CHAPTER VI

Bibliography

Bergver, M., & Babbitt, B. (1981). The sickness impact profile: development and final revision of a health status measure. Medical Care, 19,787-805. In: Locker, D. 1989). An Introduction to Behavioral Science and Dentistry. Tavistock/ Routledge, p89. Quoted in Griffiths, I., & Boyle, S. (1993). A colour Guide to Holistic Oral Care: A Practical Approach. Mosby.

Bowden, G.H., Milnes, A.R., & Boyar, R. (1983). Cariology 1983. Zurich: Karger.
Notes :The authors explained the association of Streptococcus mutans and Lactobacilli with the process development of caries.

Bowen, W.H. (1995). Are current models for preventive programs for preventive programs sufficient for the needs of tomorrow? Adv Dent Res, 9, 77-81.
Notes :This article argued that current models for dental preventive programs are not sufficient for the needs of tomorrow. Many children in developed countries are now caries free; however dental caries cannot eliminate or complete prevention. The problems of preventing dental caries in developing are much more severe than those facing Western countries.

Brown, L.J., Kingman, A., Brunelle, J.A., & Selwitz, R.H. (1995). Most U.S. schoolchildren are caries-free in their permanent teeth. This is no myth. Public Health Reports, 110, 531-533.
Notes :This paper discussed the results of the National Institute of Dental Research (NIDR). The caries in primary teeth among children age 5 to 9 has decreased during 1971-74 to 1986-87. However, a decline in primary caries was not apparent with the 1988-91 data. The dfs of children 5-9 year-old was 3.9 surfaces in 1986-87.

Brown, J.P., Junner, C., & Liew, V. (1985). A study of Streptococcus mutans levels in both infants with bottle caries and their mothers, Aust Dent J, 30, 96-98. Quoted in Mcdonald, R.E., & Avery, D.R. (1994). Dentistry for the child and and adolescent. Mosby.

Bruerd, B., & Jones, C. (1996). Preventing baby bottle tooth decay: eight-year results. Public Health Rep, 3, 63-65.
Notes :This paper evaluated the preventive Baby Bottle Tooth Decay program. The multidisciplinary and multistrategic were implement. There were two main component that were The one-to-one couselling with caretaker of infants in well infant clinic and The community wide intervention that include a media campaign, participation in health fair, and computerize mailing to caregivers of one-year-olds. It was successful to decrease BBTD statistically significant.

Chaiyut Siriviboonkiti., Sunee Vongkongkathep., Pornthongprasert, C., Phovat, A., & Booncham, P. (1994). Knowledge attitude and practice of mother about dental health in kindergartner in urban area, lopburi Province. Lopburi: Lopburi Provincial Health Office.
Notes :The results of the study showed relationship of mean DMFT and these risk factors: School Education of mother, family income, abstain of feed formula milk, consumption of sugar, sex, sleeping with milk bottle overnight, fluoride taken, tooth brushing, fruit taken habit, and oral cleansing of baby.

Clark, D.C., Hann, H.J., Williamson, M.F., & Berkowitz, J. (1995). Effect of lifelong consumption of fluoridated water or use of fluoride supplements on dental caries prevalence. Community Dent Oral Epidemiol. 23, 20-4.

Demer, M., Brodeur, J., Simard, P.L., Mouton, C., Veilleux, G., & Frecheete, S. (1990). caries predictor suitable for mass-screenings in children: a literature review. Community Dental Health, 11-21. Notes :This paper reviews the predictors used to identify children and adolescents at high risk on developing dental caries.

Devey, A.L., & Rogers, A.H. (1984). Multiple types of the bacterium Streptococcus mutans in human mouth and their intra-family transmission. Arch Oral Biol, 453-460. Quoted in Mcdonald, R.E., & Avery, D.R. (1994). Dentistry for the child and and adolescent. Mosby. Notes :The study showed that Streptococcus mutans is transmitted orally from mother to infant

Dielman, T.E., & et al. (1982). Parental and child health beliefs and behaviors. Ed Q, 9, 156-173. Notes :This study about health beliefs and behaviors of father, mother and children age 6-17 year-old. The results found that the young father and mother influence to increase the between meal eating of children. Health behaviors of parents were impact to child health behaviors such the frequency of having breakfast, the frequency of eating between meal, tooth brushing and smoking.

