

PRACTICAL TEACHING OF ORAL HEALTH IN THE PRIMARY SCHOOLS

**Tr. KAJANG YAKUBU GORAH (Ph.D) AND AUDU
ANDREW JATAU**

FEDRAL COLLEGE OF EDUCATION

PANKSHIN PLATEAU STATE.

Introduction

It is an indisputable fact that the primary school is the foundation stage on which the rest of our education tiers are built. Observation seems to attest to the fact that scientific facts are acquired at this stage which are stored by the children for reflective thinking in later stages of life which in one way or the other affect the health practices of the individual.

In Nigeria, very little attention seems to be paid to oral health by various sectors of the economy despite the fact that problems associated with oral health are generating increasing concern. As a part of the revised World Health Organization (WHO) strategy therefore, we have decided to have this Workshop paper on practical Teaching of Oral Health in the primary school. The concern of this aspect of the workshop therefore, is as much as possible to educate, and if possible, to produce healthy primary school communities, especially in oral health. Specifically, this

workshop covered the following:

- Determinants of oral health and diseases.
- Practical session on oral health.
- Principles of teaching oral health

Concept of Teaching Oral Health

Teaching oral health is hardly defined, however, the concept can be taught through a number of well-structured plans and instructions arranged in an effective way. As stated by Vannier and Fiat (1975), all teaching acts are conceived to produce learning and so the best of effective teaching is the amount of learning that occur. In addition, Awoyeni (1986) agreed that objective fulfilment has for years been a crucial product of any institution. So, superior teaching or instructions viewed as the most significant variable in the teaching environment (Vannier and Fiat. 1975).

It is a known fact that the pupil is the central most important personality in the teaching-learning situation, as well as the only reason for the establishment of the school system; the teacher serves as the catalyst between him and the topic of discussion. That may be the reason Lindeburg (1978) concurred that the development of the idea of teaching is the responsibility of each teacher of which health education is one. In his view, no teacher should settle for less than the pursuit of excellence and then suggested the following principles for excellence in teaching.

- Improvement of self as a teacher and as a person.
- Being organised is being a good teacher.
- Improvement of each unit and every class.
- Motivating the pupils.
- Listen to understand, and communicate with the pupil.

What is Oral Health?

Oral Health means different things to different people but majority refer to it as being able to eat without pain, or being able to smile confidently and interact with others without being self-conscious about our appearance. To the health worker, it can mean having no decay in our teeth or gums that do not bleed when brushed, or having all our teeth set in a beautiful straight arrangement (ICOH, 1999). However, Oral Health concerns itself with all the components of the oral cavity being in a healthy state for enjoyable personal life of the individual.

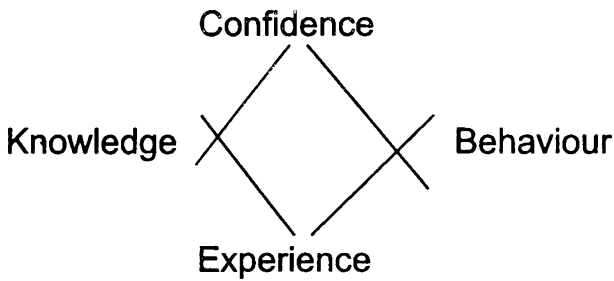
Global Trend on Caries ICOH, (1999) affirmed the following:

- Caries is grossly dropping off in developed countries.
- Caries rampant and increasing in less developed countries.
- Gum diseases and malnutrition in less developed countries.
- Gum disease quite wide spread in both.
- Oral diseases and HIV prevalent in both.
- Oral cancers depends on habits and ability to recognize early.

Why the paper?

It is the believe that when knowledge is obtained, it leads to

Experience ___confidence___behaviour



Determinants of Oral Health

Before discussing on the determinants of oral health, it will be very good for us to understand the importance of the teeth and gums which include:

- Good looks helps individuals to look good and feel good.
 - Good speech your tongue and lips touching the teeth help in talking and making sounds.
 - Good eating your teeth cut and grind food into small bits for easy swallowing.
 - Good breath. If you leave food around your teeth, your breath will smell. The gums fit tightly around the teeth, and help to keep them strong.
 - Without strong gums, your teeth are of no use.

