



SOS CHILDREN'S
VILLAGES
GHANA

ACTIVITY REPORT

WRIGLEY ORAL HEALTH PROJECT GHANA



Organization: SOS Children's Villages Ghana

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Reporting On: Awutu - Senya District

Reporting Period: September 2016



INTRODUCTION

Our activities continued in close working relations with the District offices of the Ghana Education Service. During the period, the Oral health activity was introduced in the Awutu Senya District is central region of Ghana and yet another new territory for us as an organization.

Two circuits were visited, namely; Bawjiase 'A' and the Ayensuako circuits with a combined total of fourteen (14) schools covering thirteen rural communities in the area, with the assistance of the trainer from the District office of the Ghana Education Service in Awutu Senya.

BACKGROUND OF THE COMMUNITY

Found just at the boarder of the Central Region and the Ga South District of the Greater Accra region, and spreading North to meet the boarder West Akim in the Eastern Region of the country, Awutu Senya District is a densely populated area which serves as one of the seventeen (17) districts in the Central Region. The main economic activities found in the area include fishing, farming, trading (both wholesale and retail) as well as some agro-processing activities.

Communities in the two (2) circuits visited, are spread out at two ends of the district and distinctively different in economic activities. Whereas communities under the Bawjiase 'A' circuit is averagely more vibrant in their income generating activities, with members engaging in wholesale and retail trading. The same cannot be said about communities under Ayensuako Circuit which are scattered in the district's hinterlands with farming being their major and only source of income. This also greatly reflected on the quality of life of the children, the conditions of their schools and their overall response to education.

ACTIVITIES IN COMMUNITY SCHOOLS

1. BAWJIASE 'A'

Oral health educational activities were held in a total of seven (7) schools in six (6) surrounding communities that makes up the circuit. In each school visited, at least 2 of their staff joined in carrying out the pre-training survey as well as the education exercises for the children. In some schools, due to the nature of their classroom settings and our endless efforts to ensure that we created a fun and free learning experience for the children, pupils were grouped by age brackets and educational activities held outside their classrooms. Thankfully language was not so much of a barrier in these areas, as the team was familiar with the language compared to other communities visited in prior months.

Similar to various communities previously visited, children in the Bawjiase communities displayed a good level of knowledge about causes of tooth decay and the need to maintain a healthy teeth and good oral hygiene practices. In assessing the level of importance they placed on brushing their teeth, we again



realized that brushing twice a day was not a common practice amongst the children, as an average number of them used traditional teeth brushing methods at least once a day as opposed to using the conventional toothpaste and tooth brush. Almost all of them attributed their performances for traditional teeth brushing methods to the fact that they run out of tooth paste (medicine as popularly referred to). The table below shows the number of children reached.

NAME OF SCHOOL	NUMBER OF CHILDREN REACHED
Bawjiase Methodist Primary	364
Bawjiase Presby Primary	223
Okwabina SDA Primary	163
Ofaso Methodist Primary	87
Fianko Methodist Primary	154
Topiase D/A Primary	133
Ofadaa Methodist Primary	219

*****Photo Exhibition of some educational activities carried out in the schools*****





2. AYENSUAKO

With communities scattered in the hinterlands of the Awutu Senya District, our visit to the Ayensuako Circuit took us to some of the hidden small scale farming and deprived communities in the district. Pronounced 'A-yen-sua-ko', this circuit is made up of seven (7) schools all of which was visited. Head teachers of most of the schools visited were most grateful to have been included in this exercise. They saw the education as very timely for their pupils as they expressed that oral health and hygiene was an area that was often overlooked in their communities, even though it is important for both children and adults. One of the main concerns expressed by a head teacher in one of the communities was the fact that, though the rules for maintaining good personal hygiene including that of their oral hygiene are known by pupils, the lack of interest and supervision by most parents made the task a bit more daunting for the teachers to be following up on.

Though our educational exercises went on smoothly in the community schools visited, they were also time consuming due to the distance and road conditions in getting to some of these schools.

Both facilitators and teachers engaged the pupils in conversations on oral hygiene, giving the children the opportunity and freedom to express their thoughts as to why they are not engaged in good oral hygiene practices.

In all the schools visited, we did observed that both adults and children had different ideas on the right technique in teeth brushing. To some, the concept of brushing continuously for two (2) minutes seemed like eternity to them and were not afraid to express those sentiments. Through the teachings and demonstrations however, facilitators were able to convince them that spending a minimum of two (2) minutes on your teeth each morning and evening which actually was very easily achievable and encouraged them to aim for that. Below is a table which shows the schools and children reached under the circuit.

NAME OF SCHOOL	NUMBER OF CHILDREN REACHED
St. John's Anglican (Akpateshie Nkwanta) Basic	129
Penim D/A Basic School	169
Ayensuako Catholic Primary	225
Mayenda D/A Basic	122
Obodakaba Anglican Primary	104
Kofi Ansah D/A Basic	275
Nyarkokwaa D/A Basic	221

Interestingly, in engaging the children, it was realized that although majority of the children did apply the traditional method of using the chewing stick to clean their teeth, about thirty percent (30%) of them went a step further to clean the left over chewing stick residue in their mouth with a toothbrush and water.



