

## ORAL HEALTH EDUCATION IN SCHOOLS

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### ABSTRACT

Traditionally health was considered as “absence of disease” and the health professionals duty was to “treat” the disease. In a long term it was recognized that prevention was the key. This kind of approach and emphasis in dealing with diseases has shown that Health Education is one of the fundamental approaches in primary prevention. The goal of Oral Health Education is to improve knowledge in school children which may lead to the adoption of favorable Oral Health behaviours that contribute to better Oral Health. Schools are powerful places to shape the health, education and well-being of our children. Now the emphasis in dentistry is shifting from treatment to prevention of Oral disease and promotion of Oral Health thereby increasing one’s quality of life. There is a marked downward trend in Childhood caries in developed countries where as upward trend is seen in developing countries.

Effective Education for Oral Health in children can create awareness thereby demand for treatment. So, Interdisciplinary approach is required to start educational activities. The teaching of Oral Health Education aims at preventing the dental disease and promoting dental health at early stages. It is important to take all possible action and opportunities for providing proper dental care along with good oral health education for children. Thus convincing the public and the community that oral health is an important part of general health, should be practiced right from school going age to be effective and meaningful. Schools can provide a supportive environment for promoting oral health, school policies and education in attainment of oral health and control of risk behaviours related to diet and nutrition, tobacco use and alcohol consumption.

**KEY WORDS:** Prevention, Oral Health Education, Fluoride, Life Style and Behaviour.

### INTRODUCTION

India is primarily a rural community with 72% of its population in Villages. Health is fundamental right, a social goal, an essential human need and a improved quality of life. Oral disease has been a problem for humans from the beginning of History. Teeth give rise to dental problem and toothache is as old as history. The history of dentistry is bound up with the very history of man<sup>1</sup>. Oral diseases over the years have been fluctuating with changing life styles. School children are the best targets for any preventive Oral health programme. The main area of concentration is primary prevention i.e. prevention of disease before its onset<sup>5</sup> through health education. Expectant and Nursing Mothers, and Preschool Children are other groups given priority in Public Health Programmes.

Childhood is the critical time period when skills and attitude are taking shape. Children are at risk for the development of dental health problems. Due

to insufficient resources and from dental public health point of view one has to identify more effective methods of Oral Health Education.

In a review of the effectiveness of Dental Health Educational Programmes in the schools, Flanders RA<sup>5</sup> has observed that the schools may provide the most effective, long term dental health education as they offer communication for many years. Class Room Education has been considered an important component of Efforts to improve preventive dental behaviour in the general population.<sup>6,7</sup> Therefore the present article comes with an objective of implementing the knowledge and improving the life style and behavioural changes in school children for preventing and promoting dental health through Oral Health Education.

Studies have shown that among the various methods employed for effective Oral Health knowledge in schools have shown that computer

method is more effective compared to health talk, pamphlets and exhibition method<sup>8</sup>. Oral Health Education should be more on self-care behaviours and positive life styles. Education on effects of Tobacco on oral health and general health should reach at High School students as to prevent the tendency to use Tobacco. Learning is accomplished by application of information; method of brushing is easily said than done. Dental skills can be acquired by learning which involves seeing, hearing and doing under supervision. Reinforcement of positive health behaviour is a must for continued use of skills. Facts are transformed to concepts, and concepts in turn to values<sup>9</sup>. Premature loss of deciduous (milk) teeth may lead to mal-alignment of permanent (adult) teeth, impacting on an individual appearance. Tooth loss can affect children's nutritional intake and consequently their growth and development.

Oral Health Educator should know or assess the factors which motivate the children or public<sup>10</sup>. Tooth decay and gum disease are the most prevalent conditions in human populations, others are trauma of teeth and Jaws, dental erosion, developmental enamel defects and oral cancer.

### Importance of Schools in promoting Oral Health

- School years cover a period from Childhood to Adolescence. This stage is important that influence sustainable Oral Health related behaviours, beliefs and attitudes are developed.
- Messages can reinforce regularly throughout the school years, to make health decisions and to adopt healthy life style.
- Provision of safe water and sanitation facilities is essential for tooth brushing activities in schools, as schools can provide a supportive environment for promoting Oral Health.
- School policies and Practices on healthy diet such as sugar intake, promote healthy dietary behaviours.
- School may be the only place for children who are at high risk of dental disease to have access to oral health services.

School teachers can play important role in oral health activities.

Most advanced oral diseases are irreversible. Childhood oral diseases if untreated, can lead to irreversible damage, pain disfigurement, more serious general health problems, lost school time, low self-esteem, poor quality of life etc.