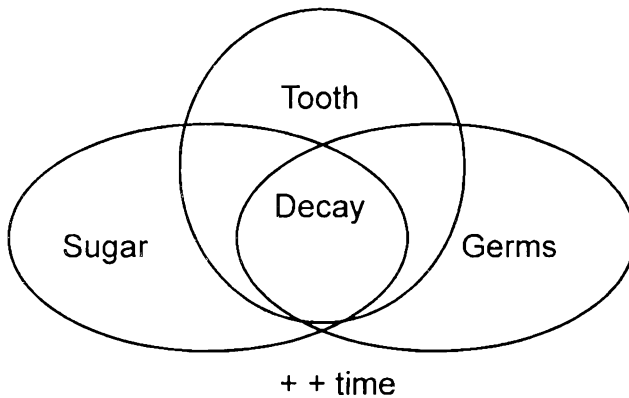
Most old people lose teeth because of bad gums, not bad teeth.

Therefore, the determinants of oral health include:

- Food (diet)
 - Literacy/Education
 - Sanitation/dirt/fluoride

Food/Diet

For a good and healthy development of an individual, it is expected that one eats balanced diet. The eating style and constituents of the food eaten determines whether or not an individual will have dental caries. For a tooth to decay, three things must be present, the tooth, sugar and germs, with time it will lead to tooth decay.



A diet without sugar there will be no decay. An individual according to ICOH (1999), who consumes a total of 10kg of sugar a year will have almost no decay. It must be noted that sugar when consumed serve as a general health hazard leading to diseases like obesity and diabetes. It is a known fact that advertisements lead individuals to patronise things that should not have been patronised. If the truth about sugars is contained in adverts, it will help individuals to run away from hidden sugars in food drinks. Sugar may be good for an athlete and not for the person that lives a sedimentary

life. To this end, adverts provide a lot of misinformation thereby leading people with this misguided information on the truth concerning such products.

Myburgh (1999) affirmed that overwhelming evidence incriminate dietary sugar as the major factor in caries aetiology. He further stated that there is consensus that frequent intake of sugary foods promote caries; but that community-based approaches to dietary change have been effective in achieving significant changes in patterns of eating.

Good oral health will depend on the level of knowledge obtained by the individual. If one is an illiterate, there is that possibility he may not care about his own health. If the individual is aware that he needs to live well and be happy, this knowledge will lead him to proper sanitation of himself and the surrounding therefore not allowing dirt. In the mouth, dirt leads to plague etc. it must be understood here that, brushing does not prevent tooth decay, but it can help bad breath and bleeding gums.

Another determinant of good oral health is fluoride which is a beneficial element for humans because of its valuable effect on oral health. It is present naturally in soil, water, tea, plants, tooth paste and many foods. Fluoride unites with enamel (the hard part of the tooth) making the teeth more resistant to decay. It can interfere with the ability of the germ in the plaque to produce acid. It is also important because it helps to repair the early states of tooth decay even before the hole becomes visible.

It is note worthy at this juncture that some drinking water contain more than normal percentage of fluoride.

When this water is taken by a pregnant mother, or during tooth formation, it affects the formation of the teeth, causing it to be stained (discoloured). This discoloration is called fluorosis (intrinsic) stain (Myburgh, 1999). According to him, intrinsic stain can also be caused by certain drugs during tooth formation such as tetracycline. Furthermore that these stains cannot be removed because they are within the tooth structure and are therefore permanent. In addition, that other strains from tobacco, kolanut, coffee, tea and certain foods are external (extrinsic), can be removed by cleaning (scaling) in the dental clinic.

Normal (healthy) gum is pink, and firm on tooth touch. The common oral diseases include:

1. Bleeding of gum (Gingivitis). It is the redness, swelling bleeding on touch of the gum.
2. Gum disease (periodontitis).
3. Tooth decay (dental caries).

What is a gum disease?

According to ICOH (1999) that a group of diseases affecting the supporting tissues of the teeth which are the gums, the fibres and the bone. They are the most common causes of tooth lost in adult life. It is important to note that it is

a slow, relatively painless, infection of the gums fibres and bones surrounding the teeth it starts by bleeding of the gum then slowly it will develop and lead to gum disease and to gums becoming red and swollen.

What is tooth decay?

Myburgh (1999) described this as the disease which produces cavities in teeth. It is a slow destruction of the tooth by germs (bacteria) products (acids) which produces holes. Decay is the most common dental health problem in children. You will get cavities in your teeth if you eat sweet food and then do not clean them. Furthermore, Myburgh (1999) stressed that acid (formed by plaque and sugar foods) attacks the tooth surface and causes a rotten tooth. If sugar foods are continually eaten, according to him, the hole in the tooth gets bigger until it reaches the nerve, causing bad pain and even abscess. If one has a black spot on his tooth, it might be a cavity and so the tooth hurts some of the times, such as when you eat, drink, or breathe cold air, it probably has a cavity in it. If you see a cavity or feel a tooth hurting, get help right away. A dental worker knows how to fill the cavity so you can keep that tooth.

