

## Implications of low dental awareness in Nigeria

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I congratulate the Nigerian Dental Association on this occasion of the 2008 Biennial General Meeting and Scientific Conference of the Association. In particular, I congratulate the Executive Committee for all they have done to ensure that the Association is actively involved in the professional activities of the Medical and Dental Council of Nigeria.

I thank the Association for inviting me to be the Keynote Speaker at this meeting. I have been asked to speak on the title 'Implications of low dental awareness in Nigeria'. As a community dentist, I reckon that this topic is coming at the right time. I intend to share my views on this stimulating topic with you all, hoping that at the end of the tunnel, there will be a light, a light for us to see brighter in the profession and to brighten the communities we serve.

### Introduction

Dental awareness is the individual or collective alertness to the existence and prevention of oral diseases and an equal alertness in taking necessary steps to obtain treatment for these diseases whenever they occur. Dental awareness can either be individually or community possessed. It is created when there is passage and assimilation of information as in oral health education programmes. Acquisition of knowledge is an essential component of oral health programme. Oral health education programmes are usually targeted towards specific groups such as school children, nursing and expectant mothers, geriatric, factory workers, school teachers and parents especially mothers. Usually the groups so selected are expected to be receptive so as to maximize the gains of oral health education.

It is the duty of all groups of oral health care providers to create dental awareness. Others who should be involved in the creation of dental awareness include interested individuals, community leaders, opinion leaders, peer group leaders, school teachers and parents<sup>(1)</sup>. Medical health workers of all categories should be actively involved<sup>(2)</sup>.

Creation of dental awareness is completely a behavioral subject and the behavioral sciences are deeply engaged in establishing awareness in whatever form. Dental awareness is created in a setting which has been made very conducive to the acceptance and assimilation of oral health information. The setting is strongly dependent on the types and qualities of the contents of the oral health education programme being executed. There should be constant and continuous evaluation of such programmes and necessary modifications of their contents where and when needed so as to ensure that the objectives of the programmes are achieved.

### Oral diseases in Nigeria

The patterns of oral diseases occurring in Nigeria are similar to those of other developing nations. The two most common oral diseases in Nigeria are periodontal disease

and dental caries<sup>(3,4)</sup>. While it is well known from the natural history of periodontal disease that it is a disease of an individual's life span, dental caries on the other hand is, and from its natural history, an age specific disease and it affects certain age groups more than others. The progression of dental caries in Nigeria should not call for alarm as it is well known that it is a life style disease and Nigeria is simply taking cue from developed countries with high prevalence of dental caries<sup>(5)</sup>. What we should be worried about concerning dental caries in the country is the high level of untreated dental carious lesions and this poses a public health problem<sup>(6)</sup>.

Apart from periodontal disease and dental caries, other diseases of the oral cavity found in Nigeria call for attention. Oral diseases such as noma, oral manifestations of HIV/AIDS, oral cancers and malocclusion also need attention.

In order to give necessary and adequate attention to the oral diseases in our communities, providers of oral health care and general health care in particular, need to be well informed about the occurrence of these diseases. There is the need to seriously view oral health care as an integral part of general health care and central planning for general health care should take oral health care into consideration<sup>(7)</sup>. The provision of good oral health care is dependent on many variables which play prominent role in the entity known as "**DENTAL AWARENESS**"

### Dental awareness

To be aware of something is to be conscious of that thing. It is not to be ignorant about it. Rather, it is to be well informed about it and it is to have knowledge of it.

Dental awareness is the individual or collective perception of oral diseases in such a way as to seek and take the necessary preventive and treatment actions needed to conquer the diseases whenever they occur. This individual or collective perception can either be professionally based, individually based or community based. Dental awareness derives from either an individual's or community's knowledge or consciousness of the existence of oral diseases and the facilities or provisions available to take care of these oral diseases. Utilization of these facilities or provisions is an important component of dental awareness<sup>(8,9)</sup>. Utilization on its own is strongly dependent on the following factors:

**Perception of oral health needs:** Oral health needs are expected to be the needs arising from professional observations on the levels of oral diseases in the community. Most of the time, oral health providers' perception of the needs of the community are at variance with the community's perception of its oral health needs and at times can differ very widely<sup>(10,11)</sup>. Providers of oral health care have tended to plan oral health care services



based on their perception of the needs of the community without prior scientific determination of the perceived needs by the community itself. However, the perceived needs as determined by the community may not always be right as it has been established that there is tendency among most people to wrongly assess their oral health needs and come to an erroneous conclusion that they need no oral health care<sup>(12-16)</sup>. Planning based on professionally perceived needs of the society is usually purely theoretical, unscientific and unrewarding. There is therefore the need to carry out scientifically backed-up epidemiological studies to determine levels of oral diseases in our communities. When this is done, it may then be apparent to us that most of the attention needed by the communities are preventive in nature and hence a case for oral health education.

**Oral health education:** Oral health education is the provision of oral health information either to the individual or the community in such a way that they will apply it in their every day living<sup>(17)</sup>. This definition implies that oral health education is intended to change habits presumably from the negative to the positive side. If oral health education is to achieve this goal, its objectives must be clearly defined from the onset and such objectives should be relevant to oral health needs of the target populations. Oral health education, when properly planned and implemented, creates dental awareness in the target populations. It is therefore an important cornerstone in dental awareness creation.

