



**World Oral
Health Day**
20 March

A HEALTHY MOUTH, A HAPPY CHILD

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TABLE OF CONTENTS

01

WHY ORAL HEALTH
MATTERS?

02

COMMON ORAL
HEALTH PROBLEM
IN CHILDREN

03

WHY PREVENTION
MUST START EARLY?

04

RECOGNISING EARLY
SIGNS

05

HOW WE CAN
PROTECT
CHILDREN'S TEETH?

06

KEY MESSAGES FOR
HEALTHCARE STAFF



#HAPPYMOUTH

20 MARCH

#WOHD26

TOOTHIE THE BEAVER IS BACK

A HAPPY MOUTH IS...
a happy life



A HEALTHY SMILE SUPPORTS A HEALTHY MIND, BODY, AND LIFE.
FEEL YOUR BEST, EVERY DAY, AT EVERY AGE.

CELEBRATE A HEALTHIER, HAPPIER LIFE WITH US.

Toothie



worldoralhealthday.org



World Oral
Health Day
20 March



World Oral Health Day 2026

“A Happy Mouth is... A Happy Life”

- 2026 highlights caring for your mouth at every stage of life — from birth through later years.
- A healthy mouth supports the whole body and makes everyday moments brighter: eating, speaking, smiling.
- Today’s focus: the earliest stage — because prevention starts before the first tooth erupted.



World Oral
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ORAL DISEASES : A GLOBAL BURDEN

GLOBAL ORAL HEALTH

Almost half of the
world's population suffer
from oral diseases

Untreated tooth decay affects
2.5 billion people

Complete tooth loss affects
350 million people

Severe gum disease affects
1 billion people

Oral cancer affects
380,000 people

Oral diseases can be prevented and treated in their early stages.



Nearly

3.5 billion



people worldwide affected
by oral diseases

3 out of **4** 

people affected living in low-
and middle-income countries



MALAYSIA ORAL HEALTH PROFILE

ORAL DISEASE BURDEN

Prevalence of oral diseases (2019)³

Prevalence of untreated caries of deciduous teeth in children 1-9 years (%)	Prevalence of untreated caries of permanent teeth in people 5+ years (%)	Prevalence of severe periodontal disease in people 15+ years (%)	Prevalence of edentulism in people 20+ years (%)
44.1	22.8	9.2	7.0

Lip and oral cavity cancer, all ages (2020)⁴

	Female	Male	Total
Number of new cases	365	377	742
Incidence rate (per 100 000 population)	2.2	2.2	2.2

MALAYSIA ORAL HEALTH PROFILE

RISK FACTORS FOR ORAL DISEASES

Risk factors (2019) ⁵	Female	Male	Total
Per capita availability of sugar (g/day)	116.1
Prevalence of current tobacco use, 15+ years (%)	1.2	44.3	22.8
Per capita alcohol consumption, 15+ years (litres of pure alcohol/year)	0.4	1.5	0.9

ECONOMIC IMPACT

Economic impact related to treatment and prevention of oral diseases (2019)⁶

Total expenditure on dental healthcare in million (US\$)	227
Per capita expenditure on dental healthcare (US\$)	6.9
Total productivity losses due to 5 oral diseases in million (US\$)	899
Affordability of fluoride toothpaste	affordable
Number of labour days needed to buy annual supply of fluoride toothpaste per person	0.5

MALAYSIA: PRESCHOOL CHILDREN (NOHPS 2015)



NATIONAL ORAL HEALTH SURVEY OF PRESCHOOL CHILDREN (NOHPS 2015) FACTS AND FIGURES



MALAYSIA

7 out of 10 (71.3%) had caries



9.8%

A substantial proportion had dental abscess



64.9%

Require dental treatment
in deciduous teeth



63.6%

Need restorations for
cariou deciduous teeth



12.1%

Need extraction for
cariou deciduous teeth



0.1%

Require treatment in both
deciduous and permanent
dentition



0.1%

Need restorations for
cariou permanent teeth

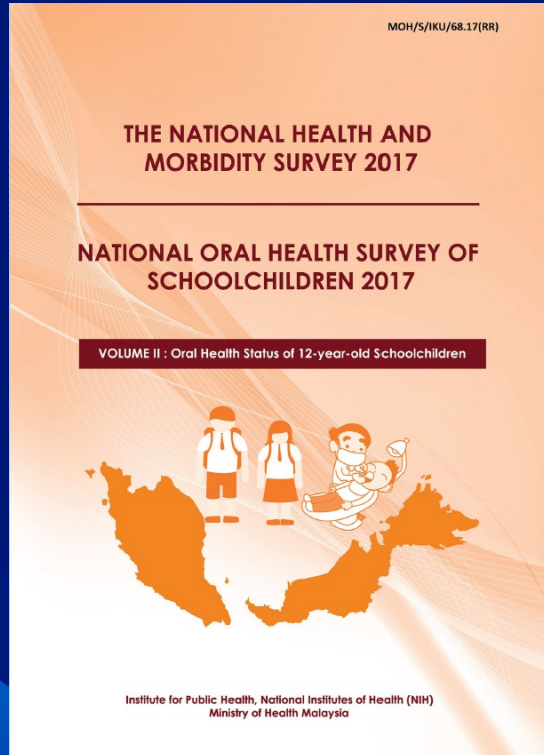


7.0%

Need extraction for
cariou permanent teeth

Caries remains highly prevalent and treatment need is substantial.

