



SOS CHILDREN'S  
VILLAGES  
BOTSWANA

# WRIGLEY ORAL HEALTH PROJECT

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## INTRODUCTION

The week of the 07<sup>th</sup> -11<sup>th</sup> September, 2015 was specifically set aside by the government of Botswana, Ministry of health as the oral health week commemoration in Botswana. From its inception the oral health week in Botswana is an annual event that was birthed as a result of seeing the necessity of educating, sensitizing and making the public aware of the importance of cultivating and inculcating good oral habits/practices among the old and young. The public is also made aware of the consequences/impact of oral diseases on the general health, well-being and national economy.

Oral diseases are recognized as some of the most prevalent conditions experienced by different populations throughout the world. The 2015 Oral health week theme was dubbed “Good Oral Health: Smile for Life” and the week was celebrated in Tlokweng village in various locations for a period of 5 days. The 11<sup>th</sup> September marked the last day of the oral health week, culmination of the week activities and the long awaited launch of the Wrigley Oral Health Project by Wrigley Team in partnership with SOS CV Botswana, Ministry of Health and the Ministry Of Education Skills and Development. The event was graced by high officials from the Ministry of health (The Permanent Secretary), Ministry of health: department of Oral Health representatives (Dentists, Dental hygienists and Dental Therapists), chiefs, school heads, teachers and the general public at large.

Preceding the launch was a short training of trainers in Tlokweng which continued to other SOS locations (Serowe and Francistown) following the successful first launch in Tlokweng village. The project was officially launched in Serowe on September 14, 2015 and in Francistown on September 16, 2015. Over 120 people were trained and these includes SOS mothers and staff, teachers and CBO representatives.





## ACTIVITIES

Following the launch further consultative meetings were held in various locations with stakeholders (Oral Health Department and school heads) to prepare for the project roll out. These were important due to the fact that there were various factors which needed to be discussed and taken into consideration prior project implementation. These include but are not limited to the following: The Ministry of Health (Oral Department unit) already has a School Oral Health Education Program (SOHEP) and the Primary School Leaving examinations for primary school completers were beginning. Therefore there was need to schedule roll out activities well to avoid inconveniences and ensure full participation of all stakeholders needed in the roll out.

The consultations were fruitful and paved way for the successful roll out in Tlokweng and Serowe villages. So far 3 schools have been covered in Tlokweng (Batlokwa National School, Kgosi kgosi and Mafitlhakgosi Primary Schools) in October and two in Serowe (Tshimoyapula and Paje) in November. The number of schools was less due to ongoing end of year exams, primary school leaving exams and also the availability of the oral health specialists for screening and treatment.

A total number of 2630 students have been recipients of the oral health education and a number of them who were identified to have oral health problems will receive treatment at the beginning of the year. The roll out plan is constituted by 3 phases and these are:

- Education:** This was done through the teachers from various schools who received the training in September. Teachers went to different classes and they administered the pre-knowledge questionnaire to students. After the completion of the questionnaire and pre-knowledge verbal questions, students were educated on the importance of maintaining good oral habits and they were also taught the proper brushing techniques. This was done through demonstration with all teaching aides (instructor's pictorial chart bearing the 3 minutes twice a

day slogan, teeth models and brushes). All the teachers were accompanied by dental specialists who further emphasized and cemented the necessity of maintaining good oral health and also answered relevant medical questions posed by students.

- **Screening & Treatment** Following the education students were screened and those with dental problems were given consent forms to give to their parents/guardians for parents to sign to allow students to access the right medical procedures.
- **Review/Revisit:** This step will follow in 6 months' time for all the 5 schools visited thus far. This is necessary to see how well received the education was and how students are faring following the education and treatment given. A lot of students showed interest and were looking forward to implementing new brushing techniques, to practice the 3 minutes twice a day concept and to share the information with their parents and siblings at home. Most students indicated during the pre-knowledge testing that they only brushed their teeth once a day and not every day of the week. After learning and upon receiving the goodies (pamphlets, toothpaste and a tooth brush) students were sparked up and looking forward to starting the right brushing techniques and to eat the right foods to cultivate good oral habits as well as to practice the 3 minutes, twice a day everyday routine.



