

EDUCATION FOR ORAL HEALTH - METHODS AND LESSON MODEL –

Liviu GAVRILA-ARDELEAN, Ph.D.
Health Praxis, CMI DR. Gavrilă-Ardelean Liviu
liuigav@yahoo.com

Mihaela GAVRILA-ARDELEAN, Ph.D.
Faculty of Educational Science, Psychology and Social Work,
„Aurel Vlaicu” University of Arad, Romania
miha.gavrila@yahoo.com

Abstract: *Oral health education is a part of human health education. Education for health is essential for a healthy behaviour. According to the World Health Organization's concept of health, a healthy behaviour must be a normality for an educated life, and the level of health is a measure of qualitative life. Access to educational health services is important for good oral health. Health is a fundamental human right (W.H.O., 2002). This paper is a short review of the methods and techniques of oral health education and of the practical possibilities that can improve the level of general health knowledge. To this purpose, we propose a Model of health education lesson for adults. It can be used as a general model in continuous professional health education. Conclusion: Oral health education can be achieved through different techniques and methods, included in the universal approach of education.*

Key words: *health; education; oral health; methods; lesson model.*

Introduction

Over the past decades, significant progress has been made in health education. There has been an improvement in the methods and techniques of access to health education, especially to oral health education. Health is a human right, as stated in Article 25 of the Universal Declaration of Human Rights (1948), World Health Organization (W.H.O.), Declaration of Alma-Ata, International Conference on Primary Health Care (1978), European Social Charter Revised (1996), Convention on the Rights of the Child (1989) and its two optional protocols (2000), and Charter of Fundamental Rights of the European Union, ratified by Romania in 1974 (C.E., 1996; C.R.C., 1989; C.S.E., 2000; M.O. 146/20.11.1974).

The right to health, as stipulated in the European Social Charter Revised in Article 11, asserts that 'Everyone has the right to benefit from any measures enabling him to enjoy the highest possible standard of health attainable' (C.E., Part

1, pg. 3, 03.05.1996). In accordance with this definition of human's right to health, education for health behaviour is a part of human health (W.H.O., 2012).

Citizens have the right to freely access prophylactic health services. Health education has, in essence, a preventive function in all areas of human health, including in the field of oral health (C.E., 1996; Gavrilă-Ardelean, Gavrilă-Ardelean, 2008, 2017).

According to Articles 11, 17 and 23, from European Social Charter Revised, the right to health is a universal right of all people, no matter whether they are in a vulnerable category or not. It must be respected by all European Union Member States. They must provide effective measures to directly protect the health of all citizens. This can also be done in cooperation with public or private organizations, by taking the appropriate measures needed to reduce causes of illness, and to facilitate and promote health education. Health education supports the development of individual responsibility for health and good behaviours. It can also help prevent epidemics.

These measures are universal for children's health and youth health. They must be taught in schools, throughout primary, secondary and tertiary education.

In Article 23, it is stipulated that the right to health for the elderly, enables them to choose their own life-style and to lead independent lives in their familiar surroundings for as long as they wish and are able to (O.N.U., 1991; C.E., 1996; W.H.O., 1951).

In conformity with the Declaration of Alma-Ata, International Conference on Primary Health Care (1978), based on European Social Charter Revised (1996), States are required to show, through practical measures, that they have an appropriate policy to educate both the general population and groups affected by specific problems.

The Charter complements Articles 2 and 3 of the European Convention on Human Rights, guaranteeing the human right to health protection. The policy adopted by the Member States regarding education must meet the needs of the general population and groups affected by specific problems (addictions), or with special needs (vulnerable groups). According to these Charts, health education must be part of the school curricula. Second to family, school is the most appropriate setting for health education because the general purpose of education is to import the knowledge and skills necessary for life. Informing the public, particularly through awareness-raising campaigns, must be a public health priority (<https://www.ilga-europe.org/sites/default/files>).

Education for health is a sustainable method for improving and maintaining the future health of humanity (Bird, Lutz, Warwick, 2008).

Research Methodology

Research methodology consists in a specialty literature review of health education and oral health education, viewed from the perspective of different educational methods (Baban, 2001; Cazacu, Badescu, 1981; King, 2005).

Research results

Health education of the population aims to (Podariu et al., 1999, in Gavrilă, Gavrilă & Grivu, 2009):

- Ensure better information about health and disease;
- Form community teachers to actively deal with this objective;
 - Ensure their cooperation with teachers from under specialty like sociologists, psychologists (Brawn, Lent, 2008; Gavrilă, 2003);
 - Achieve effective local infrastructure;
 - Strengthen the role of each individual in his own health care.

The basic principles of health education are the following (Grivu, Podariu, et al., 1995; Grivu, Gavrilă-Ardelean, et al., 2006):

- Priority principle: the earlier the intervention, the most effective the education;
- Specific nature and authority: the opinion of those with legitimate authority (doctors, nurses, teachers) is more reliable (Kaprio, Leo, 1991);
- Principle of integration of health education in national health program objectives (Petrea, 1998; Păun, 2001; O.N.U, 1991).