MALAYSIA: 12-YEAR-OLD SCHOOLCHILDREN (NHMS/NOHSS 2017)

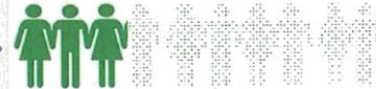


ORAL HEALTH STATUS OF 12 YEAR-OLD SCHOOLCHILDREN IN MALAYSIA National Health and Morbidity Survey (NHMS) 2017

Yaw Siew Lian¹, Nurul Ashikin Abdullah¹, Rozihan Mat Hasan@Husin¹, Ting Teck Pei¹, Natifah Che Salleh¹, Habibah Yacob@Ya'akub¹, Nama Bibi Saerah Abdul Karim¹, Rapeah Mohd Yassin¹, Jessina Sharis Othman¹, Hasni Md. Zain¹, Khairol Niza Ahmad¹, Nurul Ashikin Husin¹, Wan Salina Wan Sulaiman¹, Zaihan Othman¹, Tahir Aris², Noor Aliyah Ismail¹, Rohani Embong¹, Khairiyah Abd. Muttalib³, S. Amaliza⁴, Rohani Mahmood³, Norazizah Ibrahim Wong², Haziah Hassan¹

¹Oral Health Division, Ministry of Health Malaysia, ²Institute for Public Health, Ministry of Health Malaysia, ³SEGi University, ⁴National Institutes of Health, Ministry of Health Malaysia

3 in 10
schoolchildren had caries



All
schoolchildren had gingival
bleeding



1 in 10
schoolchildren
had traumatised
anterior teeth



1 in 500
schoolchildren
needed denture(s)



COMMON ORAL HEALTH PROBLEM IN CHILDREN



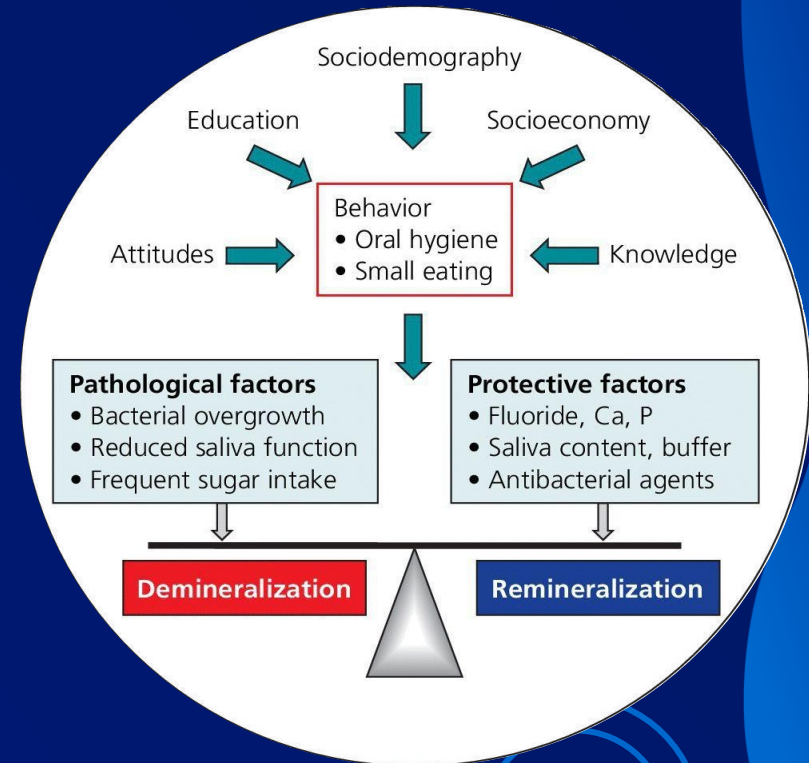
DENTAL CARIES

Dental caries

A biofilm-mediated, sugar-driven, multifactorial, dynamic disease caused by an imbalance between demineralisation and remineralisation.

Dental caries is determined by

- Biological, behavioural, and psychosocial factors linked to an individual's environment.



Key point: caries is a disease process — not just “a hole”.

DENTAL CARIES

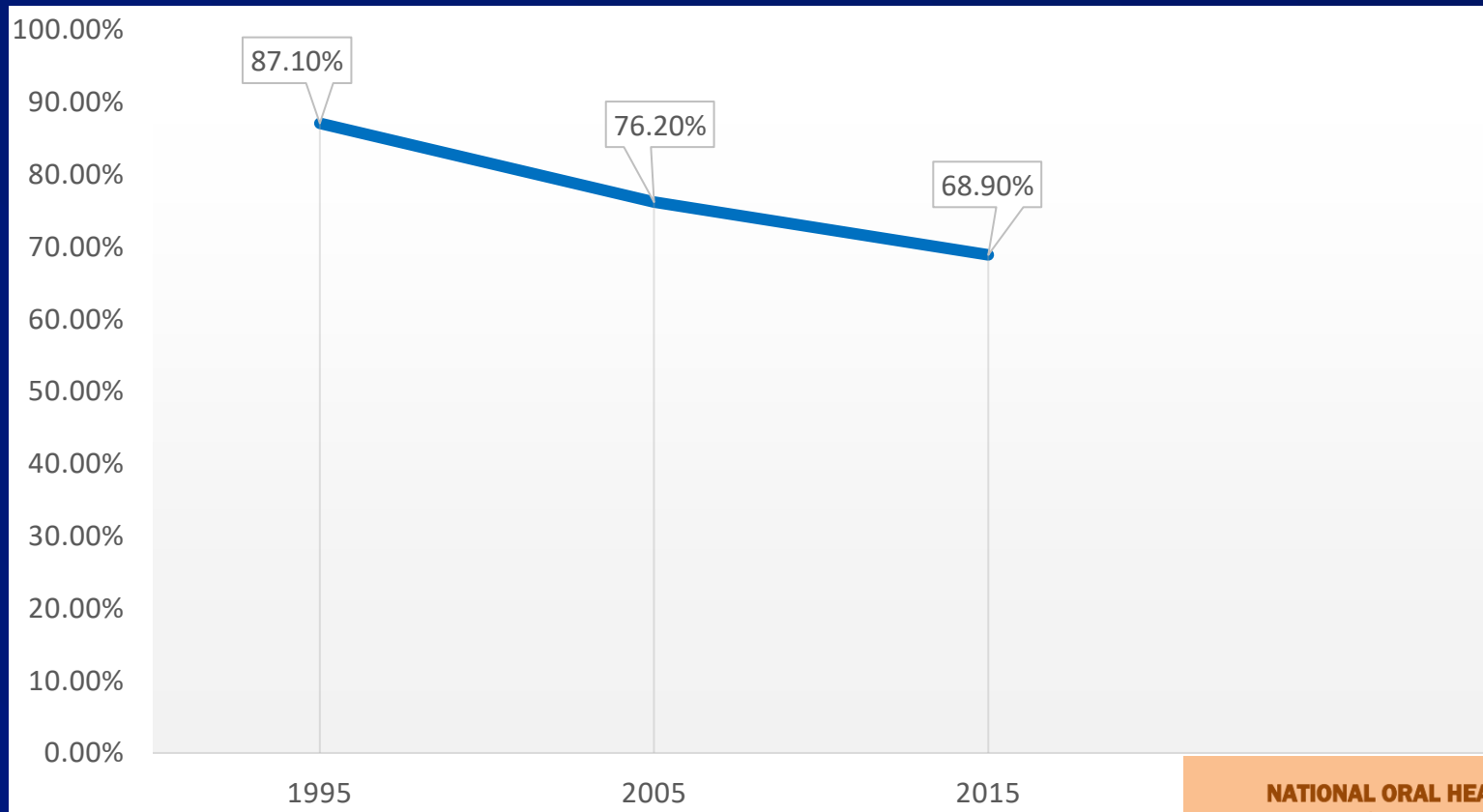
Early Childhood Caries (ECC)

