Research Report

Dental caries status among elementary students at Medowo III Elementary School, Kandangan, Kediri, East Java

Adya Pramusita^{1,2}, Ari Triwardhani¹, Nurul Aisyah Rizky Putranti^{1,2}, Dwi Rahmawati¹, Alexander Patera Nugraha¹, Maria Devitha², Rizko Wira Artha Megantara³, Tengku Natasha Eleena binti Tengku Ahmad Noor⁴ ¹Department of Orthodontics, Faculty of Dental Medicine, Universitas Airlangga, Surabaya, Indonesia ²Resident Department of Orthodontics, Faculty of Dental Medicine, Universitas Airlangga, Surabaya, Indonesia ³Departement of Prosthodontics, Faculty of Dentistry, Universitas Hang Tuah, Surabaya, Indonesia ⁴Malaysian Armed Forces Dental Officer, 609 Armed Forces Dental Clinic, Kuching, Serawak, Malaysia

ABSTRACT

Background: Dental caries is frequently observed in children. Increasing the awareness of oral health among schoolage children is anticipated to decrease the occurrence of dental caries. **Purpose:** The aim of this study was to determine the prevalence of dental caries among students in Medowo III elementary school using dmft/DMFT index. **Methods:** A cross-sectional descriptive study was carried out among the entire student at Medowo III elementary school. The dental caries of each student were assessed using the dmft and DMFT indices. The assessment of variable distribution was conducted using the Shapiro-Wilk test. The dmft/DMFT values were compared between different age groups and genders using either the Student's t-test or the Mann-Whitney test. The data was processed using a significance level of p < 0.05. **Results:** The study included a total of 43 students. The average caries index in primary dentitions was markedly greater than in permanent dentitions. According to WHO, the prevalence of dental caries was very high in the primary dentition of students aged 7-9 years. No notable disparities were detected between female and male students in relation to the caries index of both primary and permanent teeth. However, the average caries index of primary teeth was considerably higher in middle-childhood students compared to preadolescence students. **Conclusion:** The dental caries prevalence among students in Medowo III elementary school were still high. Therefore, oral health prevention program was needed in order to enhance the community's awareness toward dental caries.

Keywords: dental caries; school-age children; dmft/DMFT index; gender; age groups.

Correspondence: Ari Triwardhani, Department of Orthodontics, Faculty of Dental Medicine, Universitas Airlangga. Jl. Mayjen Prof. Dr. Moestopo 47 Surabaya 60132 Indonesia. Email: ari-t@fkg.unair.ac.id

INTRODUCTION

Oral and dental health is a crucial factor that can influence the overall health of the body.¹ Moreover, dental and oral diseases could result in elevated financial hardships in numerous countries and consequently lead to a substantial decrease in quality of life.² Dental caries left untreated often leads to permanent tooth destruction, a prevalent oral condition affecting both males and females.³ The research conducted by Kassebaum et al.⁴ stated that dental and oral health issues, particularly dental caries, are highly prevalent and impact nearly half of the global population. Indonesia is experiencing a similar situation, as indicated by the findings of the 2018 Basic Health Research (Riskesdas), which showed that the most prevalent dental and oral diseases in Indonesia are dental caries.⁵

Low oral hygiene status and high rate of dental caries are dental and oral health problems that are common in children.⁶ The dental and oral health state significantly impacts the child's overall health, growth, and future. Dental caries can result in a decline in the nutritional health of children, as it causes a decrease in appetite and difficulty in eating due to impaired tooth function as a part of digestive system.⁷ School age is crucial for establishing a strong basis for the development of qualified human beings and health has a significant role in determining the quality of human resources.

Dental caries is a preventable dental and oral disease that can be avoided by lowering the intake of highsugar foods, enhancing oral hygiene practices, and optimizing the fluoride concentration in drinking water and toothpaste.⁸ Consequently, the acquisition of greater knowledge and consciousness regarding dental and oral health among children of school age is expected to reduce the prevalence of dental caries and enhance their overall quality of life. Medowo III elementary school is located in Ringinagung, Kandangan, Kediri and is located far from city center. Based on data acquired from the Central Statistical Agency of Kediri District, the availability of dental and oral health services in Ringinagung district is insufficient. Kandangan does not have any public hospitals, and the distance between Kandangan public health center and Medowo III elementary school is quite far, which is 12 kilometres. Therefore, some efforts are needed to be able to improve dental and oral health of students in Medowo III elementary school by conducting a dental caries examination as an initial screening measure to avoid the progression of the disease. The aim of this study was to determine the prevalence of dental caries among students in Medowo III elementary school using dmft/DMFT index.

