ACTIVITY REPORT

WRIGLEY ORAL HEALTH PROJECT GHANA

Organization: SOS Children's Villages Ghana

Report By: Mispah M. Mamah

Reporting On: Agona East District, Nsaba

Reporting Period: May 2017

INTRODUCTION

Oral health education is essential to promoting and maintaining the overall health and well-being most especially of children in deprived communities. When children have access to the right oral health education, they are more likely to develop healthy habits that will prevent the occurrence of dental cavities and other gum infections. Our oral health team works tirelessly to sensitize children in deprived communities nationwide.

The Oral Health Team was once again in the Agona East District of the Central Region to cover the remaining schools in five (5) educational circuits namely Asafo, Kwanyako, Mankrong A, Mankrong B and Duakwa A. In all, 47 public basic schools (Kindergarten - Primary 6) with a total number of 10,555 school children made up of 5,358 boys and 5,197 girls were reached out to during the campaign.

BACKGROUND OF THE AREA

As already mentioned in the previous report (March Report), Agona East district is located in the Central Region thus central part of Ghana. The district shares common boundaries with West Akim and Birim South from the North. Five different communities; Nsaba, Duakwa, Asafo, Kwanyako and Mankrong with a number of smaller villages made up the district.

The population of Agona East District, according to the 2010 Population and Housing Census, is 85,920. According to the same source, average household size for the district stands at 4 with children forming higher proportion of household members.

Majority of the people residing in the district are farmers whilst a smaller proportion of the population are either petty traders or others civil servants. The area is popularly known for the production of food crops such as cassava, plantain, maize and fruits such as oranges, pear and bananas. Cash crops including cocoa and palm are also grown in large quantities. Rainfall pattern is bio-modal with the maximum occurring in May/June and the minor occurring in September/ October. This was quite evident as the team was confronted with some challenges of heavy rains during our time of visit.

Market days are busy days for most residents in this community, as they hurry off to the market early in the mornings to buy fresh food stuffs directly from the farmers at cheaper prices.

SENSITIZATION OF PARENTS /CAREGIVERS

The family unit is a major social determinant of attitudes and behaviors children develop as they grow. Parents as the heads of families have the responsibility to train their children by impacting healthy behaviors to facilitate their wellbeing and development. When parents have good healthy habits, children easily adopt these attitudes while at their formative years. In deprived communities where adult illiteracy is high, most parents are ignorant of good oral practices and children are the worst affected.

The Oral Health Team decided to sensitize parents on good oral care practices, as a way of influencing regular brushing of teeth in children in the mornings when they wake up from bed and evenings before bed. When the parents grasp the importance of maintaining good oral care, they are able to assist their children especially the very young ones to develop these habits at the early stages of their lives.

With the help of the head teachers and school management committee chairmen, parents were invited to the schools for the sensitization exercise. However this was quite a challenge. The team did not meet parents in some of the communities as most parents had already gone to their farms before the team had arrived. However the team was fortunate to catch up with a few community members.

The team engaged the parents in series of discussions. Some parents expressed sentiments about their inability to maintain good oral hygiene themselves and that of their children. Prominent among their reasons was the issue of poverty. Others reasoned that consequences of poor oral care are not considered as deadly as malaria or any other prevalent diseases, hence, they are lax about oral care. The team used the opportunity to educate the parents on negative psychological effects of poor oral care such as low self-esteem, the discomfort associated with tooth decay, high cost of treatment of dental disoders among others.

Parents were urged to invest time, energy and resources in the proper health care of their children. The team explained to the parents that the negative effects of poor oral care are much more costly as compared to maintaining good oral care. Parents happily watched on as the facilitators demonstrated proper ways of brushing teeth with the use of a dental manikin.

All the caregivers that our team interacted with expressed their gratitude to the organizers of the project. They were all happy to have made the time to be present, saying they have learnt a lot and were willing to make positive changes.

ACTIVITIES IN THE SCHOOLS

Our team moved from one school to the other to undertake this exercise unlike the previous campaign in the district where some schools in the same compound were put together. This was because most of the schools visited this time were located in very deprived villages far apart from each other. Once the team got to each school, all pupils were gathered under a shade either in a classroom or under a tree for the exercise. Whereas our main focus was on the children, teachers present at the time of our visit were encouraged to participate in the exercise.

