

PSIWORLD 2014

Psychosocial Factors in Acquiring Sanogenous Behaviors in Preschoolers

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Abstract

The aim of the study was to identify psychosocial factors that contribute to the acquisition of children's sanogenous behaviors, on a sample of 90 preschool children divided in two groups and their mothers, who answered independently to an oral health questionnaire. The questionnaire was applied to children in three stages and they received a sanogenous education program. Results show significant differences between age, education level and the mother's income in relation to their knowledge and with two groups of children from kindergartens with or without medical staff, by gender and by education consecutively.

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Peer-review under responsibility of the Scientific Committee of PSIWORLD 2014.

Keywords: oral health; preschooler, kindergarten education; sanogenous behavior; psychosocial status.

1. Introduction

Oral health is one of the most important public health problem, not only in our country but also worldwide. According to estimates by the World Health Organization (WHO), more than 5 billion out of 6.5 billion people in the world are affected by tooth decay (<http://www.who.int>). The onset of tooth decay can begin immediately after teeth eruption and preschool age may be a risk for the child's oral health and for overall health of the future adult (Athanasiu, 1998). The specialists emphasize that the attitude to any condition, including oro-dental diseases is determined by internal factors related strictly to a person and over which we can not interfere, but also by external factors, that can be modeled through education (Pașca, 2006).

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The period of "childhood" can be defined by biological criteria completed by the psychological and the social environment of schooling. The child's concrete and animistic thinking is less distinct than fantasy and playing completes this picture of psychological characteristics (Margineanu, 1944). Based on these characteristics, our study aims to answer three essential questions regarding the shaping of sanogenous behaviors in preschoolers: How important is the role of the mother? How important is the influence of mother's social-demographic variables? Can education in schools compensate for the deficiency of information? The study is focused on the conception of illness-health, in our case oro-dental diseases and the variables of age, gender, education and financial condition in the preschool group and their mothers. The aim of our study was to identify psychosocial factors that may contribute to the development of attitudes and behaviors that ensure the child a proper oral health.

2. Method

2.1. Participants

The study was conducted by the Department of Orthodontics and Dentofacial Orthopaedics at UMF "Grigore T. Popa", Iasi, Romania, during January-April 2013. The sample consisted of 90 preschool children (45 boys and 45 girls) aged between 4 and 6 years and their mothers. They were asked to answer an anonymous oral health questionnaire. Informed consent was obtained from mothers of the subjects. The study was conducted in accordance with the Helsinki Declaration of 1975, as revised in 2000. Children were enrolled in kindergartens in three social-demographic different neighborhoods from Iasi. Children were divided into two groups: group A (n=30), one kindergarten with a nurse; group B (n=60), two kindergartens without a nurse. Kindergarten nurses previously conducted oral health education lessons for children.

2.2. Instruments

The structure of the questionnaire that assessed the level of knowledge of oral prevention measures consisted of 18 items (e.g., "Did you know why do we brush our teeth?", "Do you know when we may eat sweets?", "Did you know that decayed teeth could hurt your heart?"), to which the answer was rated as "yes - has knowledge on the subject of the question" (score=1) or "no - no knowledge on the subject of the question" (score=0). It provided the following information: (1) social-demographic status (age, gender, education and financial situation of the mother); (2) knowledge of oral hygiene; (3) knowledge of food hygiene; (4) knowledge of preventing dental caries; (5) knowledge of preventing malocclusions; (6) knowledge of prevention periodontal disease; (7) knowledge of preventing disease outbreak.

2.3. Procedure

The questionnaire was applied to mothers, once, at the beginning of the study and separately, to the children, in three stages: pre-test, initially; inter-test, after five sessions of oral health education (lectures and practical demonstrations); post-test, at the end of oral health education sessions. The questionnaire was applied at all stages face to face by one calibrated operator, previously trained, both in terms of medical knowledge and the knowledge of communication with preschool children.

Statistical analysis was performed using the SPSS 16.0 package (SPSS Inc., Chicago, IL) for Windows. We identified the score of correct answers to each of the questionnaire's items and we aggregated the items score based on their subject. We used Pearson's chi-square test (χ^2) to compare the mothers' correct answers and between the groups of children and gender. For all the statistical tests we used the significance level of $p \leq 0.05$ corresponding to a confidence interval of 95%.

3. Results

All mothers had over 50% correct answers to the questionnaire topics. Statistical significant differences occurred amongst the responses of mothers: by age interval regarding the knowledge on oral hygiene and nutrition,

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