MATERIALS AND METHODS

This cross-sectional descriptive study was conducted at Medowo III Elementary School, Kediri, East Java in June 2023. The samples for this study consisted of all students in grades I-VI, aged between 7 and 13 years old, of both genders. These students attend Medowo III Elementary School during the academic year of 2022–2023, reside in Kandangan, and have obtained consent of parents for oral clinical evaluation. Any disagreement from parents at any stage of the research resulted in their exclusion from the study. The sample size for our studies consisted of 42 children.

A dental caries examination was conducted by an experienced dentist, using a dental mirror, under a flashlight, in an unoccupied classroom. The examinations were conducted in accordance with infection control protocols. The examiner used disposable gloves and masks, and used single-use dental diagnostic instruments for each sample. The dental caries of each student were evaluated by quantifying the number of decayed (d) teeth, missing teeth due to caries (m), and filled (f) teeth (t). The average dmft and DMFT indices were calculated for deciduous and permanent teeth, respectively.⁹ The WHO dmft/DMFT

index calculation criteria were classified as follows: very low for values ranging from 0.0 to 1.1, low for values ranging from 1.2 to 2.6, moderate for values ranging from 2.7 to 4.4, high for values ranging from 4.5 to 6.5, and very high for values over 6.6.

Data analysis was performed using GraphPad Prism 9.0 (GraphPad Software, Inc., La Jolla, CA, United States). The distribution of variables was assessed using the Shapiro-Wilk test. The means of dmft/DMFT among distinct age groups (students in middle-childhood, aged 7-9 years, and students in preadolescence, aged 10-13 years) and sexes were compared using either the Student's t-test or the Mann-Whitney test. The data underwent processing using a 95% confidence interval (CI) and a significance level of p < 0.05. The data are shown as box plots, which include the mean and standard deviation (SD).

RESULTS

The study included a total of 43 students from Medowo III Elementary School in Kediri, East Java. Out of these, there were 13 males (30%) and 30 females (70%). The mean age was 9.76 ± 1.72 years old, with 48.8% in the age range of 7–9 years old and 51.2% in the age range of 10–13 years old. The mean caries index was 4.79 ± 3.74 in primary dentitions (dmft), which was significantly higher than the mean caries index in permanent dentitions (DMFT = 1.25 ± 1.4 , with p<0.01). According to WHO, the prevalence of dental caries was very high in the primary dentition of students aged 7-9 years (deft = 6.62 ± 4.03) and high in female students (deft = 5.2 ± 4.01). Conversely, both male and female students had low dental caries in their permanent teeth, with an average DMFT index value of 1.54 ± 1.33 and 1.13 ± 1.43 , respectively (Table 1).

There were no significant differences observed between female and male students in relation to the caries index of both primary and permanent teeth (Figure 1). Nevertheless, the mean caries index of primary teeth was significantly greater in middle-childhood students compared to preadolescence students (p < 0.01) (Figure 2).

 Table 1. Frequency distribution of dental caries scores based on dmft/DMFT index among students at Medowo III Elementary School, classified by gender and age groups

Gender	n (%)	d	e	f	deft	deft index average value
Male	13 (30)	27	23	0	50	3.85 ± 2.94
Female	30 (70)	111	45	0	156	5.2 ± 4.01
Age groups	n (%)	d	e	f	deft	deft index average value
7-9 years old	21 (48.8)	97	42	0	139	6.62 ± 4.03
10-13 years old	22 (51.2)	41	26	0	67	3.05 ± 2.44
	Total deft				206	4.79 ±3.74**
Gender	n (%)	D	Μ	F	DMFT	DMFT index average value
Male	13 (30)	20	0	0	20	1.54 ± 1.33
Female	30 (70)	34	0	0	34	1.13 ± 1.43
Age groups	n (%)	D	Μ	F	DMFT	DMFT index average value
7-9 years old	21 (48.8)	19	0	0	19	0.9 ± 1.34
10-13 years old	22 (51.2)	35	0	0	35	1.59 ± 1.4
	Total DMFT				54	1.26 ± 1.4 **

n: number of participants, d/D: decayed, m/M: missing, f/F: filling, t/T: teeth. **Total deft vs total DMFT was compared using Mann-Whitney test, with p < 0.01.



