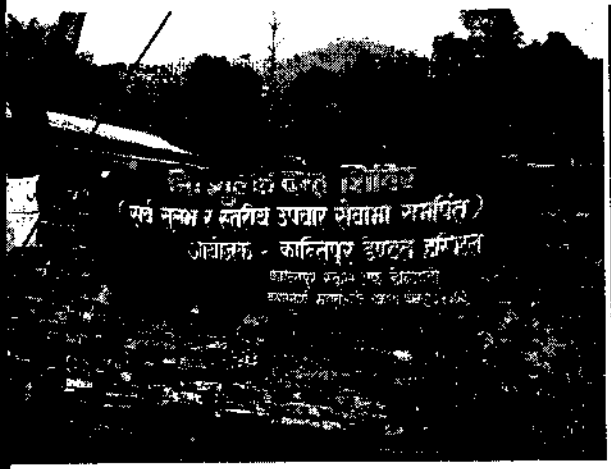
KSDH

KANTIPUR SCHOOL OF DENTISTRY AND DENTAL HOSPITAL

CAMP PROJECT REPORT ON

Free Oral Health Camp, Oral Health Survey with Awareness Activities at Kuwakot VDC of Syanja District



Sumitted by

Health Research and Development Centre

Kantipur Dental Hospital and Research Center

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APPROVAL SHEET

We are pleased to have completed the Project entitled **"Free Oral Health Camp, Health Survey with Awareness Activities at Kuwakot VDC of Syanja District"**

Project Site
Kuwakot VDC, Syangja, Nepal

Project date
April 16, 2007 (Baishakh 3, 2064)

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Acknowledgement

Writing this acknowledgment had our purpose not merely just to thanks people and organization for their generosity but is to let them know that we are indebted for their support and cooperation in bringing out this camp project to completion. The project on "Free Oral Health camp, Health survey with Awareness Activities" was launched at Kuwakot VDC of Syanja district on 3rd of Baishak 2064 (April 16, 2007). The project has not only provided Curative services to poor and underprivileged women around the VDCs but also efforts were made to understand Oral health situation and create awareness activities to make the project sustainable.

Team Leader Dr. Buddhi Man Shrestha for his initiation of the project. Our convivial thanks go to the entire camp team for the successful completion of the project. We should not forget the support from Students of Dental hygiene 10th Batch of KSD. Accomplishment of this Project is indebted to many people who have directly or indirectly influenced the work; we are especially grateful to all the people of the *Syanja*, *Palpa* and *Tanahu* District for their participation in the health survey and awareness activities who have contributed in making the project a success.

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1. BACKGROUND

Health is a basic right of every people and oral health is a significant component of general health[1]. Oral health is the state of complete normality and functional efficiency of the teeth and oral cavity and the supporting structures and also surrounding parts of the oral cavity and of the various structures related to mastication [1]. Oral health is an inseparable part of the total health but often has been treated as if it was not and left to develop rather independent. Oral diseases are an important public health problem due to high prevalence, higher magnitude, public demand and impact on individual and society. Nepal is not better off than many of those developing countries where there is an increase in the prevalence of dental problems. Most of the dental problem in the Nepali population remains untreated and leads eventually to dental pain and loss of teeth, which impacts on the quality of life of the schoolchildren and adults[2]. At the present time poor access to dental services and cost of dental treatment do not appear to be barriers for visiting a dentist. The situation concerning the oral health of Nepal requires serious and immediate consideration of effective public health measures.

