
Communication Strategies For The Adoption Of Oral Health
By Primary School Teachers In Nigeria

By

K.Y. Gorah

*Department of Physical and Health Education
Federal College of Education
Pankshin*

Abstract

With the decline in the economics of most nations in African region, the World Health Organization (WHO) has reported increasing prevalence of Oral conditions such as AIDS, Noma, Oral cancers etcetera. This now calls for an adoption of revised strategies for health promotion and intervention. For caries to start, three basic things must be present, these are: the tooth, sugar and Germs. Caries is a worldwide health problem. Gum diseases with malnutrition and with any of the dreaded diseases is a great disaster to the individual's health. In Nigeria, it is a known fact that little attention is paid to oral health by various sectors of the economy despite the fact that the problem is generating increasing concern. The major obstacles to acceptance and avoidance or reduction in use of sugar include: illiteracy, lack of awareness, inadequate information, lack of understanding, the problems of hidden sugars in food eaten, and life style of individuals. This paper brings to lime light some communication strategies that could be used by health workers to promote the adoption of Oral Health by teachers.

Introduction

With the decline in the economies of most nations in the African Region, the World Health Organization (WHO) has reported increasing prevalence

of Oral conditions such as AIDS, Noma, Oral Cancers, Facial trauma, etcetera. This now calls for an adoption of revised strategies for health promotion and intervention. In Nigeria, it is a known fact that very little attention is paid to Oral Health by various sectors of the economy despite the fact that these problems are generating concern.

The word 'communication' is very important especially when it is used in the promotion of the health of the citizenry. When used in relation to the public, it serves as the interchange of information from one party or group to another (Lesly, 1991). According to Nwosu and Idemili, (1992) the word comes from a latin word 'communicare' which is to share or to establish commonness. They described the word as a process of establishing commonness of ideas, feelings desires or thoughts among humans, which could either be from person to person, person to group or from a group to group. In another way, Wolfheim, (1994) described communication as the exchange of information. Based on the above, communication could be seen as interchange of messages between and among individuals using mutually understood symbols, cards or languages. The purpose of which in health education programmes are to teach a common understanding and to reinforce certain behaviours that promote health, for example, the adoption of oral health among primary school teachers in Nigeria.

On the other hand, strategy is being defined by the Roachip and Hartman (1997) as a method or plan to achieve some goals. Promotion as it relates to health in being described by Tanahill, (1997) as activities designed to encourage positive health. In addition, Myburgh, (1993) described oral health as having all our teeth set in a beautiful straight arrangement, even though it may mean different things to others. Based on the above, communication strategies in promoting the adoption of oral health could mean, the exchange of messages between and among individuals using methods and activities designed to encourage positive health and beautiful straight arrangement of teeth for good living.

Oral Health as defined by Myburgh. (1993) could mean different things to different individuals. According to him, most people see it as being able to eat without pains or being able to smile confidently and interact with others without being self-conscious about one's appearance. To add to this, that the health worker sees it as having no decay in our teeth or gums which do not bleed when we brush our teeth, or having all our teeth set in a beautiful straight arrangement. The purpose of this paper therefore, is to bring to lime light some communication strategies that could be used by health workers to promote the adoption of oral health by teachers in the primary schools in Nigeria.

Basically, this paper will highlight the following:-

1. Global and local trends on dental caries
2. Things that must be present to cause caries
3. Level of Awareness and Adoption of Oral health by Teachers
4. Ways of communicating the oral health message.

