



SOS CHILDREN'S
VILLAGES
GHANA

ACTIVITY REPORT

WRIGLEY ORAL HEALTH PROJECT GHANA



Organization: SOS Children's Villages Ghana

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Reporting On: Shai – Osudoku District

Reporting Period: May – June 2016



INTRODUCTION

Oral health has been well established as a fundamental component of general health, most importantly for children in and outside school. Sometimes, people wonder whether there is a need to look after a child first set of teeth since they fall out anyway. However, we all want healthy looking teeth as adults and that starts with having healthy teeth as children.

The Oral Health Project extended its tentacles to reaching assessed schools in the Shai Osudoku District of the Ghana Education Service, ensuring that school children in these schools have the basic knowledge in oral health and in effect seek to achieve the following;

- To improve child oral health-related quality of life and self-esteem;
- To increase children's oral health-related knowledge and attitudes;
- To encourage children to brush two times a day (in the morning and evening)

At the end of the exercise, all the above were achieved and it behooves on parents as well to ensure these learned practices are continued at home if not with the tooth brush and toothpaste which may not be affordable. But by making sure, the children practice good oral hygiene even for the future.

ACTIVITIES IN THE SHAI – OSUDOKU DISTRICT

Found in the Southeastern part of Ghana, the Shai Osudoku District is the largest district in the Greater Accra Region and the capital town is Dodowa, a predominantly farming community. The district was carved out of the former Dangme District in 1988 as a result of a national re-demarcation exercise carried out in relation to decentralization reforms in the country. With a total population of about 15,000, the Dodowa West district is made up of mostly peasant farmers and petty traders. Just like the Dodowa East, the West was also carved out of the Dangme District in 1988 and they also celebrate the Gmayem festival and surprisingly they speak both Dangme and ewe, although it is a typical Dangme (Ga) community. Communities in the district include; Vollivo, Doryumu, Nyapienya, Lubuse, Asebi, Darkope, Abuvie among others. The River Volta passes through villages like Vollivo and Duffour but the best of the river is yet to be utilized. The land is very fertile for mango, rice and sugarcane farming.

The main festival of the district is the Gmayem festival and Homowo for the people of Ningo and Prampram. Notable tourist attractions found in the district are the Kyenku water falls, Dodowa Forest and Shai Hills Resource Reserve. At Ningo is the Royal Carboo, the sea lane at Prampram. In these



modern times, illegal felling of trees and sand winning is gradually becoming a thorn in the flesh of the reserve which is mainly made up of cassia, nim, mahogany and acasia trees.

Schools in the district are divided into 'Circuits' and they usually cover several small communities in that geographical area. To begin with, four (4) out of eight (8) circuits with an average of eight (8) schools per each circuit were selected to carry out the Oral Health activities. These were Dodowa East, Doryumu, Asutuare and Volivo.

EDUCATIONAL EXERCISES ~ TRAINING OF TRAINERS (T.O.T)

Oral Health Education was first given to Heads of Schools and their local School Health Education Programme Coordinators and selected teachers under the organization and supervision of their Circuit Supervisor. Once they received the training we then shifted all our attention and focus unto the children and providing them with the Education on Oral Health and hygiene. In all, an average of fifteen (15) participants were trained in each circuit and provided with education materials as well as an incentive of tooth paste and tooth brushes.

In conversation with the participants, they had many concerns on the oral health and hygiene of the children, but were limited in their capacity, resources and services to provide any support to the children and even to the parents. Due to the fact the geographical area is loaded with trees, children resolve to brush their teeth with the chewing stick, this they are able to easily obtain by breaking a branch from a tree nearby. The commonly used tree is the 'nim' tree.

Much to our surprise as well, some of the participants, did not see the need to be brushing very often and for them they used very hard brush because they believe it would whiten their teeth and made it strong. We made efforts to explain to them accordingly, the need to practice good oral hygiene in both children and adults as this helps prevent dental problems - mainly plaque which is the main cause of gum disease and tooth decay. The team also stressed on the fact it is very important to brush at least two times every day especially with tooth brushes that have soft or medium bristles so they do not hurt their gums. The team made it known to the participants that, plaque buildup is harmful because it can lead to gum disease and also irritate the gum. They were asked to practice if not everything, most of these;

- Brushing at least two times everyday
- Eat healthy meals and do very well to limit eating snacks in between time
- Replace their tooth brushes at least every three months



- Visit the dentist at least once in the year

Taking care of their oral health is a very important investment in their total well-being and they had the opportunity to be introduced to the new techniques

of brushing which some of them willingly demonstrated.