“The disease of early childhood caries (ECC) is the presence of **1 or more decayed** (non-cavitated or cavitated lesions), **missing** (due to caries), or **filled tooth surfaces** in any **primary tooth** in a child **71 months** of age or younger”

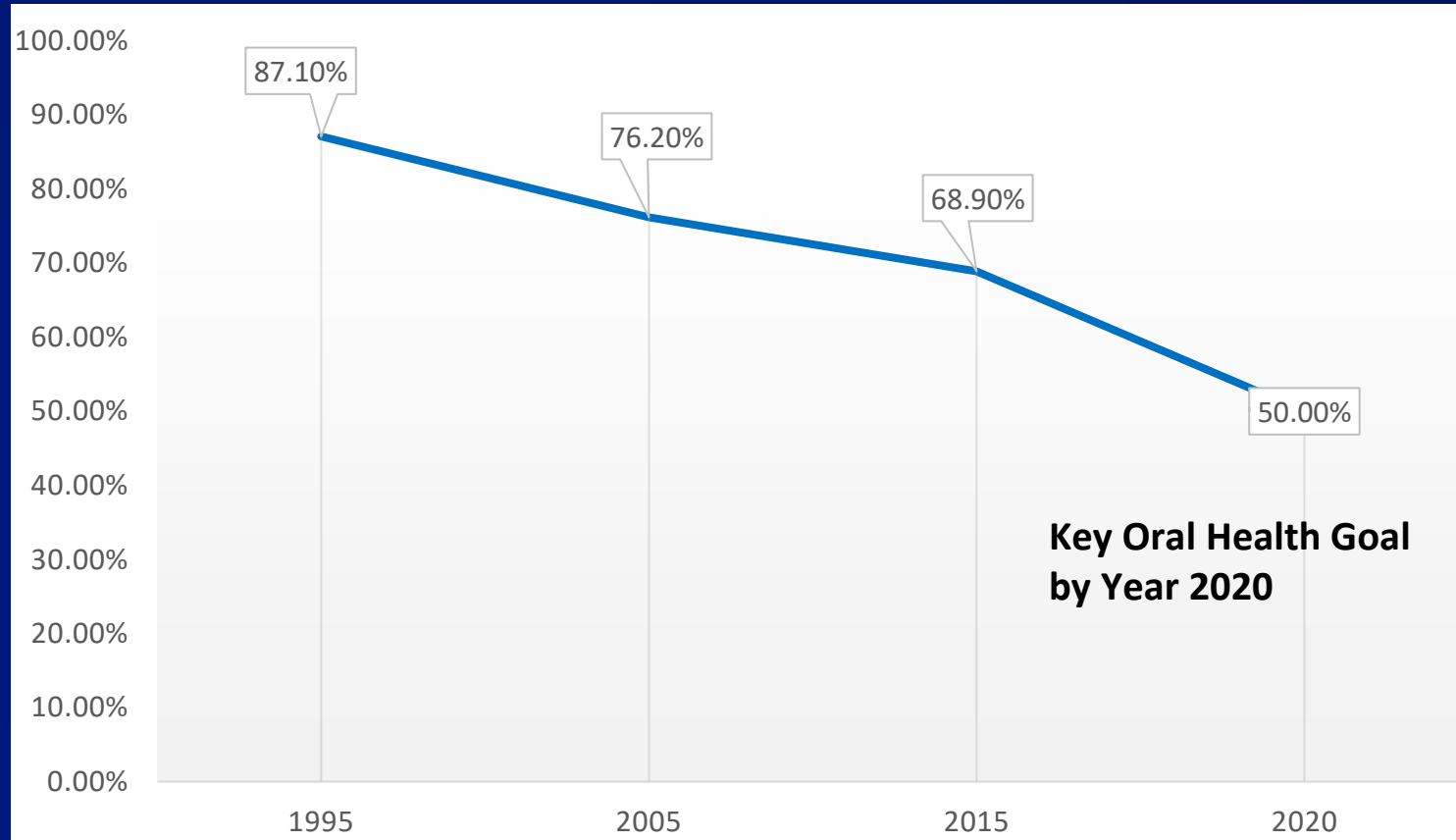
“Lay definition —Tooth decay in pre-school children, which is common, mostly untreated and can have profound impacts on children's lives”



PREVALENCE OF DENTAL CARIES IN 5 Y.O CHILDREN IN MALAYSIA (1995 – 2015)



PREVALENCE OF DENTAL CARIES IN 5 Y.O CHILDREN IN MALAYSIA (1995 – 2015)