2. RATIONALE

Oral health is an inseparable part of total health. Dental diseases are the most prevalent and the most neglected of all the chronic diseases. Oral health means more than just an attractive smile. Poor oral health and untreated oral diseases and conditions can have as significant impact on quality of life. And in many cases, the condition of the mouth mirrors the condition of the body as a whole. In developing country like Nepal, oral diseases are one of common problems of health due to lack of education and poverty. More than 75% of population is deprived of oral health service and education. The most common dental problems of the Nepalese are caries and gum diseases[3].The situation concerning the oral health of Nepal requires serious consideration of an effective public health measure. Analysis of epidemiological data shows that over the last two decades the prevalence and severity of dental caries in children and adults is doubling every year in Nepal. Infact untreated caries is the most prevalent childhood diseases, more prevalent than

malnutrition and vitamin A deficiency. Approximately 65% of children at age of 6 have more than 3 DT [4]. In rural and remote areas, services of oral health are negligible hence organizing dental camp will definitely be able to meet the oral health need of the population. The project also aims to provide health education activities. Oral diseases are preventable diseases to great extent if proper education is given to people and also it can be treated successfully if treatment is done at early stages like dental caries and periodontal diseases. Hence the project of camp is relevant in context of Nepal were people have least oral health priorities and services.

3. OBJECTIVES OF THE PROJECT

3.1 General Objective

The General objective of the project is to organize a free oral health camp and execute a health survey with awareness program.

3.2 Specific Objectives

- To deliver the Oral Health Services around Kuwakot VDC of Syanja District.
- To execute a Oral Health Survey on the clients of the camp
- To conduct health awareness and consensus raising program in the camp

4. METHODOLOGY

4.1 Team of experts

Team Leader	1
Dental Surgeon	2
Dental Hygiene students	18
Dental Hygienists	4
Lab Technician	1
Public health Professionals	2
Total Team	28

A total number of 28 professionals were responsible to organize and manage a free oral health Camp and survey activities. The team leader was responsible for the management of the whole

camp activities. The camp services were provided by the dental surgeons and dental hygienists and supported by dental hygiene students. Public health professionals were responsible in coordination of the camp activities and executing dental survey around the camp. Health awareness activities were conducted by dental hygiene students

4.2 Justification of the study site and study population

Kuwakot VDC in Syangja district lies 27 km away from *Galyang* and around 300 km away from Kathmandu. Kaligandaki River separates Syanja from Palpa District. The site covers the population from Syanja and Palpa districts. Kuwakot VDC of Syanja was selected for the project proposes being rural and remote in settings. The people of this VDC have limited access to health services. Recently Gandaki Rural hospital has been established with a motive of making Oral health services accessible to all. Past records of the hospital discloses an overwhelming number of oral health complaints of the patients around the VDC. People usually ignore oral health issues and it is uncovered usually at later stages hence the severity of problem were higher than expected. Till now no efforts have been made to address the oral health situation of the population. Hence launching oral health camp and executing a survey with awareness activities did certainly help uplift oral health status of the people of the VDCs.

4.3 Camp Clients

Free Oral health camp was set at Kuwakot VDC of Syanja. The site was accessible to around 10 other VDCs of Syanja and 10 VDCs of Palpa district. 1-Day camp covered approximately 110 clients around the VDC. The sample size for the health survey was the total number of the camp visitors.

4.4 Project Schedule

The entire camp duration was of one day and the Oral health survey and oral health awareness activities were conducted at the same period. Health awareness activities include:

- Awareness activities to the school children
- Awareness activities to the local people.

Awareness activities around the camp were conducted by the dental hygienists, dental hygiene students in coordination with public health professionals.

4.5 Project tools

Dental equipments were taken to provide dental services in the camp. A questionnaire was used to collect information for oral health survey. Awareness and consensus raising activities were conducted utilizing various Information Education and communication (IEC) materials.

4.6 Survey techniques

Interview technique was forwarded to generate information from the clients. Mini lecture and discussion were done to convey awareness messages in the camp.

4.7 Survey Analysis

- Data were transferred to and analyzed using SPSS 11.5.
- Multivariate analysis was done.
- Graphs, tables and pie charts summarized the findings.

