

ABSTRACT

BALBO P. L. **Epidemiologic study of social factors related to oral health using answers given by HIV+ child mothers or carers followed-up on HCRP.** 2006. 93 f. Dissertação (Mestrado)-Faculdade de Medicina de Ribeirão Preto, Universidade de São Paulo, Ribeirão Preto, 2006.

The inclusion of women into AIDS causality chain supported the increase of mother-to-child transmission. The assistance to those paediatric AIDS cases must consider dental treatment because prevention, promotion and rehabilitation of oral health. The aim of present article was to perform a descriptive evaluation social determinants associated to motherhood experiences concerning to oral health care by HIV+ children assisted on HCRP. It was performed an transversal study using a sample of convenience given by HIV+ children mothers or carers who were attending to therapeutic sessions on UETDI-HCRP, from may to october of 2005, in a total of 50 volunteers. One oral health counselling session was offered to every mother or carer independently when data was collect by questionnaire in a structured interview, asking questions about quality of life, socioeconomic category and informations concerned to perception, promotion and oral health care. Such data only were used by research purposes after counselling session and after their permission. It was used WHOQoL-Bref to evaluate quality of life domains (Physical, Psychological, Social and Environment); CCEB method for Brazilian socioeconomic categorization also was used; a "dentistry scale" was built to measure the knowledge about oral health (Perception, Promotion and Health care), likely a synthetic index. The statistical analysis of data was done by multivariate method of cluster using WHOQoL-Bref and "dentistry scale" domains; alpha-Cronbach method was applied to data to evaluate internal consistencies from WHOQoL-Bref, CCEB method and "dentistry scale" scores; tables and descriptive measures were used to resume the data. By quality of life approach, it was found two clusters: one group, whose volunteers showed the better scores of quality of life reported fewer difficulties in having oral treatments; there were more volunteers with their own house into such cluster; and, among volunteers who had already driven their children to the dentist, there were fewer people from lower income strata ("D" and "C" CCEB-class). The "dentistry scale" created six clusters: one cluster showed the greater percentage of positive satisfaction with their own health condition, greater scores of quality of life, of needs perception and they had also advised about oral health. The results from this study emphasized the necessity of further knowledge concerning HIV+ patients demands to develop and organize oral health services according to multiprofessional programs of health assistance.

Key Word: Aids, Quality of life, Descriptive epidemiology, Oral health, Mother-to-child transmission.