Extension actions for the promotion of oral health in communities served by the Child's Pastoral in Londrina/PR

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ABSTRACT

This is a descriptive study of the experience report type, aiming at describing the extension actions developed by Project "Oral Health in School Children and in the Community" developed by the State University of Londrina at the Child's Pastoral. The activities described herein were developed in 2019, on Saturdays, with dates previously defined by the coordinators of the institutions. In the first moment, talk sessions were held with mothers, pregnant women, and caregivers, with themes referred to the value of breastfeeding, clarifications on the use of pacifiers, and healthy eating. At a subsequent moment, the baby mouths were cleaned under supervision. For the children, individual or collective supervised brushing was performed. Additionally, information regarding the correct brushing technique, brushing frequency per day, and the ideal amount of toothpaste were provided. These actions had the participation of pregnant women, mothers, caregivers, babies, and children, totaling approximately 1241 people in 19 communities assisted by the Child's Pastoral in Londrina, Paraná. In this way, the extension actions taking place at Child's Pastoral were considered ideal scenarios to share knowledge, exchange experiences, improve the quality of life and well-being of the diverse and heterogeneous target audience. They represent real and favorable spaces for students to develop the competencies and skills required for contextualized and integral training.
Descriptors: Oral Health. Health Education. Health Promotion.

1 INTRODUCTION

Higher education training has the proposal of articulating teaching, research, and extension projects, with extension projects seeking to bring the university and the community closer. In this way, the purpose of this study is to report on the contributions of an extension project from the State University of Londrina (UEL) through an experience report on the extension actions developed in communities assisted by the Child's Pastoral in the city of Londrina, state of Paraná.

The Child's Pastoral is a social action organism from the Brazilian Bishops National Conference promoting the development of children, mainly the less favored ones, from birth to the age of 6 years. It has the purpose of

providing integral care of the children through basic health, nutrition, education, and citizenship guidance, promoting the development of their families and communities[1]. It was founded in 1983 in Florestópolis-PR, as a proposal from the Catholic Church in Brazil and the physician Zilda Arns, to fight malnutrition and the infant mortality rate (IMR)[2,3]. At the time, IMR in Brazil was of 90 children for every 1000 live births[4] and of 127 in Florestópolis[5]. The work of the Child's Pastoral in Florestópolis promoted the reduction of the IMR to 28 deaths per thousand live births[5,6].

Working throughout the country, the Child's Pastoral was able to advance and reach its purpose thanks to the work of volunteers, currently in more than 160 thousand individuals, 87,671 of which are community leaders caring for almost a million children and 55 thousand pregnant women in 781 families[7]. The main activities developed by the leaders are house visits to monitor the families, holding the nutritional surveillance day, meetings with the families, liaison with the health system and other pastorals, and recording the development of the children and pregnant women[8]. These leaders have the commitment of multiplying knowledge and disseminating safe information to the community, mainly to pregnant women and children[9].

In this sense, working the health components with those groups foster and promote the development of beneficial habits for both general and oral health, thus favoring their learning and that of their family.

Under this perspective, the Child's Pastoral adopted oral health as part of the basic actions intended to children and parents[10], since care in first childhood represented a new understanding centered in preventing and promoting health[11], once tooth decay is a disease still present in 50% of the children[12]. The work prior to the establishment of tooth decay can be made through the exchanging of knowledge among the higher education institutions (HEI) and the Child's Pastoral, promoting health in the community, providing the opportunity of adopting and creating oral habits since an early age, as well as contributing towards the reduction and prevention of that disease. The path for this bond between HEI and the community takes place through extension activities (EA) that allow the immersion and in-depth care of the population and the reinforcement of the social commitment of the HEI. The EAs are considered as important strategies to promote the offering of health actions[13], construction of autonomy, and the strengthening of the community identity[14].

It is a fact that the EAs are relevant instruments for the individual and collective process of academic training, which is not limited to the traditional training, since it contributes towards a more humanitarian, generalist health training, preparing the individuals to work in the actual health scenario in the country[15]. Working in environments outside the walls of the institutions, such as in communities served by the Pastoral, provides the opportunity for the HEI to bond with the community, transforming the environment where they are inserted in a shared ,efficient and dialoging manner. The Child's Pastoral is considered a unique opportunity to improve and develop the competences and skills required by the National Curricular Guidelines. And this environment favors learning to learn, learning to be, and learning to think[16].