5. FINDINGS

I. Curative services of the camp

Kantipur School of dentistry and Kantipur dental hospital organized free oral health camp and executed Health survey with Awareness activities on Baishak 3rd (April16, 2007) at *Janajyoti Ma.v* School at Kuwakot VDC of Syanja district. Total 110 patients were directly benefited from the oral health camp also many more community people were benefited from the preventive health awareness activities at the health education corner of the camp.

List of services in the Free Oral health Camp

1) General Oral health Checkup
2) Extraction
3) Oral Health Counselling
4) Medicine distribution
5) Referral services
6) Executing oral health survey
7) Oral Health Awareness Activities

Under the supervision of Dental Surgeon Dr. Buddhi Man Shrestha and Dr Iru Prajapati Curative Services were provided. DH Buddhi man Shrestha, DH Anil Shrestha, DH Akanshya KC, DH Devi Gurung and Dental Hygiene 10th batch student of KSD directly supported the treatment. Under the coordination and supervision of Public health Officers Ms. Bimala KC and Ms Syaron Basnet, health survey and awareness activities were executed.

II. Findings form the oral health camp survey

1) Demographic findings

1.1 Minimum and Maximum Age

Table1: Age Of the respondents

Age	N	Minimum	Maximum
age of the respondent	110	3	88

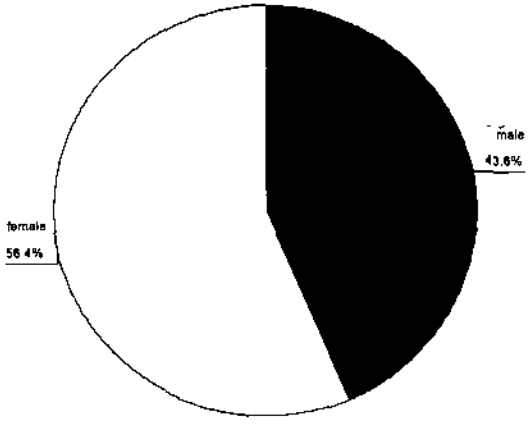
The respondents of diverged age group were directly benefited from the curative services of the camp, indirectly many more people were benefited from the awareness activities around the

Health education corner of the Camp. Minimum age group of the respondent was 3 years and 88 years was the maximum age.

1.2 Gender of the Respondent

Of the total 110 respondents, Overwhelming number of the respondents receiving oral health services were Female i.e. 56.4% and 43.6% of the respondents were male

Figure1: Gender of the respondent



1.3 Type of family

Table2: Type of Family

Type	Frequency	Percent
Single	50	45.5
Joint	60	54.5
Total	110	100.0

Majority of the respondents belonged to joint family i.e. 60% and 50% of the respondents were from Single Family.

1.4 Marital Status

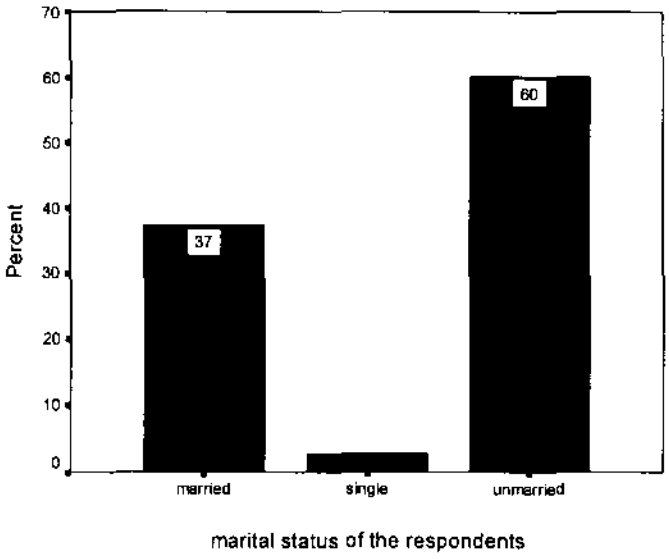


Figure2: Marital status of the respondents

An overwhelming number of the respondents were unmarried i.e. 60% followed by 37% of the respondents who were married then few i.e. 3% of the respondents were single.

