Review Article

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THE WORDS THAT CAN DO WONDERS: ORAL HEALTH EDUCATION - A REVIEW

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ABSTRACT

Oral health is an integral part of the general health. Lack of knowledge and negligence are contributing to the rise in the oral disease prevalence in various forms. These oral health diseases can be prevented by simple yet effective techniques which are provided through oral health education. This review article highlights the role of oral health education in various forms to help people in a resource limited constrained set up, to attain optimum oral health. The role of Public Health Dentist in this case is imperative since they are the bridge between the societies various sectors and health.

KEYWORDS: Health education; prevention; positive attitude

Oral health literacy, like general health literacy, incorporates the capacity a person has to learn and use information about oral health in making decisions about their oral health. Having poor oral health literacy can bring significant challenges.[1] The sharing of risk factors between oral and general health, and the effects on the later development of diseases points to practical and economic reasons for integrating oral health promotion efforts that can achieve multiple aims if started in the early childhood itself. The expected benefits from such interventions are improved oral health knowledge, behaviours, and self efficacy of parents/caregivers in the short term. Long term benefits are improved oral health status of children with reduction in dental disease experience and where treatment is required it will be minimal and reduce the need for management under general anaesthesia and at a lower cost for care.[2] Oral health promotion should include effective dissemination of oral health information, more practical assistance and greater access to dental care.[3] A study by Haleem et al among 10-11 year old school children in Pakistan found that health education by peer led strategy was more effective than the teacher led strategy or the self learning method. Social and behavioral factors which can be targeted by appropriately designed school-based oral health education that may enable adolescents to make informed health-related choices as well as precipitate a health-enhancing social environment. It may also set the agenda for structural, social and political changes required to eradicate the root causes of oral health related problems in developing countries.[4] The lack of availability and affordability of oral health services especially in developing country like India not only results in aggravation of the disease but also enhances the cost of treatment and care. Control of oral diseases is only possible if services are oriented towards primary health care and prevention. An intervention done among the anganwadi workers in Chandigarh by Raj S *et al*., showed that there was a short-term reduction in debris, stage-1 plaque and caries activity besides improvements in self-reported oral hygiene practices. The authors thus suggest that empowering basic level healthcare workers through existing primary healthcare infrastructure and outreach mechanisms may provide an effective, replicable mechanism of providing primary preventive oral healthcare to the community.[5] A pilot intervention among the African elderly adults by Boon H et al showed that health education intervention changed the perception of the elderly to a more positive attitude towards people living with HIV or AIDS and showed an increased knowledge about HIV and AIDS. They reported more positive subjective norms towards providing care and a higher perceived control over nursing care activities.[6] AlHammad et al carried out an intervention among 28 dental undergraduate students with a 14-minute PowerPoint and video