TREND ON CARIES-FREE PREVALENCE IN MALAYSIAN CHILDREN

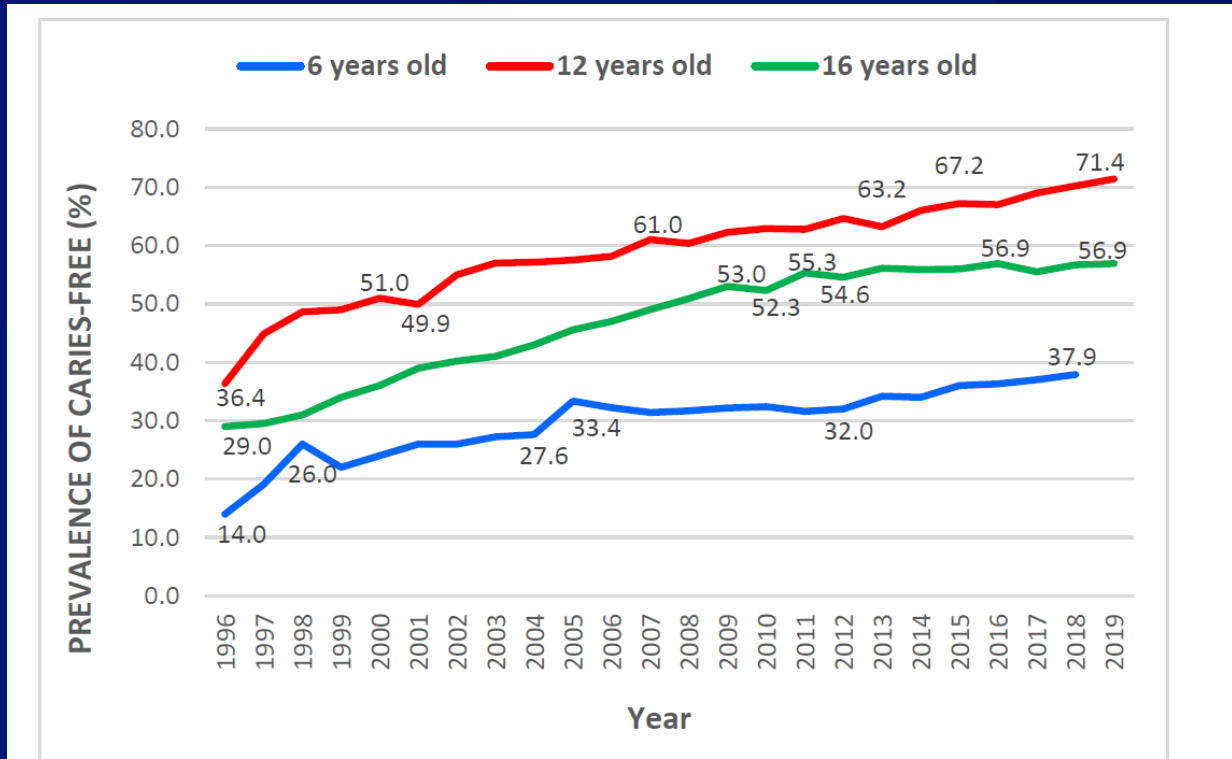
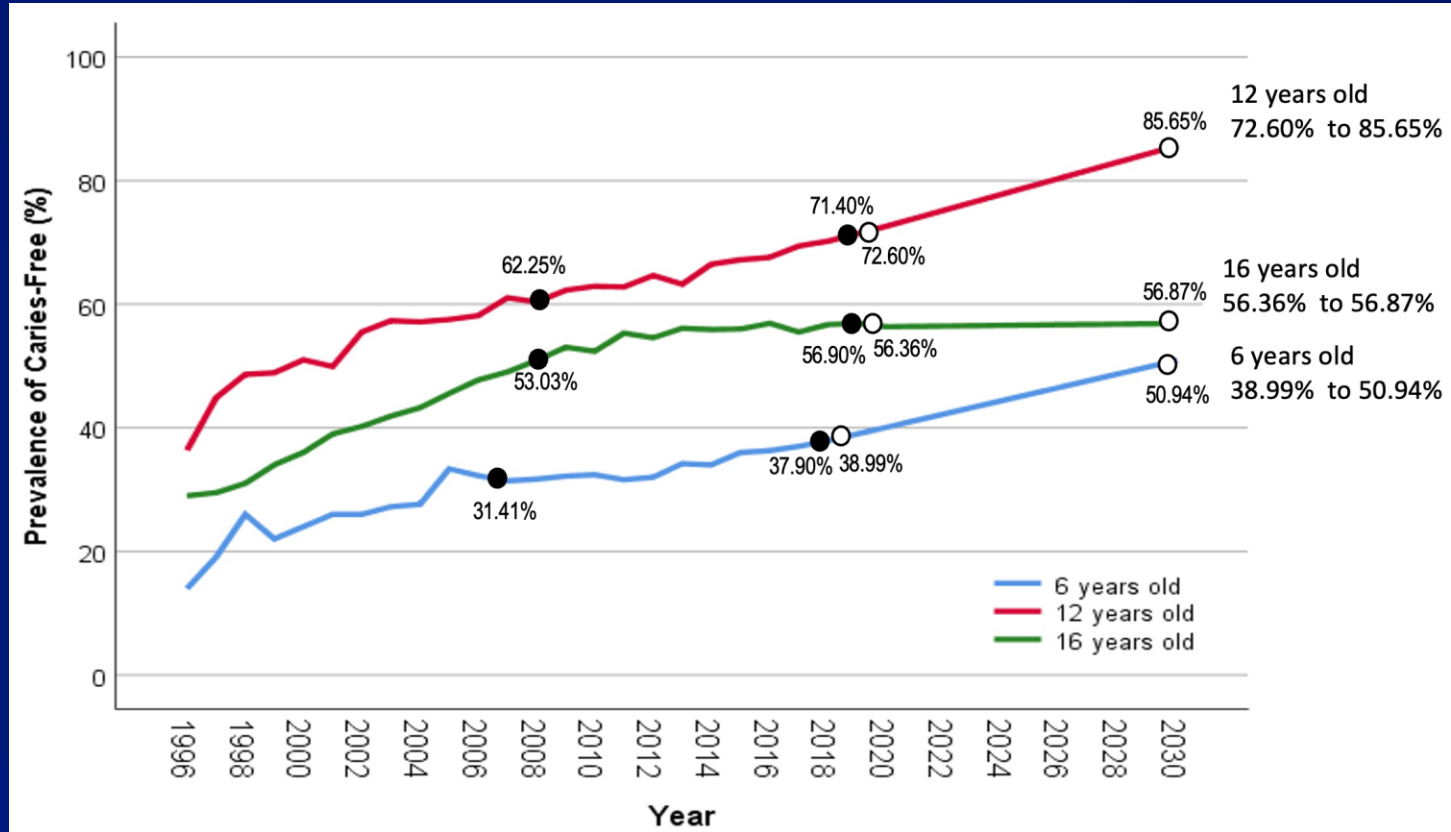


Figure 1. Trend of caries-free prevalence among six-year-old schoolchildren (1996–2018) and among 12- and 16-year-old schoolchildren (1996–2019) in Malaysia.

