





Dental Health in Early Childhood: "I Can Do It If You Teach"

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ABSTRACT

This study aims to raise awareness of dental health and care activities with pre-school children and cause desired behavioural changes in children, is basic qualitative research. The study group of the research consisted of 13 children studying in a pre-school class according to convenient/easily accessible sampling, which is one of the non-random sampling methods. For the research, data were collected through observations, interviews and research diaries, and the results were obtained by applying descriptive analysis by the researchers. For the research, data were collected through observations, interviews and research diaries, and the results were obtained by analyzing them by the researchers. In this direction, according to the descriptive analysis results obtained from the semi-structured observation form, it was seen that the preschool dental health activities increased the awareness of the children about the tools and equipment used in dental health, and thus gave the children an important tooth brushing routine. According to the descriptive analysis of the structured observation form and research diaries, the tooth brushing routine continued in the follow-up period after the application and became a behavior in children. In line with these results, suggestions were made for future studies.

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Keywords:

Early childhood education, oral and dental health, preschool education

1. Introduction

The preschool period covers 0-72 months from the birth of the child until the first grade of primary education starts. Preschool education is a process in which children attempt to support all aspects of their development by adopting the basic values of the society in which they live, supporting their reasoning, and fostering creativity by enhancing their emotional development and perception power. It is also a structured educational procedure that enables youngsters to absorb national, spiritual, humanitarian, cultural, and moral ideals.. It allows them to express their thoughts, gain self-control and act independently (Oğuzkan and Oral, 1997). Regardless of where they were born in the world, all children have the right to be raised with a healthy psychology, soul, and body and reach the highest level in line with their interests and abilities. Preschool education service is the most important step of the entire education system, which should be developed with a systematic organization based on science and which is too important to be left to chance (Yılmaz, 2003). The main purpose of preschool education is to provide the most appropriate educational opportunity in the most suitable environment for the child's full development in social, emotional, mental and physical aspects before primary education. At these ages, when development is the fastest after adolescence, preschool institutions support the development of children by offering life experiences appropriate to their developmental levels and ages (Başal, 2005). In addition, according to the 2013 Pre-School Education Program, preschool education is: 'Providing children's healthy growth through rich learning experiences, providing their development in

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terms of motor, social and emotional, language and cognitive gains, gaining self-care skills, giving the child self-control, centred, flexible, spiral, eclectic, balanced, and a systematic education process that takes cultural and universal values into account (MEB, 2013).

On the other hand, in the acquisitions related to self-care skills, the statements "Applies the rules of cleaning related to the body" were included and as an indicator: "Combing his hair, brushing his teeth, washing his hands and face and meeting the toilet needs." were used. The word "takes precautions regarding his health." was used in another achievement, as was the expression "Tell him what he should do to protect his health." Educating him on the potential implications of ignoring his health. "Doing all possible to protect his health" was utilized as a criterion (MEB, 2013). Tooth brushing, to put it more broadly, dental health, has an important place in an individual's life, as clearly expressed in the "He/she applies the rules of cleanliness regarding his/her body" indicators.

