COMMENTARY

Health Promoting Schools: A Powerful Means of Improving Community Oral Health for Future Generations of Pakistan

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ABSTRACT:
Public health has shifted its focus towards social conditions that are responsible for achievement of oral health and prevention of oral diseases like dental caries, periodontal disease and oral cancer. The oral health burden on Pakistani population is alarming with children being the most common victim of oral dental diseases. At present knowledge and attitudes of influential professionals such as school teachers on oral health and school based preventive programs is poor. Health promoting school is a place where institutional policies, physical and social environment, relation with the community, curriculum and personal skills makes it a healthy setting for living, learning and working. School serves as a powerful setting for learning of children and healthy behaviors. Lifestyle developed within a school environment are said to be more sustainable. Dental professionals need to work in partnership with school teachers to change attitudes, beliefs and behavior along with provision of knowledge
Keywords: Oral health, Community, Health promoting schools, Future generations, Pakistan.

INTRODUCTION:

The major aspect of dental public health is concerned with principles of prevention and oral health promotion. For maintenance of oral health it is important to broadly understand the epidemiology of oral diseases and identify social, economic and environmental factors in prevention of dental caries, periodontal disease and oral cancer. The social determinants of health inequalities have been acknowledged worldwide for an individual's overall health outcomes and it is now said that the health is not only achieved by individual's own actions but wide range of social, economic and environmental factors are also responsible for it. WHO states health promotion is the process of enabling people to increase control over, and to improve their health and outlined five key action areas; building healthy public policies, creating supportive environment, strengthening community actions, develop personal skills and reorient health services.[1] Health promoting school (HPS) been defined as 'A school that constantly strengthens its capacity as a healthy setting for living, learning and working.[2] Key components of a health promoting school as outlined by Kwan [3] include:

1. Institutional Health Policies – Reinforcing healthy eating programs, availability of healthy food and assessment of nutrition status, school health team working in collaboration with healthcare professional for health education and referral.
2. Personal Health Skills – curricular activities promoting positive attitudes and healthy behavior, oral health issues incorporated in the curriculum or taught as a subject, teachers and peer educators training on health promotion and the use of health resources in partnerships with dental health centres.
3. Physical Environment – Appropriate actions to avoid accidents at school and enable environmental care such as use of mouth guards to reduce risk of oral trauma, shaded playgrounds, tobacco-free school environment safety of the school's equipment and materials.
4. Social Environment – provision of counseling and support services for students and staff to avoid stress, interpersonal conflict, peer pressure and other social forces.
5. Ties with the Community – participation of family to become part of school community and facilitate children, involvement of parents and community in planning and decision making process, community advisory committee and media promoting oral health message e.g clear food labeling, water fluoridation, restrict tobacco advertisement.

The oral health burden on Pakistani population is indicating an alarming situation with limited healthcare resources which are mainly focused on treatment rather than prevention. Majority of people belonging to low socioeconomic class with low literacy rate acts as a barrier to access care. Many of the oral diseases are first experienced during young age with caries being the most common chronic disease of children. A review article on oral health challenges in Pakistan have reported 12 year Decayed Missing Filled Teeth (DMFT) to be 1.38 which is not too dramatic but the majority of lesions remain untreated with filled teeth ratio of 0.08 that shows the treatment available is too low.[4] Less than 28% of 12 year old children have healthy gingiva making periodontal disease most common oral disease in Pakistan.[5] Oral cancer is the second most common form of cancer among men and women and comprises about 10% of all malignant cancers and the use of areca nut is found in 74% of primary school children. Environmental influences play a major role in molding practices as majority of the children commence the habits from their family[6]. Poor oral hygiene is also a major public health problem. Approximately 8% of population never cleans their teeth while 36% clean

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their teeth every day.[4]The school serves a powerful forum for promoting oral health as it provides access to a large number of children in most influential stages of child's life and through them, the school staff, families and community as a whole. There is a definite need for promoting oral health in schools in our community. In Pakistan school-based Oral Health Education (OHE) has so far been undertaken mainly in urban schools as a sporadic activity.[7] Government school system in our society does not place health upon their priority. Most private schools may have health policies but are deficient in specific dental health policies and few would fulfill all the dimensions of a health promoting school. There is no sufficient data available on level of implementation of health promoting activities. These problems combined with socioeconomic and environmental factors such as poverty, gender inequalities with girls having limited access to education, poor infrastructure of schools and surroundings making the health goals difficult to achieve. The dentists, though sufficient in number, cannot be held responsible for OHE to school children because of their uneven distribution and secondly OHE work in general is not considered to be very rewarding by dentists.[8] Health promotion involves interventions at different levels encompassing actions from different organizations with health professionals playing a central role. People demonstrate a wide variety of attitude towards oral health influenced by their own experience, cultural perceptions, familial beliefs and other life situations which strongly relates to their overall health behaviors.[9,10,11,12]Therefore dental professionals need to work in partnership with a range of other influential organizations such as government policy makers, school authority and educators in this situation and apply a holistic approach to change attitudes, beliefs and behavior along with provision of knowledge.

Knowledge and attitudes of other influential professionals such as school teachers on oral health and school based preventive programs can also be disappointingly poor.[13,]A study conducted in Pakistanon knowledge, attitude and practice of public school teachers reported that they had poor knowledge regarding dental decay and its etiology. The majority of teachers had poor awareness concerning gum diseases which they pointed out could be due to failure of dissemination of knowledge related to oral health issues in our teacher population. Their attitude towards regular dental visit was also not satisfactory and they were found negligent towards importance of routine dental visits hence, their capability to disseminate oral health education to students in schools needs consideration[14].

Hence, health promotion program aimed at school children are of great importance in combating overall oral disease burden in our community. Also, healthy behaviors and lifestyle developed within a school environment are said to be more sustainable and cost-effective. This underlines the need for a comprehensive plan of implementing HPS which is acceptable to the customs of society. Adequate support from health authorities should be provided with respect to manpower, cost and material so that it does not impose extra burden on the schools and result in a sustainable change. Also, there is a need for greater public health efforts directed toward improving knowledge and opinions of teachers and dentists' responsibility to provide them correct information on oral health. A subsequent plan must be made to develop bodies for undertaking program analysis and evaluation. Several practical frameworksand models to guide the development of comprehensive and systemic approach to evaluation planning, including process and outcome evaluation for multi-sectorial community initiatives have been developed[15].This will allow the monitoring of program success at all levels for validity, acceptability and changes in health status.

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