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SELF PERCEPTION OF COUNTRY HEALTH AND CORRELATION WITH THE CHILD'S ORAL HEALTH CARE

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ABSTRACT

Oral health care in the first years of life is dependent on what is taught by parents or caregivers. The study aimed to identify the self-perception of oral health of adults and associated variables. It is a cross-sectional and descriptive study with a qualitative-quantitative approach performed with parents of students from a public school in Quixadá-Ceará. A structured questionnaire was applied and then an oral health education activity was carried out. For the evaluation of the association between the predictor variables and outcomes, the chi-square test and Odds ratio were applied considering the level of significance of 5%. 54 parents of students enrolled in primary, 7th and 8th grade participated in the study. 94.4% (n = 51) of the parents consider their oral health very good / good. The results show that 87% (n = 47) of the parents already took their children to the dentist, which when associated with the parents' self-perception obtained a value of p <0.005. In contrast, 74.1% (n = 40) reported from 0 to 10 years studied and when associated with the parents' self-perception of oral health was statistically significant p <0.003. It is concluded that the self-perception of oral health of the parents is considered very good / good despite the low level of schooling.

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INTRODUCTION

Self-perception of health is closely related to the concept of quality of life of the human being, thus having their understanding through the experiences and health condition observed daily. In addition, it can be based on the social and cultural norms that each individual (Vasconcelos *et al.,* 2012). The general health of an individual depends on several factors, among them oral health. All must present an oral health that allows daily activities such as speech, chewing, distinguishing the flavors of food, living without constraints and living free of the discomforts that the absence of care with the oral cavity can cause. Oral health receives its importance for the quality of life when we notice that we depend on it for physical, social and psychological mastery. However, the capacity of feeding and the pain and discomfort that occur may be positive and negative aspects, respectively, of greater importance for the quality of life (Tomé *et al.,* 2016). When it comes to oral health itself, the assessment of oral health conditions is given by the self-perception of the individuals themselves, representing great importance for their behavioral changes, being conditioned by the importance given to them (Haikal *et al.,* 2011). The family is the gateway to a person's principles, habits and character, with parents being the main influencers of such positions. In the first years of an individual's life, the

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family must act as a mediator between the child and society in order to provide the care and various stimuli inherent in growth and development as a person (Pinto, *et al.,* 2017). According to Pinto *et al.* (2017), the oral health of the parents or guardian directly interferes with the oral health of the children, and there is in fact a correlation between the attitudes taken by the caregivers and the postures that will be adopted by the children, as well as the ones that will be solidified. This relationship is closely linked to oral health levels of children and dental care taken by such individuals, as well as the prioritization of these habits, and health conditions, acquired through what is observed. Pre-school age children are more willing to develop healthy hygiene habits when motivated, thereby transforming such resistant behavior, thereby avoiding possible changes. When it comes to oral hygiene, the means and methods of motivation are diverse and all present all have efficacy, but we can highlight oral communication, because although it is the simplest means is a direct means and this results in positive effects for the affected population . But for this it takes a lot of dedication to get the attention and participation of children. For this can be used macro models, colorful drawings, puppets, playful dynamics and everything that is possible to hold attention and be absorbed by them the maximum information (Taglietta *et al.,* 2011). One of the most common chronic diseases in children is dental caries. It interferes directly with basic oral functions, such as eating, talking and smiling. This tells us that the high prevalence of caries in children is directly linked to their quality of life. Dental caries is associated with pain when eating, which causes the child to grow slowly, the weight below normal, and consequently disturbances in sleep, which will interfere with the levels of attention and learning (Nunes, 2017).