2 EXPERIENCE REPORT

General proposal and methodological design

This is a descriptive study of the experience report type related to the EAs in communities served by the Child's Pastoral in the

extension project "Oral Health in School Children and the Community" from UEL. This project is currently linked to the Departments of Oral Medicine and Child Dentistry, as well as the partnership with the Municipal Health Secretariat of Londrina through the Dentistry Management, connected to the Board of Primary Health Care. All the steps regarding the methodology adopted for the development and execution of the extension actions are described in Figure 1.

At the beginning of the last year of execution, the project had the participation of an Oral Health Technician, four professors of the course, and selected 39 students from the 1st to the 5th year of the Dentistry course. All participating students were duly by the professors at the beginning of the teaching year about the possible topics that may arise as demands from the communities connected to the Child's Pastoral. In addition, they were trained to perform oral hygiene instruction practices on babies and children (Figure 2).

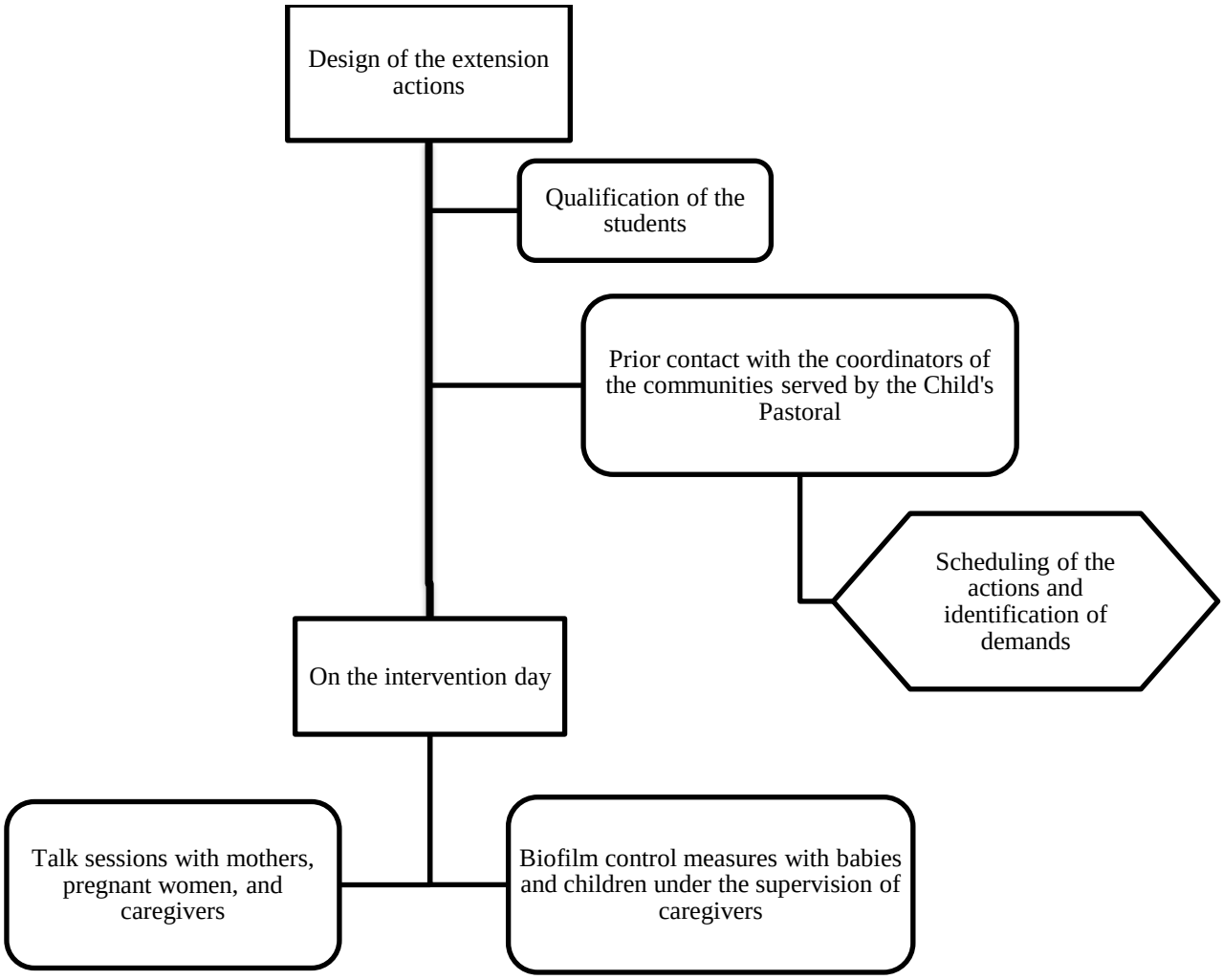

Figure 1. Steps for developing the extension action

Topics approached with the students	Target audience	Intentions
Child behavior handling recommendations	Students	Ease the work with babies and children
Healthy eating for babies and children	Babies and children	Incorporation of healthy eating habits
Care with oral hygiene of babies	Babies	Promotion of health and positive practices in oral health
Supervised toothbrushing for children	Children	Promotion of health and positive practices in oral health
Risk factors for developing dental caries and other oral diseases	Children and caregivers	Promotion of health and understanding of risk factors
Use of pacifiers and nursing bottles	Babies, children, and caregivers	Promotion of health and the sharing of knowledge
Dental assistance to pregnant women	Pregnant women and mothers	Promotion of health, sharing of knowledge, and deconstruction of myths
Breastfeeding and oral health	Pregnant women, mothers, and caregivers	Promotion of health and incentives
Dental-alveolar trauma	Pregnant women, mothers, and caregivers	How to act when it happens

Figure 2. Qualification of the students prior to the development of the extension actions

For performing each intervention, the Oral Health Technician was responsible for the previous contact with the coordinators from the communities served by the Child's Pastoral. At that time, they defined the Saturdays to hold the activities and identified the demands and priorities presented by the coordinators. If any demand had not been included during the student qualification, new guidance should obligatorily be shared. According to Ferraresso & Codato (2021)[17], the extension actions necessarily imply in the identification of the demands and the action in face of the reality. For the authors, the facing and resolution of the demands presented by the different social contexts is a challenging mission, demanding active listening, adequacy, and organization of the work[17].

The number of activities, the average number of participants in each intervention, and the frequency of the actions are described in Table 1. It is important to emphasize that in every intervention in a given place there was the presence of new participants from the community, even though the same participant did not have the obligation of participating in the subsequent sessions.