To begin with, the facilitators conducted a pre-training assessment on the children's oral care practices by asking the following questions. Who brushed their teeth this morning? How often do you brush your teeth? What do you use to brush your teeth? The responses received from the children indicated that most of the children do not maintain proper dental care. For example when the children in Abuakwa Akrabong AEDA KG/Primary school were asked the question 'who brushed their teeth this morning?' only 10 out of the 85 children present confirmed to have brushed their teeth that morning. As has been the case in many other areas we visited, the common responses for not brushing their teeth regularly was either they do not have tooth paste and tooth brush or they have forgotten to do so.

Interestingly, we realized after further probing that many of the children who confirmed brushing their teeth have indeed not been brushing with the conventional tooth paste and tooth brush but rather resorted to the use of traditional mixtures/substances such as chewing sponge, plantain stem among others.

In some instances, the team conducted inspection of teeth as part of the pre-training assessment. A few of the children who confirmed not brushing their teeth for days were made to brush their teeth on the spot. The idea was to help the children practically see the impact of brushing their teeth. The immediate effect of this act of brushing was great as the children themselves were amazed to see the instant changes in the color of the teeth following the removal of plaques. The team privately counselled the children diagnosed with dental sores and urged them to visit dentists.

The team employed the use of stories, narrations, diagrams and illustrations to teach the children the importance of maintaining good oral care, stressing the fact that poor oral health is damaging to their health, development and social life. The facilitators encouraged the children to cultivate the habit of brushing their teeth twice daily; morning before meals and evening after meals as a way of maintaining good dental care. Regularly brushing their teeth will prevent the formation of plaques and discoloration and will eventually eliminate the possibility of developing cavities and tooth decay.

The facilitators made the conscious effort to train the children with the right techniques of brushing by demonstrating with the dental manikins which the children enjoyed so much and excitedly participated in the demonstrations.


Our team rewarded all the children who participated in the oral health education exercise with a tooth paste and a tooth brush as a motivation to cultivate the habit of brushing twice daily. The children were however cautioned to always close their tooth paste after use and keep their brushes in hygienic places to avoid contamination from dust and insects; as well as desist from sharing tooth brushes with their parents and siblings to prevent infections.

The team tasked teachers to use the educational materials given them to continuously rekindle oral health topics for the children. We urged them to include oral health in their daily class activities. Doing so will help the children to develop healthy oral care practices.

Below are the tabular representations of the five circuits and names of the schools visited as well as the corresponding number of children who participated in the exercise.

As represented in the tables below, our team visited ten (10) schools under the Asafo circuit and a total number of 2,223 school children were reached.

Kwanyako circuit had the highest number of twelve (12) schools with a total population of 2,972 school children taken through the oral health exercise.

Eleven (11) schools in the Mankrong A circuit participated in the exercise and a total number of 2,139 children with an average of 194 children per school benefited from the exercise.

In the Mankrong B circuit, 10 schools took part in the exercise with a total number of 2,527 and Mankrong Junction AEDA KG/Primary being the school with the highest population of 588 school children benefiting.

Four (4) schools in Duakwa A with a total 694 school children of which 362 are boys and 332 are girls benefited from the exercise.

ASAFO CIRCUIT			
NAME OF SCHOOLS	**BOYS**	**GIRLS**	**TOTAL**
ASAFO CATHOLIC BASIC SCHOOL	112	95	207
ASAFO PRESBY KG/PRIMARY	116	111	227
AGONA NANTIFA AEDA BASIC	120	130	250
ASAFO AEDA A KG/PRIMARY	151	144	295
ASAFO AEDA B BASIC	100	77	177
ASAFO AME ZION BASIC	114	117	231
ASAFO SDA BASIC	132	109	241
KWANSAKROM AEDA A BASIC	110	121	231
KWANSAKROM AEDA B BASIC	96	123	219
TAWORA AEDA KG/PRIMARY	79	66	145
GRAND TOTAL	**1,130**	**1,093**	**2,223**

.