Global Trends on Dental Caries

In a workshop organised by Intercountry Centre for Oral Health (ICOH) for Africa. (1999), it was reported that globally, the following are in existence.-

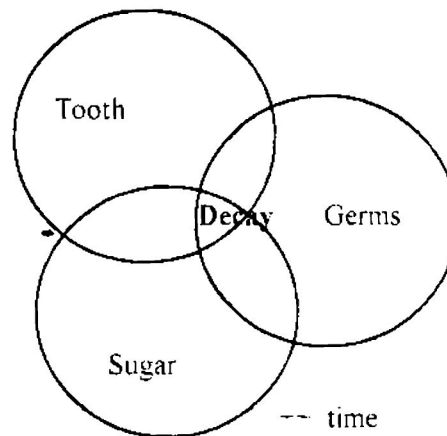
1. dental caries (decay) are dropping off in the developed countries
2. caries are rampant in less developed countries
3. gum diseases - quite wide spread in both
4. gum disease with malnutrition will bring a lot of disaster
5. oral idseases with human immune virus (HIV) will produce a similar disaster.
6. oral cancer depends on habits and ability to recognise early.

Furthermore, the report revealed that

7. caries is low but increasing with urbanisation in developing countries.
8. caries is very high in some groups
9. lots of missing teeth (especially in cities)

10. mild gum disease wide spread in both.
11. early diagnosis of oral cancer is poor in developing countries.
12. ignorance of danger posed by oral habits in developing countries. It is very important to understand that the reason why there is a drop in caries problems in developed countries is as a result of change in dietary habits.

At this juncture, it may interest us to try to understand the main things that must be present for dental problems.



- No sugar - No decay
- (10kg/Year) - Almost no decay
- A general health hazard eg. obesity, diabetes
- A massive Industry - (advert) - misinformation

If you must use sugar-for a year, you may decide to use it thus.
Take a teaspoon of 5 grammes - times 2 cups and 2 times per day.

$$5 \times 2 \times 2 = 20\text{gm/day}$$

$$20 \times 365 \text{ days} = 7300 \text{ grammes}$$

$$= 7.3\text{kg/year.}$$

Level of Awareness and Adoption of Oral Health by Nigerian Teachers in the Primary School

Observations have shown that the inability to adopt Oral health by many teachers in developing countries such as Nigeria is largely due to many factors. Prominent among such factors include:- Lack of awareness about oral health, illiteracy, cultural beliefs, taboos, inadequate information, and preference for other forms of managing caries.

A study conducted by Myburgh (1988/9) in South Africa indicated that the levels of tooth decay in that country were then quite low when compared to some other countries in the world. Twelve-year old children, for example, were found to have, an average of 1.7 decayed, missing, or filled teeth, whereas, children of a similar age in Brazil have over 6.5 decayed, missing or filled teeth. The same study revealed that the percentage of the population who had lost all their teeth grew steadily with age and was highest amongst coloured people where it was 72.3% at the age of 60-64 years. The comparable figure for whites was 47.3% and for Blacks 20.9%. In addition, there was a relatively less complete information about gum disease in South Africa. However, the information that does exist indicates that it is similar to most other countries in the world, where between 10% and 18% of the population are found to have destructive gum disease that have less sugar content, as well as the encouragement of the use of products with fluoride. The promotional strategies for communication may include - Political commitment for change, winning approval of dentists, Oral Health through television and radio, Education through interpersonnel communication, Traditional and Folk media, Steady media coverage, Oral Health weeks, community health agents, Religions organizations, Mobilization of teachers, Encouraging the eating of foods that promote oral health and participatory communication. Some of these are discussed in detail.

Communicating the Oral Health Message

Communication in its totality has been recognised internationally as an effective instrument for behaviour modification. For example, United Agencies and International Organizations have strongly acknowledged that many nutritional problems can be covered if effective communication is used not only to educate people but also to change their behaviour patterns which could lead to adoption. The aim of nutrition communication is to use innovation technique founded on behaviour change theories and experiences to encourage people to try, adopt and sustain new behaviours relating to food and nutrition. This aim can as well be applied to communicating Oral Health. The 6th International Conference of International Nutrition Planners Forum stressed the need for communication in order to identify transferable processes that could be implemented in different situations (Achterberg, 1991). The plan action for nutrition adoption at the FAO and WHO International Conference on nutrition in 1992, especially stressed the need for strengthening education systems and social communication mechanisms to improve and implement nutritional knowledge, especially at individual, family, and community levels. These are clear indications that the use of communication approach by health workers and curriculum designers for teacher training institutions will promote oral health adoption by teachers in Primary Schools in Nigeria.