The greatest damage caused by caries is tooth loss. In theory, this consequence is due to the evolution of caries lesion. On the other hand, practice shows another reality. What you notice is that they solve the extraction as the only way to stop dental pain. The decision is made by individuals who do not have the knowledge of oral care due to lack of access to dental services (Costa *et al.,* 2013). Nunes (2017) further affirms the importance of the family in the most vulnerable phases of life and child growth. Being the parents, they are the pillars in the psychosocial evolution of the individual, which directly affects the health / illness process. It is worth stressing the importance of family care as protection, which could ease the impacts of a hostile or unfavorable environment for the perfect development of the child. This care takes into account the relationship that parents have with the following factors: schooling, physical state, availability of time and mental health. Acting in the education of the young population is the greatest challenge of dentistry. It is necessary to provide information about oral health care, to develop habits to maintain the quality of the oral cavity. Such information needs to be transmitted, preventing the population of oral diseases (Vasconcelos and Sá, 2009). The World Health Organization (WHO) advocates health education in schools on good oral hygiene habits, targeting parents, as they are important in the development of such habits. Strategies focused on this audience are highly valuable, since home-based behaviors have a direct bearing on children's oral health. Because of this, parents are primarily responsible for their children's oral health conditions, whether good or bad. However, if parents control toothbrushing and excessive sugar consumption, there is a positive impact on the oral health of children, and a significant reduction in the number of cavities (Garbim, *et al.,* 2015). The present study is relevant for Dentistry, aiming at the need for more precise information about the oral health perception of parents of schoolchildren, since in the dental literature little has been approached on this subject, making it impossible for dental surgeons to have knowledge of the needs that these individuals present. In view of this, the present study aimed to identify the self-perception of oral health of adults and associated variables.

MATERIALS AND METHODS

This is a cross-sectional and descriptive study with a qualitative-quantitative approach carried out with parents of students from the Nemésio Bezerra Elementary School, in the municipality of Quixadá-Ceará. Sampling was performed for convenience with 60 participants, of whom 06 were excluded from the study, after applying the inclusion and exclusion criteria. As a criterion for inclusion in the study, we considered parents and / or guardians who were with their children duly enrolled and who signed the informed consent form. Subjects were excluded from the survey, who did not complete the questionnaire, were illiterate or had difficulty understanding and responding to the research instrument. Data collection was performed in July 2018, through the application of a structured questionnaire. This was self-explanatory and contained 12 multiple-choice questions in Portuguese, which addressed data on oral health perception, oral health care for children, oral hygiene performances and sociodemographic conditions. The dependent variable / outcome was considered self-perception of oral health. This variable evaluated care about the individual's health, in which he was dichotomized in very good / good and very bad / bad. The independent variables were grouped into three blocks: block 1 included the variables gender (male, female), age range (≤ 39 years; ≥ 39 years)and schooling (0-10, 11-15 years studied). Block 2 reports the act of taking the child to the dentist (yes, no), accompanying or accompanying your child's toothbrushing (yes, no), early loss of primary teeth causes harm (yes, no), parents / guardians should follow the oral health of the children (yes, no). Block 3 included brushing frequency (1-2 times, 3-4 times), flossing (yes, no), language cleaning (yes, no), health education participation (yes, no). These variables were organized using a hierarchical model for multiple analysis of these variables.The independent variables are introduced in levels from the most distal to the most proximal in relation to the outcome (self-perception of oral health).In the present study, block 1 presents the most distal variables in relation to the outcome variable; block 2, the child's oral health knowledge variable, and in block 3, the health care perception variables, closer to the outcome variable (Figure 01). For the validation of the questionnaire, a pilot test was carried out with 10 individuals in order to verify the applicability and understanding of this instrument by the target public. The final version of the instrument was applied to a group of 54 parents of students from the school. The questionnaire was applied by two examiners, previously calibrated, on a weekday afternoon at the parents 'and teachers' meeting, where the objectives of the study were explained and the questionnaire was applied to an oral health education activity. After the questionnaire was applied the parents participated in an oral health education lecture with topics on oral health habits, oral health care of the children, access to health services and oral hygiene instruction. The data was tabulated in Excel for Windows 2016 and analyzed using SPSS Statistics 20.0 software. The absolute and

relative frequencies of the dependent variable and the independent variables were described. The multivariate logistic regression test (chi-square) and Odds ratio (odds ratio) were applied to evaluate the association between the predictor variables and the outcomes. The level of significance of 5%. The present study was approved by the Ethics and Research Committee of the Catholic University Center of Quixadá, according to protocol number CAAE: 54613916.9.0000.5046 and opinion no. 2,579,950, in compliance with the terms of resolution 466/12 of the National Health Council.