educational intervention and found that it was effective in teaching basic information about infant oral health to dental students. This goes on to stress the need for intervention among the professionals first who in turn will impart health education to the community at large.[7] The IDA runs different programmes along with the different educational institutions across the country like the school health education programme, anganwadi programmes, teachers training programme, parents training programme etc but it is yet to document the success after such interventions especially in relation to the rural section of India. Large population, diversities within the country, staggering high malnutrition and infectious diseases in children, growing concern of non-communicable diseases and dental diseases, and poor investments in health are the considerations while developing a model for oral health promotion in infants and children. Prevention of disease, disability and suffering should be a primary goal of any society that hopes to provide a decent quality of life for its people. Prevention on the community or population based level is the most cost effective approach and has the greatest impact on a community or population, whether it is a school, neighborhood, or nation.[8] Health education is the right path towards this. Many different approaches to preventing dental diseases exist and the most cost-effective method is health education. The scope of health education may include educational interventions for children, parents, policy makers, or health care providers. It has been well-documented in dentistry and other health areas that correct health information or knowledge alone does not necessarily lead to desirable health behaviors. However knowledge gained may serve as a tool to empower population groups with accurate information about health and health care technologies, enabling them to take action to protect their health. The goal of oral health education is to improve knowledge, which may lead to adoption of favorable oral health behaviors that contribute to better oral health.[8] Efforts taken to reach people are concerned with prevention of oral disease with an idea to instill positive attitude among them and also to decrease the disease burden along with the economic burden that follows it. Poor oral health literacy is a significant risk indicator for poor self-reported oral health. Oral health literacy should thus deserve recognition as an important determinant of oral health. Indeed, assessment of oral health literacy warrants attention as a priority in oral health promotion programs in countries with developing health care systems.[9] Koyio N *et al*., suggest in their article that education and involvement of the community health care workers will aid to remove stigma, discrimination and provide better atmosphere conducive and friendly for the HIV positive patients.[10] So education not only plays to improve physical health but also broadens the mindset of closeted society too. Mohamadkhah F *et al*., suggest that the cheapest and most effective way to improvise oral health will be through health education itself.[11] Khanagar S *et al*., through their study have also highlighted how the nature of the care takers and attitude towards oral health changes after providing them with a simple lecture on health education.[12] Another study by Bhatnagar *et al*., in Shimla, India, showed that health education did have its benefits especially in the school going population who could be well trained to avoid dental complications.[13] Education participates critically in building individual endowments and abilities, and it drives social and economic development at the national level. Health education encompasses all strategies and activities, which are meant of the attainment of better health status of the people.[14] Oral health education is an essential aspect of oral health promotion that equips individuals with the required knowledge needed to improve their oral health and be able to recognize healthy choices for a healthier lifestyle. Although a weak link exists between knowledge and behavior, nonetheless, ignorance will not likely translate into the desired behavior change. It is, therefore, apparent that the template on which any behavior change is based is knowledge. Low-budget oral health education programs are feasible in developing countries and the schools visited demonstrated willingness to benefit from such initiatives.[15] The success of dental health education may depend on psychosocial factors, such as self-esteem, immigrant status, age, and social deprivation.[16] Cruz D *et al*., suggest that since dentists are in a unique position, providing health education could help avoid complications arising out of different forms of substance abuse

like tobacco and alcohol.[17] Guo Y *et al*., suggest that health literacy outcome is based upon a good rapport between the dentist and the patient. A good communication will help the patient to attain a better idea of maintenance of oral health. It is imperative to remember that education provided should be from the point of view of the recipient rather than concentrating upon the educator's point of view.[18] Peterson PE report the decrease in the gingival bleeding and an overall improvement in the oral health of the school children after health education intervention involving the active participation of the school teachers.[19] Kamga HLF *et al*., state that the school health education technique can provide a strong support to avoid infection transmission especially in an orthodox set up like Africas.[20]

Public Health Significance

In a set up like India, the age old thought of prevention is better than cure is the best way out of oral health related problems. Most of the population is below the poverty line and unaware of the simple means of preventing the dental diseases. Hence the answer to all these problems is health education. Though it is a slow process, yet on the long run literature provides evidence of its effectiveness. Mass media is an excellent mode of reaching nook and corners which is yet unexplored as far as oral health is concerned. Steps need to be taken in that front and the role of a public health dentist is inevitable all the same.

Suggestions

1. Inculcating oral health education as a part of the teaching syllabus.
2. Encouraging allied health professions to also impart oral health education to the patients.
3. Policy initiation for awareness campaigns all over for the improvement of oral health of people.
4. Mobilizing ancillaries for better oral health education in a set up like India.

CONCLUSION

Health education is the most economical and yet the best known source of health promotion and disease prevention. In a set up like India, health education has known to have worked wonders- for example the mass media campaign for girl child protection and the myths around HIV. Though these are the possibilities explored in relation to general health, oral health has always taken a backseat. The recent initiation of the government to promote awareness regarding tobacco and oral cancer through television, is a start nevertheless. But the question remains about the cost effective and cost benefit analysis of the different modalities of health education and promotion in an Indian set up, which is very much resistive to change easily. The rules and theories that have been tried and tested in the western countries may not hold true in a rural set up like ours. So it is imperative to have a think tank specially dedicated towards oral health education and promotion with an analysis of the success of the mode used for the same.

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