

ORAL HEALTH PREVENTION IN BOSNIA AND HERZEGOVINA

Prof. dr. sc. Maida Ganibegović
University of Sarajevo
Bosnia and Herzegovina
Member of FDI Science Committee
medigan@bih.net.ba

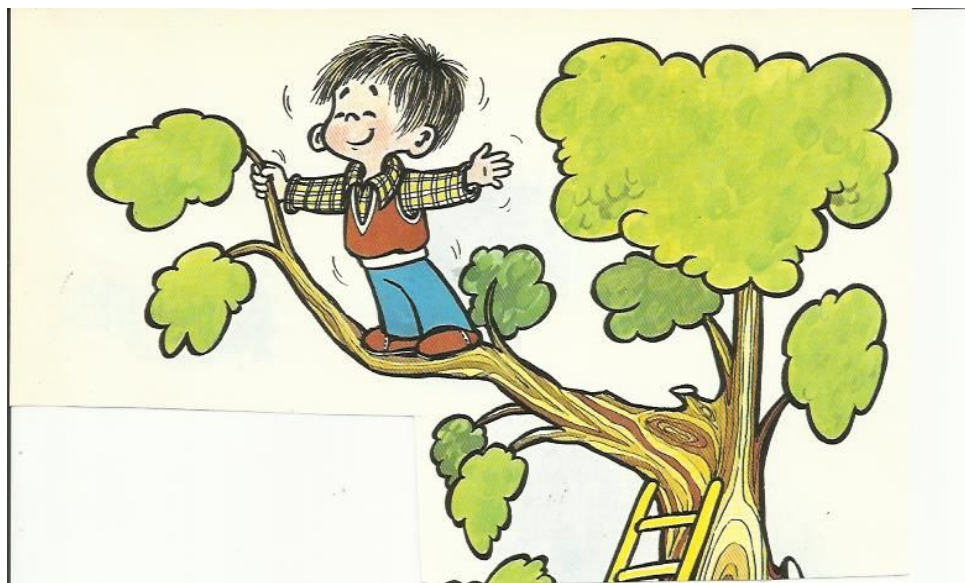


The aim of this lecture is to show a new organization models of protection programme in preschool children.

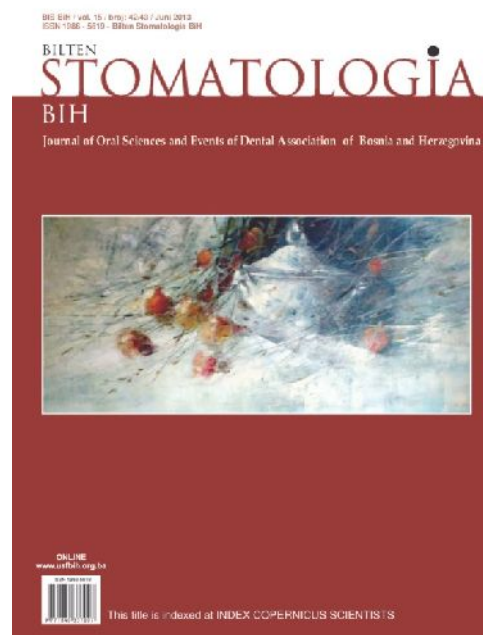
As we know, dental caries is wide spread disease which affects an estimated 90% of the population, and that can be prevented in the 90% of cases.

Bosnia and Herzegovina is facing many challenges. The recognition of oral health as an essential component of global health is *conditio sine qua non*. Every government, health authorities and other medical professionals need to increase the visibility and credibility of the dentist within the health system and as a potential source of knowledge and support in key areas of health policy.

It is time TO STOP image that they treat us, dentistry, as younger brother.



Research work of Faculty of Dentistry University of Sarajevo is oriented towards public health issues, oral health issues, epidemiological problems in dentistry and also to issues of special branches of dentistry.



Dental Association of Bosnia and Herzegovina is the best way for promotion of dental health and we do it by scientific –research work through various scientific projects, organising congress, symposiums, meetings and publishing. We are proud about Journal of Oral Sciences and Events of Dental Association of Bosnia and Herzegovina.

Nowadays we are occupied about Oral Health Prevention e.g. New organization models of Dental Association of Bosnia and Herzegovina for protection programme in preschool children.

We are making Cross-cultural adaptation ECOHIS in B&H and Neighboring Countries.

Children younger than 6 do not have perception of health or disease. Considering that, questionnaire for caregivers named **Early Childhood Oral Health Impact Scale (ECOHIS)** from USA has been translated and adopted in Bosnia and Herzegovina version (Hadžipašić A., Ganibegović M.).

BH-ECOHIS was applied a form of an interview (parents/caregiver) while waiting for the appointment.

There are 10 questions:

1. How often has your child had **pain** in the teeth, mouth or jaws? (Child symptoms domain) How often has your child because of dental problems or dental treatments? (Child function domain)
2. Had **difficulty drinking hot or cold beverages**
3. Had **difficulty eating some foods**
4. **Missed preschool, daycare or school** How often has your child..... because of dental problems or dental treatments? (Child psychological domain)
5. Had **trouble sleeping**

6. Been **irritable or frustrated** How often has your child because of dental problems or dental treatments? (Child self-image/social interaction domain)
7. **Avoided smiling or laughing** when around other children
8. **Avoided talking** with other children How often have you or another family member....because of your child's dental problems or dental treatments?(Parent distress domain)
9. Been **upset**
10. Have you or another family member **taken time off from work** because of your child's dental problems or dental treatments?

