Vol 3 Issue 8 Sept 2013

ISSN No : 2230-7850

Monthly Multidisciplinary Research Journal

Indian Streams Research Journal

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RNI MAHMUL/2011/38595 **ISSN No.2230-7850**

Indian Streams Research Journal is a multidisciplinary research journal, published monthly in English, Hindi & Marathi Language. All research papers submitted to the journal will be double - blind peer reviewed referred by members of the editorial Board readers will include investigator in universities, research institutes government and industry with research interest in the general subjects.

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Indian Streams Research Journal
Volume-3, Issue-8, Sept-2013
ISSN 2230-7850

ORAL HEALTH EDUCATION:
'DELIVERING BETTER ORAL HEALTH'

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Abstract:Health is regarded by World Health Organization (WHO) as a fundamental human right, and correspondingly, all people should have access to basic resources for health. Health education is a process of transmission of knowledge and skills necessary for improvement in quality of life. Oral health education, an important part of oral health promotion, has been considered as essential & basic part of dental health services. The goal is to improve knowledge, which may lead to the adoption of favourable oral health behaviours that contribute to better oral health. This was the fundamental and seminal concept that shaped various dental health programmes in the initial stages. The initial enthusiasm in oral health education faded because these programmes failed to produce successful long term outcomes. Need to make health education more effective, interesting and appealing to the recipients was recognized. Oral health education can be planned for the community at large or high risk group based on the resources available. Priority should be given to expectant mothers, preschool and school going children, physically and mentally challenged and the elderly.

Keywords: Children, Education, Health, School,

INTRODUCTION:

Health is defined in the World Health Organization constitution of 1948 as: "A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity." Within the context of health promotion, health has been considered less as an abstract state and more as a means to an end which can be expressed in functional terms as a resource which permits people to lead an individually, socially and economically productive life. In keeping with the concept of health as a fundamental human right, the Ottawa Charter emphasizes certain pre-requisites for health which include peace, adequate economic resources, food and shelter, and a stable eco-system and sustainable resource use. Recognition of these pre-requisites highlights the inextricable links between social and economic conditions, the physical environment, individual lifestyles and health. These links provide the key to a holistic understanding of health which is central to the definition of health promotion. Today the spiritual dimension of health is increasingly recognized. Health is regarded by WHO as a fundamental human right, and correspondingly, all people should have access to basic resources for health[1].

HEALTH EDUCATION

"Health education is a process which informs, motivates and helps people to adopt and maintain healthy practices and lifestyles, advocates environmental changes as needed to facilitate this goal and conducts professional training and research to the same end." (National Conference on Preventive Medicine in USA, 1977). India is the sixth biggest country by its area but it is the second most populous country. The developing economy, lack of qualified dental manpower in rural areas and poor awareness towards oral health has contributed for steady raise in the prevalence of caries in the last few decades. It was recognized that for the effective strategy against disease in the long term, prevention was the key. The goal of health education is to improve knowledge, which may lead to the adoption of favourable oral health behaviours that contribute to better oral health. [2] For years dental health professionals have been aware of the chronic nature of most oral disease. They have noted how education in regard to oral health is special because oral diseases are cumulative, do not heal themselves, and are perceived as inevitable.[3]

Health education, traditionally and correctly, one of the cornerstones of preventive dentistry, has over the years involved considerable investments of time, energy, personnel and money. Oral hygiene, however, has consistently been recognized as the staple and inescapable component of preventing gingivitis and also (although, debatably, to a relatively lesser degree) dental caries. [4] Although advances in clinical operative techniques have made dental treatment more effective & acceptable, treatment approaches alone will never eradicate oral diseases. Indeed, in many low income countries in the developing world, the total costs of providing traditional operative dental care would exceed the entire health care budget. Effective public health approaches are therefore required to prevent oral diseases & promote oral health across the population.[5]

Oral health education, an important part of oral

health promotion, has been considered as essential & basic part of dental health services. It aims to promote oral health principally by providing information to improve awareness leading to adoption of a healthier lifestyle, positive attitudes, & good oral health behaviour[6].

HISTORY

The origins of dental health education are obscure and probably developed from the advice which practitioners gave to their patients as an integral part of their treatment. [7] From the civilizations of the early Egyptians, one of the most important of the documents relating to medical subjects is the papyrus of Ebers, dating from 1550 BC.[8] An early book, 'A Treatise on the Diseases and Deformities of the Gums' by Thomas Berdmore (1768) includes advice to be given to parents and governesses about the dental care of young children. Individual practitioners continued this tradition and some like J.H.Milne (1892) a member of the British Dental Association who published a small booklet "Dental Hygiene" produced material for their own patients[7].

The Dentists' Act of 1878 helped to stimulate two strands of action related to dental health education. The first was to curb in the advertisements by registered dentists which extolled their own skills and products. The second was the growth in corporate responsibility to the dental health of the public as a whole, not solely to individual patients[8].