*****Photo Exhibition of some school pupils demonstrating the right way to brush in Ayensuako*****



*****Photo Exhibition of some school pupils showcasing their kits*****



*****Observations during the visit and notable examples of some severe dental cases*****

As to be expected, a lot of the children exhibited severe cases of discoloration of the teeth and plaque buildup. The teachers attributed these development to the following reasons;

- ❖ The children do not brush their teeth as they often as they make us believe, be it the conventional method of tooth paste and tooth brush or other alternative traditional methods.
- ❖ Some children after series of questioning, admitted to the fact that on some days, they just rinsed their mouth in the morning to make sure it does not smell before coming to school.
- ❖ Poor supervision at home on the part of parents and care providers of these children. Asked who taught them how to brush their teeth and most children indicated that they were taught by their teachers. Again, when asked if their parents do supervise them at home when they brush their teeth or get themselves ready for school in the morning and the answer is mostly no.
- ❖ There are those children who are constantly chewing on something made of materials harmful to their teeth and gum.

During our interactions with one of the schools, the team met “Kwame” *[name changed for child protection purposes]* a class four (4) pupil who appeared to have some pink substances in his teeth as well as some major discoloration of teeth and extra dental growths. When asked if he brushed his teeth that morning, he hesitantly responded that he had brushed his teeth that morning, and seconds later added that he had in fact cleaned his teeth with a chewing stick. We tried to find out what he had been chewing on but could not make a headway, thus we sought to make an attempt to get the substances out of his teeth. The team decided to have him brush his teeth on the spot using the new teeth brushing technique he had learnt just moments prior and we were all (including Kwame) taken aback the immediate results.

Below is the state of Kwame's teeth as observed during the oral health inspection.



Kwame's teeth after the team had him brush his teeth.....much to his own amazement after we showed him the before and after photos

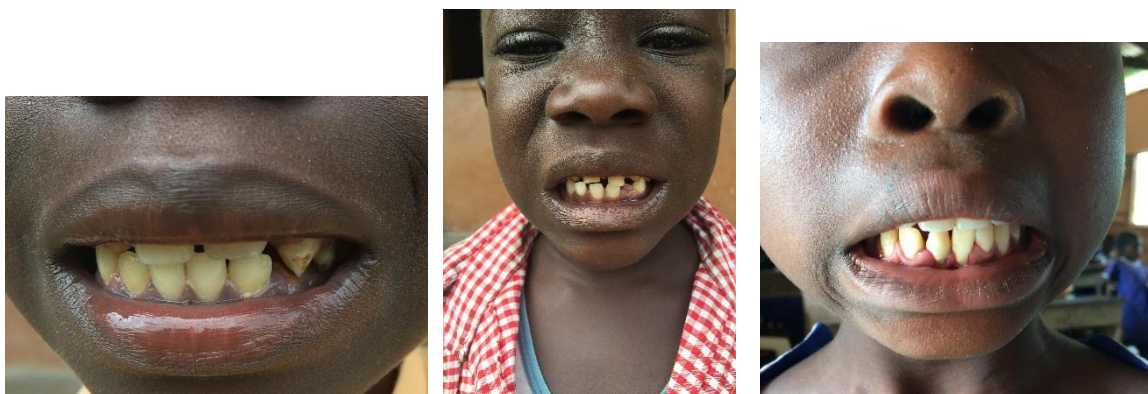
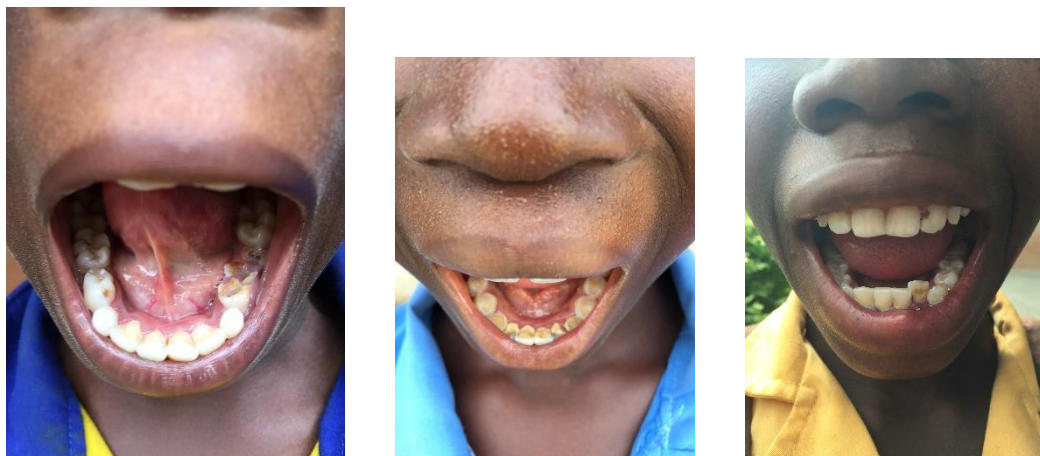
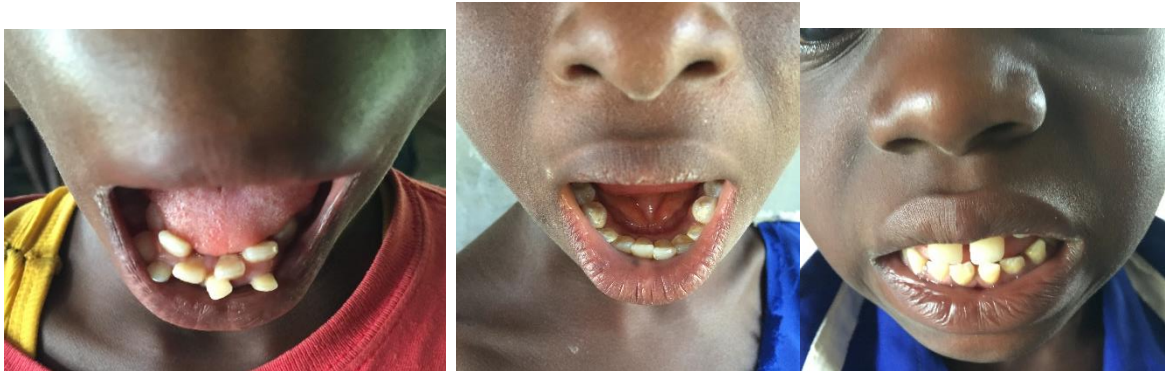


