

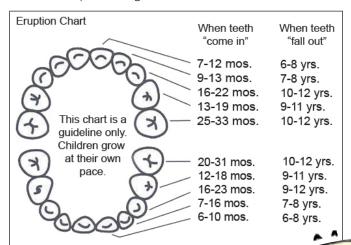
FALL 2007

HALDIMAND-NORFOLK HEALTH UNIT

HEALTH MATTERS FOR LITTLE PEOPLE

Origins of the tooth fairy

A baby's first tooth erupts between six and 10 months of age. The first of 20 baby teeth that come in are typically the front two lower teeth, followed by the front two upper teeth. By the child's fifth or sixth birthday, the first tooth becomes loose. After days or weeks of gently playing the tongue against a loose tooth, it eventually comes out. Then in many homes, the anticipation of the tooth fairy's visit begins.



Teething rituals date back to ancient times. Most societies view teething as a rite of passage – the nursing baby becomes a chewing infant when teeth come in; the infant becomes a youngster when the baby teeth are lost and the permanent teeth arrive. As with any rite of passage, different societies have evolved their own rituals and supersti-

Superstition has always surrounded teeth and these valuable tokens have been used to ward off witches and demons in the past. Vikings were supposed to give children a "tooth fee" for using children's teeth, which would be made into a necklace and worn when going into battle.

In medieval Europe, a child's tooth was buried in the garden or a field so that a new one would be free to grow while at the same time discouraging evil witches from finding the tooth and putting a curse on the child. As Europeans migrated to other countries

during the 17th Century, their beliefs followed, but as space became a premium, teeth were buried in pots on the windowsill instead of in fields.

The most commonly accepted belief by academics about the origin of the tooth fairy stems from the tooth mouse, depicted in an 18th Century French language fairy tale. In "La Bonne Petite Souris," a mouse changes into a fairy to help a good queen defeat an evil king by hiding under his pillow to torment him and knocking out all his teeth.

The tooth fairy calls upon the European folklore of elves or brownies that will perform useful tasks or exchange valuable treasures for things humans view as mundane or useless. The tooth fairy, as we now know her, didn't make an appearance until the early 1900s, as a generalized "good fairy" with a professional specialization. When a child looses a tooth, it is placed under their pillow. Sometime during the night the tooth fairy visits, takes the tooth and leaves money or a small gift.

The tooth fairy grew slowly in popularity over the next few decades. "The Tooth Fairy" appeared in 1949 and seems to be the first children's story written about the tooth fairy. She

became widely popular from the 1950s onward, with an eruption of children's books, cartoons, jokes, etc., including more focus on children's dental hygiene. Parents cheerfully bought into the idea and the tooth fairy became part of family life.

And what does the tooth fairy do with all of those teeth? Some say they go towards building and maintaining the tooth fairy

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castle, where the tooth fairy lives with her helpers.

Tooth fairy economics have been closely studied. Rosemary Wells, known as the world's leading tooth fairy authority, tracked the exchange rate for teeth from 1900 to 1980 against the consumer price index and found that the tooth fairy has kept up with inflation. Another survey in the mid 1990s claimed the going rate had increased to nearly two dollars from a dime, 25 years previously. Wells noted the significance of rites of passages for children. Most children start losing their baby teeth around age five or six, coincidentally the time when they're starting school. Shedding teeth can be annoying and frightening, but is also a sign of growing up. Ms. Wells suggests that giving a child a treat for the lost tooth is a way of softening the scariness surrounding the process.

Animals take the place of the fairy in several countries. In Argentina and Sweden, a child places his or her tooth in a glass of water. Overnight a magical mouse drinks the water, takes the tooth and leaves money. Philippine children leave their teeth on the windowsill for the tooth rat. The next morning, the tooth is gone and the tooth rat has left them money.

In other countries, such as Columbia and South Africa, children leave the tooth under the pillow or put it in a slipper and wait for a mouse to take the tooth and leave money or a gift. In Guatemala, Haiti and Brazil, children are instructed to throw their teeth on the roof. Additional rituals include chants asking for a new healthy tooth.