1.5 Occupational status

Table 3: Occupational status of the respondents

Occupation	Frequency	Percent
Agriculture	40	36.4
Labor	1	.9
Business	3	2.7
Service	1	.9
Student	60	54.5
Other	5	4.5
Total	110	100.0

A significant number of respondents receiving dental services were students i.e. 54.5% followed by respondents from agriculture as occupation. Few respondents were from other occupational background such as labor, service, business and other. The other categories were respondents who were either too young or too old to hold any occupation.

1.6 Educational status

Table 4: Educational status of the respondents

Educational status	Frequency	Percent
Illiterate	23	20.9
Literate	9	8.2
Primary	45	40.9
Secondary	26	23.6
Higher secondary	7	6.4
Total	**110**	**100.0**

Majorities of the respondents were students in primary level of education i.e. 40.9% followed by secondary level i.e. 23.6%. 20.9% of the respondents were illiterate and few other respondents were literate (9%) and higher secondary education i.e. 7%

2) Oral health Status of the respondents

2.1 No. Of decayed teeth

Table 5: Descriptive Statistics of decayed teeth

Decayed teeth	N	Minimum	Maximum	Mean
No of decayed teeth	110	0	20	1.66

The respondents with varying degree of tooth decayed magnitude had received curative services form the oral health camp. Respondents having no. Of decayed tooth varied from maximum 20 to minimum 0.

2.2 Dental caries prevalence

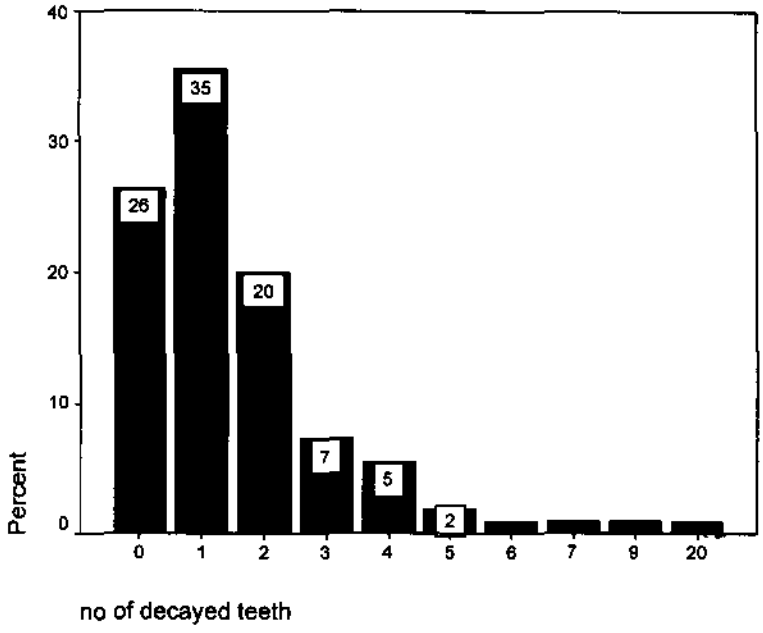


Figure 3: No of decayed teeth

Of the total 110 respondents, 81 respondents were identified with the problem of decayed tooth/ dental caries. The magnitude of the caries varied from 1 to 20 no. of Decayed Teeth (DT). Hence the prevalence of the dental caries is 81%. The respondents with average 1 DT has the highest prevalence i.e. 35% followed by 2 DT being 20%. The prevalence of 3-5 DT is below 10% and of 6-20 DT is 0.9%.

Average DMF= Total DMF/Total number of the patients examined (Peter S, "Essential of Preventive and Community Dentistry, IInd Edition, Sep 2003)
Hence, 268/110=0.83 (268=Total DMF, 110 = Total number of Patients examined)
The average DMF was 2.43, which indicates the higher severity and magnitude of the oral health problem in the community.

