Gingival Health and Oral Hygiene Measures among Junior High School Children during the Covid-19 Pandemic: A Systematic Review

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ABSTRACT

Background: Patients undergoing dental treatment when the lockdown was the most affected due to discontinued treatment and persistent dental problems. Those who ignore oral health problems should either use home remedies or continue with the previously prescribed treatment. Patients experiencing dental problems during this partiallockdownshouldadoptanewerdentalconsultationmethod.Includingchildren, who are patients who are considered vulnerable to being invaded by Covid-19, so that children's health problems are of particular concern while at home. Aim: This is to determine the condition of gingival health and oral hygiene measures among junior high school children during the Covid-19 pandemic. Methods: Data collection was carriedoutbysearchingtheliteratureonarticlesearchsites,namelyGooglesearchand Pubmed published from 2020, the search was carried out in January 2021. The search for data was carried out systematically using the keywords Gingival health, Oral hygiene measures, Junior high school children, Covid-Pandemic 19. Result: After eliminating duplicate articles, the titles and abstracts of each article were analyzed across 78 articles resulting in an exclusion of 50 articles. The full-text articles remaining28articleswerereanalyzedandexcluded28articles,resultingin10articles which were then entered into the analysis. Conclusion: The Covid-19 pandemic is affecting gingival health and oral hygiene practices in children, thus having a significant impact on the number of junior high school children who need dental care. **Keywords:** Gingival health, Oral hygiene measures, Junior high school children, Covid-19pandemic

INTRODUCTION

The World Health Organization (WHO) announced that Coronavirus Disease 2019 (Covid-19) will be a pandemic on March 11th, 2020. This disease was first reportedinDecember2019attheWHOChinaOfficeaspneumoniaofunknowncause. In January 2020, a novel coronavirus (SARS-CoV-2) was identified and its genome was discovered.^{1,2}

VariousaspectsregardingCovid-19arerelatedtodentalpractice,inadditionto infection control, including prevention and treatment. There are also a number of clinical manifestations that affect the orofacial region and which the dentist should be aware.^{3,4} This review examines the medical-dental aspects of Covid-19 infection. Dental health workers are directed to update them on recommended guidelines for the provision of dental health services during this critical period and to explain

important aspects of Covid-19 infection that are relevant to the orofacial region and oral health care.^{5,6}

Among all health care services, oral health and dental care were the most influential during the declared lockdown in response to the SARS CoV-2 pandemic.⁷ Dental practice is classified as a high-risk mode of disease transmission and cross- infection because it involves close contact of the patient during naso-oropharyngeal examination. The World Health Organization (WHO) in its guidelines on August 3rd 2020 recommends prioritizing dental care primarily and postponing dental procedures until there is a sufficient reduction in the number of Covid-19 transmission.⁸

Patientsundergoingdentaltreatmentwhenthelockdownwasthemostaffected due to discontinued treatment and persistent dental problems. Those who ignore oral health problems should either use home remedies or continue with the previously prescribed treatment. Patients experiencing dental problems during this partial lockdown should adopt a newer dental consultation method. This includes children, who are patients who are considered vulnerable to being invaded by Covid-19, so that children's health problems are of particular concern while at home. Of course, the Covid-19 pandemic limits direct interactions during intra-oral examinations in pediatric patients, resulting in the emergence of periodontal tissue health problems (including gingiva) and monitoring of dental practice practices which have become limitations for dentists during the Covid-19 pandemic. ^{9,10} After searching various literature, there has never been a publication of a systematic review of gingival health and oral hygiene practices among junior high school children during the Covid-19 pandemic. Based on the background description, the author is interested in compiling a systematic review that can serve as an additional reference for allreaders.

METHODS

DataSource

Data collection was carried out by searching the literature on article search sites, namelyGooglesearchandPubmedpublishedfrom2020,thesearchwascarriedoutin January 2021. The search for data was carried out systematically using the keywords *Gingival health*, *Oral hygiene measures*, *Junior high school children*, *Covid-19 Pandemic*.