In African countries, such as Nigeria and Benin, there are a variety of tooth customs. In one custom, boys hold the tooth in a fist with eight other small stones, for a total of nine, while girls hold six stones. The children are instructed to close their eyes tightly, shout their names and the words, "I want my tooth back" and then run away, while the other children are instructed to bury the tooth in the ground. If a lizard sees the tooth, a new

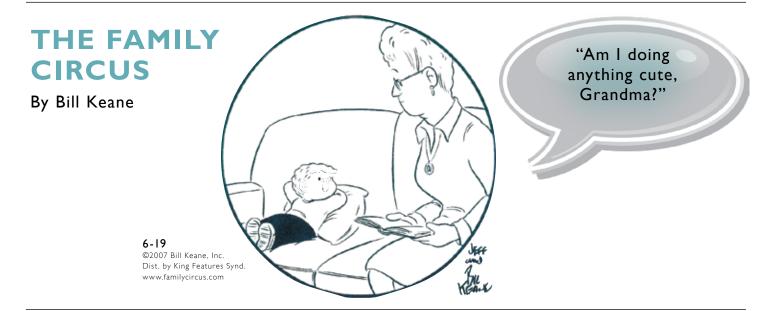
one will not grow, so it is important to keep the tooth hidden.

In Chile and Costa Rica, children give the tooth to their mothers to make a charm, which the mothers then give back to the child. Many countries advise children to leave the tooth in particular places. Kids in China and Thailand place lower teeth on the roof and the top teeth at the foot of the bed or under the bed, while kids from Russia bury their teeth. In other countries, such as Taiwan and Greece, children are instructed to throw the tooth on the roof for good luck. In Greece, the children also make a wish for strong and healthy teeth.



While family traditions can be fun and imaginative, good oral health is more than making a wish for strong and healthy teeth. Whether the legend involves a tooth rat, or a tooth fairy, losing a baby tooth is a great opportunity for parents to talk with their children about practicing good dental health habits.

Submitted by Kim Casier, Dental Hygienist.



Helping children survive separation and divorce

Learning that their parents are separating can be one of the most difficult experiences for children. They may very well be frightened that their world is falling apart and everything familiar is being taken away. Breaking the news to children is also very hard for the parent. There are some key points for parents to keep in mind that might help to make this difficult process a little easier:

- Reassure your children that they are not the reason for the separation. Let them know they are, and always will be, loved.
- Try to be as clear as possible with them about practical aspects surrounding the separation, such as where and with whom they will live. Children, regardless of their age, need to feel secure. (It is normal for preschool children to act out by displaying regressive behaviour, such as bedwetting or sucking their thumbs, if they feel insecure or unloved.)
- Let them know about the separation in a timely fashion. Giving them too much notice will only cause them to become more anxious (seven to 10 days is a reasonable amount of time).
- Set up a support network for your children, whether it's an extended family or other people who have a strong rapport with your children (a friend's parents, teacher or anyone close to your child).

- Listen to your children. Their reaction to a separation is not unlike that of a death. Their feelings of grief and loss are painful for them, and it can be very hard for parents to watch, as they feel responsible. Reassure them that their feelings are important to you.
- Be consistent and reliable with your children. Don't make promises to them that you can't keep. Parents sometimes feel they need to compensate for the loss by overcompensating or "spoiling" their children. Discipline should be consistent. Children need to know their boundaries for behaviour.

Living apart from your children does not mean that your role is any less important to them. Their contact with you, and knowing that you love them and want to maintain a prominent role in their lives, will serve to improve their feelings of self-worth and well-being. Counselling may help to make the transition smoother.

Children are resilient, and have a huge capacity to cope with difficult situations and grow from them. The skills they develop as they navigate through this challenge will stay with them and help them later on in their lives.