Talk sessions with the community

At the beginning of the activity, the population was welcomed and the bond between the participants was strengthened by talk sessions, which originated and fostered discussions and challenging moments. At that moment, from the demand previously requested by the coordinator, the action sought for all the players to share the situations they had experienced, their doubts, wishes and expectations, with the purpose of guiding the

work with the participants and bring the community-community, community-student, and community-professor closer.

It was noted that the reception and adhesion of the pregnant women, mothers, and tutors was heterogeneous. This is due to the plurality, subjectivity, and the moment in which the individuals were, requiring attention and a swift decision making to consolidate the actions and improve the flow of the activities. It is known that by speaking, the subject shares their experiences with others and learn how to express themselves, encouraging the other participants to have new dialogs, thus building a space for learning and exchanging knowledge[18].

Due to the intense participation of the pregnant women, mothers, and caregivers, the main demands were related to breastfeeding, the use of pacifiers, and healthy eating. Those topics, when discussed in a clear, colloquial, direct, and objective manner, favor the understanding, the appropriation, and the daily application. A very dear topic, exclusive breastfeeding was discussed with the participants, emphasizing its potentialities and weaknesses. The work of the authors with the pregnant women, mothers and caregivers was shared, with the intent for the information to be added and adapted to their daily routine, empowering and strengthening the practice of breastfeeding. In this sense, it was necessary to hear what these participants had to say, since it was from that input that the authors were able to learn about their singularities. Therefore, it was emphasized to the participants, within their own realities, that up to six months, preferably, the baby must be nourished exclusively through breastfeeding, which should remain after that period, with the introduction of healthy food items to complement the nourishment for the baby for up to 2 years of age[19].

Thus, the participants discussed the benefits of breastfeeding both for the newborn and for the mother. At that moment, it was emphasized that the practice results in an immuno-protective capacity, development of healthy affective bonds between mother and child, reduction of diseases and the rich nutritional and economical value[20]. In the same way, it represents one of the main protective measures against obesity, since the association of baby eating habits, the time they were exclusively breastfed, together with the moment they add solid food, have a direct impact on the overweight and the potential of developing child obesity[21].

In this way, the authors, as health promoting agents, were responsible for encouraging, counseling, and sharing the countless positive impacts of breastfeeding to all parties involved. Such accomplishment required the student to have the perception in face of the real needs of these individuals and their corresponding families. It originated a critical and humanized point of view, subsidizing cares and strategies for the attention and improvement in the quality of lives of the participants.