Division, Dental. Department, Health. Ministry, Public Health. (1994). Thailand 4th National Oral Health Survey 1994. Bangkok: Veteran Organization.

Douglass, J.M., Wei, Y., Zhang, B.X., & Tinanoff, N. (1995). Caries prevalence and patterns in 3-6 year-old Beijing children. Community Dentistry and Oral Epidemiology, 340-343.
Notes :The oral health survey of Beijing children age 3-6 year-old was analyzed with dmfs/t index and with the Caries Analysis System. The system differentiated between caries patterns and examined the percentage of affected children (Prevalence), the degree to which these children were affected (Severity), and the proportion of total caries each disease pattern represented (Distribution). Over 67% of the children experienced caries, a level comparable to other reports from China and other developing countries, but 50% greater than those seen in United states.

Edelstein, B.L., & Douglass, C.W. (1995). Dispelling the myth that 50 percent of U.S. schoolchildren have never had a cavity. Public Health Reports, 110, 522-530.
Notes :This paper argued that 50 percent of U.S. schoolchildren have never had a cavity was the erroneous claim. This paper also gave the detail of caries prevalence in U.S. kindergartners which was 42 percent

Fearon, H.E., Ruch, W.A., & Wieters, C.D. (1988). Fundamentals of production / operations management. St.Paul: West.
Notes :This book introduced the production function. The production function include inputs , conversion, outputs, and environment. The function is the process to converts input into output.

Gielen, A.C., & McDonald, E.M. (1997). The PRECEDE-PROCEED planning model. In K. Glanz, F.M. Lewis, & B.R. Rimer (Eds.), Health Behavior and health education. (pp. 359-383). San Francisco: Jossey-Bass.
Notes :The PRECEDE-PROCEED framework originated in the 1970s and was developed by Green, Kreuter, Deeds, and Partridge to enhance the quality of health education interventions by offering practitioners a systematic planning process. The acronym stands for Predisposing, Reinforcing, and Enabling Constructs in Educational Diagnosis and Evaluation, and the model is based on the premise that just as medical diagnosis precedes a treatment plan, so should educational diagnosis precede an intervention plan. In 1991, PROCEED (Policy, Regulatory, and Organizational Constructs in Educational and Environmental Development) was added to the framework by Green and Kreuter.

Greenwell, A.L., & others. (1990). Longitudinal evaluation of caries pattern from the primary to the mixed dentition. Pedistr Dent, 278-282.

Grindefjord, M., Dahllof, G., Nilsson, B., & Modeer, T. (1995). Stepwise prediction of dental caries in children up to 3.5 years of age. Caries Res, 343-348.
Notes :The purpose was to evaluate the predictive ability of variables studied in 1 year-old children that could be used to identify children at risk for early caries development. In a multivariate logistic regression analysis, the variables significantly associated with caries at 3.5 years of age were: immigrant background, mother's education, consumption of sugar-containing beverages, mutans streptococci, candy.

Griffiths, I., & Boyle, S. (1993). A Colour Guide to Holistic Oral Care: A Practical Approach. Mosby.

Grindefjord, M., Dahllof, G., Nilsson, B., & Modeer, T. (1996). Stepwise prediction of dental caries in children up to 3.5 years of age. Caries Res, 265-266.
Notes :The aim was to evaluate, longitudinally, the caries-predictive ability of variables exposure in children at 1 and 2.5 years of age with respect to caries development before the age of 3.5. the predictors for caries development in children before 2.5 years of age were mutans streptococci, immigrant background, and consumption of candy. The predictors for developing manifest caries between 2.5 and 3.5 years of age were mutans streptococci, mother's education, immigrant background, consumption of candy, and sugar-containing beverages.