Oral health affects people psychologically and physically. It has a serious impact on people's appearance and socialization patterns and their enjoyment of life, growth, chewing, speaking, tasting food, and social well-being. Severe caries has a negative impact on children's quality of life, as they face high treatment costs, the risk of hospitalization, lost school days, and a resulting decline in learning abilities, as well as pain, disfigurement, discomfort, acute and chronic infections, and eating and sleeping disorders. Bruises; affects nutrition, growth and weight gain. It is observed that three-year-old children with primary tooth decay weigh approximately one kilogram less than the ones which does not have. Because toothache and infection affect sleeping and eating habits, food intake and metabolic processes (Üçok and Yücel, 1983). Digestion of food in teeth occurs by mechanical breakdown. As a result of the eruption of milk teeth between six and twelve months and their continuation in the following periods, a change occurs in the type and shape of food consumed. These changes sometimes take shape towards the end of the first and second years and sometimes at three to five years. With the development of technology and changes in dietary habits have brought along problems related to dental health. Soft and sugary foods, sticky chips, acidic fruit juices, etc. are consumed as staple food. Unconscious consumption of all these foods and not paying attention to oral care cause an increase in the number of caries. (Behrendt, 2001; Bilgin, 1994; cited in Aydın, 2007). According to the 2016 data of TÜİK, the fact that oral and dental health problems are among the top five diseases with a rate of 7.3% in the 0-6 age group confirms that unconscious consumption continues in the society and that oral and dental health is not given critical importance (TÜİK, 2016). With preventive treatments and early controls, the child can have healthy teeth in the period he is in and in his later life. Early period caries, also known as baby bottle caries, can cause dental issues in children. Preventive interventions are crucial in this situation. Healthy children can talk and chew food more easily, and they can smile with complete confidence.. At the same time, the child continues his life by gaining a good habit. Ensuring oral hygiene is to brush the teeth with fluoride toothpaste and use dental floss. Brushing your teeth is the most critical preventive treatment you can give them. Brushes for children should be small, circular, and soft, and should be replaced when they become worn.. Children between the ages of four and five can brush their teeth with parental support. As a model for the child, the parent should brush the child's teeth with them in front of the mirror. Too much toothpaste should not be swallowed by the child while brushing his or her teeth. After the age of 7, the child can brush their teeth without the help of a role model. Since the teeth come into contact with each other after the age of eight, the child can use dental floss, provided that the dentist's advice is followed (Akıncı, 2008). The family's nutritional habits in early childhood and the importance given to oral and dental care services as a model for children.

For this reason, families should set an example for their children in oral and dental care and nutritional habits, obtain information from reliable sources and seek support from experts in their fields (Çavuş, 2010). On the other hand, teachers working in preschool institutions should brush their teeth at least once a day with the children after the meal time, and in this way, they should form a habit with the children. Teachers should have information about oral and dental health, and convey the negative consequences of not brushing the teeth in appropriately and the correct use of the toothbrush to children. In addition, this information should be shared with other teachers working in the institution and activities related to oral and dental health should be prepared for children (Çavuş, 2010).

1.1. The Problem of Research

It is known that the most crucial factor leading to the deterioration of dental health is microbial dental plaque (Güngör et al., 1999; Öztunç et al., 2000). As a result of the accumulation of microbial dental plaque, which has a complex structure, on the tooth surfaces and the inability to remove the accumulated plaque from the tooth surfaces, the microorganisms and toxic substances in it cause deterioration in oral health (Özmeriç et al., 1994).

In addition to the success of the treatments applied in pediatric dentistry, it is of great importance for the child to acquire such behaviours to ensure and maintain oral hygiene. It is accepted that the mother is mostly responsible for the behavioural gains related to dental health in early childhood. In addition, it is claimed that there is a relationship between the frequency of caries formation and the level of awareness and education (Tulunoğlu et al., 1999).

Having a positive attitude towards oral and dental care will also positively affect future thoughts and behaviours related to general health, such as nutrition and tooth brushing. In this period, children take the behaviours of their families, teachers and other people who affect them as models and try to imitate them (Öztunç et al., 2000). The preschool period is a critical period for both families and children. The content of the education given at these ages does not only cover children. Families have also been considered a part of education in today's education programs. Children perform most of their self-care skills such as feeding and cleaning at school, considering the education period. This situation makes oral and dental health education given to children, parents and teachers even more important (Çavuş, 2010). This study aimed to raise awareness of dental health and care activities with 36-48 month-old preschool children about dental health and to cause desired behavioural changes in children.

1.2. Importance of Research

The healthy development of societies is possible with healthy children. Early childhood is the most sensitive period of life. In this period, children need to gain self-care skills and awareness of dental health. In this context, teachers and families have essential duties (Çavuş, 2010).