In this integration, there was the opportunity and the need to work aspects related to the use of pacifiers since the absence of breastfeeding in the six first months of life may also result in the early insertion of this non-nutritive suction habit[22]. In addition, the use of a pacifier favors the early interruption of breastfeeding, interfering in the development of oral-facial structures, changing the mastication and deglutition of the child[23]. Therefore, despite the intense influence of popular cultural habits, the action of the authors with the mothers was based on the encouragement to reduce the use and subsequent removal of the pacifier, using playful resources in a gradual

manner, with no punishment to the child. Therefore, the student was responsible for weighing all the perspectives reported, being able to understand the reality of those involved and seek solutions for the problems found, aligning scientific knowledge and the power of resolution.

Another topic requested, the healthy feeding of the child, is still a challenge, since the parents and the caregivers are the main parties responsible for such task, requiring exceptional care and efforts. During the activity, it was possible to note reports of the early introduction of sugar and greater access of the children to those food items. In this sense, this accessibility and early insertion happen from the attempt of parents and caregivers to show affection, love, and gratification to the child, thus installing an undue preference for the flavor. As a consequence, the early introduction and consumption of sugar in the diet of the children, before six months of age, represents a risk to their development, favoring the incidence of dental caries[24,25].

In face of this, the conduct of the authors had the purpose of raising awareness of parents and caregivers to prevent this disease, keeping a healthy eating habit and the limitation power over the consumption of cariogenic food items. For such, it was suggested that babies did not have the introduction of any type of sweet food[26], favoring the introduction of fruits and vegetables. For children over 2 years old, the parents were instructed to be more restrictive in relation to the frequency of ingesting sweets, avoiding places that can be easily viewed by the children.

In this logic, working on talk groups with the communities cared by the Child's Pastoral, in such a precious period in the life of a woman, encouraging dialogs, qualified listening, and potentiation of knowledges. The participation of the team calmed and motivated pregnant women and mothers, making them feel safer regarding the best conducts, and expanding their understanding on health. The shared guidelines encouraged new questionings and discussions, which is favorable for the adoption of positive health habits and practices. The action required the students to have critical reasoning, decision making skills, and an effective approach that resulted in true clarifications.

Working in health education instigates changes in the way of life and behavior of the community[27], generating bilateral benefits and synergy to reach advancements in the care of the population[28]. It requires demands involving emotional intelligence and interpersonal relationships that can make the professionals be always able to work in order to ensure the completeness of the care[29].

Dental biofilm control measures

After the welcoming and interaction with the population, biofilm control measures were made, since this is the main factor for the development of diseases affecting teeth and periodontal tissues[30]. The evidencing of dental biofilm and individual and collective supervised toothbrushing were the preventive actions developed by the extension project. The biofilm evidencing was used as a motivating agent because it is something the child can see, easing their learning. And with it, the children were able to observe the regions that accumulated the most biofilm with the use of a mirror. The evidencing is a playful resource that provided a habitual procedure in a lighter manner, enabling the sharing of the importance of brushing their teeth and removing the biofilm[31].

Following that, an oral hygiene kit was handed out, comprising a toothbrush and a

fluorinated toothpaste, and the children were instructed to correctly remove the dental biofilm through supervised toothbrushing. The Fones brushing technique was used for pre-school children, since it is simpler and easier to perform, which helps in memorizing the steps in that technique[32].

In children aged less than five years old, and with limited motor coordination, the toothbrushing was performed individually and with the supervision of the students. However, they were later encouraged to brush their teeth by themselves to train their manual dexterity. For babies that did not have teeth yet, the hygiene of the oral cavity was performed using sterile gauze rolled over the finger, damped with filtered water[33]. The cleaning of the oral cavity of babies has the purpose of removing left-over food and create the cleaning habit, as well as familiarizing the baby with the handling of their oral cavity[34].

Brushing was performed collectively from five years of age, since children in that age group were older and already presented manual dexterity to perform their own brushing, and the students interfered on an individual basis if any correction was required. Visual resources such as macro models and puppets were used to show the steps in oral cleaning. Then, the students in the project were used as models, so that the children, by seeing them performing the brushing sequence, would repeat the steps in their own mouths.

The brushing was performed using toothbrush and fluorinated toothpaste, since the fluoride present in the toothpastes is beneficial for the oral health due to its action in preventing dental caries[35]. The participants had to be instructed regarding the amount of toothpaste to be used on the toothbrush, suggesting the amount equivalent to the size of a “raw grain of rice” for babies, the size “of a pea” for the 3- to 5-year-old age group, and the transversal technique being used for children aged six or older[36].

