

Reforming Oral Health Services to Promote Child General Health

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As an important aspect of general health, oral health can be affected by various factors among children and adults.

Dental caries is the most common childhood disease. Prevalence of this disease is five-fold more than asthma and hay fever. In addition to demolishing teeth, dental decays may have adverse effects on physical, mental and social performance of child [1-3]. It also imposes heavy economic and social burden on the family and community [4]. More than 50 million useful hours go to waste annually because of oral health problems [3]. This is a good reason to give oral health a priority in health care agencies all over the world.

A primary goal of the World Health Organization (WHO) in 2000 and 2020 was to reduce the prevalence of oral diseases and disabilities and related complications, especially among poor and marginalized populations [5-7].

Oral health Status among the society population is determined by using objective and practical decay, missing, and filled teeth (dmft) index offered by the WHO.

Research based on dmft index showed that dental caries process starts from the teeth eruption time. Available evidence confirmed the role of personal, social and environmental factors on child oral health [8-10]. There is also a significant relationship in terms of factors such as sex, age [11-13], parental characteristics; maternal education [8-10], socio-economic status [12], and living environment [13]. The similar results can be observed in Iran too [14-16]. The whole situation reveals the early preliminary of dental caries and adverse oral health status among pre-school children.

To achieve optimal oral health and thereby the general health indicators, the initiation of the development of early family-based and community-based programs along with the overwhelming reforms in dental health services and insurance facilitates from birth to last stage of life was recommended.

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