Oral and dental health is of great importance in early childhood as it is at any age. Negative results in oral and dental health also cause negative results in other organs in the body. It is possible to prevent diseases by acquiring the necessary knowledge and attitudes at a young age. It is believed that oral and dental cleaning education provided to children in the preschool era will prevent mistakes in this area (Çavuş, 2010). In addition, the awareness of oral and dental health instilled in the child will also affect the behaviours and thoughts of children regarding their general health status such as smoking, nutrition, tooth brushing in their future lives. In this period, children are affected by the behaviours and discourses of their teachers or other people whom they see as role models, especially their families, and they imitate them (Öztunç et al., 2000).

When the domestic and international literature is examined, it is seen that studies on oral and dental health are conducted with primary school children rather than preschool children. As a result of the limited number of studies, there are wrong attitudes and practices about oral and dental health in preschool education institutions, educators and families on this subject. It is seen that they need support (Çavuş, 2010). Considering that the foundation for the acquisition of self-care skills is laid in the preschool period, it is believed that this study will contribute significantly to the literature and set an example for educators and families.

2. Methodology

This qualitative study aims to raise awareness of dental health and care activities with 36-48 month-old preschool children about dental health and cause desired behavioural changes on children. Data; were collected through interviews, observation and document review (Merriam, 2013). The participants of the study were selected with purposive sampling. It is predicted that the people included in the purposeful sample will be willing to give information about the functional problem (Creswell, 2014; Creswell, 2013).

2.1. Participants

The research study group consisted of a preschool class according to convenient and easily accessible sampling from non-random sampling methods. Necessary permissions were obtained from the relevant units in order to carry out the research. Before the study, an information meeting was arranged to gain the necessary

permission from the parents, and the study was done in the classroom of a volunteer teacher. The class with children aged 36-48 months consists of 13 children. Seven of the children are boys, and six are girls.

2.2. Creation Process of Events

The subject titles to be used in the application were determined by scanning the literature containing the child and dental health titles related to the subject. Fourteen activity plans were prepared on Tuesdays and Thursdays, two days a week and for seven weeks according to the determined topics.

The study consists of two parts: implementation and monitoring. The activities in the study's application part are divided into routine and supportive activities. In the next part of the study, the researchers monitored the persistence of the behaviour during routine activities.

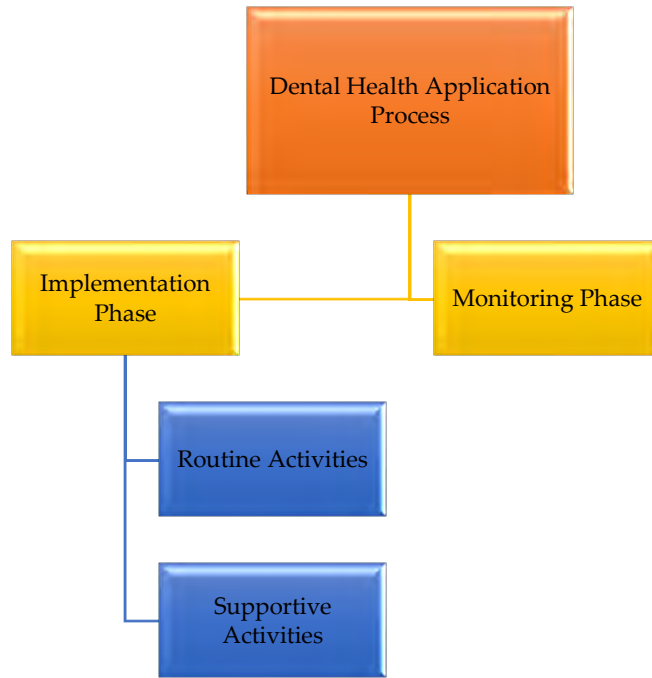


Figure 1. Dental health practice process

Routine activities: It consists of a tooth brushing activity before the meal. During the project, routine tooth brushing continued every day of the week for eight weeks, seven weeks of application, and one week of monitoring.