KWANYAKO CIRCUIT			
NAME OF SCHOOLS	**BOYS**	**GIRLS**	**TOTAL**
FAWOMANYE AME ZION KG/PRIMARY	103	114	217
FAWOMANYE METHODIST KG/PRIMARY	131	123	254
GYESIKROM AEDA BASIC	129	91	220
ITIFAQIYA ENGLISH AND ARABIC BASIC	75	80	155
KWANYAKO ANGLICA KG/PRIMARY	124	150	274
KWANYAKO CATHOLIC BASIC	142	139	281
KWANYAKO METHODIST	126	127	253
KWANYAKO PRESBY KG/PRIMARY	252	244	496
KWANYAKO SDA KG/PRIMARY	115	102	157
KWESITWIKROM AEDAA BASIC	119	90	209
SUROMANYA AEDA BASIC	105	84	189
OTWEKROM AEDA BASIC	104	103	207
GRAND TOTAL	**1,525**	**1,447**	**2,972**

.

MANKRONG A CIRCUIT			
NAME OF SCHOOLS	**BOYS**	**GIRLS**	**TOTAL**
KOFIKUM AEDA KG/PRIMARY	72	76	148
ABOANO AEDA BASIC	83	63	146
AKWAKWAA AEDA BASIC	108	135	253
AKWAKWAA PRESBY KG/PRIMARY	86	89	175
ESUSU NO. 1 METHODIST BASIC	117	107	224
FANTE BAWJIASE AEDA BASIC	115	100	215
KENYANKOR CATHOLIC KG/PRIMARY	87	62	149
KAME NTSIFUL/FUAWHINA AEDA BASIC	124	141	265
MANKRONG AEDA KG/PRIMARY	86	97	183
MANKRONG METHODIST BASIC	46	43	89
MENSAKWAA AEDA BASIC	143	159	302
GRAND TOTAL	**1,067**	**1,072**	**2,139**

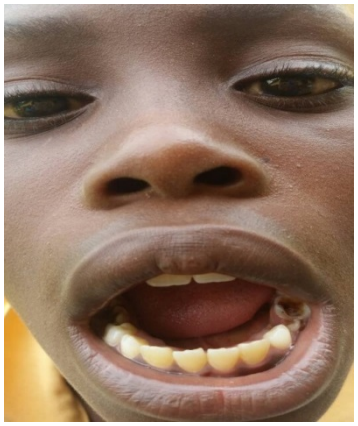
.

MANKRONG B CIRCUIT			
NAME OF SCHOOLS	**BOYS**	**GIRLS**	**TOTAL**
ABUAKWA AKRABONG AEDA KG/PRIMARY	50	35	85
AKOKOASA AEDA BASIC	116	130	246
AKROMA AEDA KG/PRIMARY	93	100	193
ASAREKWAA AEDA BASIC	120	124	244
MANKRONG JUNCTION AEDA KG/PRIMARY	302	286	588
NAZIFATU ISLAMIC BASIC	167	166	333
NAMANWORA SDA BASIC	129	131	260
OBOSOMASE ANGLICAN BASIC	90	86	176
OKITSEW-OBRATWAWU AEDA	92	90	182
AMANFUL NO.2 AEDA BASIC	115	105	220
GRAND TOTAL	**1,274**	**1,253**	**2,527**

DUAKWA A CIRCUIT			
NAME OF SCHOOLS	**BOYS**	**GIRLS**	**TOTAL**
DOUTU AEDA BASIC SCHOOL	87	71	158
DUABONE CATHOLIC BASIC SCHOOL	102	89	191
KWESIKUM AEDA BASIC	99	111	210
OTABILKROM AEDA KG/PRIMARY	74	61	135
GRAND TOTAL	**362**	**332**	**694**

OBSERVATIONS AND EXPERIENCES

As to be expected, our team found a large number of children with dental disorders that required urgent medical attention. Some children were experiencing bleeding gums, plaques buildup, severe tooth discoloration and tooth decay. Interestingly, it was not difficult to identify these children as their peers readily pointed them out of the gathering. Surprisingly, most of these children were not shy to show off their teeth to the team since they did not consider the nature of their teeth an issue of concern. This was evident when a boy with severe tooth discoloration approached us with his mouth widely opened and requested to be photographed.