Research Criteria

- A. Inclusioncriteria
- 1. Articles published from 2020

- 2. Articles in English
- 3. Scientific articles that have been published and are availableonline
- 4. Articles that examine gingival health and oral hygiene practices among junior high school children during the Covid-19pandemic
- B. Exclusioncriteria
- 1. Articles included in systematic reviews, literature reviews, and casereports.
- 2. Articles that cannot be accessed forfree

Data Collection

The data that will be used in this research are secondary data. The data is obtained from articles searched for the article will reviewed that are in database which then be according to the research criteria set by the researcher. The literature search was carried out on an online database, namely Pubmed using the keywords gingival health, oral hygiene measures, school children, the Covid-19 pandemic found 78articles.

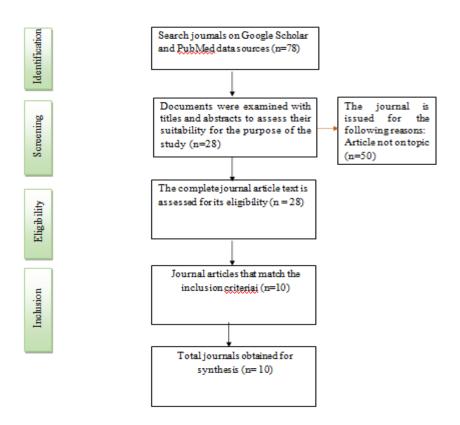


Figure 1. The flow chart of the journal search to be synthesized

RESULT

After eliminating duplicate articles, the titles and abstracts of each article were analyzed across 78 articles resulting in an exclusion of 50 articles. The full-text articlesintheremaining 28 articles were e-analyzed and excluded 28 articles, resulting in 10 articles which were then entered into the analysis.

Table 1. Gingival Health and Oral Hygiene Measures among Junior High School Children during the Covid-19 Pandemic

No.	Author	Year	Title	Method	Conclusion
1.	Giovana	2020	Coronavirus	A	Everyone who has
	Bernardes		(Covid-19) in	bibliographical	had close contact
	Credie,		Children:	research was	with an infected
	Amanda A.		History and	carried out in the	individual is
	Coelho, Karla		Pediatric Oral	PUBMED	susceptible to
	Mayra		Health	database,	COVID-19. Up-
	Rezende ¹¹			withthe	to-date oral health
				_	helps in the
				COVID-19 and	general health of the
				dental practice,	
				_	prevent dentalcare
				2020.	during the
					pandemic,
					minimizing the
					risk of
					contamination.
					Healthcare guidance
					is being updated
					with
					frequency, as to how
					best to
					proceed in a care
					setting.
2.	Saad Masood	2020	Knowledge and		A large number
	Al-Qahtani,				(62.7%) of the
	Pervez Abdul			was collected	schoolchildren

	Razak, Siraj		Preventive	through a	stated that rinsing
	DAA Khan ¹²		Measures for	questionnaire	with water after
			Oral Health	containing	each meal is the
			Care among	closed-ended	best way to keep
			Male	questions, which	their gums
			Intermediate	was distributed to	healthy. For boys
			Schoolchildren	children of six	in intermediate
			in Abha, Saudi	randomly	schools, properly
			Arabia	selected	designed oral
				intermediate	health educational
				schools.	programs should
					be implemented to
					improve their
					knowledge and
					behavior toward
					oral health.
3.	Gitumoni	2020	A descriptive	The sample in	The findings of the
	Konwar,		study toassess	this study is the	study revealsthat
	Anamita		the knowledge	selected students	majority of
	Borah,		of oral hygiene	of middle school	students 53%
	Angeline ¹³		among middle	of standard VI –	(n=100) had an
			schoolstudents	VIII.	average level of
			in selected		knowledge
			school of		regarding oral
			Ranchi,		hygiene; it
			Jharkhand		indicates that
					middle school
					students have
					moderate levelof

					knowledge regarding	
					oral	
					hygiene. The	
					finding reveals	
					that there is	
					significant association	1,
					except "Resident"	
					between age,	
					gender, religion,	
					family size,	
					socioeconomic status.	ı
					After the study	
					the	
					researcher concluded	
					that	
					majority of	
					students were	
					having averag	e,e
					knowledge on ora	al
					hygiene and there wa	iS
					no significar	ıt
					association foun	d
					between the	
					Sociodemographic	
					variables.	
4.	DeepaAustin,	2020	Cross-sectional	Relatively higher	It is important to	
	Hosadurga L		Study on White	DMFS-dmfs scores,	be cognizant of the	
	Jaya Kumar,			the	initiation of	