PROJECTION OF CARIES-FREE PREVALENCE IN MALAYSIAN CHILDREN UNTIL 2030



CONSEQUENCES OF DENTAL CARIES

Pain & infection

- Toothache
- Dental abscess / facial swelling



Damage to teeth

- Carious lesion in both primary and permanent dentitions



Impact on growth & development

- Difficulty in eating
- Poor nutrition

School & daily activities

- Missed school days
- Reduced daily activities

Quality of life

- Sleep disturbance
- Difficulty in speaking and smiling



A PREVENTABLE ADMISSION?

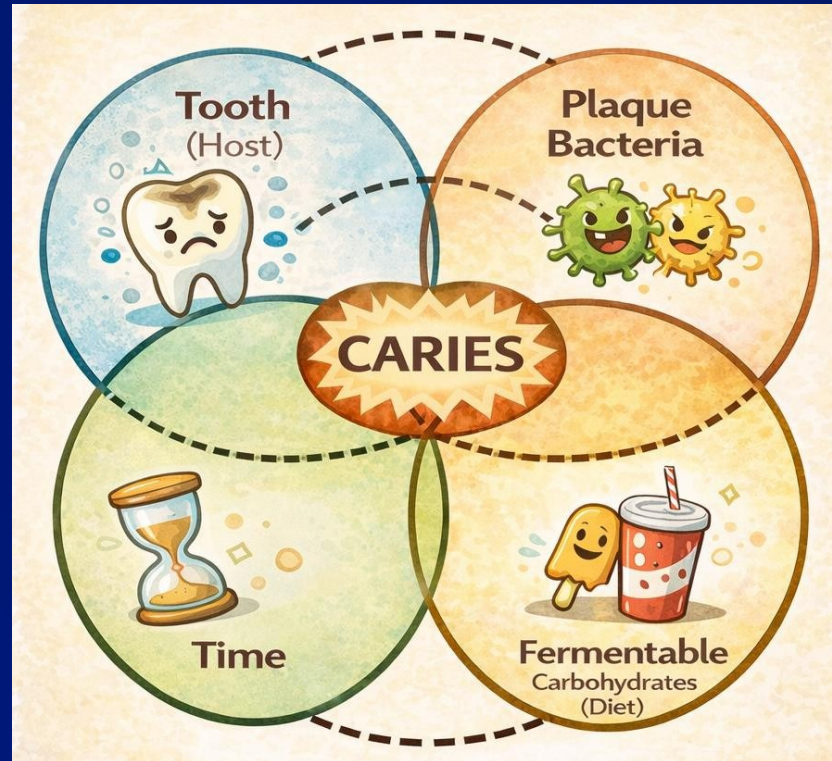
Example (anonymised)

- 4-year-old with facial swelling and fever.
- Multiple untreated caries; poor oral hygiene; frequent sweet drinks at bedtime.
- Admitted for IV antibiotics → planned dental treatment under GA.

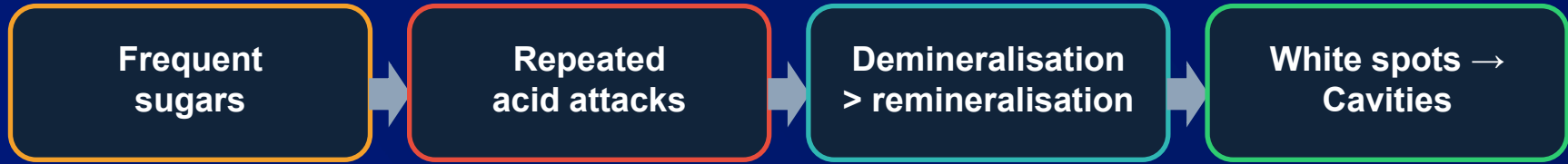
“If we had intervened earlier... could this have been prevented?”



HOW CARIES OCCUR?



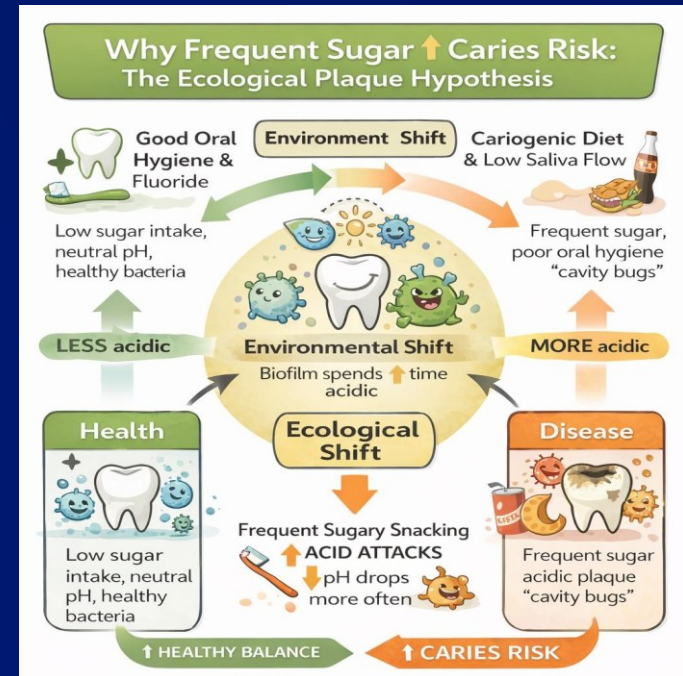
WHY DOES FREQUENT SUGAR MATTER?



Frequency of sugar exposure is often more important than amount.

Common “high-frequency sugar” patterns in young children

- Bedtime milk/juice in bottle or sippy cup
- Frequent sweet drinks “a little bit, many times”
- Snacking throughout the day without recovery time



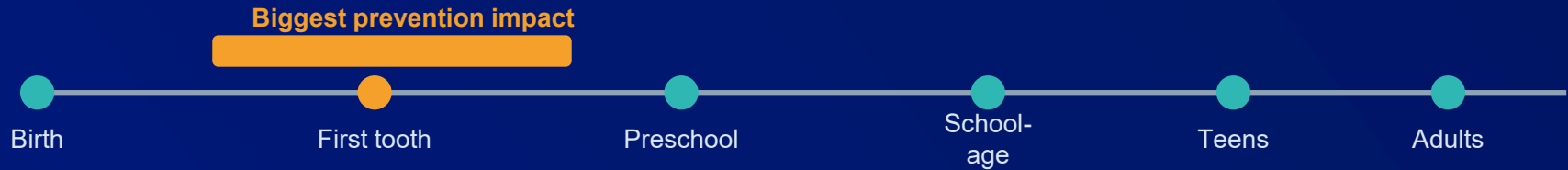


**WHY
PREVENTION
MUST START
EARLY?**



WHY START IN CHILDHOOD?