How do you prevent tooth and gum diseases?

ICOH (1999) stressed that the best food is fresh foods like vegetables, fruit, or food that has very little or no sugar. Mix different kinds of food together and eat several times a day. They affirmed that this process helps the body as well as the teeth and gums to stay strong and healthy. In addition,

that traditional food is usually good food.

Sweet food, especially the kind bought from the store, can mix with germs and make holes in the teeth. Sweet and sticky food sticks to the teeth easily and it can also make a coating of sugars and food in the teeth that starts an infection in the gums. Examples are chocolates, biscuits, any sweet or coffee, cakes, syrups and jams (Myburgh, 1999). In our society, it is a common thing to see adults giving children sweets as a way of reward. It should be understood that dental problems are handled out as well. It is suggested that other rewards, such as hugging would be a healthier one.

Practical Session on Oral Screening and Cleaning

Activity I Screening individual's oral cavity

Things, required for demonstration participants pair themselves observe one another's oral cavity and record things noticed.

Activity II flossing (using flossing strings).

- Individuals can do it after explanation and demonstration by facilitator.

Activity III Colouring and removing plaque.

- One person is the tester and the other person is the watcher.
 - Tester brushes off all the coloured plaque.
 - The watcher keeps looking to see if all the plaque is gone.
 - Both tell the participants what they have observed.
- Materials needed harmless chemical colours and cotton-brush.
- Chewing sticks should be chewed at the one end to

ame it soft so that it would not hurt the gums.

- Use it to scrub the inside, outside and top of each tooth.
- Use your brush to clean all the teeth, especially the top surfaces of the back teeth and in between the teeth. If these areas are not cleaned well, holes can start there.
- When chewing sticks are used, rinse your mouth with water very well to remove any remaining bits of food.

Wash your chewing stick or brush and allow it to dry and keep in a safe place.

Some Principles for Oral Health Promotion

It's important that teachers in the primary school use certain principles for the promotion of oral health. For this reason, teachers should:

- Help people to recongize their healthy traditions

Then help them find new ways to use these same traditions for better health.

1. Be a good example.

- Buy and use healthy foods.
 - Do not buy unsafe snacks e.g. coco cola, sweets, etc.
 - Do not give your baby a bottle with sugar in it.
 - Keep your own and your children's teeth clean.
 - As you teach, remember that as others learn, they too become teachers.

2. Find the Best Way to teach.

- Deciding **how** to teach is as important as **what** to teach.
- Learn first from the people.

- Build new ideas onto old ones.
- Keep your messages short and simple.
- Teach something pupils can do right away.

Conclusion

It is a known fact that the primary school level is the foundations stage where scientific facts are acquired for reflective thinking which is the knowledge that forms the basis for a healthy living in later life. Also, it is a real truth that a practical health education programme can help revolutionise and maximise the productive capacity of the citizens of this country and thus contribute to community and national development because the young learner of today is the adult citizen and potential manpower of tomorrow. To fully achieve the objectives of health education in primary schools therefore, (especially on oral health) the following are suggested.

1. Individuals are advised to clean the mouth everyday because particles of food left in the teeth can hurt the teeth as well as they gums near them.
2. Use a soft brush and both paste that has fluoride to clean your teeth. ✓
3. To make your gums stronger and more able to fight infection:
 - Eat more fresh fruits and green leafy vegetables;
 - Rinse your mouth with luke-warm salt water;
 - Breast feed your baby for a long time as this provide for the teeth to stay strong;
 - Do not give a baby anything sweet to drink from

a bottle, especially allowing the baby to sleep with it.

- Avoid the use of sugar and if very necessary, it should be minimized.
- Brush the teeth after meals to keep them clean and remove the nasty plague that can cause cavities.
- Floss the teeth at least twice in a week to help clean the parts of the mouth the brush cannot reach.

REFERENCES

Awoyemi, M.O. (1986). "Instructional Effectiveness: Issues and Proposal". Nigerian Journals of Curriculum Studies 4(2) p.45.

Intercountry Centre for Oral Health (ICOH) (1999) WHO ICOH teacher Curriculum workshop, Jos, Plateau State Nigeria.

Lindeburg, F.A. (19780). Teaching Physical Education in the Secondary School. New York: John Wiley and Son.

Myburgh, N. (1999). Primary Oral Health Care for Community Health Workers. Capetown: University of Western Cape Publishers.

Vannier, N. & Fait, H.P. (1975). Teaching Physical Education in Secondary Schools. Philadelphia: S.B. Sunders Company.