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THE TEACHER-PARENT EDUCATIONAL PARTNERSHIP, HEALTH PROMOTION PROGRAM - SPECIFIC CASE - DENTAL HEALTH

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Abstract: *The current study suggests a foray in the teacher-parent dynamics, with the goal of attracting the latter in an authentic partnership, useful in the child's education. The endeavor comprises the analysis of 143 pupils on several health dimensions and the engagement of the parents in prevention activities, as well as in solving the children's health problems. The dimensions which this endeavor has centered upon are: the promotion of health and well-being, the prevention in the oral hygiene area, a healthy nutrition, the introduction of sports in the free-time activities of children. This study only presents the prevention area in the oral hygiene domain. The program we offer consists in 6 meetings with the parents in which the themes of discussion are centered on the dental health of the child between 7-8 years old.*

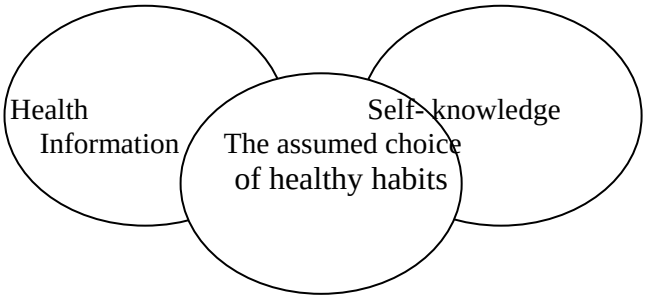
Keywords: teacher-parent dynamics, dentition, oral hygiene, prevention, health.

1. INTRODUCTION

Macbeth, cited by Bunescu sustains that there are four reasons why the school and the family are trying to establish lasting liaisons between each other [1]: the parents are legally responsible for their children's education, schooling being just a part of that education, research highlights the influence of the parental attitude upon their children's scholastic results and the social groups involved in the schooling institution have the right to influence the manner in which the educational processes are developed in the school. In this intersection of the family with the school through the common interests liaised with the pupil's education one can retrieve health as a value. In what concerns health we are interested as teachers, but especially as parents the optimal functioning of the child from a somatic, physiologic, metal, emotional, social and spiritual point of view. In order for the student to understand health as a value, and for him or her to attend and keep it there are a few necessary endeavors, which concern the prevention side, but also the intervention one in case of sickness. The orientation towards healthy habits is conceived as an educational action, in which the psychological preparation of the pupils/young people is made for the choice and development of efficient solutions for staying healthy or for getting over the illness, if the latter comes their way. The psychological preparation refers to the accumulation of knowledge, the formation of habits, the development of abilities, the formation of motivations for healthy choices, the development of self-knowledge and a better contact with the sole possibilities of the

body both in terms of its construction and in terms of its healthy build. An important role in this endeavor is played by the school, which is considered a central factor in the orientation and counseling in terms of health, through the instructive- educative process, though the knowledge and the given information, through the continuous preoccupation for the development of the child/young, trough the development of the self-knowledge, as well as through attracting parents as partners in this endeavor. Moreover, it must be mentioned that these educational actions must be permanent, with a weight and importance that differ depending on the educational cycle and with a different content, reported constantly to the child's age group. The participant to this process regarding health must become an active part of it as the decision to a better or worse health belongs to him or her – starting exactly from this point of the pupil's engagement as a decision-maker for health, resides the need to be accompanied by the parent, until the moment he or she is capable to make his or her own correct decisions.

The general structure of relevant information for the choice of healthy habits can be represented as follows:



The objectives of the healthy habit counseling are:

- The knowledge of its own body- the height-weight bearing, muscular masse etc.
- The knowledge of several health indicators – given by blood tests and the general practitioner's evaluations
- The knowledge of the age related requirements and the physical development due to them
- The knowledge of the relation between the physical development and the psychological, emotional, intellectual one.
- The agreement of different variables (in liaison with the development in laps or leaps, or with the unharmonious or incorrect development, etc.)

It is thus inherent that, in this endeavor, the parent to be the one accompanying and even coordinating the steps of the child, as many of the decisions concerning health are impossible to be taken at young ages, and even slightly later towards the teenage years/ The child/ young does not have the vision of the whole (as is my health), doesn't value health enough until an adult age and does not always understand the gravity of the sickness and the necessary steps to overcome it.

One of the dimensions in liaison with the health is the one connected to dental health. For sensitizing the parents on this subject there have been initiated, in many schools in Arad, actions described on the following dimensions:

- Sharing flyers on oral hygiene themes
- Scheduling children to dental screening activities – both evolution-wise, and health-wise and then presenting the results to the parents
- Orienting the parents towards healthy habits in terms of their children, towards overcoming dental problems that arose
- Orienting parents towards specific medical offices for overcoming the respective problems that arose

For a success of this counseling process, the teacher/headmaster and the counselor take the following into consideration:

- What are the parents' values in terms of health – what do they understand by it and what exactly are they willing to do to maintain and better their child's health
- What are the real possibilities of overcoming the problem (dimension described by the medical values of the child in terms of physical development, genetics, illnesses developed on the way, etc.)
- What are the possible obstacles they could encounter
- What are the personal resources of both themselves, and the child
- What are the determined health objectives and how adequately can they be accomplished.

