

Dental care in school breaks down social inequalities

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A new survey conducted by the University of Copenhagen and the World Health Organization (WHO) is highlighting the role of schools in work to promote health and prevent disease.

"Children in Scandinavia generally have healthy teeth and gums, largely on account of [dental care](#) in schools for all children, the arrival of fluoride toothpaste on the market, a healthy lifestyle and high living standards. But the situation in the poorest countries of the world is very different to that in Scandinavia. However, it is positive to note that the WHO's Health Promoting Schools Initiative are gaining ground at global level, and that they are gradually wiping out the social inequities in [dental health](#)," says Poul Erik Petersen, Professor at Department of Odontology at the University of Copenhagen, and a Global Health Specialist.

From Myanmar to Madagascar

"We have collected data based on questions about health and dental care from 61 countries that run health programmes in schools. Our findings reveal that those schools that have set up healthy school environments – and which offer all children education in dental health and disease prevention – are generally well-placed to set children on a path to a [healthy lifestyle](#) throughout their lives, with regard to issues such as diet, physical exercise, tobacco, alcohol and HIV control."

Around 60 per cent of the countries that took part in the study run formalised teaching in how to brush teeth, but not all countries have access to clean water and the necessary sanitary conditions. This constitutes a major challenge for the health and school authorities in Asia, Latin America and Africa in particular.

"Countries in these regions are battling problems involving the sale of sugary drinks and sweets in the school playgrounds. Selling sweets is often a source of extra income for school teachers, who are poorly paid," explains Poul Erik Petersen.

He continues: "This naturally has an adverse effect on the children's teeth. Many children suffer from toothache and general discomfort and these children may not get the full benefit of their education."

The biggest challenges to improved dental health in low-income countries are a lack of financial resources and trained staff. Schools in the [poorest countries](#) therefore devote little or no time to dental care, and they similarly make only very limited use of fluoride in their preventative work. Moreover, the healthy schools in low-income countries find it harder to share their experience and results.

Social inequality is a serious problem

Social inequality in dental health and care is a serious problem all over the world:

"However, inequality is greater in developing countries where people are battling with limited resources, an increasing number of children with toothache, children suffering from HIV/AIDS and infectious diseases – combined with a lack of preventive measures and trained healthcare staff," says Poul Erik Petersen, before adding:

"Even in a rich country like Denmark, we see social inequalities to dental care, despite the fact that dental health here is much improved among both children and adults. The socially and financially disadvantaged groups of the population show a high incidence of tooth and mouth complaints compared with the more affluent groups."

The Danish model for municipal dental care was principally built up in the 1970s and 1980s. The intention is to assure good dental health for all [children](#) and young people, irrespective of their social background. The long-term effect is now becoming apparent among adults and elderly people, who have maintained a good mouth, healthy teeth and gums, and a strong quality of life. Unfortunately, not all countries in the world are able to operate a school system of this kind."

The study has been published in *Community Dental Health*.

Provided by University of Copenhagen

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