Supportive activities: Supporting basic information on dental health after meals with in-class and out-of-class activities includes field trips and expert participation. A 12-week in-class practice was completed, an event was held in which the specialist dentist and his assistant were invited to the class, and in the remaining events, a field trip to the oral and dental health hospital was organized, promoting the tools and equipment used in dental health, and dental checkups of volunteer children (9). **Monitoring:** At the end of seven weeks, the researchers followed up on the persistence of the behaviour in children regarding dental health and care. The follow-up lasted for five days, and the persistence of dental health and care behaviour in children was monitored.

Example of a supporting activity plan;

PRE-SCHOOL EDUCATION PROGRAM (2013)

ACTIVITY PLAN

(POPCORN IS LOSTING)

Learning Area: Arts (Integrated Large Group Activity)

Age Group: 36-48 Months

DAY 10 PLAN

Gains and Indicators Cognitive Development

Learning Objective 2. Makes a guess about the object/situation/plan.

Indicators: Tells the prediction about the object/situation/plan.

Learning Objective 8: Compares the properties of Objects or Assets.

Indicators: Distinguish and compare the texture and color of Objects or Assets.

Objective 17. Establishes a cause-effect relationship.

Indicators: Tells the possible causes of a plan. It tells the possible consequences of a plan.

Language Development Area

Learning Objective 8: Express what they listen/watch in various ways.

Indicators: Asks questions about what they listen/watch.

Motor Development Area

Learning Objective 4: Performs movements that require the use of small muscles.

Indicators: Discharges objects from container to container

Learning process

The teachers ask the students how they think the popcorn will pop after routine tooth brushing, and after the answers, they ask whether popcorns disappear just as our teeth rot when we drink cola. Come on, let's see the disappearance of the corn together, he says. Each child is given a glass of cola and popcorn, and the melting of the popcorn thrown into the glass is observed. Questions are asked. The remaining corn is eaten together.

Points to be considered

- Care should be taken not to spill coke on the ground.

Family Participation ()*

- It may be suggested that they watch the popcorn disappear in the vinegar.

Evaluation

- Where did the popcorn go?
- What else could the corn melt in instead of coke?
- Do our teeth rot in cola?

Other Recommended Activities

- Popcorn puppet work can be done.

2.3. Implementation Process (Healthy Teeth, Smiling Faces)

After obtaining the necessary permissions from the university administration to which the preschool is affiliated, dental health activities suitable for the age and developmental levels of 36-48 months old children were prepared. In line with the basic principles of Turkey's preschool education, the activities of the MEB (2013) Preschool Education Program were implemented as "from easy to difficult" and "from close to far". After the game activity and breakfast in the centers included in the daily flow of preschool education, the activities started at 10:15. Each activity was completed in an average of 25-30 minutes. The researchers implemented the activities and the classroom teacher assumed the role of observer in the classroom. Before the activities, children were encouraged to participate in dental health activities by doing an average of 5 minutes of warm-up activity.

2.4. Data Collection Process

At this stage, researchers conducted focus group interviews with children before and after dental health activities. Denzin (1970) recommends using the triangulation method in a study to increase validity and reliability, increase interpretation power, minimize researcher bias and present different perspectives. As a

result, the triangulation approach was applied in this study, which included teacher interviews, researcher diaries, and data. The triangulation method's key goals are to design and conduct research with good internal and external validity and reliability, to get more viewpoints (Boyd, 2000), and to reduce potential biases (Mitchell, 1986; Shih, 1998).