Figure 1. Comparative analysis of the average dmft (A) /DMFT scores (B) among male and female students.



Figure 2. Comparative analysis of the average dmft (A) /DMFT scores (B) among middle-childhood and preadolescence students. **dmft index average value of middle-childhood students vs preadolescence students was compared using Mann-Whitney test, with p < 0.01.</p>

DISCUSSION

The findings of our study indicate a significantly elevated prevalence of dental caries in both the primary and permanent teeth within the sample we analysed. The general prevalence of tooth decay in primary teeth was 86%, while in permanent teeth, it was 53%. The caries indices for each individual were likewise elevated. The average deft index for children aged 7-9 years was 6.62, while for the 10-13-year-old group, the average DMFT was 3.05. The study groups exhibited a remarkably low rate of restoration, with an average of zero filled f/F teeth in all groups. Regrettably, these results have remained unchanged in comparison to the previously published data by Basic Health Research (Riskesdas) in 2018. The data indicated that the prevalence of dental caries (DMFT/dmft) in Indonesia was 67.3%. Moreover, the incidence of dental caries in young children is significantly elevated, reaching approximately 93% in 2018, with a dmft score exceeding 6.5.⁵ Furthermore, there were multiple studies indicating a high prevalence of dental caries in children from various provinces in Indonesia. Approximately 61% of 12-yearold children in Jakarta had experienced dental caries, with a DMFT score of 1.58.10 Furthermore, a study conducted by Lia et al.11 revealed that dental cavities were found in 75.6% of primary school students in Bandar Lampung. Meanwhile, in Puger, Jember, it was discovered that the prevalence of dental caries in primary teeth was 97%, with an average def-t value of 10.03.12 The prevalence of dental caries in 6-8-year old children in Cimahi was found to be quite high, with a rate of 96.93%. The mean values

for dmft and DMFT were 7.86 and 0.37, respectively.¹³ The resemblance may be attributed to shared cultural and geographical proximity. However, the incidence of dental caries seen in wealthier nations was predominantly lower compared to the findings of this study.^{14–16} On the contrary, developing countries continue to have a high prevalence of dental caries.^{17–19} This could be attributed to the fact that socioeconomic situations have been recognized as crucial determinants impacting dental caries.^{20,21}

Our study found no correlation between gender and either the deft or DMFT score. The findings on the association between gender and dental caries were inconsistent. Our results were consistent with those of Papadaki et al.,²² who reported that there were no gender disparities in the prevalence of dental caries among children aged 5 and 8 years. Gupta et al. (2018)²³ also concluded that no correlation existed between gender and dental caries. However, according to Nazir et al.,²⁴ female students had a greater prevalence of dental caries compared to male students. Furthermore, Mallineni et al.²⁵ found that female students had considerably higher scores of dmft compared to male students. In contrast to global patterns, Sathiyakumar et al.²⁶ discovered that male children exhibited a higher prevalence and associated risk of dental caries compared to female children over the entire duration of the survey (2016-2019). In accordance with Shaffer et al.,²⁷ young females between the ages of 6 and 11 had 1.5 fewer tooth decays compared to boys. Dental caries is a complex disease influenced by multiple factors, including the host, cariogenic biofilm, fermentable carbohydrates, and time. Fluctuations in sex hormones, alterations in biochemical composition,

variations in salivary flow rate, delays in tooth eruption time, and a propensity for consuming sugary foods also played a role in the occurrence of dental caries.^{28–30} Thus, all of the aforementioned factors may have contributed to the contradictory findings on the correlation between gender and dental caries.

Many studies have shown that there is a strong correlation between a child's age and the occurrence of dental caries. The findings of our study indicate that the mean caries index of primary teeth was considerably higher in middlechildhood students as compared to preadolescence kids. Consistent with Goenka et al.,³¹ the dmft scores decreased gradually as age increased. Furthermore, the prevalence of dental caries was seen to be greater in children aged 6 compared to those aged 12.32 The decrease in the caries rate due to increasing age may be attributed to the heightened awareness of oral hygiene, as well as the younger child's limited capacity to effectively brush their teeth. Hence, it is vital to initiate endeavors to uphold dental and oral well-being from a young age. The optimal period to develop a child's motor skills, such as teeth brushing, is during their elementary school years. It is anticipated that acquiring knowledge will enhance their consciousness and ultimately influence their behavior in alignment with their knowledge.33-35

CONCLUSION

The dental caries prevalence among students in Medowo III elementary school were still high both in primary and permanent teeth. The high caries burden identified in our study necessitates the implementation of more rigorous approach for oral health prevention program in order to enhance the community's understanding and awareness of dental caries.

