



**ORIGINAL RESEARCH PAPER**

**Dental Science**

**ORAL HEALTH EDUCATION: A REVIEW**

**KEY WORDS:** Oral Health, Oral Health Education, Health Planning Model

|                            |  |
|----------------------------|--|
| <b>Dr. Roshni Agarwal</b>  | PG Student, Dept. of Public Health Dentistry, Rama Dental College Hospital & Research Center.                            |
| <b>Dr. Jyothi C</b>        | Prof. & HOD, Dept. of Public Health Dentistry, Rama Dental College Hospital & Research Center.                           |
| <b>Dr. Nidhi Pruthi</b>    | Reader, Dept. of Public Health Dentistry, Rama Dental College Hospital & Research Center.                                |
| <b>Dr. Devina Pradhan*</b> | Senior Lecturer, Dept. of Public Health Dentistry, Rama Dental College Hospital & Research Center. *Corresponding author |

**ABSTRACT** Oral health is an integral part of the general health. Lack of knowledge and negligence can lead to many dental diseases like dental caries, periodontitis etc. These oral diseases can be prevented if an effective oral health education program is planned and implemented. Health education is considered to be the most economical and feasible source of health promotion and disease prevention. It is essential to include oral health education as a part of the curriculum and encourage the dental professionals to impart oral health education to the patients. Thus, this review highlights the effective planning of oral health programs and its implications.

**Introduction**

Oral health education for the community is a process that informs, motivates and helps persons to adopt and maintain health practices and lifestyles; advocates environmental changes as needed to facilitate this goal and conducts professional training and research to the same end.<sup>1</sup>

The widespread nature of oral ill health (Dental caries, and periodontal disease) its insidious onset and development into a chronic problem, indicate that even a great increase in the number of dentists and auxiliaries using surgical procedures would not provide an effective way reducing its occurrence. It has been termed a disease of twentieth century civilization and placed in the category of behavioral health problems which includes obesity, stress and cardiovascular disease. The etiology of caries and periodontal disease is well documented and suggests that they are strongly influenced by a person's way of life.<sup>2,3</sup>

The traditional approach to reducing the incidence of dental disease through health education assumes that changes in knowledge and attitudes or a reliable indication of the effectiveness of a programme. However oral ill health is related directly to an individual's behavior and the parameter of success or failure should be measured with induces which truly reflect behavioral changes. Thus, oral health education program must be implicated in order to improve the oral health of the individuals.<sup>4</sup>

**Parts of Oral Health Education Program**

There are three phases in the oral health education programme:

- a) Oral health instruction
- b) Oral Health services
- c) Dental treatment including preventive procedure

Each phase of the programme can be carried to completion only when there is an interdependence with the other two phases. There are no clear-cut lines of demarcation among the three. Instruction will be found in the service phase and in the treatment phase. The dental checkup is not simply a case finding technique, but also an opportunity for health guidance and causing the recheck and follow up procedure can be part of the instructional phase.

**a) Health Instruction:**

Health counseling consists of the procedure for helping pupils and parents to understand the nature and significance of conditions revealed by dental inspections and to solve dental health problems. Health counseling applies to dental health as a process

of developing attitudes and ideas concerning dental health. The child is made aware of physical nature and the need to follow certain rules of health which will correct his dental deficiencies and provide for future good dental health.

**Planning Oral Health Education**

To be effective, health education needs to be properly planned and organized, planning provides a clear defined structure to an activity. There are two well-known planning models:<sup>5,6,7</sup>

- 1) Health Education Planning Model by - Ewles and Simnett (1999)
- 2) PRECEDE Model of Health Education (Predisposing, Reinforcement, and Enabling causes in educational diagnosis and evaluation).

**I. Ewles and Simnett (1999)**

This is a very practiced model which provides a step-by-step guide to planning health education. It can be used in planning activity on a one-to-one basis or for groups.

- 1) Identify client and their characteristics: Within a dental practice a wide range of different people may be identified or requiring oral health education. However it is important to select specific groups to ensure activity is tailored to their particular needs.
- 2) Identify Client Needs: It is essential that the needs of the client are clearly and fully identified before any action is undertaken. In planning effective health education both professionally defined need and client's concerns have to be taken into consideration.
- 3) Decide aims for health education: Based upon the assessed needs of the client on aim can be set, specifying the desired change that is planned. This aim indicates what change is desired and relevant to the defined needs of the client.
- 4) Formulate specific objectives: Objectives states what outcomes results from an intervention. They specify in detail the steps require to achieve the set aim.

As a quid to setting useful objective the acronym SMART can be helpful.

- Specific: Focus and precision are essential in setting objectives.
- Measurable: Objectives must be easily assessed to gauge progress.
- Appropriate: The needs of the individual or population group should be the central focus in the objectives of any intervention.
- Realistic: Achievable
- Time related: Time scale is specified to assess changes achieved.

- 5) Identify resources: In health education, resources may include people's expertise and exiting skill and materials such as leaflets or oral hygiene aids.
- 6) Plan content and method in detail: By this stage the method of the intervention should be apparent.
- 7) Plan evaluation method: Evaluation is designed to assess whether the set aim and goals have been achieved. So, evaluation measures that are appropriate to these must be selected.
- 8) Action: At last it is time to get on with the planned intervention.
- 9) Evaluate: Evolution can be done at the end of the intervention to assess the impact of the activity.
- 10) Review: For future use.

#### II. PRECEDE Model of Health Education by Green (1980)<sup>8</sup>

This planning model provides a structure for the different steps involved in designing a behavior change intervention. The component of service program for dental health in schools are;

- 1) Periodic dental inspection
- 2) Records (Name, Age, Sex, Address, Dental status)
- 3) Reports (Monthly or Annual Report to Administration, Dentist, Parents)
- 4) Follow up program
- 5) Emergency care

#### III. Dental Treatment Including Preventive Care:

- Referring the child to the family dentist.
- Other treatment aspects

#### Conclusion

Oral health education is an important part of oral health promotion and should be an important part of all dental professionals' clinical duties. Effective oral health education within dental practices is largely dependent upon detailed planning and teamwork. It is important that all health education advice and support is based upon scientific sound evidence.

#### References

1. Park K.; Park's Textbook of Preventive and Social Medicine. 24th Edition. Banarsi Das Bhanot, 2017.
2. Hiremath SS. Textbook of Public Health Dentistry. 3rd Edition. Elsevier RELX India Pvt. India, Gurgaon, 2016.
3. Daly B, Watt R, Batchelor P, Treasur E. Essentials of Dental Public Health. 2nd edition. Oxford University Press, 2013.
4. Peter S.; Essentials of Preventive and Community Dentistry. 6th Edition. Arya (Medi) Publish House, 2017.
5. Shekhawat KS, Chauhan A, Priya H. Planning and implementing school oral health programs: A scoping review. J Indian Assoc Public Health Dent. 2016; 14:237-40.
6. Levac D, Colquhoun H, O'Brien KK. Scoping studies: Advancing the methodology. Implement Sci 2010; 5:69.
7. Shenoy RP, Sequeira PS. Effectiveness of a school dental education program in improving oral health knowledge and oral hygiene practices and status of 12- to 13-year-old school children. Indian J Dent Res 2010;21:253-9.
8. World Health Organization. Oral Health Promotion: An Essential Element of a Health-Promoting School. Geneva: WHO; 2003.