SCHOOL ACTIVITIES AND STATISTICS

1. DODOWA EAST CIRCUIT

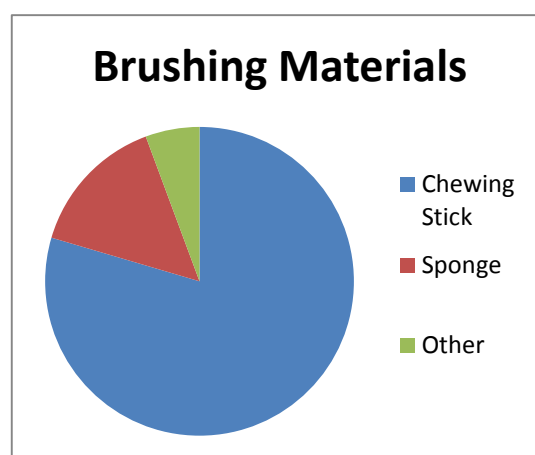
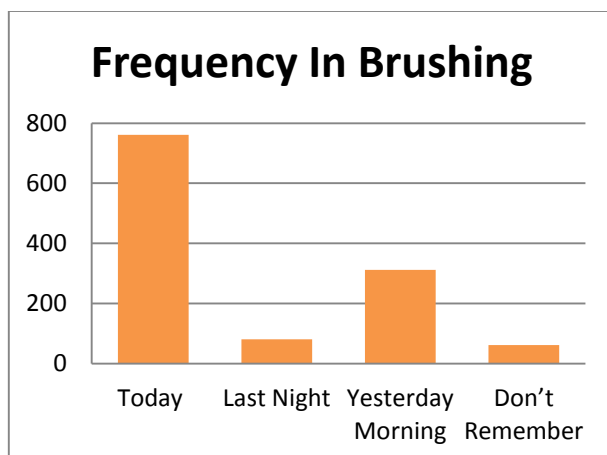
Dodowa East was the first circuit visited in the area, a peri-urban community about an hour drive away from the heart of the city. Under this Circuit are a total of eight (8) schools that caters to children from four (4) communities in the area, namely Ayenyah, Ayikuma, Dodowa Newtown and Dodowa and having a combined total of Two Thousand Two Hundred and Thirty Six children **(2,236)**. The school with the largest population in this circuit had a total of Four Hundred and Sixty Nine (469) children enrolled. The table below shows the community schools under the Dodowa East Circuit and the children enrolled

| NAME OF SCHOOL | KG 1 | KG 2 | P. 1 | P. 2 | P.3 | P.4 | P. 5 | P.6 |
|----------------------------------|------|------|------|------|-----|-----|------|-----|
| Ayenyah D/A Primary School | 14 | 9 | 10 | 16 | 10 | 8 | 9 | 7 |
| Ayikuma Huznul Zanu Islamic Sch. | 5 | 2 | 4 | 1 | 7 | 3 | 2 | 7 |
| Ayikuma Methodist Basic School | 36 | 28 | 31 | 28 | 43 | 46 | 42 | 44 |
| Ayikuma R/C - D/A Basic School | 20 | 12 | 20 | 20 | 26 | 38 | 22 | 36 |
| Dodowa Newtown D/A Basic 'A' | 38 | 53 | 67 | 61 | 63 | 59 | 67 | 61 |
| Dodowa Newtown D/A Basic 'B' | 36 | 17 | 33 | 52 | 42 | 63 | 57 | 44 |
| Dodowa Presby 'A' | 26 | 30 | 37 | 53 | 58 | 65 | 47 | 48 |
| Dodowa Presby 'B' | 56 | 51 | 54 | 57 | 60 | 62 | 59 | 57 |

in each class (KG 1 – Class 6) who were taken through the oral health education exercise.