ACKNOWLEDGEMENTS

The authors would like to thank Faculty of Dental Medicine, Universitas Airlangga and Medowo III Elementary School, Kediri, East Java for the support. This work was supported by Program Kemitraan Masyarakat grants from Universitas Airlangga (No. 154/UN3.1.2/2023).

REFERENCES

- 1. Fiorillo L. Oral Health: The First Step to Well-Being. Medicina (Kaunas). 2019 Oct 7;55(10):676.
- Peres MA, Macpherson LMD, Weyant RJ, Daly B, Venturelli R, Mathur MR, et al. Oral diseases: a global public health challenge. Lancet (London, England). 2019 Jul;394(10194):249–60.
- Marcenes W, Kassebaum NJ, Bernabé E, Flaxman A, Naghavi M, Lopez A, et al. Global burden of oral conditions in 1990-2010: a systematic analysis. J Dent Res. 2013;92(7):592–7.
- 4. Kassebaum NJ, Smith AGC, Bernabé E, Fleming TD, Reynolds AE, Vos T, et al. Global, regional, and national

prevalence, incidence, and disability-adjusted life years for oral conditions for 195 countries, 1990–2015: a systematic analysis for the global burden of diseases, injuries, and risk factors. J Dent Res. 2017;96(4):380–7.

- NASIONAL R. Laporan_Nasional_RKD2018_FINAL. pdf. Badan Penelitian dan Pengembangan Kesehatan. 2018. p. 674.
- Van Chuyen N, Van Du V, Van Ba N, Long DD, Son HA. The prevalence of dental caries and associated factors among secondary school children in rural highland Vietnam. BMC Oral Health. 2021;21(1):349.
- Pakkhesal M, Riyahi E, Naghavi Alhosseini A, Amdjadi P, Behnampour N. Impact of dental caries on oral health related quality of life among preschool children: perceptions of parents. BMC Oral Health. 2021 Feb;21(1):68.
- Kazmi A, Ismail M, Kazmi N. Why do children still have preventable caries? BDJ Team. 2021;8(2):10–1.
- 9. PE P, RJ B. Oral health surveys: basic methods. 5th ed. World Health Organization; 2013.
- Maharani DA, Zhang S, Gao SS, Chu C-H, Rahardjo A. Dental Caries and the Erosive Tooth Wear Status of 12-Year-Old Children in Jakarta, Indonesia. Int J Environ Res Public Health. 2019;16(16).
- Andayani LH, Soulissa AG, Lestari S. Dental and Oral Health Status of Elementary School Children in Central Lampung. J Indones Dent Assoc. 2021;4(1):7–13.
- Misrohmasari EAA, Prihatiningrum B. Parenting Styles and Dental Caries among Preschool Children in a Coastal Area of Jember, Indonesia. Insisiva Dent J Maj Kedokt Gigi Insisiva. 2022;11(1):8–12.
- Fadilah RPN, Prayogo AP. Dental caries survey of first permanent molar teeth among 6-8 years old during the pandemic: cross-sectional study. Padjadjaran J Dent Res Students. 2023;7(2):99–104.
- Bashir NZ. Trends in the prevalence of dental caries in the US pediatric population 2011–2020. J Clin Pediatr Dent. 2022;46:51–7.
- Levine RS. Childhood caries and hospital admissions in England: a reflection on preventive strategies. Br Dent J. 2021;230(9):611–6.
- Wagne Y, Heinrich-Weltzien R. Caries Prevalence and Risk Assessment in Thuringian Infants, Germany. Oral Health Prev Dent. 2017;15(5).
- Youssefi MA, Afroughi S. Prevalence and associated factors of dental caries in primary schoolchildren: an Iranian setting. Int J Dent. 2020;2020.
- Ballouk MA-H, Dashash M. Caries prevalence and dental health of 8–12 year-old children in Damascus city in Syria during the Syrian Crisis; a cross-sectional epidemiological oral health survey. BMC Oral Health. 2019;19:1–6.
- Nomura Y, Maung K, Kay Khine EM, Sint KM, Lin MP, Win Myint MK, et al. Prevalence of dental caries in 5-and 6-yearold Myanmar children. Int J Dent. 2019;2019.
- 20. VasireddyD, SathiyakumarT, MondalS, SurS. Socioeconomic Factors Associated With the Risk and Prevalence of Dental Caries and Dental Treatment Trends in Children: A Cross-Sectional Analysis of National Survey of Children's Health (NSCH) Data, 2016-2019. Cureus. 2021;13(11).
- 21. Ghasemianpour M, Bakhshandeh S, Shirvani A, Emadi N, Samadzadeh H, Moosavi Fatemi N, et al. Dental caries experience and socio-economic status among Iranian children: a multilevel analysis. BMC Public Health. 2019;19(1):1569.
- Papadaki S, Douglas GVA, HaniBani A, Kang J. Gender Differences in Caries and Periodontal Status in UK Children. medRxiv. 2021 Jan;3(24):21253842.