Throughout our visits to the schools, we noted that the children exhibited ignorance on the severity of negative effects of poor dental care on their image, health and general wellbeing.

Our interactions with the children revealed that, in reality some of them actually owed tooth brushes but referred to the use of other local substances due to the inability of their care givers to provide tooth pastes.

In our interaction with some teachers, we noticed that oral health education was absent in the curriculum of most schools. Teachers apportioned the responsibility of educating children about oral health to parents. They argued that it is the responsibility of parent to ensure that their children brush their teeth before arriving at school. They blamed poor oral health of the children on parents' inability to ensure that their children brush their teeth regularly and failure to provide tooth pastes and tooth brushes for the children. Through the education however, we encouraged the teachers to take on the responsibility of including oral health education in their class activities since children are more receptive at their formative stages.

In most of the communities visited, children of school going age were seen idling about during school session. Enquiring why this situation is rampant in these communities, we gathered that many of those children were not enrolled in school whilst others dropped out of school as a result of parents' inability to meet the school demands.

The team also observed that some schools especially the Kindergartens close before the stipulated closing time for basic schools in Ghana. Teachers explained that the situation is as a result of failure on the part of parents to provide daily feeding fee for the children. They lamented that by 12 noon, the children often complained of hunger and this compelled teachers to send them home. A case in point is how kindergarten children who had already closed were called back to school for the oral health exercise. Sadly some of the children could not return to the school and hence missed out on the exercise. Bearing this earlier experience in mind, our team faced a similar scenario in other schools and this limited our target to focusing our exercise to pupils in primary 1-6. Other days were however scheduled to hold different sessions for the Kindergarten children, specifically in the mornings.

We also noted that unlike the schools visited previously which had their surroundings littered with garbage and rubbish dumps sited close to classrooms; most of the schools visited this time kept their surroundings neat and clean. Even though most of these schools were located in very deprived villages

the team was impressed to see well maintained grasses, tress neatly pruned and classrooms neatly decorated with beautiful drawings.

CHALLENGES

Though our educational exercise was successful in the communities visited, there were few challenges that the team was confronted with;

- Our aim of reaching out to all children of school going age in Kindergarten –Primary 6 in these communities was hindered by some factors. As mentioned earlier, some of the children were not enrolled in school, whilst some dropped out of school and others had closed and left for home before the team arrived at the location, hence did not benefit from the oral health education exercise. Nevertheless, the team can boost that over 90% of children within our target group in these communities benefited from the exercise. These children may disseminate the information as they sing the songs advocating for brushing 2 minutes 2 times a day and share with their siblings and friends the stories we narrated to them. This may also be a motivating factor for out-of-school children and truants.

- The inability of parents to regularly purchase tooth brushes and tooth pastes is a foreseen challenge to the continuity of children brushing their teeth twice a day. Once they run out of the tooth pastes we provided them with and caregivers are not able to replace such products, such children are likely to revert to using traditional means. This is not to say that the campaign was not successful. The greatest success of the project is that through the education we provide, many more beneficiaries become aware of the severity of the dangers associated with poor oral care and gradually begin to cultivate healthy dental care habits.

- With the month of May being a rainy season in Ghana, the team was met with sporadic heavy downpours, coupled with bad roads and long distance travels to the communities and this was very exhausting.

CONCLUSION

Educating children to maintain good dental care is a stride in the right direction. Sensitizing parents/care givers on their role to helping children adopt healthy oral behaviors is an important aspect of our activities. All the caregivers the team interacted with expressed their commitment to ensuring that their children receive the recommended tooth brushes and tooth pastes as a way of facilitating continuity of proper dental care.

Despite the few challenges we faced, we are motivated by the fact that we contribute to shaping a better life for our young citizens. The responses we received from the beneficiaries in the communities are overwhelming and we can only be grateful for your continuous support.

PICTURE GALARY

Facilitators educating children on good oral care practices

Children demonstrating brushing techniques

Each child received a tooth brush and tooth paste

Sensitizing parents on the importance of training their children to develop good oral care habits

Some children with dental disorders