Noticeably, his gums started bleeding as he brushed and continued even after he had thoroughly rinsed his mouth. For that, it was suggested to him as well as his teachers to have him rinse his mouth with a little salt in a cup of water.

A few other students were asked to brush their teeth on the spot during the exercise as we observed some cases of gum bleeding and the idea behind it was not to shame them before their peers, but just to highlight practical examples of the difference brushing your teeth regularly and properly using the right technique can do to their teeth in the long term. The immediate and short term impact was amazing. Surprisingly, some pupils who admitted to using only the traditional methods also confessed that they did not own tooth brush which they were comfortable with. An admirable child was “Mary” [\[name changed for child protection purposes\]](#), a well-mannered, smart and quiet reserved class four (4) student who readily admitted that she does not remember the last time she brushed her teeth with a tooth brush. Her choice of method was the chewing stick. Although time could not permit us to pay her a visit at home we documented our observations on how neat her teeth looked from the outside and the stages of decay that was gradually going on in her mouth.



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



CHALLENGES

One of the major challenges faced during our activities in the various communities was the poor attendance of children to school. In discussions with heads of schools and some teachers, attendance was a big problem to most of the schools especially those in the hinterlands and farming communities. As previously experienced during our activities in the Volivo area of the Shai –Osudoku district, families in the farming communities often sent their children to work on the farms with them before sending them off to school for the day and this was not any different in the Ayensuako circuit either.

Unfortunately, heads of schools and teachers were at a loss as to how to tackle this problem and therefore in doing very little about it have allowed the practice to go on. In some of the schools visited, we encountered several parents who rushed their children to school at midday after noticing that we were giving out tooth paste and tooth brushes, but not necessarily interested in the education.

Income generating and/or farming activities however cannot carry the entire blame for the low attendance. The conditions under which the children are made to learn left much to be desired for and did very little to create an enthusiastic atmosphere for learning in our general opinion. Classrooms were without furniture for both teachers and pupils, and learning aids and resources were old and very scanty.

One particular basic school the team visited in the Ayensuako Circuit was basically an empty two (2) year old structure that was built and commissioned by the assembly and houses classes KG through to Class 6. The entire school has a total of nine (9) rooms that includes the Head teacher's office, a store room and a computer lab. There are basically no furniture in the school at all for both students and teachers, no visual learning materials for the KG and lower primary classes, no storage cupboards in any of the classrooms and only 3 classrooms actually having blackboards. As shown in the photos below, children bring their own stools from home to improvise as a makeshift desk and chair in order to learn.

This may not have any direct correlation with our oral health activities, however, when we considered these conditions the children found themselves in, it was no wonder that they were not attending school. In that same regard, we feel the effect the overall success of our project activities as reaching out to children in these schools is almost impossible.







CONCLUSION

The various teaching methods employed by the facilitators which helped children to understand WHY they must brush their teeth, WHEN they must do it and HOW to go about it created the opportunity for the project to reach out to more children in the communities thereby making a positive impact in the lives of these children that will last them a life time as they show signs of willingness to adapt to change.

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.

The immediate effect of the activities carried out may not be seen now, but the lasting impact on their lives will be enormous.