### School Health Education

The primary goal of Oral Health Education in school is to help children develop personal life long skills, raise health consciousness, improve understanding and health attitude to promote healthy behaviour to reduce risks of oral diseases. School health education can be provided in school as a specific subject or as an integral part of other subjects, can also be included in extracurricular activities<sup>12</sup>.

Learning and teaching strategies for Oral Health Education are – Lecturers, Stories, Programmed Instructions, Computer aided instruction, Group work seminars, Peer teaching (senior students to junior students), Symposia etc.

### Stoll in 1960 described the goals of a school program for dental health education.<sup>16</sup> They are

1. To help child to appreciate the importance of complete set of teeth.
2. To show the relationship of dental and general health.
3. To encourage good oral hygiene practices, avoiding trauma to teeth, and habits harmful to the growth and development of teeth and gums.
4. To encourage child to seek and accept regular periodic treatment including correction of remediable defects and preventive and protective measures.
5. To enlist the cooperation of parents in these efforts to obtain adequate dental care.
6. To provide authentic information concerning diet and nutrition for optimal general health with specific reference to dental health.
7. To provide learning experiences for the purpose of influencing knowledge, attitudes and conduct relating to dental health.
8. To instruct children so that they can conserve and improve dental health through well-founded motivation-based knowledge.
9. To improve the individual's dental health and thus provide better dental health and thus provide better dental health for this and future generations.

The program for dental health education should be interesting, dynamic and closely matched to the learning ability demonstrated by the child at each particular educational level.

## Dental care programs for school children

Since children are most important victims of dental diseases, programmes aimed at dental health of the school children are of great importance in promoting oral health of the community. The school is the most logical and practical place to implement large scale dental health programs<sup>13</sup>. A school primary preventive dentistry program should be cost effective in man power, money and material and should produce fine results.

## The Oral Health care program for children includes<sup>17</sup>

1. Screening for various dental diseases like dental caries, enamel defects, developing malocclusion and craniofacial anomalies.
2. Supervised tooth brushing programs.
3. Pit and fissure sealants and topical fluoride application.
4. Oral prophylaxis and
5. Periodic evaluation

Methods to influence attitudes are – open discussions, student led seminars, student based teaching, research and inquiries, role-play, group work, debates, games, experiments etc.

Methods to develop skills are – practical exercises, demonstration, small group teaching, simulations, project work, role-play, behaviour modification, making models etc.

Effective teaching training builds commitment, understanding skills and attitudes to a comprehensive approach to school health, helps to deal with sensitive issues and students with special needs.

Oral Health part of the school health services helps, screen, prevent, control and monitor oral diseases and conditions and maintain good oral health. Depending on the resources the school teachers and school staff can be trained to undertake oral health surveillance and first aid duties. The role of nurse health workers, teachers and community workers in relation to school health programme must be carefully monitored and evaluated. The Anganwadis have played a crucial role to increase the school enrolment and provide continuity of services to school children in hand with school teachers<sup>18</sup>.

School Oral Health Service may include screening and diagnosis, needs assessment, clinical preventive oral care and treatment of oral disease, regular monitoring and or referral to other dental or medical specialities. School teachers can play vital role in teaching correct brushing method in

classroom. Classroom brushing, school water fluoridation, fluoride mouth rinsing programme, topical fluoride therapy, school based sealant programme<sup>2</sup>.

The most important method of delivering priority dental care to a group of school children is the incremental care, proposed by George Cunningham in England in 1907. It is an ideal pattern of care where appreciable incidence of new dental diseases is to be expected each year. Lesions of caries are treated before there has been chance of pulp involvement. Periodontal diseases are intercepted at or near beginning<sup>10</sup>.

In India, the Oral health education in schools is alarmingly increasing with the help of Dental Colleges, Voluntary organizations, Private Dental practitioners, and Health Professionals.

## CONCLUSION

Oral Health Education in school is but one aspect of total dental care of Prevention and Education. All school going children should have access to dental care as far as possible. With the limited resources available, the school based preventive programmes can be implemented effectively to a large extent. The dream of Preventive dentistry is to see India as a Healthier and Happier Nation which starts with prevention of diseases at the early stage in which children play an important role. Research must continue to develop, test and evaluate the effectiveness of any new strategies for school dental education.

So, let us all contribute towards a positive Oral Health.

It would do us a world of good to remember the inspiring words of Shakespeare "Sans teeth, Sans taste, Sans everything".

## Suggestions

Government should provide free adequate learning resource material like Literatures, Manuals, Booklets, and Posters and Leaflets of Oral Health Education.

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