Out of almost One Thousand two Hundred (1,200) children mainly from the upper Primary who freely took part of the pre-training survey, this is what we recorded in the areas of “How often they brushed their teeth” and “What other materials they used to clean their teeth” as shown in the graphs below respectively. In Doryumu, most children were confident to express the fact that they brushed their teeth that very morning; however the numbers started dropping as we traced back the days and times. A large portion of the children also did not hold back in admitting that they resolve to other brushing materials to brush their teeth, mainly the chewing stick and the chewing sponge.





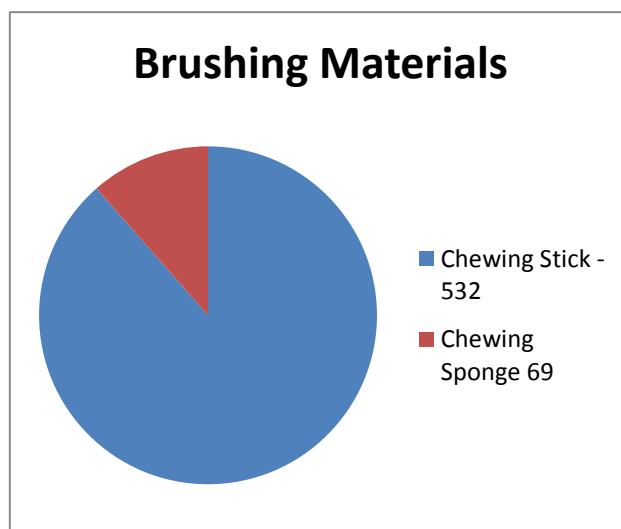
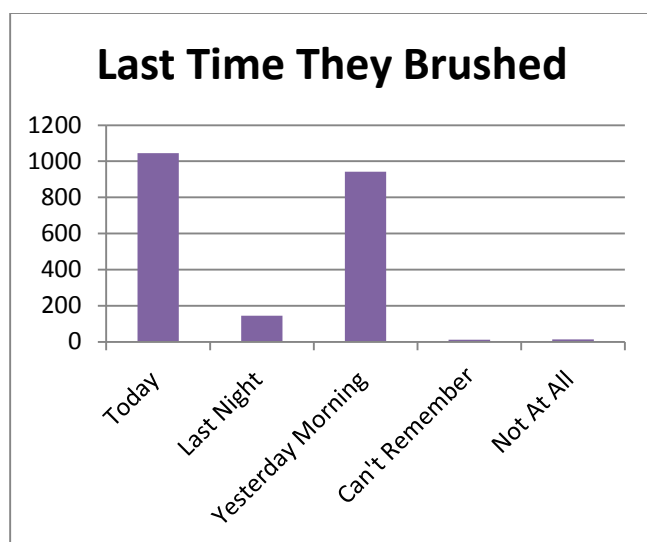
2. ASUTUARE

Asutuare circuit is also made up of a cluster of smaller communities that spreads east of the Tema-Akosombo Road. Under this circuit, there are Five (5) communities, Nine (9) Basic Schools and a combined total of Two Thousand three Hundred and Ninety Four (2,394) children in school. Natriku Roman Catholic (R/C) KG & Primary School had a Three Hundred and Eighty Three (383) children and this the Circuit Supervisor attributed it to the fact that the other basic school in the community did not have a strong basic school unit, as a result parents enrolled their children in Natriku R/C or a school outside the community.

In this area as well, we found a high number of children who admitted to brushing their teeth once a day only, although they considered that to include the use of other brushing materials, with the chewing stick being the most popular choice also due to the fact that the nim tree is in abundance within the community.

