Buddhi Bangara Project: oral health promotion in Nepal

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Abstract

OBJECTIVE:

The overall purpose of the Buddhi Bangara Project (BBP) is to investigate if oral health promotion (OHP) will be a realistic way to improve the oral hygiene and dental awareness of Nepalese schoolchildren aged 5-12 years. This study is the first aspect of the overall project. Dental hygiene students from Kantipur School of Dentistry, Kathmandu and the Dental Hygiene Programme at the INHOLLAND University in Amsterdam were actively involved in this assessment phase as well as the implementation phase which included oral health education activities. This descriptive study is the first phase of a larger longitudinal study directed towards improving the oral health of children in Nepal.

METHODS:

The first phase involves the assessment of children in several schools, one of which acts as a control group. It is directed toward the baseline data collected prior to the implementation of the OHP initiatives. Qualitative data on knowledge about oral health was collected through observations and a questionnaire. The World Health Organization community index of treatment needs was used to assess the clinical status of the participants.

RESULTS:

The data show that knowledge about preventing oral diseases is high, but awareness about the benefits of fluoride is low. It also suggests that the oral health of the examined children is affecting their quality of life in several different ways. The social status of participants appears to influence their dietary intake as well as their choice of professionals to visit when experiencing pain.

CONCLUSION:

It appears that children in Nepal have oral health problems and oral health does appear to influence their quality of life. The impact of the OHP activities have yet to be determined.
Dental hygiene education in Nepal.

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Abstract

AIM:

This article provides information about the history, recent curriculum changes and the legal status of the dental hygiene education in Nepal. It also intends to show, how, even in a poor developing nation, the personal drive of a native Nepalese citizen with a vision and the proper connections can lead to the establishment of a new profession, until then unknown.

METHOD:

Data were obtained from the founder of the first dental hygiene school in Nepal through qualitative interviews, and through personal visits to two Nepalese dental hygiene schools in Kathmandu and in Pokhara. Since 2006, the first author serves as curricular advisor, allowing him access and input to drafts of the development of current curricular changes.

RESULTS:

In 2000, the first dental hygiene course started in Kathmandu. Since then, dental hygiene education has been going through different stages of development and professionalization. In 2005, the programme was changed to 3 years in length in order for students to obtain an academic Certificate in Dental Hygiene. In 2006, the Nepalese Dental Hygienists Association was founded, resulting in greater recognition of the profession, especially by the powerful Nepalese Dental Association. Obscure rules and legislation results in eclectic specifications governing dental hygiene practice. Future challenges for the schools and the dental hygienists association are issues of quality insurance and scope of practice suitable for a developing country. Currently, Nepal is the only country worldwide with an almost equal gender distribution in the dental hygiene profession.
OBJECTIVES:

Description of experiences and results of training rural women in Nepal to recognize basic oral health problems and to perform basic oral health promotion activities.

METHODS:

Rural women from different districts of Nepal were trained in a 1-day course in oral health promotion as part of a 4-month vocational skills programme targeted at them. Their knowledge about preventive oral care, their recognition of basic oral health problems and their ability to perform basic oral health education were assessed qualitatively and quantitatively before and after the course.

RESULTS:

From 2006 to 2009, 141 women from 30 mostly rural districts were trained. Following the educational intervention, an overall trend towards improvement of their oral health awareness and their knowledge was documented. They proved to be competent in oral health promotion activities, in demonstrating oral hygiene techniques and in recognizing basic oral health problems. They were able to organize oral health awareness programmes in their villages and acted as advocates for the benefits of fluoridated toothpaste. After 3 years, they educated 2100 other community members, with at least 4000 children participating in their oral health awareness programmes.

CONCLUSION:

A community-oriented educational intervention programme for rural women in basic oral health promotion activities could be a successful culturally sensitive means to support access to oral health awareness programmes for Nepalese people in remote areas.