In communicating oral health message therefore, teachers are the first to be advised on the defence against the threat of tooth decay. The teacher in particular because he is the person in the school that is the first level of our educational system. Moreover, he is the individual from whom advice could be sought when a pupil has tooth problems by parents (especially those in villages). He is also the person looked upon as an individual with knowledge to help in administering first aid treatment in the school. It should be noticed here that the behaviour of the health teacher is often influenced by those around him, knowledge, attitudes and skills of all (both in school and home) members are crucial factors in determining whether

Oral Health is to be used at all or not or whether it is to be used effectively. It is expected that the communication of Oral Health messages be in such a way that parents and teachers understand it, are willing to use it and are also willing to practice and adopt it effectively.

Political Commitment to Oral Health

The President and Senior Government Officials can play an important role in bringing national attention to Oral Health when national leadership is committed. Oral Diseases Programmes can produce significant result in a fairly short period. For example, the presidents of the underlisted countries used fluoridization to raise the standard of Oral Health (Myburgh 1999). Singapore started fluoridization of drinking water in 1958 and have now achieved 100% coverage, Australia started in 1953 and have achieved 65% coverage, etcetera. All these countries and others did this as a means of reducing dental and gum problems. These promotions of Oral health by the above mentioned political Heads gave instant credibility to Oral health in communities of those countries. Nigeria should borrow a leaf from these countries and others to promote teachers adoption of Oral Health.

Winning Approval of Dentists and Dental Medical Personnel

For individuals and the public in general to trust on Oral health, the issue needs to become an integral part of the country's public health care system. It is expected that dentists and other dental medical personnel should encourage oral health. All public health facilities must be equipped to be able to treat dental caries correctly, with adequate supplies of dental and other health workers properly trained in appropriate case management. It is essential that health workers encourage oral health for themselves and their families. An individual cannot convince others unless the person is convinced himself. Since people trust the advice of health professionals, dentists as well as other health personnel are the ones who are the most important groups to be convinced of the efficacy of good oral health.

Oral Health Education Communication

Education process is necessary to create the level of awareness that will enable people understand their socio-economic realities and gain sufficient technical knowledge for taking part in decision making over issues that affect their health. Teachers and Parents should as a matter of urgency be properly enlightened on the importance of oral health. The mechanisms for providing information range from posters to radio and television viewing centres to non-participating group counselling sessions where a teacher provides knowledge to target group members. The teacher should be aware and should understand the purpose of a given health programme and how individuals could be motivated to accept and be ready to implement what is learnt.

Oral Health Communication Through the Mass Media

In many nations, especially where illiteracy rates are high, television and radio, when used as part of a larger communication campaigns, have successfully increased overall awareness about the dangers of oral diseases and the effectiveness of oral health. A strickly mass media approach may be used to persuade teachers to adopt a neglected health behaviour and/or service. This method according to Stuntabiri, Attig and Dhammitta, (1992) often goes beyond information dumping to apply social advertising strategy to encourage people to try something new. Disseminating oral health messages year - round by the print and broadcast media will provide a constant reminder to teachers. By so doing they will not only be imparting information on good oral health, but are also generating an over-all awareness about child's right. This will reinforce the adoption of oral health since teachers on hearing health messages on the radio they will also hear the same advice from a health worker. To buttress this, UNICEF (1997), stressed that Mexico used the television to communicate Oral Rehydration Therapy (ORT) and today she boasts of an over 81 per cent ORT use rate across the country. Egypt also used the television to campaign for

same which led to increased knowledge from 17 per cent in 1980 to 98 percent in 1988. Nigeria can do the same reduction of eatensugery foods as well the use of tooth paste with fluoride using the same medium

Communicating Oral Health Through Traditional and Folk Media

A nation's richest resources are often its local traditions, customs and beliefs. Some of the most effective communication campaigns therefore, have capitalized on local cultures and have used these traditional channels to educate societies about oral health. Nigeria is very rich in cultural activities. Theatre troops can be used to translate oral health messages into a variety of performance styles to reach the many indigenous communities (teachers). This can be done through drama, music and poetry to promote teachers adoption of Oral health