RESULTS

A total of 54 parents of elementary school students enrolled in 7th and 8th grades participated in the study, of which 87% (n = 47) were female and 13% (n = 7) males. The difference of the participants in relation to the age group was 52% (n = 28) ≤ 39 years of age and 48% (n = 26) ≥ 39. Regarding the level of schooling we obtained the following reality, 74.1% = 40) reported from 0 to 10 years studied and only 25.9% (n = 14) had from 11 to 15 years studied. From the dependent variable studied, self-perception of oral health, we obtained excellent results, since 94.4% (n = 51) consider their oral health to be very good / good. Only 5.6% (n = 3) reported very bad or bad (Table 1).

When we analyzed the oral health variables of the children described in table 01 in block 2, we obtained the following results: 87% (n = 47) of the parents already took their children to the dentist and 13% (n = 7) had never taken them. Facing the variable of the parents' follow-up in the tooth brushing of the children, 81.5% (n = 44) followed or followed the brushing of their children, in contrast, 18.5% (n = 10) did not or did not follow up. Regarding the parents' perception of the damage caused by the early loss of primary teeth, 70.4% (n = 38) believe in this loss, but 29.6% (n = 16) believe that no change will be caused. It was also observed that 98.1% (n = 53) affirmed that it was important to follow the oral health of their children and still 1.9% (n = 1) stated that they did not have the same perception of the others. Regarding the variables related to oral health of the parents, observed in table 01 in the block 3 session, 55.6% (n = 30) used dental floss, while 44.4% (n = 24) did not use it. Language brushing is performed by 90.7% (n = 49) of the parents, however 9.3% (n = 5) do not perform the same activity. In the analysis of the participation of parents in some oral health activities, 70.4% (n = 38) were positive and 29.6% (n = 16) presented negative. Table 2 shows the individual and final analyzes of the multivariate logistic regression analysis and the confidence interval for the self-perception of oral health, dependent variable, with the independent variables.

Table 1. Description of the absolute and relative frequencies of the dependent variable and independent variables

Dependent Variable	**Sample**	
Self-perception of Oral Health	**N**	**%**
Very good/ good	51	94,4
Very bad/ bad	3	5,6
Independent variables	**Sample**	
Block 1	**N**	**%**
Age		
≤ 39 years	28	52
≥ 39 years	26	48
Sex		
Female	47	87
Male	7	13
Escolaridade		
0-10 anos estudados	40	74,1
11-15 anos estudados	14	25,9
Block 2	**N**	**%**
Have you taken the child to the dentist?		
Yes	47	87
No	7	13
Did you accompany or accompany your child's dental brushing?		
Yes	44	81,5
No	10	18,5
Early loss of deciduous teeth causes damage?		
Yes	38	70,4
No	16	29,6
Do you think parents / guardians should follow their children's oral health?		
Yes	53	98,1
No	1	1,9
Block 3	**N**	**%**
Frequency of brushing		
1-2 times	25	46,3
3-4 times	29	53,7
Flossing		
Yes	30	55,6
No	24	44,4
Cleaning the tongue		
Yes	49	90,7
No	5	9,3
Participated in oral health education		
Yes	38	70,4
No	16	29,6

Source: Authors, 2018.

Table 2. Multivariate logistic regression (chi-square (x2)), odds ratio and confidence interval for association between self-perception of oral health and independent variables

Independent variables	X^2	Odds ratio	Confidence Interval (95%)	
			Bottom	Higher
Schooling (0-10 / 11-15 years studied)	p<0,003	0,925	0,847	1,010
Have you taken the child to the dentist? (Yes No)	p<0,005	0,936	0,869	1,009
Did you accompany or accompany your child's dental brushing? (Yes No)	p<0,008	0,932	0,869	1,009
Frequency of brushing (1-2 times / 3-4 times)	p<0,001	0,888	0,761	1,017
Flossing (Yes / No)	p<0,004	1,143	0,982	1,329
Language Cleaning (Yes / No)	p<0,044	0,939	0,874	1,008

Source: Authors, 2018.