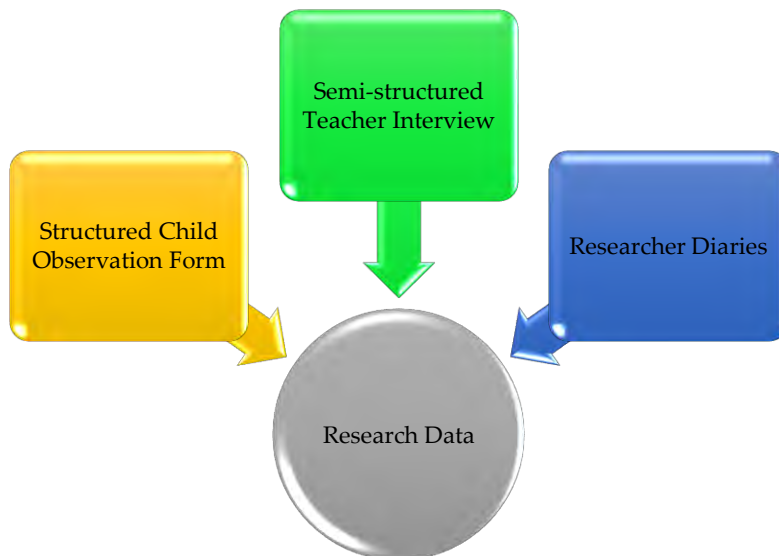


Figure 2. *Data Collection Tools*

Structured Observation Form: After the researchers scanned the relevant literature, children were observed on a total of 3 topics: tools and equipment used in dental health, the importance of dental health and tooth brushing routine. The alteration in the process was attempted to be determined throughout the first and last weeks of the dental health study. The names on the observation form are not those of the children who took part in the study; according to ethical guidelines, new names were used.

Semi-structured Teacher Interview Form: As a result of examining the relevant literature, the researchers prepared a semi-structured interview form in line with the purpose of the research. The form consists of seven basic questions and probing questions. The purpose of the interview form is to determine the views of the classroom teacher, who is an observer in the dental health activities, about the changes observed in children. In this context, in the semi-structured interview form, the teacher was told, "You were an observer throughout the dental health activities. Can you tell us a little bit about the process?", "Did you notice any changes in the children in the process? (If yes) Can you explain a little bit? (If no) what could be the reason for this?" and "Did you receive feedback from families during the dental health practice process? Can you talk about that?" Teachers' opinions about the dental health activities process were asked by asking questions such as: The interview was conducted face to face in the teachers' room of the school. The semi-structured teacher interview lasted 20 minutes, and then it was computerized and analyzed by the researchers.

Researcher Diaries: During the research, diaries were kept by the researchers during supportive and routine activities. The information in the research diary helped back up the results of the analysis of the data that was done as part of the research.

2.5. Data Analysis

In this study, the descriptive analysis method was used, and the semi-structured interview form was applied to the teachers, the structured child observation form and the observer notes in the researcher's diaries were transferred to the computer environment and analyzed by the researchers. The main purpose of descriptive analysis is to summarize the findings to the reader and present them in an interpreted way (Neuman, 2007). The information is divided and summarized according to the previously determined themes, and these summaries are interpreted. Scientific results are made by establishing a cause-effect connection within themselves and when necessary, comparisons are made between cases (Taylor et al., 2015).

2.6. Ethical

In this study, all rules stated to be followed within the scope of "Higher Education Institutions Scientific Research and Publication Ethics Directive" were followed. Ethical Review Board Name: Istanbul Esenyurt

University Ethics Committee. Date of Ethics Evaluation Decision: 12.11.2021 Ethics Assessment Document Issue Number: 2021/10-7

3. Findings

In this section, the findings obtained from the structured observation form and the semi-structured interview form are given separately. In addition, the findings were supported by research diaries.

3.1. Findings from the structured observation form

In this part of the study, there are findings related to the observations made by the researchers in the first and last weeks of dental health activities. Observations were made regarding tools and equipment used in dental health, the importance of dental health and the tooth brushing routine. The first-week observation findings of the dental health structured observation form are given in Table 1.