Groeneveld, A., Vaneck, A.A.M.J., & Backer Dirks, O. (1990). Fluoride in caries prevention: Is the effect pre- or post-eruptive? J Dent Res, 751-755.
Notes :A longitudinal study of children of children from 7 to 18 showed that, if enamel lesion were included, the overall number was the same in fluoridated and non-fluoridated areas. However, a significant reduction effect of pre-eruptive fluoride could be seen in the number of dentinal lesions in a fluoridated area. About 66% of the greatest reduction in pit and fissure caries came from pre-eruptive fluoride, while in smooth surfaces, this effect was reduced to 25%. In approximal syrfaces, the reduction was due half to pre- and half to post-eruptive fluoride.

Grytten, J., Rossow, I., & Holst, D.a. (1988). Longitudinal study of dental health behaviors and other caries predictors in early children. Community Dent Oral Epidemiol, 356-359.

Harel-Raviv, M., Laskaris, M., & Chu, K.S. (1996). Dental caries and sugar Consumption into the 24st century. American Journal of Dentistry, 9, 184-189.

Notes :This article was present analyze and discuss the effect and role of sugar consumption in etiology of dental caries. Sugar consumption only does not affect caries prevalence as much as it used to. The factors like overall nutrition, the number of meals and snacks per day and others should more consider in the etiology of caries.

Heifetz, S.B. & Burt, B.A. (1978). Cost-effectiveness of topical applied fluoride. In the relative efficiency of methods of caries prevention in dental public health. Ann Arbor: University of Michigan. 69 p.

Holt, R.D. (1991). Foods and drinks at 4 daily time intervals in a group of young Children Br Dent J, 137-143.

Jakobsen, J.R., & Hunt, R.J. (1990). Validation of oral status indicators. Community Dental Health, 7, 279-284.

Notes : This study test the sensitivity of oral status indicators. The common oral status indicators used in planning programmes and developing policy was in the form of composite measure such as DMFT index.

Jinda Nantajivakornchai., & Supreda adulyanont. (1992). Fluoride tablet prescription and dental caries in primary dentition in pre school children attending a Mother and Child Hospital Khon Kaen. 6th region Mother and Child Hospital. Khon Kaen.

Notes :This study followed 177 children who received fluoride tablets at least 2 times from Mother and Child Hospital. The children at age 24-36 months w was examined to find dental caries. The result showed that dental caries status was associate with the age of start taking fluoride, frequency of fluoride received and duration of taking fluoride. The children which started early after born and received at least 5 times or at least 7 months, had less caries than the other.

Khonkaen Provincial Health Office. Khonkaen Provincial Health Office annual report 1995. Penprinting. (1995). 9, p.

Notes :The annual report provided the data of health personnel and volunteer. Health statistics of people in Khonkaen Province were reported.

Khonkaen Provincial Health Office. (1996). Oral health status of population in Khonkaen Province 1996. Khonkaen: Penprinting.
Notes :Khonkaen oral health survey on caries status and periodontal status adapted the survey guideline from 4th Oral Health Survey: Basic Methods Edition,1994 of WHO. and 4th Thai National Oral Health survey forms. Children age 3 and 5 years-old had caries 72.7 and 88.7 percent respectively. The average number of decay, missing, and filling teeth (dmft) of children age 3 and 5 years-old were 3.44 and 5.32 respectively. The average dmf surfaces were 5.59 and 12.27 respectively. This used criteria were not include arrested caries (the lesion which stopped caries progression). This also describe pattern of caries prevalence on each tooth.

Kidd, E.A.M., & Joyston-Bechal, S. (1987). Essentials of dental caries: The disease and its management. Bristol: Wright.
Notes :The book introduces Dental Caries in the view of definition, causing factors, and strategies for prevention.

Kleemola-Kujala, E., & Rasanen, L. (1982). Relationship of oral hygiene and sugar consumption to risk of caries in children. Community Dentistry and Oral Epidermiology, 224-233.

Klock, B., & Krasse, B. (1979). A comparison between different methods for prediction of caries activity. Scandinavian Journal of Dental Research, 129-139.