At the end of the multiple analysis, the results that presented p <0.05. When the cross-over between the independent variables and the dependent variable was carried out, it was observed that the predisposition variable, being the parental schooling, had p <0.003. Regarding the variables of oral health status of the children, the parents who had already taken their children to the dentist, the value was p <0.005. Regarding the follow-up of the parents in the brushing of the children, p <0.008. And when associated with self-perceived oral health, the frequency of brushing presented a p <0.001. Regarding flossing, the p value was <0.004. As for the tongue cleaning, the value obtained was p <0.044. Each of these independent variables presented statistically significant results, that is, they had an influence on the parents' self-perception of health.

DISCUSSION

The results of the study showed that 94.4% (n = 51) of the participants considered their oral health very good / good. According to Vale and Mendes (2013), the perspective of preventive health is growing, where the subject is the promoter himself, seeing himself and perceiving himself as collaborator of his health condition. Thus, social and psychological factors also have an impact on the oral health of each individual. In order to study these influences, researches are developed to evaluate questions of self-perception, which are of great value because they capture the behaviors of each patient, as well as the importance of self-care, permeating their cultural values and later experiences within the system of health, or out of it. The self-perception of oral health can be interpreted by the lived experiences and the current context in which it lives, and is linked to the information collected about health and disease that are modified by social and economic factors. Your assessment becomes important because it says a lot about the behavior of a certain society or conglomerate of people. In the dental field, self-perception as well as its evaluation, leads to the encouragement and attribution of healthy habits that encompass the most diverse aspects of the individual's life as: food, good habits of hygiene, good health habits, among others (Martins *et al.,* 2010). Most of the participants in the study were women, with young women under 39 years of age. It should also be noted that Ceará counts on almost one million and a half million women aged 20 to 39 years, while men total almost one million and four hundred, also between 20 and 39 years, which leads us to perceive a greater number of women compared to the number of men (SESA, 2016). According to Piffer (2013), reports that often the mother becomes more involved in the children's school activities, helping in the activities, and attending school meetings. Parents, on the other hand, are not as present because of the availability of time and discontent as to the issues discussed in the meetings. Another function assigned to the mother and her female figure in the family concerns the role of educator, it seems common for the father to stimulate the study and mother to be present in the academic life of the child. This leads us to understand the majority of females reported by the present study. It also corroborates with our study Reis (2010), which reports that the other factor that can elucidate the greater presence of women: the fact that women are culturally closer to their children's school life, or even social context, where families can be composed only by the female figure as responsible for the home. As evidenced by the predisposition variables where it was possible to be observed in the study, that the age and sex of the participants did not have a statistically significant relevance when associated with the parents' self-perception of oral health, therefore they were not determinants, as opposed to the schooling factor very influential in parents' response. Converging with the already consolidated literature, where reports are found, that the educational factor should have a direct influence on the level of information of the participants and on the importance that the individuals themselves have with regard to oral health. For Palácios *et al.* (2015), in their study, they cite that the higher the schooling, the lower the negativity of the health indicators of a certain population. Participants were asked if they had already taken their children to the dentist, where 87% (n = 47) answered yes, thus exposing the use of dental services and the critical sense of value that they give to such an attitude. As Freddo *et al.* (2008) notes, a regular visit to the dentist should be done at least once a year for routine examinations and follow-up of any oral health disorder. The authors also declare that the use of dental services is in line with the positivity of the Social Determinants of Health, in what confers to its stability. Thus, the better the socioeconomic condition, the greater the demand for health services. Another factor was the supervision of parents' dental brushing, where 81.5% (n = 44) of the participants answered yes. Damião *et al.* (2010) and Frazão (2012), deal with the subject stating that parents have the duty to supervise and assist during tooth brushing, in the same way that it is incumbent upon the dental surgeon to properly guide these parents about this practice and its importance. The authors continue to emphasize that the environment in which they live and the level of education of the parents influence the development of interferences in the process of maintaining the oral health of the family, which can lead to good or bad conditions of the children, such as caries and gingivitis. It is noteworthy that the indicator of schooling has its due importance in this aspect, and that parents despite reporting low education, showed a good perception of oral health conditions, going in the opposite direction to what the literature shows. And, if they were to undergo oral clinical exams, they would also show a satisfactory oral health condition, considering the results of the present study. Regarding the question about the importance of primary teeth preservation, 70.4% (n = 38) answered that it is very important to maintain them and that their loss should be avoided early. Losso *et al.* (2009) in their studies claims to agree with such result and such viewpoint presented by the parents