An essential component of health education is **to inform the general public** (Podariu et al., 1999).

A difficult situation needs much more collaboration between dentist and his patients to us is the lack of information to the general public. Even when attempts are made to information, they do not reach their goal because it does not consider "necessary and natural human desires" (Grivu and collaborators, 1995). An example is offered by the television commercials that are for toothpastes and cavity-preventive chewing gum: on the small screen appears a dentist showing, for example, that sweets are broken down into acids that attack the tooth enamel. Or, to have big impact on public advertising should be based on aesthetic considerations, because beauty is a human requirement. If they say "by not washing your teeth, they hurt and they're not nice anymore", results would be completely different.

In terms of dental medicine, health is threatened by four types of conditions:

- Dental cavities;
- Gum diseases;
- Malformations and dentofacial abnormalities;
- Cancer.

In all prevention plays a particularly prophylaxis (primary prevention) can be very effective. Secondary prevention (screening and early treatment) as tertiary prevention (maintenance, prosthetics) also falls within the public health programs. Or, for informing the general public, health education should be made on a wide

scale. This education is complex because it has to start early and to be continued permanently, with the support of the public education and dentistry. Unfortunately, we do not do many things because of the lack of money.

The information materials should be published in pamphlet form that addresses to various age groups on various topics: brushing, excessive sugar consumption risks, the role of fluoride, the presentation to periodic inspections (Podariu et al., 1999, in Gavrilă, Gavrilă, Grivă, 2009). The American Academy of Pediatric Dentistry regularly broadcasts such brochures throughout the United States. Some brochures are addressed to family with references to dental health of the child, other brochures are addressed to youth and others present techniques and new materials, such as those for sealing cracks (www.unicef.ro). Informing the general public can be assured by two means: the hygiene equipment manufacturers' action, and vehiculation of the communication (mass-media).

The manufacturers of toothbrushes, toothpastes, mouthwashes, etc., are striving to secure a commercial informative advertising. It is however considering selling those products rather than informing the public on how to use.

The vehiculation of the communication (mass-media) can be done by (Podariu and collaborators, 1999; Baume, 1978):

- daily newspapers;
- periodic newspapers;
- display;
- radio;
- cinema;
- Television;
- digital devisers with Internet (mobile, etc.).

The regional daily newspapers could publish information materials focused on dental pathology specific to that area.

Unfortunately, even if they would do this, newspapers are read more by men than by women, and the interest in reading is decreasing.

The periodic newspapers can provide a better audience to people to whom they are addressed. Some periodicals publish health education materials. An example is the weekly Focus in Timisoara (Grivă, 1980).

The poster must communicate the message in seconds.

The local radio could present a short program every morning for 1-2 minutes that would have large public audience. Some stations do, but unfortunately the appropriate authorities' disinterest manifests itself here too.

Television might be the most powerful transmission mean in health education, as long as the audiovisual message is appropriate.

The educational materials are another crucial component of the health education. The most important are (Podariu and collaborators 1999; in Gavrila, Gavrila, Grivu, 2008):

- the movies;
- the videotapes and DVDs;
- the brochures and picture books.

All these can be used in dental offices and the brochures and books may be disseminated in schools and at home.

Model of health education lesson for adults (development after the *Model of OECD Skills Outlook*, 2013) for a class of 24 people.

Lesson objectives: by the end of the session, trainees will identify key elements in current papers on the topic of health. They will be able to identify which elements can be ameliorated or changed. They will have gained the ability to promote health-related ideas to a news desk, while keeping in mind the readership.

Table 1. Model of health education lesson for adults

Content unit	Teaching method	resources	time (minutes)
Introducing the trainer and The participants	Presentation Lecture	Power-Point	5 ‘
level of knowledge about THE SUBJECT	Discussion	Flip Chart	10 ‘
Key issue	Discussion Brainstorming	Flip Chart	5 ‘
Review Key points	Open discussion	Flip Chart	10 ‘
Task 1	Workshops	Power-Point Flip Chart	20 ‘
Group Feedback 1	Discussion	Flip Chart	10 ‘
Task 2	Workshops Technical applications	Power-Point Flip Chart	20 ‘
Group Feedback 2	Discussion	Flip Chart	5 ‘
Review	Reflect discussion	Flip Chart	5 ‘
			Class time 90’ ³⁶

³⁶ Timings can be changed according to class size and duration of lesson.

Conclusions

Human's right to health is a complex right, which includes: acces to health services, the right to be informed, the right to be educated for health behaviour, access to prevention services and awareness campaigns. Oral health education can be achieved through different techniques and methods, included in the universal approach of education.

A health educator/ trainer, requires the following professional competencies:

- In-depth knowledge about the right to health;
- Ability to gather from all relevant sources and exchange informations on health, illness and the right to health;
- Maintain active dialogue with the main actors and with agencies specialized in providing health programs;
- Keeping updated to changes in law, health policies, and clinical good practices.

In conclusion, to fulfill his duties, the health education trainer has to focus on a couple of major educational objectives: promoting the right to health and developing good practices in individual health and in community health.

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