAGHER<sup>2</sup>, DIANA MÂRZA<sup>3</sup>, MARIANA SABĂU<sup>4</sup>, T. IONAȘ<sup>5</sup>, ANCA FRĂȚILĂ<sup>6</sup>

<sup>1,3,4,6</sup> „Lucian Blaga” University of Sibiu, <sup>2</sup> SOS Children’s Villages Association of Romania, Sibiu  
<sup>5</sup>SC.AMIC S.R.L Dental Private Practice Cabinet of Sibiu

**Keywords:** low income families, dentist, dental care

**Abstract:** Identification of the addressability to the dentist, a declarative treatment needs for children from disadvantaged backgrounds. There were applied questionnaires related to the objective of the study to a group of children from disadvantaged family backgrounds. Our study reveals that the presence to the dentist is primarily caused by pain and discomfort, 80.2%, while for a regular monitoring/control only 18.6% go to see a dentist. An increased number of children think that they need dental treatment (69.8%) their main reason for their presence is discomfort or pain. (37.2%). 22.1% of the children interviewed said that none of the alternatives mentioned in the question of treatment was performed on them. Fillings were 18.6%, 11.6% extractions, the less patients presenting for prophylactic treatment as usual scaling (8.1%) and brushing (3.5%). Continuing medical education is required at the small patient, not just coming from the dentist, but from all members of the family, associations involved in education, teachers.

**Cuvinte cheie:** familii defavorizate, medic dentist, tratamente stomatologice

**Rezumat:** Identificarea adresabilității la medicul dentist, a necesarului declarativ de tratament al copiilor din medii defavorizate. Au fost aplicate chestionare, vizând scopul studiului unui lot de copii provenind din medii familiale defavorizate. Studiul nostru relevă că prezența la medicul dentist este cauzată în primul rând de durere și disconfort 80,2%, în timp ce pentru control periodic se prezintă doar 18,6%. Un număr crescut de copii consideră că au nevoie de tratamente stomatologice (69,8%), motivul principal declarat al acestora fiind prezența disconfortului datorat durerii.(37,2%). 22,1% dintre copii chestionați au declarat că nici una din alternativele de tratament menționate în întrebare nu a fost efectuată asupra lor. Obturațiile au reprezentat 18,6%, extracțiile 11,6%, cei mai puțini pacienții prezentându-se pentru tratamente uzuale de profilaxie ca detartraj (8,1%) și periaj (3,5%). Este necesară o educație medicală continuă a micului pacient, nu doar din partea medicului dentist ci a tuturor membrilor grupului părinți, asociațiilor implicate în educație, profesori.

## INTRODUCTION

Oro-dental health status, individual and community, constitute an important part of overall health and quality of human life, OMS placing dental caries on 3<sup>rd</sup> and 4<sup>th</sup> place in the picture of the health problems of the world population. (1)

In the pathogenesis of caries is currently recognized the triad of Keyes, microorganisms, substrate, and host. (2) The disease is primarily a matter of human biology, but also involves a social and behavioral structure. Although physical and mental illnesses can be found at all levels of social class, socio-economic position strongly influences individual health status. (3) Health education is one of the main ways of promoting correct knowledge on different aspects of health and also the formation of attitudes and skills necessary for a responsible and healthy behavior. In many countries health education is compulsory in schools from first grade up to twelfth, using for each cycle of age/education/development appropriate educational programs and materials according to the age. (4)

## THE AIM OF THE STUDY

Identifying the level of addressability to the dentist for children from disadvantaged backgrounds and the treatments they consider necessary for children

## MATERIAL AND METHODS

There were included in the study a total of 86 children, which were applied questionnaires with questions concerning

the purpose of the study. Children are among those monitored by the SOS villages of the children. Questionnaires were filled in after the prior written consent of parents. The group of children was chosen based on age, having driven on the basis of other studies that plaque occurs most frequently in school age, this age being that when they can complete questionnaires because they know how to read and write. (5)

Questions used to identify the purpose of the study were:

1. On what occasion do you go to the dentist?
  - I never was to a dentist
  - Occasionally because of pains/discomfort
  - Regularly for a periodic control
2. What did the dentist do to you?
  - No treatment
  - Professional brushing
  - Scaling
  - Fillings
  - Extractions
3. Do you need dental treatment/care?
  - a. Yes
  - b. No
4. If yes, what kind of?
  - Caries care/treatment
  - Control
  - Pain solving
  - I don't need any kind of treatment

<sup>1</sup>Corresponding Author: Mona Ionaș, no.14, app.11, Rahova street, Sibiu, România, e-mail: [stomatologmonaionas@yahoo.com](mailto:stomatologmonaionas@yahoo.com), tel +40- 0722237603