The school Dentist's Society, inaugurated in 1898, produced what was the first widely available dental health education material, a series of teaching charts and supporting information.7 George Cunningham, one of the pioneers, lobbied for a school dental clinic to be opened in Cambridge and with financial backing from Sedley Taylor, established the Cambridge Institute before the 1907 Education Act was passed.[8]

School health is an important branch of community health. It is an economical and powerful means of raising community health in future generations. The beginning of school health service in India dates back to 1909, when for the first time medical examination of school children was carried out in Baroda city. The Bhore Committee in 1946 reported that School Health Services were practically non-existent in India, and where they existed, were in an underdeveloped state. In 1960, the Government of India constituted a School Health Committee, and submitted its report in 1961. The "Bangalore declaration" was made on January 28th, 2005 at the CAMHADD/Who workshop on prevention and promotion of oral health through schools held in Bangalore.[9]

Dental health education, in a similar way to health education, experienced an era of mass propaganda in the inter-war period. During the 1920s and 30s two bodies, the Dental Board of the United Kingdom and the Ivory Castle Leagues, funded by Messrs. D & W Gibbs Ltd provided dental health propaganda materials on a nationwide scale. In Dundee, the dental health education campaign, undertaken from November 1960 to March 1961, not only involved primary school children, but also attempted to involve the whole community. The Oral Hygiene Service, funded by Gibbs, continued to produce dental health education materials in the 1950s and 1960s but by the 1970s, other companies began to be involved[8].

CONSIDERATIONS

Oral health promotion is effective for increasing knowledge levels.10 While health promotion refers to combination of educational, organizational, economic, political and environmental supports conducive to oral health; education and promotion used in combination may bring about desirable oral health.[11] A behavioural approach to managing oral diseases is not like the restorative approach to which the dental clinician is familiar. An effective behavioural approach will impact on collective outcomes within clinical practice over a time frame.[12] Socio-economic status has a profound effect on health and health behaviours.[13] Oral health inequalities will only be reduced through the implementation of effective and appropriate oral health promotion policy. Treatment services will never successfully tackle the underlying cause of oral disease[14].

Dental health education may be planned for the community at large or high-risk group based on the resources available. Priority should be given to expectant and lactating mothers, preschool and school going children, physically and mentally challenged and the elderly. Stress should be on self-care behaviours and positive lifestyles.

Education on effects of tobacco on oral health and general health should reach the high school students so as to curb the tendency to use tobacco in any form. [11] A school-based program is most effective because children are approached at a time when their health habits are forming.[15] School dental services may add to population strategies for preventing caries among children by providing dental health education and specific preventive measures, particularly to high-risk children.16 Various studies were conducted to assess oral health outcomes of a school-based oral health education programme on children, school teachers, etc. and to evaluate the methods applied and materials used. [17,18,19] Krause M et al conducted a study to explore how U.S. and Canadian dental schools educate students about special needs patients and which challenges and intentions for curricular changes they perceive[20].

World Health Organization guidance on Health Promoting Schools has been translated into policy in many countries. Healthy Schools are established worldwide as mechanisms for improving the health of school communities by supporting the health education curriculum through the school ethos and environment.[21] Good oral health is not only essential to good overall health and freedom from the pain and suffering associated with oral health problems; it also affects self-esteem, quality of life, and performance at school and at work.[22] Much greater emphasis needs to be given to adult dental health education at all levels of prevention, with particular focus on the role of parents in influencing their children to develop desirable dental health behaviour[23].

Smoking cessation services should be available to dental patients as part of the local plan to improve health. [24] Oral health should address the people with special needs and also train dental professionals to understand their oral health needs, especially psychological needs. Health education and health promotion are considered to be efficacious

approaches for decreasing dental disease and promoting oral health. The greatest potential for positively affecting attitudes, values, and behaviors, is to target young populations during early stages of development- when habit patterns can be more easily molded.[25] Therefore, the public health community must view oral health as essential.

Preventive education tools that significantly increase public knowledge must demonstrate effectiveness by causing a measurable change in oral health. To accomplish this, they must be powerful enough to induce behavioural change. The motivation to cause behavioural change in the case of videos/audio-visual aids is speculated to result from a comprehensive approach. It is expected that the audio information will add knowledge, with visual examples giving a clearer picture of both correct behaviours and consequences of neglect due to negative behaviours.

CONCLUSION

Despite the vast resources and manpower that India has, the dental health professionals are still facing the problem of meeting the dental needs of the population. The reasons may be numerous ranging from inadequate infrastructure, high illiteracy rate, social and cultural beliefs to political factors where there is no separate allocation of funds for dental health. This calls for adopting suitable strategies in combating these problems. Therefore, coordinated efforts need to be made between general population and dental health educators to facilitate and achieve long term results.

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