Another critical point is the number of times oral cleaning must be performed. Babies and children must brush their teeth at least twice a day, with three times being the recommended frequency[37]. Evening cleaning is the most important one, since during the night the flow of saliva decreases[38] and the saliva has the role of inhibiting the demineralization and assisting in the re-mineralization. Therefore, its decrease significantly increases the risk of caries[35].

During the project, the participants were instructed to perform the brushing of teeth at least three times a day, since the children have difficulty of performing their toothbrushing effectively. And therefore, it was necessary that the guidelines were also shared with the parents or guardians, who should perform the oral hygiene on the children until they develop the necessary motor skills, and after that, supervise, encourage, and complement the hygiene until the child reaches 10 years old. Because of this, the parents were present during all the activities, mainly during the cleaning of the oral cavity of babies[39].

The participation in the health education actions allowed the exchange of knowledge, articulating the scientific and popular knowledges. This approximation between students and the community provided social sensitivity and the stimulus for social transformation. Additionally, it allowed the participants to join the proposed actions and the shared and dialoged action among all the players involved.

It can be noted that the children and mothers showed their interest and motivation towards care with oral hygiene, understanding the meaning of the activity and performing it in an appropriate way, with care. The project allowed the children to become familiarized with the health professionals, and for the mothers to

understand their health promoting role for their children.

In this EA, the authors also observed that the simple gesture of distributing oral hygiene kits was transformed into a moment of valuing and of care towards the community. Such perception allowed the participants to have a contextualized activity beyond the shared information, enabling the understanding of a care-oriented approach, the improvement of the quality of life, and the transformation of the individual to recognize their own health.

It was also observed, through anecdotes, that the work of the project members and consequent knowledge shared favored the increase in the search for health services, especially those from the Dentistry center. Therefore, the authors believe that the presence of the project allowed the individuals to reflect about health care, their empowerment, and the bridging of information gaps.

5 FINAL CONSIDERATIONS

The talk sessions methodology was a powerful tool to involve the community and strengthen the positive health practices in a shared, welcoming, interactive manner, linked to the changes in the daily routine of the individuals. In this sense, the participation in talk sessions was a relevant tool to promote health, exchange experiences, and improve the quality of life in the population.

The use of resources to control the dental biofilm, such as evidencing and supervised toothbrushing, were significant motivating favorable strategies to involve the children and parents in the health-disease process. They were facilitating factors in the teaching-learning experience, which allowed the shaping of attitudes and habits, raising awareness on the children, being essential to develop and establish good oral conditions.

Given these points, the work and experience in extension actions for the promotion of health allowed the sharing of knowledge, raising the value and interest for the adoption of good health practices, and strengthening the autonomy of the community. For the students, the actions in communities cared by the Child's Pastoral were essential for an integrated and contextualized training, allowing them to be prepared to work in real scenarios, with all their potentialities, challenges, and limitations, seeking to solve the current contemporary social problems.

RESUMO

Ações extensionistas de promoção da saúde bucal em comunidades atendidas pela Pastoral da Criança em Londrina/PR

Trata-se de um estudo de caráter descritivo, do tipo relato de experiência, que tem por objetivo descrever as ações extensionistas desenvolvidas pelo projeto "Saúde Bucal em Escolares e a Comunidade" da Universidade Estadual de Londrina em Pastoral da Criança. Essas atividades foram desenvolvidas no ano de 2019, aos sábados, em datas previamente definidas pelas coordenadoras das próprias instituições. Num primeiro momento foram realizadas rodas de conversa com as mães, gestantes e cuidadores, com temáticas referentes ao rico valor do aleitamento materno, esclarecimentos sobre o uso de chupetas e alimentação saudável. Num momento posterior, sob a supervisão dos responsáveis, foi efetuada a higienização da cavidade bucal dos bebês. Para as crianças, foi executada a escovação supervisionada individual ou coletiva. Além disso, foram compartilhadas informações referentes à técnica de escovação correta, frequência de escovação ao dia e quantidade ideal de dentifrício. Essas ações contaram com a participação de gestantes, mães, cuidadores, bebês e crianças, totalizando cerca de 1241 pessoas em 19 comunidades assistidas pela Pastoral da Criança, localizadas em Londrina/PR. Dessa forma, as ações extensionistas em Pastoral da Criança revelaram-se cenários oportunos para compartilhar saberes, intercambiar experiências,

melhorar a qualidade de vida e bem-estar dos diversos e heterogêneos públicos-alvo. Representaram espaços reais e favoráveis para os estudantes desenvolverem competências e habilidades requisitadas para a formação contextualizada e integral.

Descritores: Saúde Bucal. Educação em Saúde. Promoção da Saúde.

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