Articol received on 28.05.2010 and accepted for publication on 21.06.2010  
ACTA MEDICA TRANSILVANICA March 2011; 2(1)243-244

## CLINICAL ASPECTS

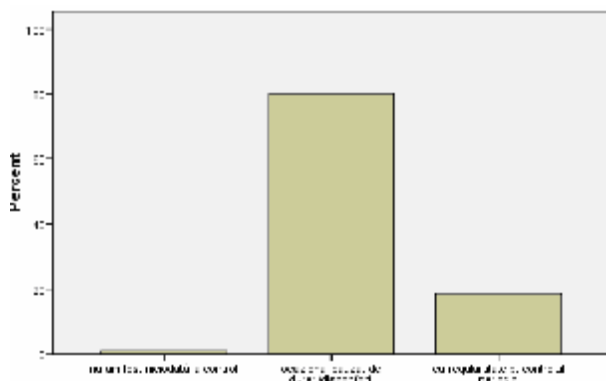
### RESULTS

The statistical interpretation of data was performed with statistical software SPSS 16.0.1 for Windows, SPSS Inc, Chicago, USA, 2007(Tabel 1)

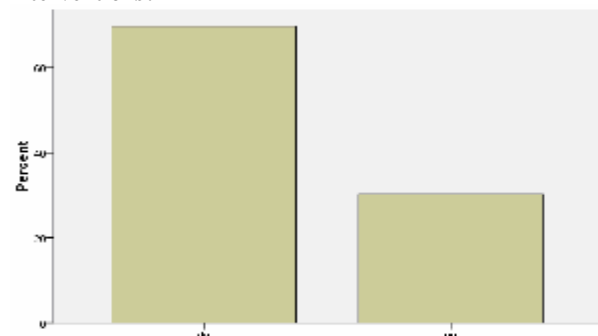
**Table no. 1. Frequency grid with answers to the questions from the questionnaire**

When do you go to the dentist?	Frequency	Percent
I have never been to a dental control	1	1,2
Occasionally because of pain/discomfort	69	80,2
Regularly for a periodic control	16	18,6
Total	86	100
<b>To the dentist you have been done:</b>		
None	19	22,1
Professional brushing	3	3,5
Scaling	7	8,1
Fillings	16	18,6
Extractions	10	11,6
Total	55	64,0
Missing System	31	36,0
Total	86	100,0
<b>Do you need dental surgery/interventions?</b>		
Yes	60	69,8
No	26	30,2
Total	86	100,0
<b>If yes, what kind of?</b>		
Caries	16	18,6
Control	12	14,0
Pain	32	37,2
No problems	26	30,2
Total	86	100,0

**Figure no. 1. Answers for question: When do you go to the dentist?**



**Figure no. 2. Answers to the question: Do you need dental interventions?**



Our study reveals that the presence of children to the dentist is at a rate of 80.2% due to pain or discomfort while for regular monitoring show only 18.6%. (Chart 1) An increased number of children (69.8%) think that they need dental

treatment, their main reason being the presence of discomfort due to pain (37.2%) (Chart 2). The question on past experience regarding dental care of children has generated a large number of unanswered questionnaires, 36% at this point. 22.1% of the children interviewed said that none of the alternatives mentioned in the question of treatment was performed on them. Fillings were 18.6%, 11.6% extractions, the less patients presenting for prophylactic treatment as usual scaling (8.1%) and brushing (3.5%).

### DISCUSSIONS

Similar studies carried out on samples of the population of ordinary families shows that 65% of children made regular visits to the dentist, yet 75% have been to the dentist for emergencies. (6) The differences between these values and those obtained in our study can be explained probably by socio-economic problems of our study group. The declaration noted a small number of prophylactic treatments; one explanation may be that fewer children address to a control at the dentist.

An increased number of children (69.8%) say they need dental treatment, the main reason for their discomfort caused by the pain (37.2%), one explanation may be that they are not familiar with the concepts of dental care. (Chart 2) Developing countries consume more funds to curative treatment and functional restoration treatment than on prevention; therefore the number of preventive measures applied in Romania should be increased. (1)

The significant number of children (36%) who did not respond to the question "What have the dentist done to you?" shows an urgent need for education about the treatments that are performed in dental offices.

### CONCLUSIONS

The majority of the children in the examined group say they don't go to the dentist because of pain and discomfort, stating that the main treatment performed is conservative. It is obvious that the children from the examined group tend to present to the dentist only when there is an urgent need.

Therefore it is necessary to familiarize the group of children with dental treatment concepts, increase confidence in the dentist, thereby increasing the reach of their dental health services.

Continuing medical education is required at the small patient, not just coming from the dentist but from all members of the family, associations involved in education, teachers.

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