References:

- http://www.theparentreport.com/resources/ages/preschool/family_life/382.html.
- http://www.phac-aspc.gc.ca/publicat/mh-sm/divorce/5_e.html.

Submitted by Lynda Burville, Public Health Nurse.

CHEDDAR APPLE WRAPS

This great snack has three of the four food groups from Canada's Food Guide to Healthy Eating!

Ready in: 8 minutes Servings: 2 servings

I apple

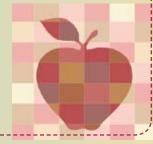
120g (4 oz) cheddar cheese

2 whole-wheat tortillas

125 ml (1/2 cup) low-fat yogurt, vanilla or fruit-flavoured

- Wash the apple under cool tap water. Carefully cut the apple into matchstick pieces.
 (Do not peel.)
- Using a grater, grate the cheddar cheese.
- · Top each tortilla with equal amounts of apple, cheese and yogurt.
- Fold sides of tortilla over fillings and enjoy!

Recipe adapted from www.dairygoodness.ca (Dairy Farmers of Canada)



Childcare TIP: A learning opportunity

The Canadian Dental Association recommends that a child should visit a dental office by the age of one year, or when the first teeth appear. The greatest value of the first visit is the establishment of a dialogue between the parent and the dentist concerning good oral health practices and the child's oral health needs. Bring your child to the dentist for regular check-ups by age two and a half, when all primary teeth are in the mouth, to make sure there are no problems.

Here are a few "do's and don't's:"

DO

- Have a tour of the dental office by going in for a casual, friendly, get acquainted visit and check-up.
- Make an appointment for a visual check of your child's teeth.
- Have a discussion with your dental hygienist or dentist about oral health care for your child.
- Familiarize your child with the dental office. Consider taking him or her along when you or a sibling has a dental appointment.

DON'T

- Wait for an emergency for the first visit.
- Over prepare your children for dental visits.
- Use phrases such as, "It won't hurt much" or "It won't be too bad." Such phrases do not soothe; they only create anxiety.

Submitted by Kim Casier, Dental Hygienist.

Illnesses Caused by Group A Strep Bacteria

Strep Throat (Pharyngitis)

Strep throat is one of the most common strep infections. Did you know that about 15% of children who have a sore throat and fever are infected with Group A Strep? When Group A Strep infects the throat, it causes strep throat, which is a very sore red throat and can cause difficulty swallowing. Others symptoms may include fever, tiredness, headache, sores around the mouth, swollen tender glands in the neck and a stomach ache in children. Taking a culture by swabbing the throat is the only sure way to know

if someone has strep throat.

Most sore throats are caused

by viruses and get better without treatment.

Scarlet Fever (Scarlatina)

Some rare cases of strep infection cause a bright red skin rash. This is the rash of

"Scarlet Fever" which usually lasts from the second to the sixth day of the strep throat infection. The rash feels like sandpaper. It usually starts on the upper body and may spread to cover the whole

body. The skin often peels after the person is well again. Additional symptoms include sore throat, fever, chills, headache and "strawberry tongue" (whitish coating on tongue with bright red patch).

Skin Infections such as impetigo and cellulitis are caused by Group A Strep bacteria. Impetigo is most common in children two to six years of age. It can develop anywhere on the body but frequently develops around the mouth and nose. Often the skin has been injured from a cut, scrape or insect bite before the sore appears. The signs and symptoms of impetigo include pimple-like sores surrounded by red skin, pus in the sores that become crusted over and/or itchy skin.

Cellulitis is a painful skin infection which begins with an injury such as a cut or scrape. The infection spreads to a larger area and into deeper layers of the skin, often in the limbs. The skin may blister and then scab over. The symptoms include painful, red and swollen skin, fever, chills and swollen glands.

Treatment

If you suspect any of these infections, see a doctor.

Adpated from The Life Guide - Surviving Strep - Strategies for Life Submitted by Lynda Linn, Public Health Nurse.

Health Matters for Little People is published every February, June and December by the Haldimand-Norfolk Health Unit.

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