The understanding of the child's dental health starts from the baby's first months, when the first teeth appear – moments which a parent experiments and lives at maximum intensity, especially due to the child's pain. The first steps for a better health start with the hygiene, so that; in the first years of life it is important for the parent to habituate the child with the custom of brushing teeth. Even though the operation in itself is not carried out correctly at all times, the implementation of this teeth-brushing ritual is important for the child's program. Subsequently, when the child will grow up, he or she will be instructed and will assimilate the correct brushing technique, however until that moment it is important to know that, for a good dental health, the teeth must be brushed at least twice a day. Afterwards, at around the age of 3-4 years old, depending on the child's receptivity and psycho-somatic development, it is a good moment to visit the dentist's for the first time. The child would thus be able to accustom him or herself with the equipment from the doctor's cabinet, the dental labor will be explained to him or her in an understandable language and possibly, if the child accepts, the dentist can perform a professional teeth-brushing technique. This first visit is very important, the child understanding that the dentist and his or her office is a sort of playground where he or she can find out interesting things about their teeth and their health, that the doctor is there to explain how to take care of their teeth and to help him or her in case of need. This first visit has an essential role in "striking a friendship" with the dentist and thus being related to the compliance to treatment in case of need. Around the age of 6, the first definitive molar teeth appear. These ones often appear without the child or the parent to notice. If they are not taken care of correctly, these will develop cavities very fast, and the child, the future adult, will lose one of the pillars of permanent dentition, much faster than he or she should [2]. The precocious loss of the 6 year molars brings with itself anomalies of growth and development of cheekbones, which is why a proper care, a daily brush and even their sealing once with their eruption in the oral cavity are imperiously necessary.

2. THE STUDY

Objectives:

1. The sight of the starting indices in terms of the growth of the first permanent teeth and of the child's dental health in general (if and how many teeth have cavities, if they need braces or not)
2. The emphasis of aspects that need mending in the children's dentition, the initiation of information and prevention activities in terms of dental health, activities done with the parents and the emphasis of the indicators to follow in overcoming the problems occurred at a dental level.

The hypotheses of the study:

1. The starting indicators in terms of the growth of the first teeth and the evaluation of the dental health levels constitutes a premise to build a prevention and intervention program at the oral hygiene habits level
2. There are significant differences in dental health at the level of the classes studies after the active engagement of parents in parenting activities on this theme

For the realization of the suggested hypothesis, the endeavor initiated in the targeted schools in Arad, in terms of oral health and hygiene is covered in the following stages:

Phase 1 - with an investigative function – function that is created through assembling systematic activities created with the goal to obtain data regarding the growth of the first permanent teeth and the child's dental health in general (if and how many teeth have cavities, if they need braces or not)

Phase 2 – informative function – function that is often done by the counselor together with the dentist that took part in phase 1, but it can also be done by the teacher/headmaster along with the dentist. This function refers to the specific demands of each child and their conveyance to the respective parents. To this, one can also add knowledge on the dental evolution, of the possible solutions, of the possible interventions (an informative meeting).

Phase 3 – the formative/educative function – function that consists of the realization of a set of actions which will result in the formation of healthy habits in terms of dentition (3 meetings – 2 with the parents and one with the children, in which one discusses the types of necessary interventions, their role and the place of the prevention flyers, presenting types of braces, educational actions for a healthy dentition etc.)

Phase 4 – the daily process integration function - the last stage of the dental health preparation and also a way to check the success of the first 3 stages (one meeting to check the results).

The study has been realized in the period between October 2014 and February 2015.

Sample description:

The study comprised the participation of 5 classes of study from a primary school in Arad, 3 third grades and 2 second grades. The children's age is between 7 and 8 years with the age average of 7,88. The total number of children was 143 and, due to the fact that their gender does not influence their dentition, this indicator was not utilized in the study.

Results and Discussions

Hypothesis 1. Starting the study from the analysis, in each class of the starting indicators in terms of the growth of the first permanent teeth and the evaluation of their health state, one can realize a prevention and intervention program at a dental health habits level.

In monitoring the growth of the permanent teeth, we took into account the chronology of their eruption as follows:

- at 6 we grow the first inferior and superior molars and the central inferior incisors
- at 7 we grow the central superior incisors
- at 8 we grow the inferior canines and the first superior premolars
- at 9 we grow the inferior canines and the first superior premolars

"The deflections of 6-12 months from these dates can be considered, as appropriate, in normal limits. The smallest deviations are observed at the teeth that grow between 6-8 years." [3]

After the monitoring process for the observation, at each class of the starting indicators in terms of the growth of the first permanent teeth, one can determine the fact that, at the level studies, the children are in the normal limits in terms of the appearance of the permanent teeth.