Indonesian Journal of Dental Medicine Volume 7 Issue 1 2024; 1-5

- Gupta N, Vujicic M, Yarbrough C, Harrison B. Disparities in untreated caries among children and adults in the US, 2011– 2014. BMC Oral Health. 2018;18(1):1–9.
- 24. Nazir A, Asghar F, Akram S, Haider E, Rana SAA, Khan MA, et al. Factors Associated with Frequency of the First Permanent Molar Caries in Young Children of Multan District, Pakistan. J Dent Indones. 2019;26(2):70–4.
- Mallineni SK, Alassaf A, Almulhim B, Alghamdi S. Influence of Tooth Brushing and Previous Dental Visits on Dental Caries Status among Saudi Arabian Children. Vol. 10, Children. 2023. p. 471.
- 26. Sathiyakumar T, Vasireddy D, Mondal S. Impact of sociodemographic factors on dental caries in children and availing fluoride treatment: a study based on National Survey of Children's Health (NSCH) data 2016-2019. Cureus. 2021;13(9):e18395.
- Shaffer JR, Leslie EJ, Feingold E, Govil M, McNeil DW, Crout RJ, et al. Caries Experience Differs between Females and Males across Age Groups in Northern Appalachia. Int J Dent. 2015;2015:938213.
- Lee ZL, Gan WY, Lim PY, Hasan R, Lim SY. Associations of nutritional status, sugar and second-hand smoke exposure with dental caries among 3- to 6-year old Malaysian preschoolers: a cross-sectional study. BMC Oral Health. 2020;20(1):164.
- 29. Dimaisip-Nabuab J, Duijster D, Benzian H, Heinrich-Weltzien R, Homsavath A, Monse B, et al. Nutritional status, dental caries and tooth eruption in children: a longitudinal

study in Cambodia, Indonesia and Lao PDR. BMC Pediatr. 2018 Sep;18(1):300.

- Lukacs JR, Largaespada LL. Explaining sex differences in dental caries prevalence: saliva, hormones, and "lifehistory" etiologies. Am J Hum Biol Off J Hum Biol Counc. 2006;18(4):540–55.
- Goenka P, Dutta S, Marwah N, Sarawgi A, Nirwan M, Mishra P. Prevalence of Dental Caries in Children of Age 5 to 13 Years in District of Vaishali, Bihar, India. Int J Clin Pediatr Dent. 2018;11(5):359–64.
- 32. Archana SP, Gupta N, Rajmohan S. Dental caries prevalence in the children of age group 6 and 12 years on the basis of various oral hygiene factors in the Himachal Population: A Cross Sectional Study. J Posit Sch Psychol. 2022;6(3): 10153–61.
- Chu CH, Wong AWY, Lo ECM, Courtel F. Oral health status and behaviours of children in rural districts of Cambodia. Int Dent J. 2008;58(1):15–22.
- 34. Phanthavong S, Nonaka D, Phonaphone T, Kanda K, Sombouaphan P, Wake N, et al. Oral health behavior of children and guardians' beliefs about children's dental caries in Vientiane, Lao People's Democratic Republic (Lao PDR). PLoS One. 2019;14(1):e0211257.
- 35. Dumitrescu R, Sava-Rosianu R, Jumanca D, Balean O, Damian L-R, Campus GG, et al. Dental Caries, Oral Health Behavior, and Living Conditions in 6–8-Year-Old Romanian School Children. Vol. 9, Children. 2022.