Kristoffersson, K., Axelsson, P., Birkhed, D., & Bratthal, D. (1986). caries prevalence, salivary Streptococcus mutans and dietary scores in 13-year-old Swedish school children. Community Dentistry and Oral Epidemiology, 202-205.

Mathewson, R.J., & Primosch, R.E. (1995). Fundamentals of Pediatric Dentistry. Chicago,Berlin,London,Tokyo,Sao Paulo,Moscow,Prague,and Warsaw: Quintessence.

McDonald, R.E., & Avery, D.R. (1994). Dentistry for the child and adolescent. Mosby.
Notes :This chapter reviewed chronology of human dentition. This pattern was modified by Lunt and Law, 1974.

McDonald, R.E., Avery, D.R., & Stookey, G.K. (1994). Dentistry for the child and adolescent. In Mcdonald, R.E., & Avery, D.R. (1994). Dentistry for the child and and adolescent. Mosby.
Notes :This chapter describes theories of the cause of dental caries and pattern of children dental caries.

Melville, B., Fidler, T., Mehan, D., Bernard, E., & Mullings, J. (1995). Growth monitoring: the role of community health volunteers. Public Health, 109, 111-116.
Notes :A community volunteer programme was initiated in rural Jamaica in May 1990. The main aim of the programme was to monitor the growth of children less than 36 months of age through community health volunteers (CHVs) and improve their nutritional status. At the end of the second year the programme was evaluated to determine its effectiveness. The results of the evaluation indicated that almost all (95.6%) of the children were covered by the CHVs. In addition the participation rate was high (78.5%). However, only 50% of the children were adequately covered. Nonetheless, 81% of them gained adequate weight. Indeed, malnutrition levels declined by 34.5%. The annual cost per child per year for the total programme was fairly moderate (US$14.5) with growth monitoring accounting for nearly half (42.7). The results suggest that CHVs can play an important role in primary health care programmes in developing countries 9507

Milnes, A.R. (1996). Description and epidermiology of nursing caries. Journal of Public Health Dentistry, 56, 38-50.

Murray, J.J., Rugg-Gunn, A.J., & Jenkins, G.N. (1991). Fluorides in caries prevention. Oxford: Wright.
Notes :This book described the effect of fluoride in caries prevention. The experience of using fluoride as community prevention were recorded and discussed.

National Statistical Office. (1996). Key statistics of Thailand 1996. Bangkok:
Notes :This book showed key statistic data of Thailand.

Newbrun, E. B.A. Burt. (1978). Cost-effectiveness and practicality features in the systemic use of fluorides. In the relative efficiency of methods of caries prevention in dental public health Ann Arbor: University of Michigan. 27 p. Quoted in Murray, J.J., Rugg-Gunn, A.J., & Jenkins, G.N. (1991). Fluorides in caries prevention.Oxford: Wright.

Newbrun, E. (1982). Sucrose in the dynamics of the carious process. Int Dent J, 13-23.

Raveewan Panyangam., & Yuttana Panyangam. (1992). Caries incidence in primary teeth of Bangkok children age 7-60 months. Dent J, 1-7.

Paul, S. (1987). Community participation in development projects. Washington,D.C. The World Bank.
Notes :This paper reviewed the experience of World Bank Project with community participation. A framework for analysis was introduced. Three dimention which should considered were the objective, intensity and instruments of community participation. Furthermore, there are interrelationship among these components. The combinations of these dimensions which emerge in specific contexts tend to vary depending on their consistency and feasibility in those settings.

Penthip Chitchumnong, Bubpa Triroj, & Patcharin Lekswat. (1995). A nationwide preschool children's dental health promotion programme evaluation. Nonthaburi: Dental Division, Health Department, Public Health Ministry.
Notes :This study was to evaluate a nationwide programme which started in 1992. The sample population group included mothers and care taker of children from the age of 1 1/2 - 3 years. The results showed a statistically significant number of mothers who received the toothbrush from health personnel during vaccination, were interested and brushed their children's teeth more than did the mothers who did not received the toothbrush. In provinces where fluoride supplement was implemented, it was found that dental health personnel could exercise better control over dental health education activities than in other provinces.