The resulted situation, at the end of the dental control in terms of the dental status is:

Total number of students	**143**
Students with cavities	**98**
Students with no cavities	**45**

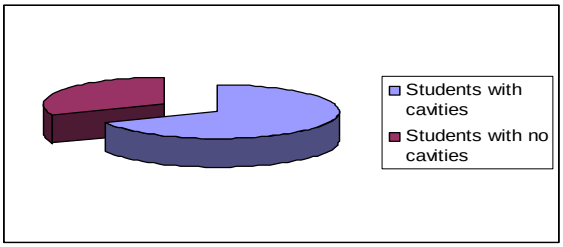


Table 1. Dental status

The distribution of the cavities at the temporary and permanent teeth level is:

Students with cavities	**98**
Temporary tooth cavities	**37**
Permanent tooth cavities	**61**

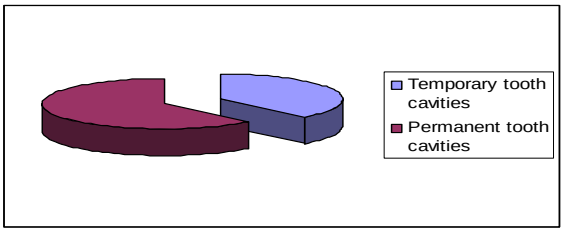


Table 2. Distribution of the cavities at the temporary and permanent teeth

Students with cavities- initial evaluation	**98**
Treated students	**64**
Untreated students	**34**

Moreover, at the same control, several children were found to have dent-maxillary anomalies, which will, in time entail the dentist's intervention, but among these, 5 were presenting mandibular prognatism, thus being urged to take on a dental consultation.

Total number of students	**143**
Students with dent-maxillary anomalies	**81**
Students with no dent-maxillary anomalies	**62**

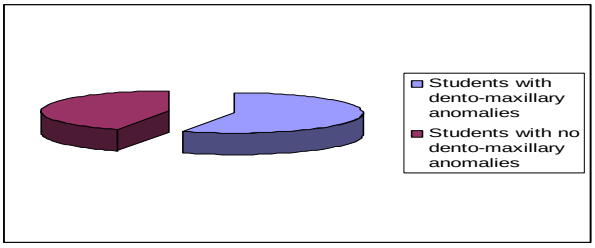


Table 3. Distribution of the dent-maxillary anomalies (December)

At the end of this monitoring process a personalized program was created for each child

Hypothesis 2: these hypothesis targets the results obtained beginning with the starting indicators and creating prompt parenting activities centered on dental health. Moreover, in terms of the hygiene and care of teeth there were activities created for the student classes. The parents' information session on the reality of dental health of each child was centered on bringing to light the reality of each child and on what solutions there are for the given situation. All the children who have problems were given a referral towards a dental consultation. After finalizing the activities, in February 2015, the children from the participant classes were visited once again. The results obtained after the activities in terms of dental health are the following:

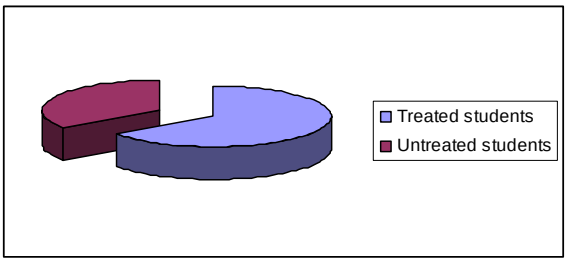


Table 4. Distribution of the dent-maxillary anomalies (February)

We have observed an amelioration of the dental health of all the children who took part in the study. Moreover, among the children who were urged to visit the dentist, 3 were already with mobile braces.

3. CONCLUSIONS & ACKNOWLEDGMENT

The challenge of working with a class of pupils and with their parents is very difficult, and even more difficult to work with several different classes at the same time. Besides this inherent burden there is the joy of managing to attract parents in an authentic partnership, centered on the children's needs and also on their health. The existence of such an endeavor creates a working space which facilitates the access to the child's health, the discovery of a better health model, the understanding of the role each parent has in remedying some health problems, the relationships of the family with the health concept. We also explore the feelings lived in each of the suggested exercises – how important was for the solution to be found in time, how comfortable or not comfortable each of them felt with their role of being an engaged or less engaged parent, how well they understood what health and

prevention mean and how was their discovery. The work patterns were chosen for the children depending on their age and were thus easy to achieve. The dialogue initiated with the parents brought to light the possibility of choosing differently in terms of their children's health. It is good to know that it is much easier to prevent that to treat. Sometimes, though, due to the lack of information or the neglect, parents do not manage to prevent their child's dental problems, and the repercussions on the dental system are of bigger importance as the child grows and develops.

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