Also Percent needing care was calculated (% needing care = total number of decayed tooth/total number examined) 183/110=1.66. The small number of sample size indicates 1.66 respondent

needing oral health care, we can conclude that there might be lager population requiring greater burden of care in the community.

2.3 No. Of missing and filled teeth

Table 6: Descriptive Statistics of missing and filled teeth

Missing and filled teeth	N	Minimum	Maximum
No of missing teeth	110	0	17
No of filled teeth	110	0	7

The respondents with varying degree of missing and filled tooth were identified. Respondents, having maximum no. Of missing tooth varied from 17 to minimum 0. Followed by Respondents with maximum no. Of filled tooth varied from 7 to minimum 0.

2.4 Treatment requirement of the respondents

Table7: Treatment requirement

Treatment categories (N=110)	No. of cases	Percentage
Extraction	61	58.1
Scaling/polishing	48	45.7
Filing	39	37.1
orthodontic treatment	4	3.8
Prosthodontic treatment	5	4.8
RCT	7	6.7
Mobility	8	7.6
others	4	3.8

Majority of the respondents had severe decayed teeth and mobility hence their teeth were extracted i.e. 58.1%. Followed by Scaling and polishing being 45.7% then filling 37.1% was

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observed treatment requirements. Then Respondents requiring RCT, Prosthodontic treatment, Orthodontic treatment was below 10%. Other treatment was opectomy, palpectomy and halitosis.

2.5 Hygiene maintenance of the respondents

Table 8: Oral hygiene behavior

Hygienic behavior	No. of cases	Percentage
Brushing	91	82.7
Rinsing	26	23.6
Nothing	17	15.5
Healthy diet	3	2.7

A multiple answer question was asked to analyze the oral hygiene maintenance behavior of the respondents. Majority of the respondents used brushing technique i.e. 82.7% to maintain their oral health followed by rinsing by 23.6%. Only few percentages of the respondents ate healthy diet to maintain oral health. 15.5% of the respondent did nothing to maintain their oral hygiene.

2.6 Respondents brushing their teeth

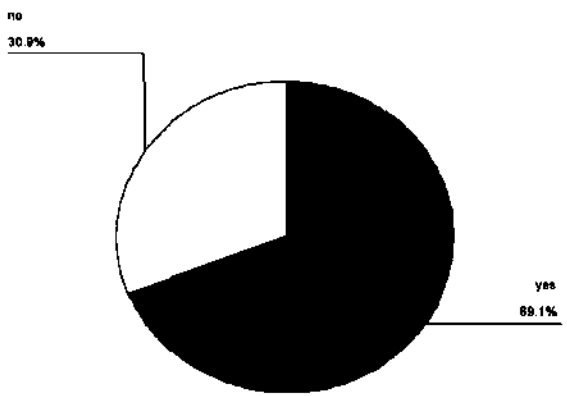

Figure 4: Brushing teeth

Of the total respondents 69.1% of them brush their teeth and 30.9% did not brush their teeth. Among the respondents who brush their tooth, majorities of them were irregular in habit.

2.7 Tooth Brushing Frequency

Table 9: Tooth-brushing frequency

Frequency	No. of cases	Percent
Once	59	53.6
Twice	17	15.5
Total	76	69.1
Don't brush	34	30.9
Total	110	100.0

Of the total 76 respondents who brush their teeth, 53.6% of them brush once followed by 15.5% who brush twice.