Pindyck, R.S., & Rubinfeld, D.L. (1987). Econometric models and economic forecasts. New York: McGraw-Hill.
Notes :This book introduce econometrics as a tool for forecasting and policy analysis.

Pisanu Uttamavetin, & others. (1992). Snack consumption behavior of Northeast Thai Children. Khonkaen: Faculty of Public Health, KK. University.

Pornthip Phupattanakul, Kokgkiat Termkasamesarn, Surasak Teerarangsikul, & Karuna suktae. (1995). Effected factors of dental health status in Nakorsawan preschool children. Nakornsawan: 8th Health promotion center.
Notes :The study showed association between dental health status measured

by dmfs index and risk factors : Sleeping with milk bottle overnight habit, Frequently take toffee, dental treatment experience, mother education, mother's dental treatment experience, child age, and routine oral check by mother. Others factors were low associate with dental status.

Poulsen, S., & Holm, A.K. (1980). The relation between dental caries in the primary and permanent dentition of the same individual. Journal of Public Health Dentistry,17-25.
Notes :This study carried out amonge 3 year-old children followed up to age 6 revealed a sensitivity higher than 0.90 when children with caries were considered as having the disease; the specificity was however very weak

Rayong Provincial Health Office. (1997). Workshop report of summary of fluoride tabletes using in Rayong Province. (un pub)
Notes :This workshop concluded the problem of fluoride tablet using by brainstorming. The summary were :
- Undercoverage and discontinuous of fluoride distribution in some age group. Espectially the children age 1 1/2 - 3 years did not in child care center, they stayed with parents.
- Some health centers had many patients, so the health officer cannot provide fluoride in time at well baby clinic.
-Free distribution may not motivate parents to concern of fluoride significant.
-Health officers did not concern to give fluoride because no curative effect. Health volunteer can not help to distribute fluoride because they have to earn their families. The workshop suggested to solve the problem that children under 3 year-old did not receive fluoride by:
-To use primary health care strategy with volunteer as a sub stock in community.
-Public relation and distribute information through TV., radio.
-To use Home Health Care methods.

Ripa, L.W. (1988). Nursing caries: a comprehensive review. Pediatr Dent, 268-282.

Rossow, I., Grytten, J., & Holst, D. (1986). Predictors of dental caries in preschool children. Journal of Dental Research. 65, 842. Quoted in Demers, M., Brodeur, J., Simard, P.L., Mouton, C., Veilleux, G., & Frecheete, S. (1990). Caries predictor suitable for mass-screenings in children: a literature review. Community Dental Health, 11-21.

Schou, L., & Uitenbroek, D. (1995). Social and behavioural indicators of caries experience in 5-year-old children. Community Dent Oral Epidermiol, 276-281.

Notes :This study investigated the relative influence of socio-economic status and behavior on dental health (dmft) of 5-year-old children. They found that parent's occupation and tooth brushing behavior and sweet consumption were relate to child's dental health.

Silver, D.H. (1987). A longitudinal study of infant feeding practice, diet and caries, related to social class in children aged 3 and 8-9 years. British Dental Journal, 296-300.
Notes :This longitudinal study had 61 % of original sample were examined. The study follow from 3 year-old to 8-9 year-old. There were relationship between infant feeding practice and their children's caries experience at age 3 and 8-10 year old. Children given sweetened drinks in bottles and comforters in infancy were more likely to be consuming sugar-containing snacks at age 8-10 years.

Sirikiat Reangkobkij., Vattana Srivattana., Rachaneekorn Banyen., Vattana Nantasaen., Jirapan Chawprapan., & Wanpen Tunsuwan. (1995). The continuation in giving fluoride drop by preschool children's guardians in Mahasarakham. Mahasarakham: Aphichard Print.
Notes :The percentage of guardiens who had given fluoride drops to their children continually was 35.1. The percentage of guardians who did not complete the recommend duration of giving fluoride drop was 31.6. The reason of most parents was fluoride ran out and did not go to received again. The factors which affected the guardian's practice significantly were their education level and the relationship between the guardians and their children.

