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# **The Effect of Oral Health Status and Intervention Urgency on the Quality of life of Internally Displaced Children**

**A Thesis**

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## Abstract

**Background:** The internally displaced children are vulnerable groups have less access to dental services, worse oral health, and bear a disproportionate burden of oral diseases. The inaccessibility of prevention and treatment services directly impacts their quality of life and treatment options. **Aim of the study :** This study was conducted on group of internally displaced children living in Baghdad governorate camps to measure their oral health status through assessing the effect of displacement conditions on oral health and its effect on quality of life and utilizing their treatment need. **Subjects and methods:** A sample of 1393 children of age 5-12 years were selected , 567 internally displaced children from camps in Baghdad governorate matched with 826 school children as control. Oral health education and interview questionnaire were conducted ,then oral examination was performed using WHO 2013 criteria, and International Caries Detection and Assessment System to measure dental caries . The gingival health was evaluated through applying gingival bleeding score (WHO 2013). The intervention urgency was assessed for the internally displaced children and treatment was done according to it. Then follow up was performed after three months and six months to evaluate the treatment outcome and its effect on oral health and quality of life. **Results:** The sociodemographic characteristics of the internally displaced children participated in this study were; parents did not complete their primary school were higher than that of school children. The interview questionnaire concerning self-assessment of teeth and gingiva were around moderate to good (43% and 44% respectively)for internally displaced children and less than schoolchildren, higher percentage(51.4%) of internally displaced children experience night pain in comparison with schoolchildren. Concerning dental visits, 86.1% never visit dentist compared to 66.0% of schoolchildren. The dental caries was moderate according to WHO classification  $dmft=2.71$  for

internally displaced children and 3.22 for school children. Caries free of internally displaced children were 29.2% and 23.7% among school children. A positive relation between dental caries and self perception toward dental health, The correlation between the caries experience and camp duration spend in camps was highly significant. There was an association between caries experience and camp type and there was a highly significant differences in caries experiences between the governorate of origin. The prevalence of gingival bleeding of internally displaced children was found to be 60.8% which was significantly higher in comparison with school children 33.4%, and more prevalent in internally displaced children than school children in all parent's levels of education with statistical significance for both parents, it also affected by governorate of origin ,camp type ,they never brush their teeth. During assessment of intervention urgency,it was found that (78.7%)of internally displaced children need dental treatment. Intervention treatment were done on 286 (64.1%) of internally displaced children , the number of filled teeth with was 269 teeth distributed on 105 child; and 107 child their teeth were extracted . After 3 months of treatment, a second visit was accomplished and followed by third visit, Children receiving extraction and filling of teeth improved their life by removing cause of pain and discomfort. Tooth brushing habit get better to 38.9% of children in second visit, children The mean number of teeth with bleeding changed from 2.73 in first visit 0.10 in third visit. It was found a highly significance differences between the three visits. **Conclusions:**The intervention urgency and oral health education improve the quality of life for internally displaced children who had poor oral health, and neglected oral hygiene .This survey highlighted the need of internally displaced children and those with low socioeconomic status to dental health education programs for preventive measures and give information for monitoring the caries and gingivitis which are helpful for future programing dental services.