2.8 Prior visit to Dentist

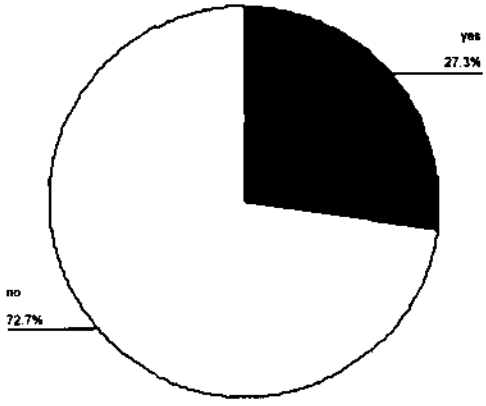

Figure5: prior visit to dentist

Majority of the respondents with oral health problem had not gone for prior visit to dentist i.e. 72.7% and 27.3% had not gone for dentist

2.9 Reason for prior to the dentist

A multiple answer was obtained to identify reasons for prior visit to dentist. Of the total 110 respondents, 27.3% had gone for prior visit to dentist, among them 80% had gone for the treatment of dental caries followed by 26.7% for extraction. Below 10% had gone for filing, mobility and Scaling and polishing. Other treatment includes gingivitis, halitosis and gingival rescission.

Table 10: Reason for prior visit

Reasons	No. of cases	Percentage
Dental caries	24	80
Extraction	8	26.7
Scaling/polishing	1	3.3
Filling	3	10
Mobility	3	10
other	3	10

3) Dietary habits of the respondents

3.1 Sugary diet consumption

Table11: Sugary diet consumption

Sugary diet consumption	Frequency	Percent
daily	14	12.7
sometimes/usually	65	59.1
more often	26	23.6
less often	5	4.5
Total	110	100.0

Of the total respondents 59.1% consume sugary diet sometimes, followed by 23.6% consume diet more often and 12.7% consume the diet daily and 4.5% less often.

3.2 Fruits consumption

Table 12: Fruits consumption

Fruits Consumption	Frequency	Percent
daily	1	.9
sometimes/usually	91	82.7
more often	6	5.5
less often	12	10.9
Total	110	100.0

When the respondents were asked about their fruit consumption, Majority of the respondents told that they consume fruits sometimes or usually. Only about 5.5% of them used to consume more often, about 11% of them used to consume less often and only about 1% of the respondents used to consume fruits daily.

3.3 Substance Consumption

Table13: Substance Consumption

Substance consumption	Frequency	Percent
yes	11	10.0
no	99	90.0
Total	110	100.0

Of the total respondents, most of them i.e. 90% didn't consume any type of substance abuse whereas the rest i.e. 10% of them used to consume substance abuse.

3.4 Types of substances abuse

Table14: Types of substance abuse

Categories level	**No. of cases**	**Percentage**
Cigarette	8	61.5
Alcohol	6	46.2
tobacco	5	38.5

14

Among the respondents who used to consume alcohol, majority (61.5%) used cigarette, followed by 46.2% who used alcohol and 38.5% who used tobacco.

4) Knowledge and attitude findings

4.1 Brushing prevents halitosis

Table 15: Brushing Prevents Halitosis

Brushing prevents halitosis	Frequency	Percent
correct	89	80.9
incorrect	8	7.3
don't know	13	11.8
Total	110	100.0

When the knowledge of the respondents were accessed on brushing prevents halitosis, it was good to find that majority of them had the correct idea followed by 11.8% who didn't know whether brushing prevents halitosis and 7.3% who told that brushing increases halitosis.

4.2 Brushing makes gum healthy

Table 16: Brushing makes gums healthy

Brushing makes gum healthy	Frequency	Percent
Correct	59	53.6
Incorrect	25	22.7
Don't know	26	23.6
Total	110	100.0

When the knowledge of the respondents were accessed on brushing makes gum healthy, it was found that most of the respondents i.e. 53.6% gave the incorrect idea, followed by 23.6% who said that they didn't know about it and 22.7% who said it incorrect.

4.3 Substance consumption is injurious to oral health

Table 17: Substance Consumption is injurious to health

Substance consumption is injurious to health	Frequency	Percent
Correct	70	63.6
Incorrect	14	12.7
Don't know	26	23.6
Total	110	100.0

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Most of the respondents (63.6%) knew that substance abuse is injurious to health. About 23.6% of them didn't know about it followed by 12.7% who were incorrect saying that smoking is not injurious to health.

