

An evaluation of oral health promotion activities in Nepal

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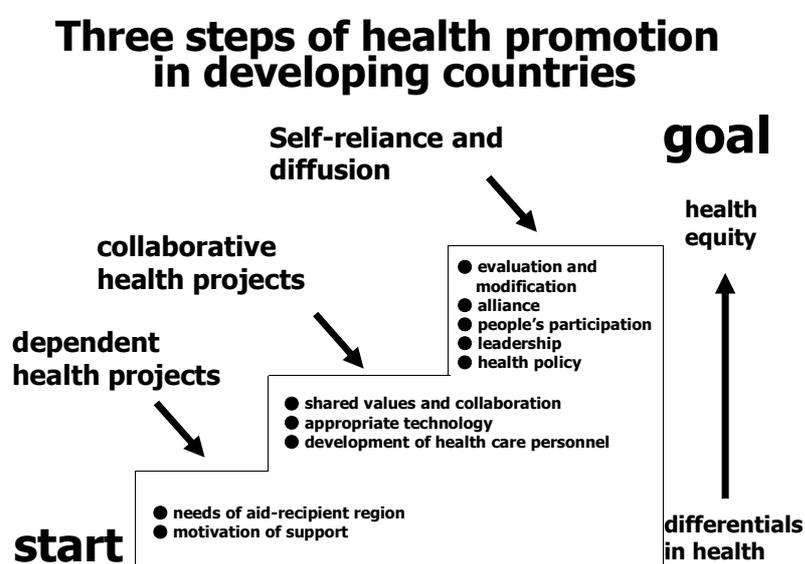
Introduction: Oral health can dramatically affect the quality of person's life, from chewing and swallowing function to speaking, facial aesthetics, and social interaction. When health information is not available and preventive measures are not taken, however, people often resign themselves to the pain or impairment that accompanies oral disease. This is a common phenomenon in both developed and developing countries.

Methods: For the 20 years from 1989 to 2009, the Association of Dental Cooperation in Nepal (ADCN) has implemented a community health program to improve the oral health of Nepalese people. During our 22 missions we have provided dental treatment to 14,539 patients and offered other health care services to 84,881 residents. Our current projects include: 1) dental treatment for individuals, 2) oral health worker training, 3) a school health and fluoride mouth rinsing program, and 4) maternal and child health services.

Results: Our dental treatment program, begun in 1989 at the request of the local community, has continued throughout the 20 years of our work in Nepal. Treatment of oral disease provides immediate relief of dental pain, but it does not provide lasting oral health. However, this initial core of our program allowed us to gain the trust of the local community. Five years later, in 1994, we initiated our school oral health program and began training local people in oral health procedures. The purpose of the school program was not only to promote awareness of oral health among children and teachers, but also to implement an effective oral disease prevention program. These programs were successful beyond our expectations, disseminating from person to person and then to nearby communities—there are currently 6,860 participants in 8 villages. Gradually,

more and more mothers became involved in these programs, and in 1998 the volunteer mothers requested that we hold an oral health training course. Through this training program, schoolteachers worked together with the mothers.

Discussion and Conclusions: From the experience of our small-scale but long-term efforts, we have become aware that needs-oriented oral health projects can have positive community-development effects, can change community health priorities, and can empower people at both the individual and community level to overcome health inequality and inequity.



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