Because this is the window where we can prevent disease — not just treat it.



- **Early habits** (feeding, sugar exposure, brushing) shape lifelong oral health.
- **Caries often starts early** but may only be detected when pain or swelling occurs.
- **Prevention and early referral are shared responsibilities across healthcare teams.**



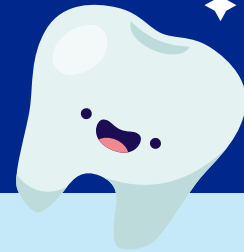
MOUTH MILESTONES

- 01** BABY IS BORN
- Tooth buds are already developing under the gums
- 02** 6 MONTHS OLD
- The first tooth usually appears
- 03** 2 ½ YEARS OLD
- All 20 primary (baby) teeth have erupted
- 04** 6 YEARS OLD
- Permanent teeth begin to appear
- 05** 12 YEARS OLD
- Most permanent teeth erupted (except wisdom teeth)





RECOGNISING EARLY SIGNS



EARLY DIAGNOSIS

A mouth mirror and satisfactory lighting of the mouth cavity are required for careful examination of all teeth present.

KEY POINT

Detect early caries lesions for early intervention.





Photo credit: Feldens CA.

**(a) Sound teeth in both jaws
(primary teeth)**



Photo credit: Phantumvanit P.

**(e) Tooth decay in front teeth of
upper jaw (primary teeth)**



Photo credit: Feldens CA.

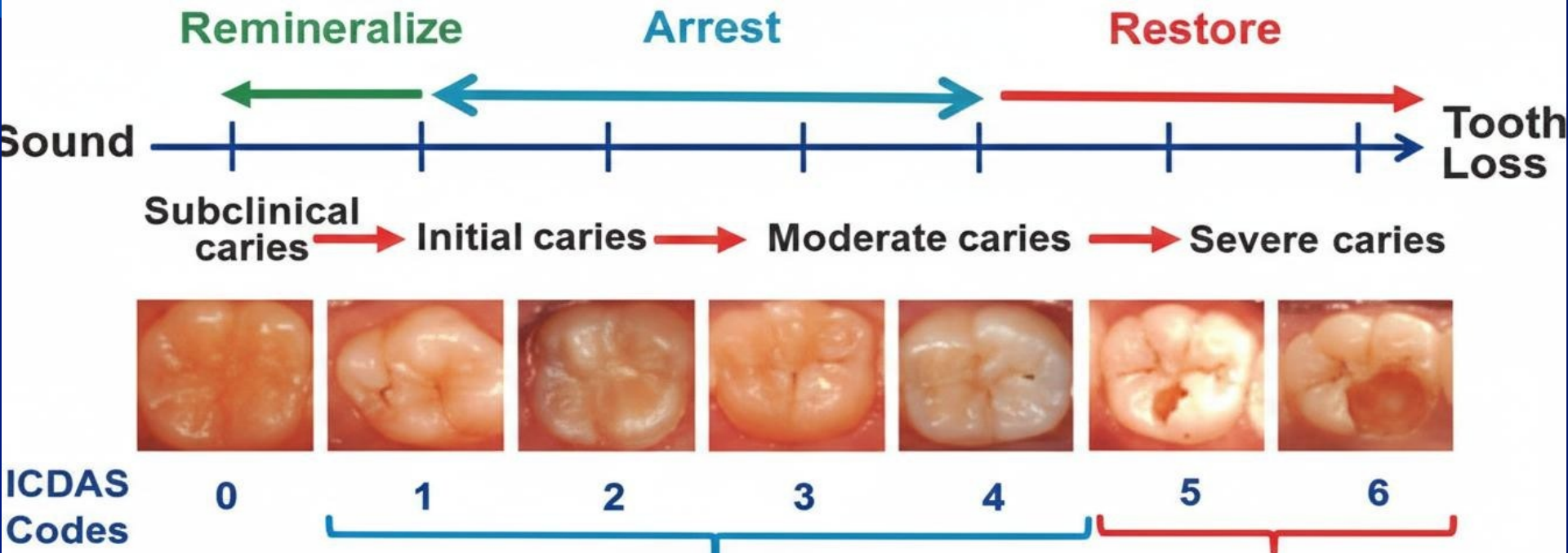
**(b) Sound teeth in upper jaw
(primary teeth)**



Photo credit: Feldens CA.

**(f) Deep carious lesions in both jaws
(primary teeth)**

Dental caries is a disease process that progresses over time



LIFT THE LIP TECHNIQUE

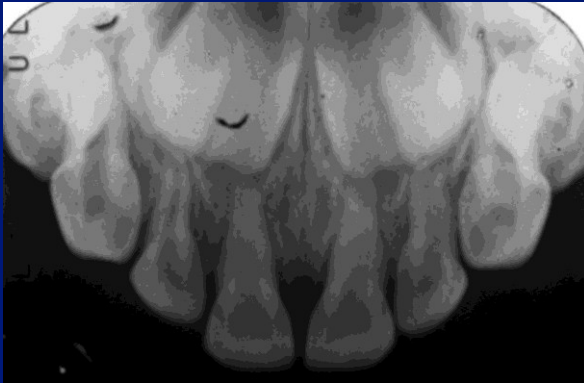
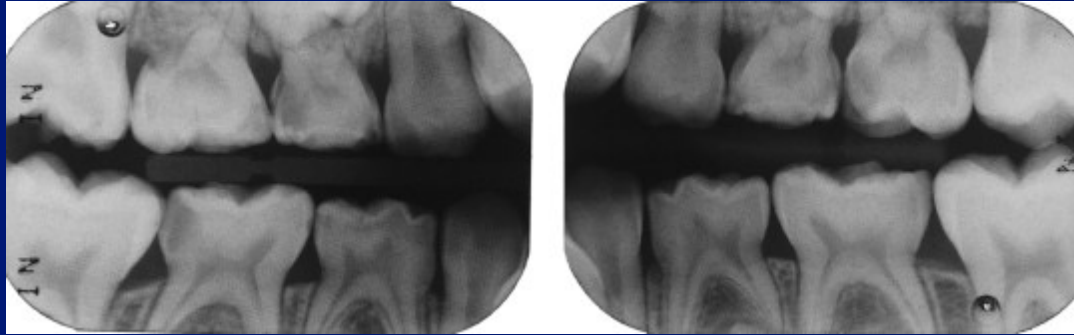
- ✓ Once a month
- ✓ Look for early signs of tooth decay





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RADIOGRAPHIC EXAMINATION





HOW TO PROTECT A CHILD'S MOUTH?