	Krishnaswamy		Spot Lesions and	number of WSLs,	caries in children
	M Chandra,		its Association	GBI, and OHI	through the initial
	Vanishree		with Dental	were recorded	stages so that
	Kemparaj,		Caries	among the cases.	efforts can be
	Priyanka		Experience		pooled in towards
	Prahladka ¹⁴		among School		prevention rather
			Children		than extensive
					curativemeasures.
5.	Saeed	2020	Socio-	Research was	In general, the
	Bashirian,		demographic	carried out in the	periodontal health
	Shabnam		determinants as	Google database,	status is poorer in
	Seyedzadeh-		predictors of	with the	students attending
	Sabounchi,		oral hygiene	keywords COVID-	suburban schools
	Samane		status and	19 and	compared to those
	Shirahmadi,		gingivitis	dental practice,	in urban schools in
	Ali-		in schoolchildren	until June 10 th of	Hamadan.
	Reza Soltanian,		during Covid-	2020.	Since there are
	Akram Karimi-		19.		significant
	shahanjarini,				associations
	Farshid				between gender,
	Vahdatinia ¹⁵				school districts and
					mother's
					occupation with
					oral hygiene index
					among
					schoolchildren in
					primary schools,
					considering them
					in schools' oral

								healt	h pro	ogram	
								desig	gn		
								migh	nt be	useful	•
6.	Shradha Singh,	2020	Effect		of	Google	forms	Age	and	gende	r are
	Apoorv Rana,		COVID	-19		platform	was	not		signif	icant
	Vanshika Jain,		Lockdo	wn	on	utilized to	create	barri	ers		to
	Deborah Sybil,		Dental	Care	of	an	objective	acce	ptano	ce	of
	Himani		Patients	:	A	pattern, v	alidated	teled	lentis	stry	and
	Khatter ¹⁶		Survey	Analys	is	questionn	aire and	can	be	used	l to
						dissemina	ated using	facil	itate	contin	ued
							various			dental	
						online		care.		Use	of
						communi	cation	exist	ing	mo	bile
						means	among	denta	alapp	olicatio	ons
						600 patie	nts who	for	ba	asic	oral
						had p	reviously	hygi	ene		
						reported t	o the	main	itena	nce.	
						out-patier	nt				
						departme	nt. The				
						questionn	aire				
						consisted	of				
						multiple	choice				
						questions					
						enquiring	about				
						dental car	reduring				
						lockdown	period				
						and a	wareness				
						and w	illingness				
						towards					

				teledentistry tools.	
				Collected	
				responses were	
				descriptively	
				analyzed and	
				correlation	
				establishedusing	
				chi-square test.	
7.	Paloni B.	2020	COVID-19 in	Relevant and	COVID-19 seems
	Koticha,		Children: Its	swiftly evolving	to affect children
	Debapriya		Impact on Oral	information	less severely as
	Pradhan, Farhin		Health and	regarding the	compared to
	Katge, Vamsi		Paediatric	SARS-CoV-2 and	adults. However,
	Krishna,		Dentistry	COVID-19	they remain
	Parin			pandemic and	vulnerable to
	Bhanushali,			any dental	infection and pose a
	Devendra			insinuations was	substantial
	Patil ¹⁷			obtained from	transmissionrisk.
				electronic	
				databases such as	
				PubMed, PubMed	
				Central, Medline,	
				Scopus, and	
				Google	
				Scholar using the	
				following search	
				terms.	
8.	LinaObeidat,	2020	Dental	Data such as	TheCOVID-19
	Nader		Treatmentsfor	number of	pandemic hada