Slade, G.D., Spencer, A.J., Davies, M.J., & Stewart, J.F. (1996). Influence of exposure to fluoridated water on socioeconomic inequalities in children's caries experience. Community Dent Oral Epidermiol, 2, 89-100.
Notes :This study aimed to evaluate inequalities in children's dental caries experience among socioeconomic status (SES) groups and investigate effects of exposure to fluoride in water on those inequalities. Children from low SES groups (categorized by household income or parental education) had higher mean dmfs and DMFS values than children from high SES group. Absolute differences in caries experience between low and high SES children were greater among non-exposed groups due to the higher underlying levels of caries experience of children with no exposure to fluoride in water.

Sansanee Ruchchakul. (1997). Skeleton fluorosis: case report. (Mimeographed).
Notes :A 70 year-old man dead at March,12 1996. The diagnosis by physician was Cripping fluorosis. He consumed water which has fluoride concentration 3 milligram per litre for 47 year. The reporter concluded that Thai people may susceptible to fluorosis.

Thanuchporn Booncharoen., & Kanlaya Aroonkaew. (1992). dental caries prevalence of preschool children age 1-5 years-old and maternal factors that influence child caries incidence rate at Chiengmai Mother and Child Hospital. Chiengmai. Chiengmai Mother and Child Hospital.
Notes :The study found that children age 1 year-old had caries 14.3 percent and children age 2 year-old had caries 40.5 percent. The factors that influence to caries incidence rate are mother's age, milk bottle during night practice, number of children, and age of start oral cleansing.

Thasanee Mahawan. (1997). Dental health care behavior of parents of 2-3 year old children at Saraphi District, Chiang Mai Province. (un pub)
Notes :The study focused on three factors based on the PRECEDE-PROCEED model. Such predisposing and reinforcing factors as parent's knowledge, their beliefs, and information received from mass media had positive effects on the dental health care behaviors of parents.

Tinakorn Jongkittinarukorn. (1997). Mother's care of primary teeth of baby aged 9-18 months. J Dent Assoc Thai, 45, 253-259.
Notes :The purpose of this study was to evaluate mother's care for her baby's primary teeth and to identify factors affecting the mother's care. The results showed that the factors which significant to mother's behaviors were mother's education, mother's dental education experience, and age of baby.

Tinanoff, N. (1990). Review of the antimicrobial action of stannous fluoride. J Clin Dent, 22-27.

Walt, G. (1996). Evaluation and research: feeding into policy. In Anonymous, Health policy: an introduction to process and power. (pp. 178-201). London: Zed Books.
Notes :Evaluation is both the end of the policy process (is policy effective?) and the beginning (what should be changed?). In order to help make decision, policy makers depend on information from many sources. This chapter explore briefly the relationship between policy making and information. The condition which research may be used are data, ideas, and argument. In the case of research as ideas, research may be sponsored or undertaken as part of strategic planning or analysis.

W.H.O. (1987). Oral health surveys.Basic methods. Geneva: World Health Organization.

W.H.O. (1992). Recent advances in oral health. Geneva: World Health Organization. 826, 1 p. WHO. Technical Report Series, No. 826.

Notes :During the past few decades, WHO. Technical Reports have guided oral health authorities in the fields of epidermiology, education, services, health education, and disease prevention. Special attention has been given to the highly prevalent problems of dental caries and periodontal diseases. In this report has discussed and advised the advances in prevention dental caries such as fluoride, sealants, buffering capacity of saliva, diet, antimicrobials, immunization, and risk assessment.

W.H.O. (1994). Fluorides and oral health. Geneva: World Health Organization. 846, 1 p. WHO. Technical Report Series, No. 846.

Notes :This report mentioned that laboratory research suggests that fluoride is most effective in caries prevention when a low level of fluoride is constantly maintained in the oral cavity. Many studies concluded that a caries-preventive effect of about 60% was found in the primary dentition when the initial age was 2 years or younger. Dairy administration of tablets at home requires a very high level of parental motivation, and campaigns to get parents to give their children fluoride supplements.