Oral Health Through Interpersonal Communication

It is a known fact that while the media offers the quickest and easiest way to reach individuals on a massive scale, the most effective way to change behaviour is to combine media with personal contact. Interpersonal contact always enhances confidence and clarifies doubts. When teachers learn about oral health through health workers or volunteers in their homes (through visits) or in schools or churches, they are able to ask questions, with privacy, in a comfortable environment.

Encouragement of Oral Health Weeks Year - Round

An effective strategy that Nigeria can adopt is organising National oral health days and oral health weeks. This can be observed especially during seasons when pupils or students are in schools. This will reinforce year-round efforts in rural villages and urban areas. Apart from providing oral health practice, the weeks will increase awareness about dangers of oral diseases among decision makers at National and local levels. The efforts will also strengthen commitment to oral health among health

professionals and improve access to oral health through massive distribution of products that improve oral health e.g. (tooth paste with fluoride). In addition, oral health days and weeks will highlight the media's role in making the public aware of issues. Finally, they will also provide chances to mobilize teachers to adopt oral health. For most successful Days and Weeks, they should be well planned with defined measurable objectives such as the people to reach. During such days or weeks, activities could include, demonstration of fluoridation, dramatization, exhibitions, film shows and lectures on the dangers of oral diseases and importance of good oral health.

Use Community Health Workers to Communicate Oral health

Health workers should recognise the dietitian and agric extension workers' importance of community Health Agents. Use them to communicate oral health. The community health agents serve as a critical link between the community and the health services. They should emphasize prevention and also bring the population to formal health services when need be. They should provide health education, encourage the use of toothpaste with fluoride and refer serious oral disease cases to the nearest clinics. Community health agents should communicate with their neighbours easily in familiar non-technical terms and very much acquainted with traditional health practices. These qualities make them as a force to reckon within the promotion and adoption of oral health by the teachers in the primary schools in Nigeria.

Communicate Oral Health Through Teacher Education Curriculum

Since the curriculum is being looked at as the total sum of experiences to be provided to learners. As part of improving the curriculum for teacher education, health course be made mandatory for holders of National Certificate in Education (NCE) and undergraduate degree students in our Universities. In its, oral health should be included in the content of such

a course. In the primary and secondary schools, during speech and prize giving days, parents should be made to watch a drama on oral health to influence and promote its adoption.

Mobilization of Teachers

Mobilization is a means of influencing and arousing the interest of people to make them actively involved in finding solutions to their problems. This leads to self-reliance and initiative. Mobilization of teachers therefore, refer to influencing, educating and motivating them to be aware of oral health.

According to Anyanwu, (1995) motivation is the sum total of needs and desires which lead to individuals and groups action. Awareness leads to motivation and it is only when a person is motivated that a particular goal can be pursued and participation results. Health workers can use linkage groups such as the women fellowships, WAI to motivate, mobilize, inform and educate the public about oral health.

Participatory Communication

In participatory approach, most of the communication strategies are face to face group interaction between the health personnels and teachers. During oral health weeks, teachers could be encouraged in dramatizing and emonstrating the fluoridation of drinking water. The ealth workers may write key persons in the community and the mass media to cover the activities. To boost the success of programmes like this, the health worker should liase with the head teachers as well as traditional heads of the communities. The mass media can themselves organise periodic training for the teachers to be shown on the screen, heard on the radio and read on the papers. This will go a long way in creating prestige in participants. Also, spirit of competition and the zeal to be seen on the scren or heard over the radio will be in stilled in the teachers, thus, boosting the adoption of oral health.

Communicating Types of Foods that Promote Oral Health

It is important that individuals eat well balanced diet as much as they can afford for good general well being of their bodies. For proper promotion of oral health, the best food is fresh foods like vegetables, fruit, or food that has very little or no sugar. Myburgh (1999), affirmed that the mixing of different kinds of food together and eaten several times a day helps one's body as well as his teeth and gums to stay strong and healthy and further stressed that traditional food is usually good food.