	Masarwa,		Children During	patients, patients'	significant effect on
	Amjad		the COVID-19	age and gender,	the number of
	AlWarawreh,		Pandemic in	and performed	children seeking
	Waddah El-		Three	dental treatments	dental treatments. It
	Naji ¹⁸		Hospitals in	were collected	also affected the
			Jordan:	retrospectively	types of treatments
			Retrospective	from the hospital	performed.
			Study	records and were	
				analyzed.	
9.	Ricardo	2020	COVID-19	Questionnaire	Most families have
	Campagnaro,		pandemic and	containing 19	experienced
	Giulia de		pediatric	questions was	changes in daily
	Oliveira Collet,		dentistry: Fear,	remotely applied	routine and eating
	Mariana		eating habits and	to 1003 parentsof	habits during the
	Podadeiro de		parent's oral	children. The	pandemic.
	Andrade, João		health	questions	Parents fear
	Pedro da Silva		perceptions	addressed topics	COVID-19 and it
	Lopes Salles,			regarding changes	impacts their
	Marina de			in daily routine,	behavior regarding
	Lourdes Calvo			dietary	seeking dental care
	Fracasso,			habits, fear level,	for
	Debora Lopes			oral	theirchildren.
	Salles Scheffel,			health, and	
	Karina Maria			variation of	
	Salvatore			income during	
	Freitas,			the pandemic.	
				Data analysis	
				included the	

	Gabriela				descripti	on of the		
	Cristina				relative a	and		
	Santin ¹⁹				absolute			
					frequenc	eies of the		
					variables	S.		
					Associat	ion tests		
					were	performed		
					using	Fisher's		
					exact	and		
					Kruskal-	Wallis		
					tests.			
10.	Rikko	2020	During and	post	Research	n was	Currently	there is
	Hudyono,		COVID-19)	carried (out in the	no	active
	Taufan		pandemic:		Google	scholar,	treatment	and
	Bramantoro,		prevention	of	pubmedo	database,	diagnosis	is still a
	Benni		cross in	fection	with	the	challenge.	We
	Benyamin, Irfan		at	dental	keyword	s COVID-	suggest	to
	Dwiandhono,		practices	in	19 and		combine	the
	Pratiwi		children		children,	dental	protocol	listed
	Soesilawati,				survey.		above to m	ninimize
	Aloysius						to self and	cross-
	Pantjanugraha						contamina	tion 'new
	Hudyono,							normal'
	Wahyuning						practice.	
	Ratih Irmalia,							
	Nor Azlida							
	Mohd Nor ²⁰							
L	1	1	1		1		1	

DISCUSSION

Focusingonthechildpopulationasameansofpreventingthespreadofdisease is essential. Children were less likely to report symptoms of Covid-19 and were more likely to have clinical or asymptomatic features. However, asymptomatic individuals can still actively transmit the virus, transmit the disease so that it is related to Covid-19 transmission in children, there are still many gaps in our understanding, including the transmission route, susceptibility, patient clinical course, disease pathogenesis, pharmacological therapy and prognosis. People who have Covid-19 symptoms are not encouraged to leave the house, but the problem is that asymptomatic people, as children, alsohave the opportunity to infect other people. If people are less mobile and interact less with each other, the virus has less chance of spreading. People are less mobile and interact less with each

According to research by Di Renzo et al. by 2020, new routines, parents workingathome,remoteclassesforchildrenandeconomicinstabilityhavecontributed to changing eating habits. About 77% of respondents said they had a high carbohydrate intake. Based on research according to Pietrobelli et al. in 2020 linking periodsofsocialdistancing with summerholidays, when children's carbohydrate intake increases rapidly and will have a direct impact on the health of the periodontal tissues and the condition of the child's teeth. Families with drastic or total income losses reported eating less or choosing cheaper food during the pandemic. 33-35

According to research by Spinelli, Lionetti, Pastore, & Fasolo in 2020, at the same time, there are psychological effects of the pandemic in children related to changes in food intake patterns and oral hygiene routines.³⁶ Although this study found noassociationbetweenparentalperceptionsofcariouslesions, dietaryintake, and oral hygiene, it should be considered that the questionnaire was completed in the early stages of the pandemic in Brazil.³⁷⁻⁴⁰ The effects of eating habits and decreased oral hygiene care are very influential. Compared to their Saudi counterparts, non-Saudi schoolchildren showed clear differences in oral health knowledge and practice of precautions on most of the items answered. All these differences were statistically significant due to variations in their eating and brushing habits as well as their culture andtheirparents'educationallevel. They have optimal or all health knowledge and

practicegoodpreventivemeasuresthatenablethemtohavebetteroralhealth.Itshould also be noted that in Saudi Arabia, health care, including dentistry, is provided free of charge to Saudinationals.⁴¹⁻⁴⁵