Table 1. Findings Regarding the Dental Health Initial Observation Form

	Ali	Ahmet	Alp	Emre	Fatih	Mert	Berk	Fulya	Elif	Hülya	Gül	Sema	Ela
Tools used in dental health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
The importance of dental health		✓		✓	✓	✓		✓	✓	✓		✓	
Tooth brushing routine		✓		✓				✓	✓	✓		✓	

Table 1 is examined in the context of tools and equipment used in dental health, it is concluded that 13 children participating in the study know and recognize tools and equipment used in dental health, such as toothpaste and toothbrush. In addition, considering children's awareness about the importance of dental health, it was concluded that eight of the children participating in the study had an awareness of dental health. In contrast, the remaining five children did not have an awareness of the importance of dental health. In addition, it was concluded that six of the children participating in the study had a toothbrushing routine, and the remaining seven children did not have the behaviour of brushing their teeth and did not brush their teeth.

Within the scope of the research, structured observation was made by the researchers in the last week of dental health practices. The findings of the last week of the dental health structured observation form are given in Table 2.

Table 2. Findings Regarding the Last Observation Form of Dental Health

	Ali	Ahmet	Alp	Emre	Fatih	Mert	Berk	Fulya	Elif	Hülya	Gül	Sema	Ela
Tools used in dental health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
The importance of dental health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tooth brushing routine		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓

When looking at Table 2 in the context of dental tools and equipment, it is clear that 13 of the children who took part in the study are aware of and recognize dental tools such as toothpaste and toothbrushes. In terms of children's understanding of the importance of dental health, all of the children involved in the study are aware of the value of oral health. It was concluded that 11 of the children participating in the study had a toothbrushing routine, and the remaining two children did not have a behaviour of brushing their teeth and did not brush their teeth. In this context, a line graph is given in which the changes in the dental health activities of the children participating in the research can be seen more clearly.

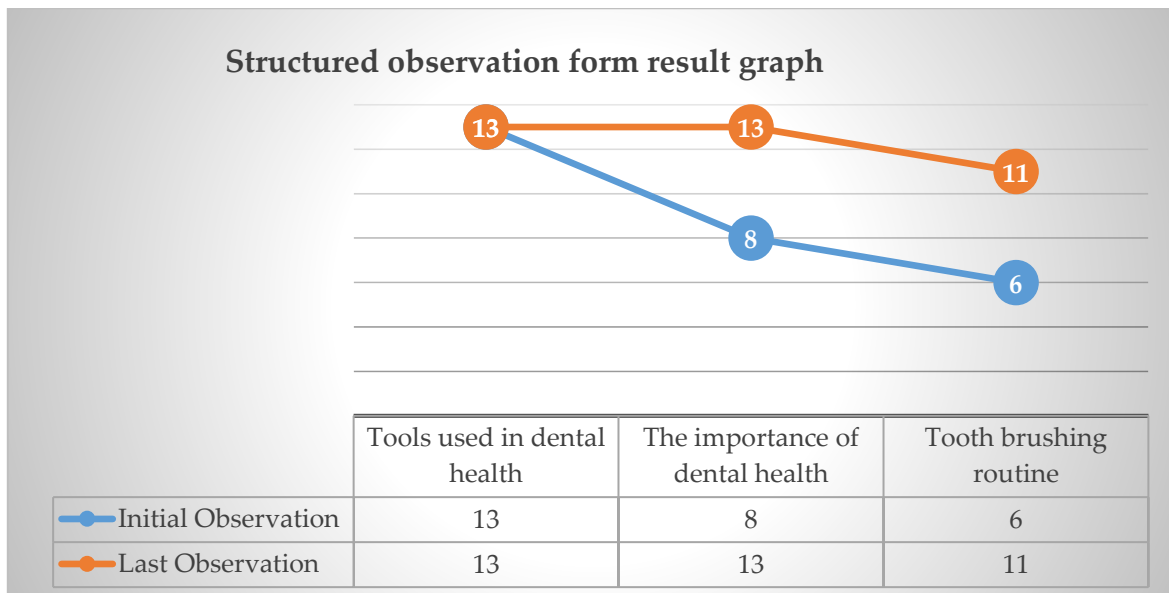


Figure 3. Changes of the participants in the process of dental health activities according to the structured observation form

When Figure 3 was analyzed, it was discovered that all of the children who took part in the study knew and recognized the tools and equipment used in oral health in both the first and last observations. In addition, while it was seen that eight (61.5%) children were aware of the importance of dental health in the first observation, it was concluded that all (100%) of the children participating in the study had this awareness in the last observation. In addition, it was concluded that 6 (46.1%) children had tooth brushing behaviours in the first observation. In contrast, the number of children with tooth brushing behaviours increased significantly to 11 (84.6%) in the last observation.