## SCHOOL VISITS DETAILS

**Mafitlhakgosi Primary School: Tlokweng**

**Date(s) Visited: 13-16<sup>th</sup> October, 2015**

**Total Number of Students: 604**

TYPE OF TREATMENT	NUMBER OF STUDENTS
Filling	58
Scaling	03
Extraction	39
Total Number of Students needing treatment (whole School)	115

**Batlokwa National School**

**Date(s) Visited: 19-20<sup>th</sup> October, 2015**

**Total Number of Students: 570**

TYPE OF TREATMENT	NUMBER OF STUDENTS
Filling	34
Scaling	00
Extraction	75
Total Number of Students needing treatment (whole School)	109

**Kgosikgosi Primary School**

**Date(s) Visited: 21-23<sup>rd</sup> October, 2015**

**Total Number of Students: 492**

TYPE OF TREATMENT	NUMBER OF STUDENTS
Filling	36
Scaling	02
Extraction	68
Total Number of Students needing treatment (whole School)	108

**Paje Primary School**

**Date(s) Visited: 01-03<sup>rd</sup> November, 2015**

**Total Number of Students: 488**

TYPE OF TREATMENT	NUMBER OF STUDENTS
Filling	32
Scaling	06
Extraction	40
OHE & OHI	10
Other	2
Total Number of Students needing treatment (whole School)	93

**Tshimoyapula Primary School**

**Date(s) Visited: 05-06<sup>th</sup> November, 2015**

**Total Number of Students: 461**

TYPE OF TREATMENT	NUMBER OF STUDENTS
Filling	22
Scaling	06
Extraction	0
Irrigation	1
OHE & OHI	2
Other	1
Total Number of Students needing treatment (whole School)	50

Beside the official visits to schools a group of 15 SOS children aged between 5-12 were educated by SOS mothers on the 23<sup>rd</sup> October, 2015. All the children in the village are scheduled to benefit from the project in the coming year (2016). The results show that oral health problems are prevalent in all set ups across the country. The highest numbers of students were identified to have dental carries which is largely caused by excessive consumption of sugary foods. This is so because students are given pocket money and they have access to tuck-shops by the schools which most of the time sell sweets, biscuits, ice pops and ice creams. Students were encouraged to reduce and avoid high sugar content food and to ensure that in the event of consuming such they should take them alongside the food (during tea break or lunch break). Students were also encouraged to brush their teeth 3 minutes twice a day (morning and evening after meals). Students also pledged to keep an eye on each other and to encourage one another to reduce high intake of sweets and to spread the message and share it with their family members.

## **SUCSESSES**

- The project take off was a success reaching out to 5 schools and a total of 2630 children aged 5-12 in the initial stage of implementation.
- There were enough materials inclusive of additional reading materials from government (Ministry of Health) to distribute to all students and charts for every classroom science/health corner. The provision of these visuals will remain a daily reminder to students to pursue and practice good oral health habits.
- The students were receptive, responsive and excited and promised to start practicing good oral habits as a result of having knowledge on the importance and long-term results of practicing good oral habits.
- The availability of a strong team (SOS staff members, health team and teachers) in most schools which made the work easier and manageable.

## **CHALLENGES**

- Unavailability of trained teachers: In some schools some of the trained teachers were not available due to other work related commitments (some teachers invigilated and supervised the Primary School leaving exams and some attended workshops). This resulted in some instances where there was only one teacher availed to teach most if not all the classes. This slowed down the process and took longer days than anticipated.
- Some schools could not be covered this year because they were not included in the current year coverage plan for the School Oral Health Education Programme (SOHEP)
- The teeth models were too heavy/big for some lower classes pupils. This required an extra pair of hands for support during peer to peer demonstrations.
- Teachers raised issues of remuneration/honorariums and souvenirs though discussed way back.
- Inability to complete translation ion and printing of the story pamphlet.
- The health team could not carry out the treatment due to water shortage (There is need for constant supply of water to carry out most of the recommended treatments)

## **RECOMMENDATIONS**

- Provisions of souvenirs for trainers for appreciation and to keep them motivated
- Provision of snacks and lunch to trainers
- Need to design a customized lesson plans to be used across schools for consistency in spreading the message /education

## **CONCLUSION**

In conclusion with the number of students reached thus far and their responses, receptiveness, eagerness and excitement upon receiving the education and material (pamphlets, tooth brushes and tooth pastes) great transformation is anticipated in the next review visits. More schools will be covered in the next year and further consultations are ongoing with all the concerned stakeholders (School heads and hospitals).