| NAME OF SCHOOL | KG 1 | KG 2 | P. 1 | P. 2 | P. 3 | P. 4 | P. 5 | P. 6 |
|---|------|------|------|------|------|------|------|------|
| Asutuare D/A - R/C Basic '1' | 33 | 15 | 24 | 32 | 29 | 35 | 39 | 41 |
| Asutuare D/A - R/C Basic '2' | 33 | 29 | 26 | 41 | 29 | 36 | 38 | 44 |
| Asutuare Estate D/A Baisc '1' | 22 | 21 | 31 | 40 | 54 | 42 | 42 | 41 |
| Asutuare Estate D/A Baisc '2' | 22 | 20 | 21 | 33 | 49 | 42 | 41 | 35 |
| Kadjanya - Dormeliam R/C KG & Primary Sch | 39 | 27 | 50 | 43 | 45 | 45 | 30 | 27 |
| Natriku D/A Basic School | 40 | 41 | 24 | - | - | - | - | - |
| Natriku R/C KG & Primary School | 57 | 36 | 47 | 51 | 46 | 42 | 51 | 53 |
| Osuwem D/A Basic School | 75 | 38 | 22 | 25 | - | - | - | - |
| Osuwem D/A - R/C KG & Primary School | 29 | 32 | 53 | 41 | 57 | 52 | 56 | 40 |





3. DORYUMU

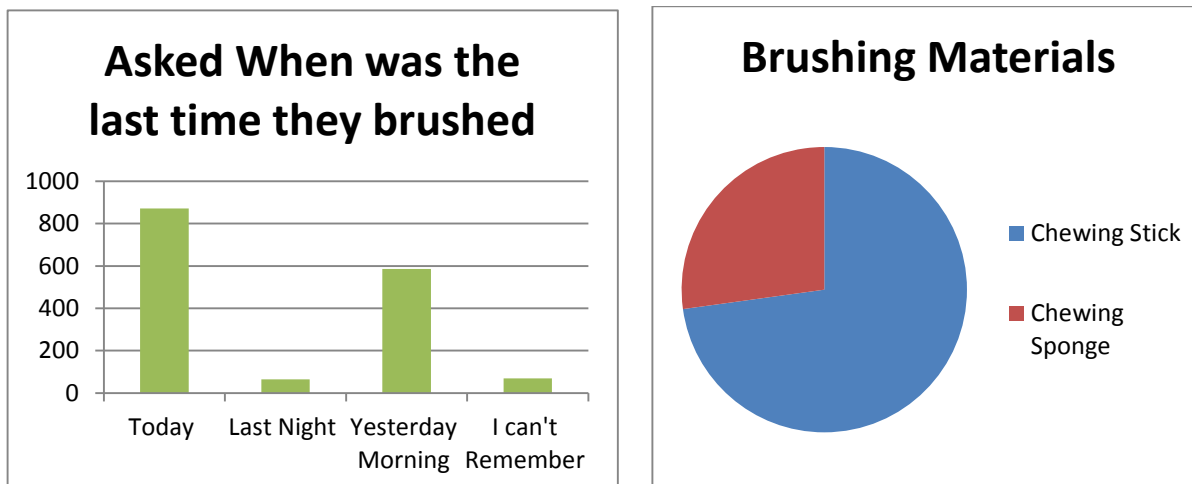
Doryumu (pronounced DOR ~YU~MU) is a another circuit under the Shai-Osudoku District of the Ghana Education Service (GES) that covers six (6) communities scattered just North-East of the Dodowa East District. In all, we visited all eight (8) schools in the circuit and we recorded a total of One Thousand Five Hundred and Forty Seven (1,547) children with the largest school having an enrollment of Four Hundred and twelve (412) children.

| NAME OF SCHOOL | KG 1 | KG 2 | P. 1 | P. 2 | P. 3 | P. 4 | P.5 | P. 6 |
|--|------|------|------|------|------|------|-----|------|
| Agomeda Presby Basic School | 5 | 7 | 17 | 13 | 22 | 21 | 18 | 25 |
| Agomeda D/A Basic School | - | - | 23 | 28 | 19 | 23 | 21 | 30 |
| Asebi D/A Basic School | 26 | 15 | 12 | 16 | 18 | 21 | 10 | 15 |
| Doryumu D/A Basic School | 20 | 20 | 22 | 30 | 46 | 44 | 30 | 43 |
| Doryumu Methodist Basic School | 47 | 34 | 62 | 45 | 63 | 56 | 59 | 46 |
| Gigedokum New Faith Baptist Basic Sch. | 29 | 14 | 12 | 16 | 13 | 9 | 9 | 10 |
| Kordiabe R/C Basic School | 15 | 18 | 20 | 30 | 22 | 37 | 44 | 42 |
| Manya Jorpanya D/A Primary School | 20 | 7 | 11 | 12 | 23 | 25 | 13 | 24 |

During the pre-training survey, some children admitted that though they brush their teeth at least once a day, it is not a regular practice mainly because there was no one checking them to brush their teeth on a daily basis. This was also evident in the responses provided when about eight hundred and forty one (841) children said they had brushed their teeth that morning, however, when asked who brushed their teeth the previous morning; we recorded only five hundred and eighty six (586) children.