4.4 Sugary diet has negative effect on oral health

Table 18: Sugary diet has negative effect on oral health

Sugary diet has negative effect on oral health	Frequency	Percent
correct	80	72.7
incorrect	10	9.1
don't know	20	18.2
Total	110	100.0

When the respondents were asked whether sugary diet has negative effect on oral health, majority of them (72.7%) were agreed with it, followed by 18.2% who didn't know about it and 9.1% who said it incorrect.

4.5 Water Fluoridation Protects Teeth

Table 19: Water Fluoridation protects teeth

Water fluoridation protects teeth	Frequency	Percent
correct	2	1.8
incorrect	8	7.3
don't know	100	90.9
Total	110	100.0

Of the total respondents who were asked whether water fluoridation protects teeth, majority (90.9%) didn't know about it. 7.3% told it incorrect and only about 1.8% said it as correct.

4.6 Use of fluoride protects teeth from dental caries

Table 20: Use of fluoride protects teeth from dental caries

Fluoride protects teeth from dental caries	Frequency	Percent
Correct	5	4.5
Incorrect	8	7.3
Don't know	97	88.2
Total	110	100.0

Of the total respondents who were asked whether use of fluoride protects teeth from dental caries, most of them (88.2%) didn't know about it. About 7.3% gave the incorrect idea followed by 4.5% who said it correct.

5. Correlation of the variables

5.1 Correlation between age group and dental caries prevalence

Table 21: Correlation between age group and dental caries prevalence

Age group	Dental caries prevalence				Total
	0 DT	1-4 DT	5-9 DT	15 and above DT	
1-14	15	39	2	0	56
15-29	2	12	1	0	15
30-44	6	8	1	0	15
45-59	2	8	1	0	11
60-74	3	7	0	1	11
75 and above	1	1	0	0	2
Total	**29**	**75**	**5**	**1**	**110**

The correlation between the age group and disease caries prevalence reveals that dental caries is prevalent among the 1-14 age groups and least prevalent among the age group 75 and above.

5.2 Correlation between gender and dental caries prevalence

Table 22: Correlation between gender and dental caries prevalence

Gender of the respondents	Dental caries prevalence				Total
	0 DT	1-4 DT	5-9 DT	15 and above DT	
Male	14	32	2	0	48
Female	15	43	3	1	62
Total	**29**	**75**	**5**	**1**	**110**

When the gender and dental caries prevalence were correlated, it was found that Dental caries was more prevalent among females (62 females). And about 75 cases of the respondents had 1-4 decayed teeth.

5.3 Correlation between educational status and knowledge on fluoride

Table 23: Correlation between educational status and knowledge on fluoride

	Use of fluoride protects teeth from dental caries			Total
Educational status of the respondents	Correct	Incorrect	Don't know	
illiterate	0	1	19	20
literate	0	2	7	9
primary	1	4	41	46
secondary	1	1	24	26
higher secondary	3	0	6	9
Total	5	8	97	110

The correlation between educational status and knowledge on fluoride shows that most of the cases i.e. about 97 case didn't know about fluoride. Only 5 respondents gave the correct answer when they were asked whether use of fluoride protects teeth from dental caries.

III. PREVENTIVE HEALTH SERVICES IN THE DENTAL CAMP

Prevention is better than cure

A sustainable program requires coordination of both preventive and curative health services to promote and protect the health of people. With this objective we had launched our camp project. Our preventive services had major focus on Health education. Children, adolescents, males (Community influential people, professionals, community leaders and teachers), were our major target group. We launched Health education corner in the camp, following were the major health education components of the corner:

- Introduction of teeth and brush
- Different layers of teeth

- Importance of brushing
- Healthy diet and its importance
- Substance abuse and its harmful effects
- Nutrition and oral health
- Dental caries and its causes
- Techniques of brushing using dental model

Dental hygiene students were mobilized to give awareness on different aspects of oral health. All the health education materials were displayed sequentially so as to give health education proportionately.