At this juncture, it is important for individuals to understand that sweet food, especially those purchased from stores, can mix with germs and make holes in the teeth. Sweet and sticky food sticks to the teeth easily and can also make a coating of germs and food on the teeth that starts an infection in the gums. Examples of such foods include, biscuits, syrups, cakes.

Furthermore, children are always given sweets by adults who want to reward them; unfortunately, dental problems are handed out as well. Therefore, it will help us well to note the sweet and sticky foods and drinks with a lot of sugar are bad for both teeth and gums.

Summary and Conclusion

Due to decline in the economies of most countries in the African region, the World Health Organization (WHO) has reported increasing prevalence of Oral conditions such as AIDS, Noma, Oral Cancers, facial trauma, etcetera. This now calls for adoption of revised strategies for health promotion and intervention. In Nigeria, it is a known fact that very little attention is paid to oral health by various sectors of the economy despite the fact that the problems are generating increasing concern. Observation seems to suggest that certain factors militate against the adoption of oral health. Such factors, include, illiteracy, lack of adequate information, lack of awareness and understanding the efficacy of fluoride and reduction, or abstinence from the use of sugar in preventing caries. Research and

experience has shown that avoidance of the use of sugar can prevent caries. Also, experience has shown that the most effective way to create awareness, the first step along the way of changing behaviour, attitudes, and practices is to develop a communication strategy that is based on community knowledge, attitudes and practices and respects cultural preferences. The strategy and messages should provide teachers with convenient and practical solutions that meet their needs.

In conclusion, an integrated communication approach to convince teachers about oral health needs should use all possible communication channels, such as mass media, traditional and folkmedia, improvement on teacher preparation curriculum, interpersonal channels to reach teachers with messages in different forms but on the same subject, so that the messages are mutually reinforcing to achieve the desired goal

References

Achterberg, C (1991) Effective Nutrition Communication for change. Report of the sixth International Conference of the International Nutrition Planners Forum, Washinton, D C. Nutritional Foundation, Human Nutrition Institute, Internation Life Sciences Institute.

Anyawa, S.U (1995). Community Mobilization and use of Groups in Health Education. Unpublished Seminar Paper

Intercountry Centre for Oral Health (ICOH, 1999). Workshop on Oral Health, held at Jos, Plateau State, 30th August to 3rd September, 1999

Lesly, P (1991). Current use of terms. The Handbook of Relations and Communication. (Rev. Ed.) (4th ed) p. 7 McGrawa Hill Book company U.K. Ltd

Myburgh, N. (1993) Oral Health Promotion in the School and College Curriculum. Capetown, University of the Western Cape-Publishers

Myburgh, N. (1999) Primary Oral Health Care for Community Health Workers. Cape Town, University of the Western Cape-Publishers.

Nwosu, I.E & Idemili, S.O (Eds). Defining and Explaining Communication. Public Relations Speech Media Writing and Copy p. 49. Enugu ACENA Publishers

Roachip, M & Hartman, J (1997) English Pronouncing Dictionary, 5th ed. United Kingdom: Press Syndicate of the University of Cambridge.

Stuntabiri, S., Attig, G & Dhanamitta, S (1992) Participatory action for Nutrition Education: Social Marketing Vitamin A Rich Foods, in Thailand. Ecology of Food Nutrition, 28:199 - 200.

Tanahill, A. (1997) What is Health Promotion? Health Education Journal: 44(4): 1-36.

UNICEF (1997). Oral Rehydration Therapy Elixir of Life. UNICEF Annual Report pp 1-41 New York: UNICEF

Welthein, C (1994) Advising Mothers: Dialogue on Diarrhoea. The International Newsletter on the control of Diarrhoeal Diseases 58:1-8

K.V. Garah Nig. Journal of Health Educ. Vol. 9, No. 1, 2000