On the subject of other brushing materials used in the absence of the toothbrush and toothpaste, the consensus was the same, chewing stick (preferably from the nim tree) and in some homes the chewing sponge.



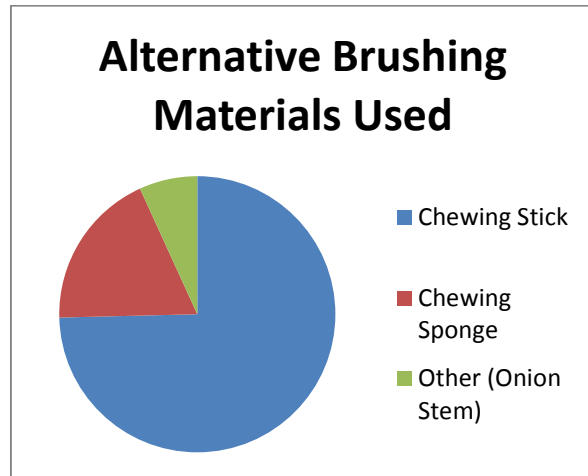
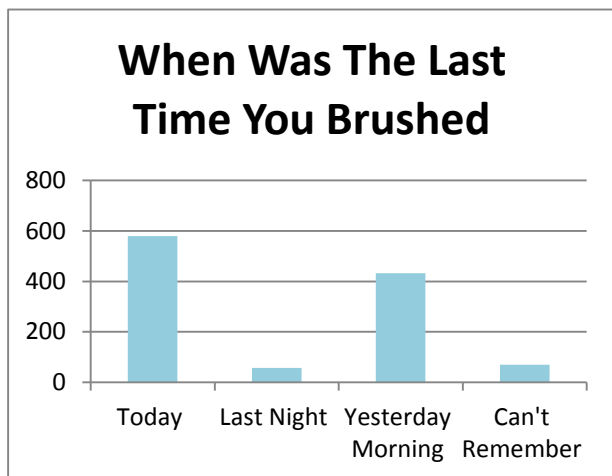
4. VOLIVO

Volivo was a circuit furthest from the main peri-urban towns and also had the most rural and hard to reach communities, mainly due to the rains and bad roads. The circuit supervisor for this area however, went above and beyond his call of duty to get the schools organized and also assisted us to get to the schools in the area. Volivo (pronounced VO~LI~VO) is made up of Nine (9) small rural communities whose main income generating activity is Rice farming. Within the nine communities, there are a total of ten (10) schools all under the GES Directorate, and the Oral Health activities covered all ten schools reaching a recorded total of One Thousand Eight Hundred and Seventy (1,870) children. The school with the largest population of children we recorded had an enrollment of Three Hundred and Three (303).

| NAME OF SCHOOL | KG 1 | KG | P. 1 | P. 2 | P. 3 | P. 4 | P. 5 | P.6 |
|------------------------------------|------|----|------|------|------|------|------|-----|
| Abuvie - Kpong D/A Primary | 32 | 25 | 15 | 21 | 20 | 24 | 20 | 10 |
| Adakorpe D/A Basic School | 30 | 30 | 23 | 33 | 25 | 16 | 7 | 25 |
| Duffor - Osudoku Methodist Basic | 13 | 13 | 10 | 18 | 38 | 20 | 23 | 12 |
| Kasunya D/A Basic | 35 | 37 | 47 | 40 | 33 | 50 | 39 | 22 |
| Kasunya R/C Basic | 20 | 44 | 39 | 35 | 29 | 37 | 27 | 15 |
| Kortorkor Presby Primary | 14 | 12 | 15 | 7 | 10 | 8 | 7 | 7 |
| Lubuse R/C Primary | 40 | 26 | 12 | 16 | 19 | 17 | 19 | 9 |
| Nyapienya D/A Basic | 13 | 24 | 13 | 10 | 13 | 15 | 9 | 22 |
| Volivo - Larnor Presby Primary | 31 | 33 | 38 | 40 | 39 | 38 | 35 | 32 |
| Kewum - Atrobinya D/A KG & Primary | 37 | 22 | 25 | 15 | 16 | 21 | 23 | 16 |



