

Letter to the Editor

Oral and Dental Health and Hygiene in Deaf and Hard-of-Hearing Children: A Policy Brief



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Introduction

Approximately 430 million people worldwide need treatment for their hearing loss, and 80% live in low- and middle-income countries. Because hard-of-hearing patients have difficulty receiving oral hygiene education, they are unable to communicate easily with dental personnel and are therefore at increased risk of developing oral diseases [1].

Oral hygiene is one of the most essential elements for maintaining physical health and overall well-being. Oral health has a significant impact on swallowing, speech, and chewing, supporting good nutrition, better communication, higher self-esteem, and overall well-being, particularly for those with special needs [2]. The prevalence of dental caries and the experience of caries, the rate of gingival bleeding, and dental trauma in children with hearing loss are higher than those observed in studies conducted among children with normal hearing [1, 3]. Oral health has a significant impact on quality of life (QoL). According to the [World Health Organization \(WHO\)](#) report, poor oral health adversely affects the well-being of hundreds of millions of people worldwide [4]. Children are primarily susceptible to oral

health problems because they receive less attention than adults. Adults are well enough developed to understand the importance of oral health. Furthermore, children who require special care to maintain their oral health are more vulnerable to oral health problems due to the diseases they suffer from [5].

According to studies, people with hearing impairments are more prone to tooth decay compared to their peers who have visual and physical impairment [1, 6]. Oral and dental problems, such as plaque buildup and gingivitis, are common in children with hearing impairment. This vulnerability may result from insufficient oral hygiene practices, a lack of dedication to oral care, poor dietary choices, and limited parental awareness, which can delay dental treatment. Based on studies conducted [2, 7], there is a lack of educational and therapeutic measures in this area; therefore, policymaking in this field seems necessary. Regular dental visits and education provide the foundation of oral healthcare [7].

The study was developed to present evidence-based policy options. Improving knowledge in this field will lead to better oral health and hygiene for people with disabilities. Also, proper policymaking will be undertaken to provide effective services.

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Criticism of the Current Situation

Although rates of hearing loss and poor oral health are on the rise, there is a lack of comprehensive information regarding the implications of oral health in children with hearing difficulties in Iran. One significant factor contributing to this issue is the lack of awareness among parents.

Navigating a dental appointment can be difficult when communication is unclear, instructions are difficult to understand, concerns are hard to express, or treatment options are not well understood. Such communication breakdowns can lead to misunderstandings, inadequate treatment, and heightened frustration, thereby detrimentally affecting the child's QoL. Furthermore, children with hearing impairments generally demonstrate suboptimal functioning in areas such as postural control, motor skills, and overall QoL.

Policymakers in this area include the Ministry of Education, the Welfare Organization, and the Deputy Minister of Health, Ministry of Health and Medical Education.

Policy Advice

Teaching oral hygiene skills and access to qualified dentists can help children with hearing impairments improve their oral health. Therefore, it is recommended to have trained dentists and dental hygienists in specialized schools, ensuring organized support and attention to oral hygiene practices.

We should not ignore the social and psychological consequences. People with hearing loss may experience social isolation, stigma, and neuropsychiatric disorders. These limitations can further intensify their oral health issues. These factors can affect attitudes towards oral care and the willingness to seek treatment. At the same time, the lack of continuous, systematic education can worsen oral health and reduce patients' QoL.

Improving oral health status is associated with improved QoL in deaf and hard-of-hearing children. Therefore, it is essential to maintain good oral hygiene practices in children with hearing impairment to improve their overall well-being. It is essential to develop tailored and comprehensive oral health interventions that address the specific needs of this demographic and ultimately enhance their QoL.

The deaf and hard-of-hearing children commonly experience poor oral health and high rates of dental caries,

which decreases their QoL. In this regard, implementing specialized oral hygiene education and comprehensive dental care programs is required to improve their QoL.

Mothers must recognize the significance of dental visits, the early detection of tooth decay, and preventive measures. Therefore, conducting educational courses is recommended to enhance parents' understanding of oral and dental hygiene.

Maintaining oral health necessitates adherence to preventive dental practices, such as brushing and flossing. Educational interventions, including visual aids and videos, have been shown to enhance oral health among children with hearing impairments.

In this regard, it seems essential to conduct qualitative research to explore the correlation between caries and hearing impairment.

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