

Oral Health Sufferings of Early Childhood: Are We Failing as a Society

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Journal of South Asian Association of Pediatric Dentistry (2023): 10.5005/jp-journals-10077-3259

- The oral disease burden is increasing in both developing as well as the developed world. The prevalence of untreated caries of deciduous teeth was estimated as 43.8%, with an estimated 135 million cases across the South-East (SE) region countries.¹ The Actional Plan for Oral Health in SE Asia 2022–30 has been considered as nonprogress of the region on the oral health targets from the action plan of 2013–2020, and therefore again adopted the earlier two overall targets mentioned below, with 2013 as the baseline²:
- Target 1: A 33.3% relative reduction of premature mortality from oral cancer by 2030.
- Target 2: A 25% relative reduction in the prevalence of untreated dental caries of permanent teeth by 2030.

It was emphasized in the presentation that the children suffering from early childhood caries not only have the biological disease but also suffer due to its consequences from pain, swelling, difficulty in chewing, speaking, and socializing, resulting in poor overall health, weight loss, poor school performance, deterioration of self-esteem, irritation, and frustration.³ The suffering of young children can build a negative impact on the whole family in terms of emotional trauma, work hour loss, sibling psychological stress, and financial imbalance.⁴ Further, the direct and indirect cost of treatment of consequences of dental caries in children can be drastically distressing for an average family.⁴ Somehow, the oral and public health experts have not calculated and presented the data of the average number of children unable to eat or sleep due to dental caries or its consequences, or the proportion of children who lost weight due to inability to eat due to dental pain for a long time or the average number of school hours lost for the child or manhours lost for the parents of the children suffering from dental caries. If we could have this type of data, it could have been converted into a financial equation and used for advocacy to the governments and funding agencies for improving the oral as well as general health conditions of younger children.

The suffering of children due to oral problems has been presented as a case of public health and the health system's disappointment, as well as a matter of injustice and social inequality. As per Peres et al., "Untreated caries in deciduous teeth was the tenth most prevalent health condition, affecting 9.0% of the global child population; the global age-standardized prevalence remained unchanged between 1990 and 2010 (9.0%); and untreated caries in deciduous teeth peaked among children aged 1–4 years in 2015."⁵

As dental caries in children is completely preventable, and our health system did not gear up for it for several decades, it can be considered as either ignorance or sub-optimal performance of the health system in the area of children's oral health.⁶ As the

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How to cite this article: Mathur VP. Oral Health Sufferings of Early Childhood: Are We Failing as a Society. *J South Asian Assoc Pediatr Dent* 2023;6(1):1–2.

Source of support: Nil

Conflict of interest: None

decision-making about children's hygiene, eating, and medical care is purely dependent upon the primary caretaker, they still suffer with no fault of them.³ There is a lack of consensus about nutritional instructions to children among various health professionals, specifically with respect to sugar intake.⁷ For example, pediatric dentists advise against nighttime feeding, whereas nutritionists promote *ad-lib* feeding. Similarly, the opinion of endocrinologists and dental professionals differs about consuming chocolates in children. Research suggests antioxidant effects of cocoa in chocolates may directly influence insulin resistance, thereby reducing the risk of diabetes. The markets in developing countries do not have adequate choices for infant and tooth-friendly food alternatives. Moreover, brushing in very young children is difficult as they do not allow upper incisor brushing, probably due to sensitive gingiva in the region. Mostly early childhood caries begins in the upper incisors due to nonbrushing in the region and sticky milk deposits. To date, we have not been able to invent baby-friendly oral hygiene products for young children. Additionally, a lack of awareness about commencing brushing at an early age amongst new parents also contributes to dental decay. Therefore, it can be justified that the most vulnerable population of young children suffer due to untreated dental caries or its consequences without even knowing about it. Therefore, it can be placed that the suffering of young children due to oral conditions is a matter of social injustice as well as inequality.

It is the need of the time that the stakeholders (governments, researchers, academicians, industry, media, and non-governmental Organizations) work together to find solutions. They need to network, collaborate, and innovate to put a plan and policy in place, providing necessary financial aid to give better oral health to the young population suffering due to no fault of them. Over and above that, active participation by media in motivating and spreading awareness regarding oral health neglect and

advocating healthy oral health practices must be given utmost importance.

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