Most school children in the schools visited, had no brushes at all and those who in fact did have, had theirs worn out with the view that, their parents could not afford to purchase new brushes when they get extremely old. In conversations with the children, some children admitted to cutting the stem of the onion plant and using that as an alternative brushing material. A few other children did confirm that it was a common practice though they did not want to admit to personally using them at home.



*****Educational Activities*****





LEARNINGS & EXPERIENCES

- During the pre-training survey, some children were quite open about their oral hygiene practices at home. Children in Kindergarten 1, Kindergarten 2 and Classes 1 and 2 often answered “YES” to every question, which made it near impossible to get a true picture of what they are practicing for oral hygiene. Through the pre-survey exercise, it was evident that, 80% of the children who answered the survey questions claimed they brush their teeth once a day because their parents were very strict on the usage of the tooth paste at home. About 45% of the children who also



admitted to not brushing at all, mentioned that, there was no one at home to supervise their activities so they wake up do what they think is right and proceed to school. They added that, their teachers do not have the time to inspect their teeth thus they will not brush for days and come to school like the normal school children and play around.

- Most of the children the team interacted with during the pre-survey session, made it known that, they mostly use the chewing stick and onion stem to brush because they feel these are more comfortable and you do not need to waste too much money on buying the brush and tooth paste. Some of the children also indicated that, brushing their teeth makes them come to school late because they have to sell and/or go to the farm with their parents before they could get money for school, hence no brushing.
- Classes KG 1 – Primary Class 3 are taught in the local dialect with the exception of the English subject as per the Teaching Policy of Ghana Education Service for Government Schools. Thus in carrying out our educational activities, the teachers took over the translation of it. For schools who had low attendance, the classes were divided into two (2) groups being KG 1 – Primary Class 2 and Primary Class 3 – Class 6 to make education easier.
- As to be expected, some children were shy to express themselves during the pre-training survey conducted, other children on the other hand did not hold back at all in answering questions.



- Children sharing toothbrushes is very common.
 - During activities in Ayikuma R/C Basic School in the Dodowa East District, the team identified 18 children of different ages and classes who were all from the same household. We followed up with conversations with both the children and their teachers to have an idea of the general set of the family and their current oral hygiene practices at home. It was realized that all 18 children are not biologically related however, they are all being taken care of by the same caregiver and live in the same compound.
 - In our efforts to teach the children the essence of not sharing toothbrushes at home with their siblings and/or parents, we tried our best to ensure that they did not end up with the



same toothbrush, however we were limited in our stock with regards to color and design to fully achieve this aim.



- A few home visits were done in the smaller communities, where we found family homes in close proximity to the school. During such visits, we inquire of the parents responses to these few questions:
 - ✓ How concerned are you of your children's teeth and oral hygiene?
 - ✓ Do your child or children have toothbrush and tooth paste?
 - ✓ Do they brush often?
 - ✓ Do you supervise or check when they do brush their teeth??

In some households also visited in a community under the Volivo Circuit, we found children who had both toothbrush and toothpaste; however, upon requesting to see them, we realized that their toothbrushes had not been changed over a long period. Some children also admitted that they would often just rinse their mouths with water when they wake up and forget to brush their teeth.