3.2. Findings from the semi-structured interview form

In this part of the research, the findings obtained from the semi-structured interview form made at the end of the application with the class teacher, who was the observer during the application process and where the preschool dental health activities were applied, are included. The interview with the teacher lasted 20 minutes and took place in the appropriate location in the classroom, in the teachers' room. Then, the researchers transferred the interview data to the computer environment, and the findings were determined by making a descriptive analysis, which is not as in-depth as the content analysis. Following the investigation, the teacher classified the children's behaviors into three categories: before the process, during the application process, and after the process. In this context, the teacher stated that "children had little knowledge about dental health and care before the dental health program" and that "some children had little knowledge about dental care tools such as toothpaste and braces, and even some of the children did not know at all" before preschool dental health practices.. Regarding the implementation process, the teacher said, "Dental health and care became fun with the supportive activities in the process" "it was very effective that the activities were efficient. The children observed how long the toothbrush should be made and how they should be made during their routine activities. In this respect, I think the application has been quite good." and "We used to add dental health to the activities from time to time, but when you did it one after the other, we could see the effect on children very well quickly. Some children say it is time to brush their teeth before I say it and take their brush and paste". Finally, regarding the post-application, the teacher said, "The children were very enthusiastic throughout the program. In my opinion, this is an important factor in their permanent dental health behaviour" and "the children continued to brush their teeth during the follow-up week at the end of the program. In addition, they wanted to continue this routine at home by asking their parents for brushes and pastes at home so that children no longer do this as an activity but a behaviour. I think it is an important indicator of what they have transformed into a state of mind." expressed his thoughts about the post-application of preschool dental health activities. According to the results of these interviews and descriptive analyses of the research, 61% of the children were aware of their dental health prior to the application procedure, but this number increased to 100% following the application.

4. Conclusion and Discussion

The goal of this study was to raise dental health awareness and care activities among 36-48 month-old preschool children, as well as to produce desired behavioral changes in the children. Data was acquired for the study using observation, interview, and research diaries, and the conclusions were obtained after the researchers analyzed the data. A semi-structured interview form in which preschool dental health activities boosted children's understanding of the equipment and materials used in dental health, as well as a considerable tooth brushing regimen, was employed in this aim. The tooth brushing practice remained in the follow-up period following the application and became a behavior in youngsters, according to the analysis of the data gathered from the structured observation form and diaries. Oral and dental health problems are among the top five diseases in the literature, with 7.3 percent in the 0-6 age range, indicating that oral and dental health is not given the attention it deserves (TÜK, 2016). Although it is well known that the mother is primarily responsible for behavioural gains associated with dental health in early childhood (Tulunolu et al., 1999), a dental health study directed by the school and the teacher, as in this approach, can result in good behavioral improvements in children. Furthermore, because preschool children mimic and imitate the behaviors of their families, instructors, and other people who have an impact on them (Öztunç et al., 2000), the child's environment is also involved in oral health and care, as well as every other subject. Can guide children and model good behavior. In this regard, early oral and dental hygiene instruction can help children avoid making mistakes later in life (Çavuş, 2010). Based on the results of the study, the following suggestions can be made;

- The researchers can conduct the study in other regions to see how well it works there.
- Also, this study is a qualitative study. With the right measurement tool, a quantitative study can be conducted on this topic.
- Collecting data for the study for a longer period of time will also allow researchers to see if children continue to learn how to brush their teeth. Starting from preschool education, teachers can add dental health and care activities to their daily education flow, and a daily brushing and care routine can be given to the children in their class.

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