Additionally, the obligation to answer all questions and not have the "don't know" answer option lead to unreliable results in the way. This study could same bescaled up in the near future by addressing the reasons mentioned above, and carrying out an oral examination which can be important for an objective assessment of the relationship between oral health knowledge and practice (Table2).⁴⁶

Table 2. Multiple logistic regression analysis of cases and controls by other variables

	Controls n %			Cases					
Variables			n	%	Odds ratio (OR)	SE	95% CI for OR		p value
Type of school					30 35				- 12
Government	90	38.14	52	30.41					
Private	146	61.86	119	69.59	2.6	0.84	1.38	4.91	0.0030*
SES									
Low	217	91.95	156	91.23					
High	19	8.05	15	8.77	0.7	0.37	0.25	1.99	0.505
DMFS-dmfs									
<20	232	98.31	150	87.72					
≥20	233	98.73	151	88.3	2.47	2.02	0.5	12.3	0.268
No. of WSLs**									
Absent	171	72.46	18	10.53					
≥1	65	27.54	153	89.47	18.78	6.29	9.74	36.21	0.0001*
DMFS-dmfs + W	SL total								
<20	236	100	161	94.15					
≥20	0	0	10	5.85	30.75	12.25	1.8	525.28	0.0001*
Eruption degree									
Partial	21	8.9	32	15.79					
Full	215	91.1	139	84.21	0.59	0.26	0.25	1.39	0.228
GBI***									
≤0.5	217	91.95	77	45.03					
>0.5	19	8.05	94	54.97	8.46	3.18	4.05	17.66	0.0001*
ОНІ***									
0-1.2	225	95.34	113	66.08					
1.3-3.0	11	4.66	58	33.92	2.83	1.35	1.11	7.23	0.0300*

^{*}p < 0.05; **WSL, white spot lesions; ***GBI, gingival bleeding index; ****OHI, oral hygiene index

Sources: (Austin D, Kumar HLJ, Chandra KM, Kemparaj V, Prahladka P. Cross-sectional Study on White Spot Lesions and its Association with Dental Caries Experience among School Children. International Journal of Clinical Pediatric Dentistry. March–April 2020. Volume 13 Issue 2: 107-112.)¹⁴

This study also confirmed that oral hygiene status and GBI can be significant predictors for the development of dental caries. The study conducted by Ferreira et al. detected a positive and highly significant correlation between high plaque index and enamel caries (OR 2.04; CI 1.86–3.47) and dentinal caries (OR 3.18; CI 2.26-4.47). A similar association of poor oral hygiene with a higher risk for developing caries (OR

3.59; CI 2.53-5.06) was reported from the study by Retnakumari et al. in junior high school children. 14,47,48

Sources: (Singh S, Rana A, Jain V et.al. Effect of COVID-19 lockdown on dental careofpatients:asurveyanalysis.InternationalJournalofResearchandReview.2020; 7(11):1-8)¹⁶

For pediatric patients, nine respondents did not experience dental problems during the lockdown period. Among those requiring dental consultation, dental pain was the most common complaint (18.4%) followed by gingival inflammation (15.8%) (Figure2). Oralhealthisareflection of general health and therefore people's oral health care needs must be adequately addressed even though dental services are partially closed due to the Covid-19 pandemic. With the increasing awareness of oral health among the general public, there is an increasing need for better dental care. It was observed that almost half (48.5%) of the respondents in this study faced one or more dental problems during the lockdown, where only 36.8% of respondents were able to consult professionally. 49,50,51,52,53,54,55

CONCLUSION

The Covid-19 pandemic is affecting gingival health and oral hygiene practices in children, thus having a significant impact on the number of junior high school childrenwhoneeddentalcare. However, they are stills usceptible to infection and pose a significant risk of transmission, so preventive measures can be primarily taken at home in pediatric patients.

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