**DID YOU KNOW A HAPPY MOUTH FROM BIRTH
SETS THE STAGE FOR HAPPY LIFE**

**Starting good oral care habits early helps build a foundation for
a healthier, happier future**

**When is the
best time for
effective
prevention?**



WHAT YOU DO AND EAT IN THE FIRST 1000 DAYS,
MAKES A DIFFERENCE FOR THE REST OF YOUR LIFE

During the first 1000 days



WHO Expert Consultation
on Public Health Intervention
against **Early Childhood Caries**

TAKE CARE OF AN INFANT'S MOUTH



Gently **wipe a baby's gums** after each feed. Use a clean, moist gauze pad or soft cloth.



Place only breast milk, formula, milk or water in bottles.

No sugary drinks, including sugary milk and water.



Discourage thumb sucking, pacifier use and sippy cups.



Refrain from allowing babies to fall asleep with a feeding bottle in their mouths.

PREVENT TOOTH DECAY BY BRUSHING



Start brushing as soon as the **first tooth** appears.



Supervise toothbrushing until the child is able to brush their teeth correctly on their own.



Use a **fluoride toothpaste**.

Under 3 years use a smear. 3 to 6 years use a pea-sized amount.



Brush twice a day.

It is especially important before bedtime.

ESTABLISHMENT OF DENTAL HOME



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Pergigian



SCAN ME

5 TIPS PENTING PEMBERSIHAN GIGI BERKESAN

1

Memberus gigi
sekurang-
kurangnya
2X SEHARI

2

Memberus gigi
selama
2 MINIT

3

Memilih
BERUS GIGI
yang bersesuaian
dengan saiz mulut
dan umur

5

Gunakan ubat
gigi yang
mengandungi
FLUORIDA

4

Memberus gigi
dengan
menggunakan
**TEKNIK YANG
BETUL**



Sumber: SOP Latihan Memberus Gigi Berkesan 2020

Oral Cleaning Tips For little ones



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20 March



0 Months

4-5 Months

7 Months

8 Years



As oral exploration,
not for cleaning
Use to desensitise baby



when there's
only gum and
no teeth



When teeth
comes in



when parents
helps to brush



when teeth
start touching
each other

when kids
learning to
brush



when
flossing is
establish



when
brushing is
establish

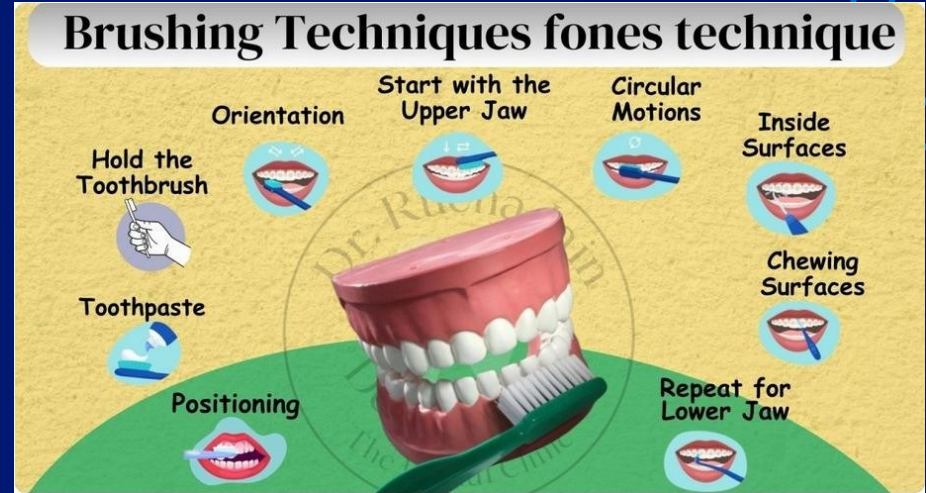
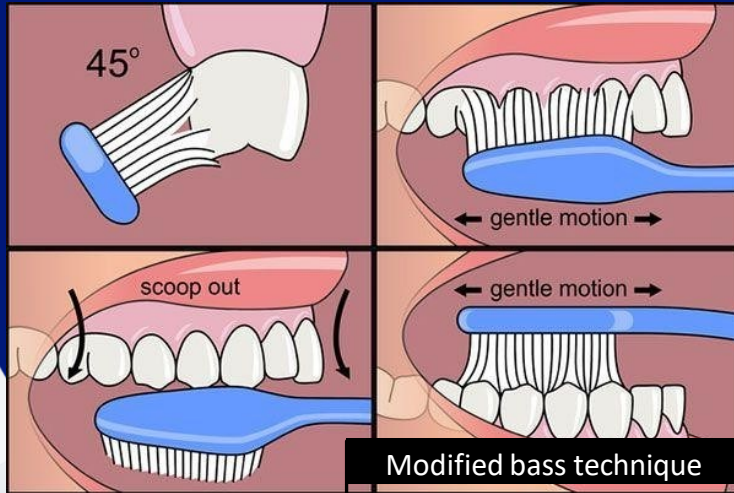


TYPE OF BRUSHING AID

Every child develops at
their own pace;
age is just a number.

@drsingingy_paedsdentist

HOW TO BRUSH KIDS' TEETH?





Kementerian
Kesihatan
Malaysia



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Pergigian



SCAN ME

Ubat Gigi BERFLUORIDA

Memberus gigi dengan menggunakan ubat gigi berfluorida dapat menguatkan enamel gigi dan mencegah karies.



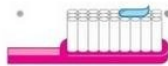
44.5%

ORANG DEWASA TIDAK MENGETAHUI SAMADA UBAT GIGI YANG DIGUNAKAN MENGANDUNGI FLUORIDA

(NHMS 2020: NOHSA 2020)

BERAPA BANYAK YANG DIPERLUKAN?