interviewed. In his studies, he explains that these teeth are important for the proper development of the arches, as well as the occlusal organization and disposition of the elements to still, the masticatory function, and their loss can lead to organizational disorders of the permanent dentition. For Camargo *et al.* (2012), the maintenance of deciduous teeth is also very necessary, but the authors mention that there can be no adequate oral health of the children, if those responsible are not present in this evolutionary process and acquisition of good health habits. Therefore, there is a need for monitoring of eating habits and supervision of tooth brushing and the understanding and awareness that preventive consultations are important. The authors mention that the educational factor has great power in this process, which reinforces the already mentioned here with respect to the significantly high impact that the low level of education promoted in the research. Taking us to the answer to another topic of the study, where the importance of parental monitoring of the oral health of the children was questioned, and 98.1% (n = 53) said they thought this monitoring was very important. About dental brushing 53.7% (n = 29) of the study participants stated that they had a good brushing frequency, ranging from 3 to 4 times a day. Being a good percentage and that leads us to understand that if the health of the parents is thus, and the frequency of brushing reaches good averages, the oral health of the children will be thus also.

The studies of Bardal *et al.* (2011), approach the following aspect, and affirms that brushing and its frequency are the best way to reduce any action of pathogens related to caries, dental plaque and gingivitis. In addition, Vettore *et al.* (2012) conclude that mechanical methods, when applied correctly and efficiently, can promote plaque control. Regarding flossing, 55.6% (n = 30) of the participants answered that they used it. It is possible to notice that a little less than half can present a satisfactory oral health condition. In this regard, Kubo and Mialhe (2011) consider that the use of dental floss is an essential complement to brushing teeth, but this practice is done by a small part of the population, which proves here the percentage presented by the results, as well as Garcia *et al.* 2010 in your searches. Regarding tongue cleansing, 90.7% (n = 49) reported doing. Oral health activities should be developed according to population groups, types of services, health promotion and prevention, depending on the sectoral organization, according to Almeida and Ferreira (2008). On the other hand, Nickel and Lima (2008) point out that health actions do have an evolutionary and positive impact on the population or the group worked. This may be one of the reasons that most of the participants have a habit of language cleaning. Regarding participation in oral health education activities, 70.4% (n = 38) stated that they had participated. It is also important to highlight the existing and necessary exchange of knowledge in oral health education actions. This methodology aims precisely at this feedback in which trust, ties and knowledge are generated between health teams and the population. According to Oliveira *et al.* (2009) and Turrioni *et al.* (2012), they also affirm that health actions should also provide subsidies so that the sense of responsibility can develop, both for health and for the health of others. It should not be forgotten that these same actions are linked to the exercise of citizenship, improving the health of the community, and promoting space for knowledge exchange, thus reducing the distance between the health team and the participating population. The literature also shows that oral health action activities should also be intersectoral where they seek to meet different publics to tailor activities to each one. According to Moretti *et al.* (2010), the intersectoral actions also contribute to the collective construction of knowledge and its exchange between different sectors, being able to produce innovative solutions in a collaborative and democratic way. The author also meets with Oliveira *et al.* (2009) and Turrioni *et al.* (2012), already cited here that discuss among themselves. Mialhe and Silva (2011) also corroborate with the ideals exposed by the other authors regarding a new approach in health activities, prevention and promotion of oral health.

Conclusion

The study showed that the self perception of oral health of parents of schoolchildren is considered very good / good. Most parents had satisfactory oral health care habits such as: brushing their teeth at least three times a day, flossing and cleaning the tongue. In addition, parents have shown that they are aware of the importance of following and caring for their children's oral health. It is believed that it is increasingly necessary for the dental surgeon to carry out oral health education activities in the school environment so that the knowledge already existing and practiced by the parents and / or guardians of the children can be expanded. Thus, the adequate oral health behavior of the parents and the monitoring of the oral health of their children can provide better conditions for the development of the child leading to a good oral hygiene.

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