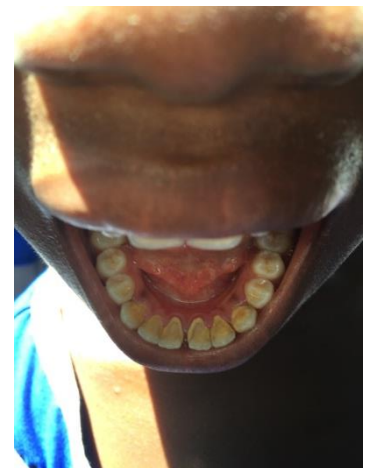
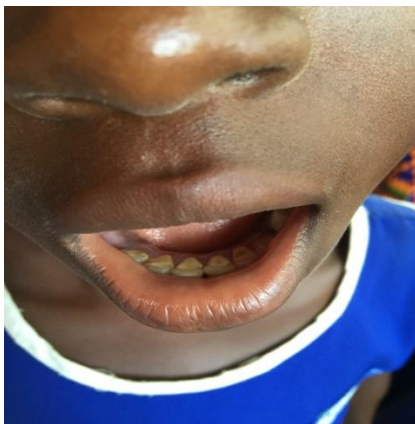


Through these visits and conversations, we noted that in reality, most children do have the toothbrush however; they may have run out of toothpaste for some time, this resulted to them having to brush their teeth with just water and still considering it as having brushed their teeth for the day. This in effect made us question some of the responses provided during the pre-training survey we conducted prior to carrying out the education. In reviewing the highs and lows at the end of our visit in one circuit,



the team resolved to revise the pre-training survey for future Oral Health exercises to include the question: *"How many have toothbrushes, but no toothpaste" (or medicine as popularly referred to).*

- One main immediate outcome achieved from all this Oral Health exercises that we can confidently boast off, is the education and awareness on Oral Hygiene the children and adults walk away with. Providing them with a toothbrush and toothpaste we believe is an added incentive for them, however it does not guarantee the length at which they will go to consciously maintain proper oral hygiene on their own.
- The use of the 'nim tree' as a chewing stick for brushing the teeth overtime leaves some residue on the teeth of the children which builds up on their teeth. Not only was the effects of this evident in the color and residue on their teeth, but their mouth also gave off a certain odor which some teachers attributed to the chewing stick used.

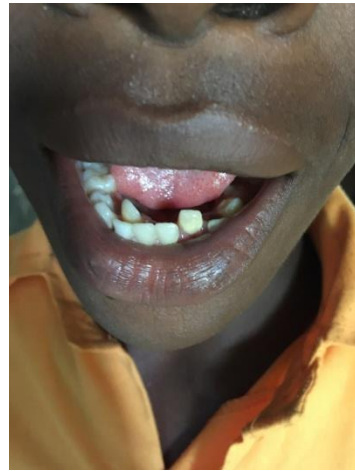
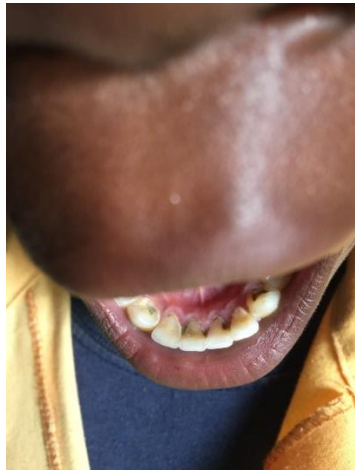
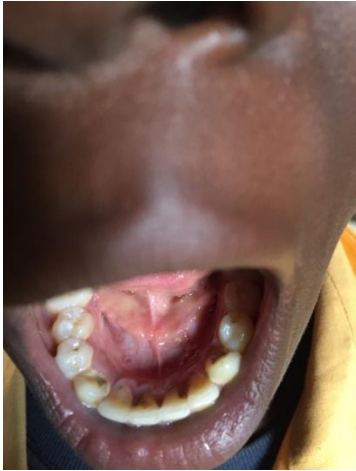


During our visits, we also identified a large number of children with major dental issues that needed immediate professional attention.



*****Some observations of the effects of poor Oral Hygiene have had on the children*****





ADVOCACY ACTIVITIES

To extend the education to the parents and members of the communities, Oral Health learning materials were given to the school SHEP or heads of schools, for education to be carried out in their PTA meetings and other community wide programs. Some schools were most enthused about that concept and even requested that we left them with the teeth Mold and big brush we use for demonstration during our activities. Other schools also expressed their preference of inviting the team to these PTAs to enforce the essence of ensuring the proper Oral Health and Hygiene of their children.