UMUR < 3 TAHUN



Secalit / Sebesar sebutir beras
Disarankan ubat gigi mengandungi sekurang-kurangnya 1,000 ppm fluorida



UMUR > 3 DAN DEWASA

Sebesar kacang pis
Disarankan ubat gigi mengandungi 1,350 - 1,500 ppm fluorida

APAKAH YANG PERLU ANDA LAKUKAN?

- Baca label sebelum membeli ubat gigi
- Pastikan ubat gigi mengandungi paras fluorida yang disarankan
- Dapatkan nasihat daripada doktor gigi di klinik pergigian yang bertauliah



#123senyum

#jagagigi#senyumbad

#MPKP2024

RUJUKAN: PORTAL KESEHATAN KEM & AMERICAN DENTAL ASSOCIATION



World Oral
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20 March

TYPES



For children

Pigeon



Toothgel
12 months +

Pureen



Toothgel
3 years+



Kids

F ⁻	-	1000ppm	1000ppm	-
g/ml	45g	45g	45g	40g / 75g
Xylitol	✓	✓	✓	✓
Special ingredient		Glucomannan		
No SLS	✓	✓	✓	✓
NO Paraben	✓	✓	✓	✓

@drsinging_paedsdentist

Colgate



Kids 0% Artificial
3-5 years

Darlie



Bunny kids



Junior
Age 2-6



Junior
Age 6-12

Types & Range

F ⁻	1000ppm	600ppm	600ppm	800ppm
g/ml	80g	40g	40g	40g
Xylitol	✓	Sorbitol	✓	
Special ingredient				
No SLS				
NO Paraben	✓	✓	✓	✓

@drsinging_paedsdentist

Recommended:
 • 1000ppm fluoride
 • 1450ppm fluoride for high caries risk

Types & Range

Jordan



Step 1
0-5 years



Step 2
6-12 years



Green Clean
0-5 years



Green Clean
Junior 6+

F ⁻	500ppm	1000ppm	-	1450ppm
g/ml	60g	60g	50ml	50ml
Xylitol			✓	✓
Special ingredient			mild foaming agent derived from corn (vegan)	
No SLS	✓	✓	✓	✓
NO Paraben	✓	✓	✓	✓

@drsingying_paedsdentist

Kodomo Lion

Buds



Children
toothpaste



6+



1-3 years



3-12 years

Types & Range

-	500ppm	1000ppm	-	1000ppm
g/ml	80g	60g	50ml	50ml
Xylitol	✓	✓	✓	✓
Special ingredient			seed-derived Phytic Acid	seed-derived Phytic Acid
No SLS			✓	✓
NO Paraben			✓	✓

@drsingying_paedsd

Recommended:
 • 1000ppm fluoride
 • 1450ppm fluoride for high caries risk



Kementerian
Kesihatan
Malaysia



Program
Kesihatan
Pergigian

PEPS1S

PEMERIKSAAN PERGIGIAN SEKURANG-KURANGNYA SEKALI SETAHUN



Kenapa perlu melakukan pemeriksaan
pergigian secara berkala?



- ✓ Mengetahui **status** kesihatan pergigian dan mulut anda
- ✓ Mendapatkan penerangan tentang **tahap kesihatan gigi dan gusi**
- ✓ Mengesan **tanda-tanda awal** kanser mulut
- ✓ **Mencegah & merawat** masalah gigi dan gusi pada peringkat awal
- ✓ **Memantau pertumbuhan** gigi susu dan gigi kekal
- ✓ **Mengelakkan** rawatan gigi yang lebih kompleks



SCAN ME



Kementerian
Kesihatan
Malaysia



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**GIGI KITA MERUPAKAN
SATU-SATUNYA BAHAGIAN DALAM BADAN
YANG TIDAK MAMPU UNTUK SEMBUH
DENGAN SENDIRI**

CEGAH

PENYAKIT PERGIGIAN SEBELUM TERLAMBAT

DAPATKAN PEMERIKSAAN
PERGIGIAN SEKURANG-
KURANGNYA SEKALI SETAHUN



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Kementerian
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SCAN ME

INGAT HARI JADI INGAT DOKTOR GIGI



Dental
Check-Up

Dapatkan
PEMERIKSAAN GIGI
SEKURANG-KURANGNYA
SEKALI SETAHUN

POV: WHEN YOUR
DENTAL CHECK-UP
IS TOMORROW



STAY AWAY FROM SUGARY FOODS AND DRINKS

Limit sugar intake to no more than:

ADULTS

6 teaspoons per day.



CHILDREN

3 teaspoons per day.



Avoid sugary snacks
in-between meals.



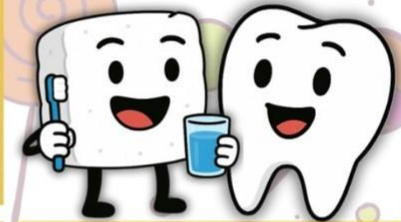
Avoid sugary drinks.
Favour water.



Enjoy a healthy, **balanced** diet.



Kisah Gigi & Gula



BOTTLE FEEDING

- Avoiding night-time bottle feeding with milk or drinks containing free sugars.
- Avoiding baby bottle **beyond 12 months** – especially if frequent and/or nocturnal.



BASIC PREVENTION

At home (parents)

- Brush twice daily with fluoride toothpaste
- Smear/rice-sized (<3y) • pea-sized (3–6y)
- Adult supervision until at least 7–8y

In clinics

- Ask: brushing? bedtime bottle? sugary drinks?
- Encourage first dental visit by age 1
- Advise rinsing or drinking water after medications when possible

In wards

- Include oral care in daily nursing routines
- Support pain control + early dental referral
- Reinforce diet advice: avoid frequent sugary snacks

Key message: prevention starts earlier than treatment — and every healthcare worker can support it.

WHEN TO REFER?

Urgent (same day / ASAP)

- Facial swelling
- Fever + dental pain
- Dental trauma (especially avulsion/luxation)
- Uncontrolled bleeding or suspicious oral lesion

Routine referral

- White spot lesions / early decay
- Caries risk factors (night bottle, frequent sugars, poor brushing)
- Children with chronic illness / special needs
- Parents unsure how to brush or choose toothpaste

A healthy mouth doesn't start in the dental clinic — it starts in every clinic.





A HAPPY MOUTH IS...
a happy life

LET'S MAKE EVERY SMILE
A HEALTHIER, HAPPIER ONE

Thank You



World Oral
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20 March

worldoralhealthday.org

#WOHD26 #HappyMouth