It is however important to note that one of the most important reasons for failure of oral health education is the use of inappropriate contents in the programme which is usually a consequence of wrong determination of 'NEEDS' resulting from bad perceptive methods. Studies have indicated the role of oral health education in creating dental awareness as well as the role of dental awareness in creating demand for dental needs<sup>(8,9)</sup>.

It has also been observed that improving knowledge through health education may not necessarily result in improvement in attitude<sup>(18)</sup> while merely improving oral health knowledge and attitudes through oral health education alone is unlikely to have long term effects on oral health status and may even likely increase inequalities in oral health<sup>(19)</sup>. We may now seem to be at a crossroad as regards oral health education and its relevance to dental awareness. What is important in oral health education therefore is to be sure that our messages are consistent and repeatedly put across to the target populations so as to create permanent awareness which must be continuously monitored using sound scientific methods. The need for reinforcement of verbal communications in increasing dental awareness in dental patients has been stressed<sup>(20)</sup>.

### Implications of low dental awareness

*Implication on oral health.* When there is low dental awareness, individuals and communities would not be well informed about steps involved in the prevention of oral diseases and what to do when these diseases occur. This is a very serious implication of low dental awareness and it leads to lateness in presenting these diseases and consequently, rising level of the diseases in the community. Delay in

presentation also leads to complications which may at times make treatment modalities more difficult than necessary<sup>(21,22)</sup>.

*Implication on dental education.* Low dental awareness is a consequence of poor oral health providers' perception of the needs of the community which in itself may be consequent to poor undergraduate training programme. This wrong perception by the oral health providers at times leads to planning of services which are excessively technological in approach resulting in unlimited wastage of the meager financial resources available for oral health care especially in developing countries. This tendency towards highly technological restorative approach is also reflected in the dental undergraduate training curricular in these developing countries thereby producing dentists who will not satisfy the immediate needs of their societies<sup>(23-29)</sup>.

Since low dental awareness is a consequence of insufficient or complete absence of oral health education programmes, we should then make use of all available and affordable resources to improve the quality of our oral health education programmes. While considering the role of dental education in creating dental awareness, it is important to also consider the education of dental auxiliaries. Dental auxiliaries have been proved to be relevant and effective in oral health education programmes<sup>(7)</sup>. It is therefore suggested that the training of dental auxiliaries should be given more attention than it is receiving now and efforts should be made to ensure that dental auxiliaries are trained alongside the dental undergraduates. Research has shown that this approach is beneficial<sup>(29-32)</sup>.

*Implication on medical education.* We are seriously advocating that oral health should be seen as an integral part of general health<sup>(33)</sup> and that all primary health care workers should be actively involved in the workings of primary oral health care<sup>(8)</sup> and hence in oral health education programmes<sup>(7)</sup>. If this is to be so, it is then logical that undergraduate medical education should be geared towards attaining this integration. Oral health education should be an integral part of general health education and medical doctors and other paramedical workers should be well exposed to some basic knowledge in oral care.

The observation has been made that primary care physicians who are expected to be health role models to patients as well as a source of referrals to dental hospitals displayed a poor attitude to oral health care and that their knowledge of oral diseases is unsatisfactory. It has therefore been recommended that oral health be included in update courses for medical doctors<sup>(34)</sup>. It has been found that current medical graduates have little knowledge of dentistry while most general medical practitioners have been found to believe that maxillofacial surgery is all about teeth extraction dento-alveolar surgery<sup>(35)</sup>.

*Implication on general education.* The role of education in creating dental awareness cannot be overemphasized. All educational levels from the primary through secondary to tertiary levels of education in the country should be



involved. Nigerian secondary and University students have been found to be deficient in dental awareness<sup>(8,9)</sup>.

### **National Oral Health Policy and low dental awareness in Nigeria**

Up till now there is no structured oral health policy for Nigeria. This is very unfortunate. The usefulness of such a policy is very well known to all of us in the profession and especially to those of us in the specialty of community dentistry. Many smaller African countries have a policy and they are doing well with their oral health care delivery systems. The consequence of lack of this policy is that there are no available data that can be used for meaningful planning of oral health care services either of preventive or therapeutic nature.

While I will not want to apportion blames on this matter, I am strongly appealing to the relevant section of the Federal Ministry of Health that this exercise is overdue. Attempts being made to come up with such a national policy should include all cadres of oral health care providers in the country including those from the training institutions and the exercise should not be limited to the Ministry of Health alone. I feel very strong about this national policy and I seriously think that it is time I expressed my views on it at a public gathering like this or forever keep quiet on it. We should stop paying lip service to this ever important national and professional matter.

### **Summary**

Nigerians deserve better oral health care services than they are receiving presently. The reasons for the poor oral health care services currently provided to Nigerians are enumerated. The major reason is the easily observable low levels of oral health care awareness among the populations. Inferences arising from the low awareness are considered and solutions proffered. Oral health care policy makers are strongly advised to initiate moves towards the establishment of a structured oral health care policy for Nigeria as this will substantially assist in processes leading to the arousness of awareness to oral health care in the country.

### **Conclusion**

There is no doubt that Nigerians deserve better oral health care services than they are receiving now. Enough dental awareness has not been created about the need to take preventive oral health measures or to seek treatment when they have oral diseases. Many Nigerians do not even know when they have these diseases. There is need to carry out national scientific-based epidemiological studies of oral diseases in the country so as to plan relevant and effective oral health care services for the country. Policy makers are advised to put all necessary machinery in place so as to have a national oral health policy for Nigeria.

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