

Summary

Dental caries is the most common chronic disease of childhood and the greatest unmet health care need of children. Pain from untreated caries can affect school attendance, eating and speaking, and, subsequently growth and development (*Thivierge, 2010*).

The aim of this study is to improve the quality of life of school age children with dental problems, at Benha city: To identify dental problems among school age children, design and implement health educational intervention to improve their quality of life of school age children with dental problems and evaluate the effect of educational intervention on their quality of life of school age children with dental problems.

Research Hypothesis

Educational intervention for school age children with dental problems will improve their quality of life.

Technical design

Technical design included the setting, subjects as well as tools of data collection

- ***Setting***

This study was conducting in the class rooms in governmental primary schools (of Benha city, the conducted schools were named; Ibn Khaldun, El-Emam Mohamed Abdou, Hoda Shaarawy and Benha modern school. Where the program implemented.

- ***Subjects***

A convenient sample of 100 school age children (6-12 years), regardless their gender and having dental problems, they were recruited (25 child from each school).

- ***Tools***

Data was collected by using the following four data collection tools

Tool (1) Interviewing structured questionnaire sheet:

It was included the following two parts:

- ***The first part:***

Socio-demographic characteristics of the children and this families including; (name, age, gender and education). His or her family characteristics namely; (parent education, occupation, monthly income and family size). It includes 10 questions.

- ***The second part:***

Children's knowledge about oral health, dental diseases, dietary habits (eating patterns, nutrient composition), oral health behavior (dentist visit, tooth brushing frequency, use of fluoride toothpaste). It includes 53 questions.

Tool (2): Oral Health Related Quality of life

Oral health related quality of life was adopted from (*Al-Shamrany, 2006*): And modified by the researcher to assess the impact of dental problems on QOL which include general oral health assessment index which include (chewing, eating, social contacts, appearance and self consciousness). Dental impact on daily living

performances which includes (eating, speaking, oral hygiene, sleep, appearance and comfort). It includes 12 questions.

Tool (3): Dental Assessment Sheet:

Dental Assessment Sheet was adopted from (*Bratthall, 2000*). And modified by the researcher. Def index it is the commonest current dental caries measurement for deciduous teeth. It includes 2 questions.

(4)- Educational training program handout

It was prepared by the researcher of who after reviewing the related literature which based on children knowledge deficit about dental health, dental problems and prevention of dental problems.

Pilot study

A pilot study will be carried out according to sample size (10%) children to test applicability of the study tools, setting and determine the time needed to fill the sheet. Accordingly, the necessary modifications were done in the form of adding or omission of some question based on result of the pilot study in order to strengthen their contents or for more simplicity and clarity. The studied children are excluded from the study.

Results

⊙The mean age of the studied children was (8.58 ± 1.51) , less than two thirds (60%) of the studied children their age ranged from 8 :< 10 years, more than half (52%) of studied children were female.

⊙ The present study showed that, all children (100%) had dental problems namely: dental caries and extracted (missing teeth).

⊙ The present study showed that feeling to ward dentist it was found that, all children had anxiety and fear when visit dentist.

⊙ The present study reveals that, there was a highly statistically significant difference pre/ after three months of implementing the program in relation to overall items related to children monthly consumption of food elements.

⊙ The present study reveals that, there was highly statistically significant difference between pre, post immediately and after three month implementation in relation to children according to their total knowledge, the majority (80%) of children had un satisfactory knowledge at the pre-program phase. Meanwhile, 89% of them had satisfactory knowledge after three months.

Conclusion

The study showed that there was a weak point of children knowledge regarding dental hygiene and prevention of dental problems. The program succeeds in improving the children knowledge regarding oral health and nutrition. In some areas the children needs more improvement. After three months of implementing the program the studied children knowledge was decline but still higher than pre program regarding all items except effect of dental problems on physical and psychological state was improved than pre program.

Recommendation

Based on the findings of the current study, the following recommendations are proposed to;



- ❖ An oral health promotion booklet for parents in Arabic was printed which highlighted the commonly found oro-dental problems among the children and how they can be prevented
- ❖ Design guidelines strategies for oral health promotion through healthy dietary practices in school children.

- ❖ The school curriculum should be contained oral health, dental problems and how to prevent dental problems and integrate oral health education into health instructions delivered to parents of school age children.