**Increasing Oral Health Awareness in Afghan Women Community**



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**Introduction:**

Our service learning project was held at Women for Afghan Women (WAW) organization that helps Afghan women refugees to integrate into American society. First of all we had to know our target group better, so we researched some peer-reviewed articles just to have a whole picture about Afghan society, its values, problems, dental health needs.

Living in the United States, where many people have access to basic medical care, it is hard to imagine that somewhere in the world people don’t have this privilege. Afghanistan is one of these countries. Being tortured by endless wars for more than 30 years, Afghanistan cannot provide the population with the essential needs like health care, job opportunities, education. *“In Afghanistan, health sector, as all other sectors is in a state of collapse with a severe shortage in human and material resources; this is since more than two decades of violent conflicts that have torn the country apart”*. (Schwendicke)

People in Afghanistan have a low dental knowledge. This is not their fault. Lack of dental staff, absence of necessary oral care products, long and expensive commutes to scarce medical centers worsen population dental health status. *“Ninety percent of Afghans, 29 million people, have never seen a dentist… Many people in Afghanistan die from their teeth problems.”* (Rolfe)

Our goal was to raise awareness of Afghan refugees to their oral health, and to teach them basic oral care routine. Simple steps can make a big change.

**Assessment**

First of all, we met with the WAW representatives: Naheed Samadi Bahram (NY Program Director), Shgoofa Rahmani (Caseworker), and Sabena Chaudhry (program coordinator). During the first meeting we discussed our public health mission - increase oral health awareness. We asked about Afghan women community, their cultural values and beliefs, their socio-economic and educational status. We were explained that most of the people used to live poor life in Afghanistan, many of them have not been to the dentist ever and don’t know a lot about oral hygiene. Therefore, the community leaders were very glad that we were planning to discuss the importance of maintaining oral health with those people. We were warned that there may be a language barrier, so the organization offered to provide us with an interpreter. After gathering all that information, we made a conclusion that our target group has low income, elementary level of education, and low dental IQ. This group of people has high need for dental care.

We found some information reflecting general dental health status of Afghan population. A cross-sectional study performed on 1059 Afghan children aged 6-12-15 years showed mean number of decayed, missing, or filled teeth was dmft = 4.88 , DMFT = 2.57 , and DMFT = 4.04. These numbers gave us an idea of how much can basic oral hygiene instructions mean to these women and their families. “*The majority of lesions in 6-year-olds were cavitated, while 12- and 15-year-olds showed more non- or microcavitated lesions. Most lesions, especially in young children, were untreated… Fluoride concentrations in evaluated toothpastes did not meet internationally recommended levels... Examined Afghan children had high unmet dental treatment needs and caries experience.*” (Schwendicke)

**Planning**

Our plans of interventions were based on limited assessment that was conducted in a questionnaire form. Our plans were generalized, since the audience consisted of approximately forty adult women, many of them had language barriers. The first and most important component of our planning was to make sure the information to be presented, will be delivered and will be easily understood by the audience. So we arranged for a translator from WAW to assist us during the presentation.

Our objective was to educate members of the community about the importance of daily oral home-care. With this lesson, our key goal was to provide information that will help achieve and maintain optimal oral health. Our main focus was: the correct tooth brushing technique and frequency. We wanted to change the common “I only go to the dentist when my tooth hurts” , and “my gums are only bleeding because I brushed or flossed too hard” misconceptions.

Furthermore, introduce and explain dental terminology, which is useful for self-assessment and recognition of existing oral health issues, as well as selecting the adequate products and tools for homecare. We also provided basic information regarding the connection between the oral cavity and the rest of the body, and how periodontal disease can worsen existing disease and give health complications and vice versa.

We wanted to emphasize and explain why dental visits are crucial in maintaining a healthy oral status. We planned to motivate the audience to keep the recommended recare intervals by their dentists or dental hygienists and raise awareness of possible systemic conditions that could be related to dental health.

According to 23 questionnaires collected, 16 women reported they experience sensitivity to cold, hot, sweet or pressure; 5 women reported not having gone to the dentist within the last year; 10 said their gums bleed when they brush or floss, 2 reported not using a mouthwash and 3 not using floss. As we can see, the biggest numbers are related to sensitivity and bleeding. We understand that bleeding can be related to this group brushing their teeth incorrectly, and sensitivity can be triggered by present inflammation or hard brushing techniques among other possible reasons.

The goals of this project will be met, if participants report regular home-care, as well as regular dental visits. For this population, brushing two times a day with appropriate products and flossing three times per week.

**Implementation**

To meet our goals and objectives, we used a constructive PowerPoint presentation. Our audience was composed of women and children who did not speak English very well, so the presentation predominantly consisted of pictures and some bullet points to guide us through. We used dental terminology and layman terms interchangeably, and had a translator for those who’s English is not sufficient enough to understand the presentation. We broke the presentation up into three parts; Judit spoke about the connection between oral health and general health, and introduced dental terminology related to dental diseases and product labels. Iulia discussed the importance of tooth brushing, explained brushing and flossing technique as well as the frequency and duration. Then we demonstrated these techniques on typodonts. Khrystyna spoke on oral hygiene for children emphasizing on the correct amount of toothpaste for various age groups and informed the audience why adult supervision under the age of seven is necessary. We brought brochures with instructions on brushing techniques and some gift bags containing sample-sized mouthwash, toothpaste, floss and a soft toothbrush. We also demonstrated brushing and flossing technique on site and took Q&A at the end.

In the beginning of the presentation we distributed simple questionnaires to get a better idea about our group. It was an anonymous questionnaire containing simple direct questions such as if they brush twice a day, if they floss, if they use a mouthwash, if their gums bleed when they brush or floss, have they been to the dentist within the last year, and if they experience sensitivity.

We also mentioned the affordable and thorough Dental Hygiene services that New York City College of Technology Dental Clinic provides. Many were interested, we explained how the scheduling process works and the benefits they can get from visiting our clinic.

**Evaluation**

Upon evaluating the success of this presentation, we can conclude that our message has been delivered. Judging by immediate responses from our audience, questions, and affirmative nodding we believe the information given was comprehended. Our pre-evaluation was the distributed questionnaire, which gave us an idea of where our group stands on their dental care before the information about oral care was presented to them.

Our post-evaluation was our Questions & Answers session held at the end. We received many questions on proper product selection, use of mouthwash, children oral hygiene, fluoride treatments, whitening etc. The audience was participating actively and all questions were answered. Our goals were to raise awareness and provide basic information about oral health and oral hygiene techniques.

We believe this was an effective way to introduce this group into the world of dental care. As a first step, providing basics will go a long way. In our opinion, it would be beneficial if more presentations on dental education could follow this one. First of all to reinforce the newly learned information, and give some additional techniques and terms for this population. We hope that us, being the pioneers in this organization to provide basic dental care information, will encourage them to reach out for more help from other organizations. We believe that the program planned accomplished its goals.

**Conclusion**

 In conclusion, we believe that by participating in projects like these is how we can improve our community and of those around us. We enjoyed doing this project as students and as people. It feels useful and extremely good to contribute and to see that your audience strives to receive this information you have in your hands.

It was rewarding to see that they understand and question what we tell them. This way we introduce them to new things about oral care and raise their awareness about its importance. So many details, so little time, we spoke about as much as we could. Product selection, tooth brushing, flossing, children oral hygiene and we think we got the most of it. It was a great experience and we are grateful we had this chance.

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