

EDUCATION AND MOTIVATION - A KEY TO SUCCESS FOR GOOD ORAL HEALTH

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ABSTRACT

Over the years WHO giving stress to improve the oral hygiene thereby we can prevent the oral diseases and have the goal to achieve total control of oro-facial diseases. In that context first WHO slogan was “oral health for all by 2000” but we could not achieved. Next goal set for 2020 but the situation is that we will not achieve that also by time period.

All the acquired oral cavity problem due to accumulation of plaque. We should not forget the fact that we cannot stop the source that is the food intake through mouth, which remains the biggest biological limitations in day to day effective plaque control. On this perspective emphasis on maintenance of oral hygiene by scientific approach can only be possible solution to achieve the WHO goal.

Hence, this Review Article highlights the importance of oral health education and motivation.

KEY WORDS

Education, motivation, dental plaque

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INTRODUCTION

Oral Health education is given in the form of advice and the advice is normally given in the form of knowledge. It has been assumed that by providing knowledge there will be a modification in attitude which will result in behaviour change. The advice of oral health education is based upon the idea that by increasing patient's awareness of the severity and threat of the disease together with the benefits of complying with the recommended preventive actions will result in a lasting behaviour change¹. Essentially, this educational model proposes that patients can move from a state of being unaware of the need to change to a state of complete compliance with the recommended actions. However, the advice approach to motivating patients is flawed².

The word Motivation is defined as readiness to act, or the driving force behind our actions. The most enduring motivating factor is greater responsibility. An efficient motivation, targeting the personal needs of the patient, may improve the quality of plaque control. This may be accomplished by the active involvement of the patient in the programme, through self-diagnosis and co-therapist of dental needs and conditions, and by the dentist encouraging the patient to make his or her own suggestions about cleaning priorities³. Therefore, for successful establishment of need-based toothcleaning habits, the patient must be well motivated, informed, and instructed⁴.

The World Health Organization in 2003 indicated that the focus of Oral Health Education (OHE) actions should be on behaviours and conditions that promote oral health or that reduce the risk of oral diseases; health promotion at all sector of people should encourage daily supervised tooth brushing, use of fluoride, and promotion of good nutrition, among other strategies^{5,6}.

Dental caries and periodontal diseases are prevalent all over the world, but approaches for these oral problems are more reparative than preventive. With limited resources in a country like India, the effective method to prevent these problems would be through health education and motivation.

Periodontal diseases are a major dental disease affecting human populations worldwide at high prevalence rate^{7,8}. The World Health Organisation

(WHO) reported that 10-15% of the world population suffers from severe periodontitis⁹. Periodontal disease includes both gingivitis and periodontitis¹⁰. This is the most important aspect of oral health as severe periodontal disease can lead to loss of teeth¹¹. Periodontal disease is mostly caused by colonisation of gram negative, anaerobic bacteria destroying the true supporting structures of tooth. The host response to the bacteria causes inflammation and destruction of periodontal tissues leading to clinical manifestations of the disease. This leads to increased pocket depth, loss of attachment and subsequent mobility of teeth^{12,13}. Periodontal disease occurs due to accumulation of bacterial plaque. The degree of damage caused by the host response depends on the amount of plaque on patient's tooth gum junctions which depends on oral hygiene, age and systemic factors which can exacerbate susceptibility to the problem¹³. Maintenance of periodontal health depends on behaviour of patient in maintaining good oral hygiene¹⁴. In addition, the patients should seek assistance of dental professionals in removing the plaque and calculus that may prevent destructive situation of oral diseases¹⁵.

Motivation cannot be a copybook pattern which can be fitted to all the people. It should be worked out according to the patient's educational status, socio-economic status, beliefs and professions. Day to day plaque control in the form of proper way of tooth brushing is generally advised twice a day, because accumulating plaque gets its maturity and cause detrimental effect on host tissue after 12 hours from its initiation. The tooth brushing after dinner may be possible by all the individuals if they are motivated but second time brushing should be fitted to individuals working place, time of food intake. Like for house wife or the person who used to take lunch at home should be encouraged to brush post lunch. But this format may not be beneficial to a person who goes to their office early in the morning or at 10 o'clock; for those people after breakfast tooth brushing may be the logical solution.

Ultimately, if we need the success that means almost plaque free mouth we have to go on trying and find out the most suitable way for an individual's one because we need the result and obviously not the spending time behind this.

CONCLUSION

In conclusion, traditional oral health education and motivation is effective in controlling plaque but emphasis must be given on individualized format so that supreme plaque control can be achieved. So it is clear that we are not in a position to full fill the goal 'oral health for all by 2020' set by WHO in stipulated time but with the everyone's effort like individual, institution, organised efforts; we will certainly dream to achieve that goal in near future.

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