CHALLENGES

Upon observations, school children in all the schools visited throughout the period, had very sorrowful issues which when are not addressed can have effects on them going through even basic education. The fundamentals of oral hygiene are fully not understood even by parents and teachers alike.

The following were some of the challenges observed whiles the exercise was carried out;

- ✚ Children, especially in the lower primary sections shared tooth brushes with their parents and siblings. Conversations with them proved that, parents do not have enough money to buy tooth brushes especially when they are numerous. They would rather allow for them to share and save their money for other needs of the family.
- ✚ Some children do not see the need to be brushing their teeth when they can use the time for other things and having it in the back of their minds that, there isn't any one to ensure he/she does the right thing or observe good oral hygiene.
- ✚ Some teachers who attended the training of trainers were not helpful in the exercise. They failed to help in the organization and proper facilitation of the exercise as such the team had to spend a lot of time in certain schools at the expense of other school that were prepared and ready to receive us.
- ✚ During the period scheduled to implement our activities, we had to halt our scheduled plans to allow Basic Education Certificate Examination (BECE) to be conducted for Junior High School Students. Although our activities were being run for children in KG 1 to primary Class 6, most public schools were closed as they were being used as centers for the BECE. This pushed our activities further with about 7 – 10 days delay.



✚ Regular school attendance is a big challenge in most rural areas and this was very evident in some of the school visited. For some schools, the heads of schools had to pre-inform the children that there was going to be a program at the school as a way of getting the children to attend school. In smaller communities, parents whose homes were close to the school, would send their children to school only after realizing that we are giving away free toothbrush and toothpaste.

LESSONS LEARNT

Good oral hygiene is a very essential component of the holistic wellbeing of every child. It very necessary to continually 'make noise' on oral hygiene since most people, especially young ones do not see the need to practice that. Parents alike must be made to understand the concept of practicing oral hygiene since they are the children's first teachers in life and to a large extent they play significant roles in maintaining their overall wellbeing.

School children understood the education very well when taught using their local dialect and throughout the exercise, the team was very privileged to have some of the school children explain into details in their dialect why it is necessary to be brushing two times in a day. This proved to be very impactful on their peers.

Interacting with some of the children made the team understand that, their parents were not so much educated (even basic reading and writing) so it would prove very difficult for them adapting to the oral hygiene campaign. As such they would request for their parents to be enlightened on the need to practice good oral hygiene since it would go a long way to help the parents themselves aside the children

Training of teachers has been a great addition to this year's oral health activities. They took over the education right from the onset, and in some cases, before the team got to their school, they had already taken the initiative to teach them the song and teeth brushing technique which in effect made our work much more simpler. This also worked to our advantage as it limited the number of volunteers we have to transport to various communities to carry out educational activities but rather we are utilizing the teachers in their own environment. In a way this is also ensuring that at least the education on Oral Health and essence of teeth brushing 2 minutes 2 times a day is not completely lost when the team is not visiting these schools. Training the Heads of Schools and Local SHEP Coordinator's prior to carrying out the exercise in the classroom has immensely contributed to establishing strong relationships with the schools visited and oral health ambassadors for the communities.



CONCLUSION

Access to oral health care is essential to promoting and maintaining overall health and well-being especially for children in deprived communities. When individuals are able to access oral health care, they are more likely to receive basic preventive services and education on personal behaviors. They are also more likely to have oral diseases detected in the earlier stages and obtain restorative care as needed. In contrast, lack of access to oral health care can result in delayed identification, untreated oral diseases and conditions. Compromising on these may lead to death in the extreme cases.

A healthy mouth goes with a healthy body and taking good care of your own teeth sends a message that oral health is something to be valued. Parents especially and teachers alike must ensure children take very good care of their teeth. It is therefore the mandate of all stakeholders especially the government to provide a clinic for instance for such communities the team visited so that periodically, experts can come and check on their teeth before they become worse off.

Teaching children how to brush well, is a great step in the right direction to a bright future because they will carry it everywhere they go and even when they are grown they will not forget to practice it because they have learnt it from their infancy and will in turn teach others who may come their way especially those who would remember the exercise very well.