Our target groups were children to old age people. Health education was given during the camp as well as after the camp also. After the camp service was over, miking was done to inform the locals about the health education activities and they were educated on brushing techniques with the help of brushing model .Likewise they were also made aware on different forms of substance abuse, healthy diet and oral health, dental caries etc, by dental hygiene students

6. CONCLUSIONS

- Total 110 patients were directly benefited from the oral health camp also many more community people were benefited from the preventive health awareness activities at the health education corner of the camp. Minimum age group of the respondent was 3 years and 88 years was the maximum age.

- The prevalence of the oral health problem is higher in Female compare to male. Since Majority of the respondent receiving oral health services in the camp were Female.

- Dental problem is more prevalent in the students of the primary level of education followed by secondary.

- The magnitude of the caries varied from 1 to 20 no. Of Decayed Teeth (DT). The prevalence of the dental caries is 81%. The average DMF was 2.43, Percent needing care was 1.66 which indicates the higher severity and magnitude of the oral health problem in the community.

- Above 70% of the respondents with oral health problem had not gone for prior visit to dentist.

- Majority of the respondents had had severe decayed teeth and mobility hence their teeth were extracted i.e. 58.1%. Followed by Scaling and polishing being 45.7% then filling 37.1%. Respondents requiring RCT, Prosthodontic treatment, Orthodontic treatment was below 10%. Other treatment was operculectomy, Pulpectomy and halitosis.

- 69.1% of the respondents do brush their teeth but the brushing frequency is least and majorities of them were irregular in habit.

- Of the total respondents 59.1% consume sugary diet sometimes, followed by 23.6% consume diet more often and 12.7% consume the diet daily and 4.5% less often.

- Of the total respondents who were asked about use of fluoride for teeth protection from dental caries, most of them (88.2%) didn't know about it.

- The correlation between the age group and disease caries prevalence reveals that dental caries is prevalent among the 1-14 age groups and least prevalent among the age group 75 and above.

7. RECOMMENDATIONS

- The camp project has become a baseline study, which reveals the need of "**Skilled Oral Health Knowledge and Practices**" to improve oral health status. Hence we strongly recommend the concerned authorities to implement awareness programs around the project site.

- Oral health is mostly ignored and least addressed, the problem of oral health is addressed when the magnitude and severity of the problem is higher, hence people are to be made aware to address oral health issues to receive early, steady, inexpensive and intensive oral health care.

- The finding from oral health survey reveals people having little knowledge on brushing techniques, on oral health and they do brush once, hence study demands on the need of skilled oral health practices.

- Considering small sample size and the duration of the Camp, the Magnitude of DMF, % needing care is higher; Hence Curatives service is also required to address oral health need of the community.

- Since the oral health problem is higher in the students, so we recommend concern authorities conducting oral health awareness (School Health Program) activities at schools.

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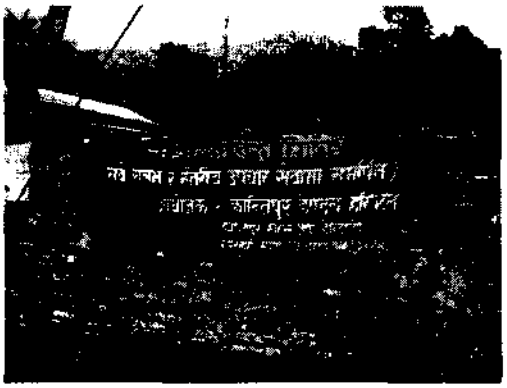
ANNEXES

Annexe-1



Free Dental Camp at Janajyoti Ma.v of Kuwakot VDC of Syangja District (3rd Baishak 2064)

CURATIVE SERVICES AT THE CAMP

Dental surgeon treating 88 year old elderly at the camp

PREVENTIVE SERVICES AT THE CAMP

Health Survey Executed at Health Awareness corner of the Camp

School health awareness and health education at the health education corner