Response options: 1. Never, 2. Hardly ever, 3. Occasionally, 4. Often, 5. Very often and 6. Don't know.

If question does not apply, check „Never“.

All those questions are because the problems with the teeth can affect the well-being and everyday lives of children and their families. Quality of life is influenced by oral health and dental researcher are responsible for it.

If we comment the 7th question about avoided smiling, I will remind you that numerous studies have show that the main characteristic that people evaluate beauty-SMILE.



How important to socialization of people the phycical appearance, including the appearance of teeth, by the result of study , wich showed that people behave differently toward attractive people compared to less attractive or unattractive, or that persons with acceptable aesthetics, well-aligned teeth and friendlysmile, the more desirable for friends, more intelligent, and less likely to behave aggressively. (Shaw WC.)

Sam Selikowitz from FDI Science comittee says:

It is of vital importance that dentistry should be involved in health policies because the determinants discussed in the WHO Commission's report on Social Determinants of Health are common to oral diseases and there are large and socially unacceptable levels of inequality in oral health within and between countries. Research on oral health should

therefore be incorporated as appropriate into policies for the integrated **prevention** and treatment of chronic non-communicable and communicable diseases, and into maternal and child health policies.

Most caries and periodontal disease now occurs in adults, not children. Thus there is an urgent need for oral health policy and research to shift emphasis from what is largely biomedical and clinical research to translational research on public health approaches directed at tackling the 'causes of the causes' - the determinants of the common risk factors - why people consume so much sugars and smoke.

As the main behavioral risk factors, such as diet, smoking, alcohol consumption and stress, affect numerous diseases, oral health promotion should adopt a broader approach.

FDI plans to play a major role in the present and future global health agenda. Therefore the FDI has prepared a policy statement that will be a benchmark for FDI's oral health policy for the coming years and **serve as an advisory document for National Dental Associations (NDAs)**.

HEALTH POLICY IN BOSNIA AND HERZEGOVINA

The condition of the mouth and teeth is an inseparable part of the whole health condition of any individual habits, attitudes and behaviour regarding the health of the mouth and teeth begin to form very early, during the primary socialization and because of that the family plays very important role in it .



Dental Association of B&H made many preventive programs in all part of country using Interview survey a research instrument, while the data on oral health of the examined children were obtained from regular dental check up of school children. We find out that children do not have formed positive health habit. More than 50% of surveyed children do not practice

regular oral hygiene and those who have do that because they are „forced“ by their parents. The children are in favour of food rich in carbon-hydrates, especially sweets and sugar, which they consume very often usually between the meals and afterwards do not practice good oral hygiene. Every other child has already had an orthodontic abnormality and diagnosed gingivitis; the number of milk teeth affected by caries is between 2 and 8 while that number for permanent teeth is between 1 and 4 per a child in the first grade. As they grow older the number of permanent teeth affected by caries also grows.

Because of that, the proposal for development of health policy should be based on raising the level of consciousness of the individuals – namely parents about the importance of children's oral health. This neglected segment of children's health status is limited to a mandatory minimum as provided for under the law, including a dentist appointment and the examination of oral health status without any obligatory preventive or curative interventions. Analysis in the EU member states and in the neighboring countries indicate that caries incidence in children in B&H is two to three times higher compared to that in the above mentioned countries and the European Union. The reasons for this crushing fact are found primarily in underdeveloped health culture of the society, in grave economic situation and the burden of numerous events in the recent past that have been adversely affecting, for sure, oral health of the entire nation and, consequently, of the population of children being particularly vulnerable to this kind of pathology.

As the witnesses of crucial changes made over the past decade in the health sector in B&H, we must admit a considerable improvement in primary health care infrastructure, as well as the fact that it has been defined as a leading branch of medicine.

The Ministry of health, on its part, did not outline neither oral health of the nation nor of the children as a priority in the national health policy. This fact had a considerable impact on the current oral health status, as well as on the consequences arising out of failure to act in that respect. The entire dental health care has been brought on the sidetrack of health priorities due to financial difficulties, resulting in lack of motivation of the dentists employed with the state-owned institutions. Generally speaking private dentists are not focused on oral health of children not only due to specific aspects of work with children in out-patient facilities but also due to the fact that only children are included in the compulsory dental care programme and thus, are mostly oriented towards public dental services.

The measures outlined in this health policy are aimed at improving oral health of children. This general objective also implies certain specific objectives related to the services in public health sector, as well as in terms of involving the general public.

The first specific objective would target the parents-guardians in terms of keeping them permanently aware of the importance of children's oral health. This objective may be achieved through multi-sector activities involving several interested parties, such as for e.g.: medical institutions, schools, mass media, local communities and governments acting through the Ministry of health. By active promotion of the concept of oral health and through permanent parental education at schools, medical institutions and in the media, the

above actions are aimed at increasing the level of awareness of the population of the importance and significance of this issue.

The second specific objective should target the dentists – providers of dental services who, primarily through the activities undertaken by the Ministry of health, would be considered an important factor in the implementation of this policy and who, by virtue of legal regulations, would be brought in a position to have working environment and financial and organizational resources in order to improve both quantitative and qualitative parameters required for implementation of the measures in the field of preventive dentistry.



The health policy for improvement of children's oral health may be considered and implemented from the local community level up to national level. In that respect, the following measures are proposed in order to provide successful implementation of the above health policy:

- engagement of local community which could, through promotional and educational activities at the local level lead to better implementation of preventive measures;
- involvement of various mass media in policy implementation would inevitably lead to the increased motivation of the social community to take part in resolving of health policy issues;
- laws and by-laws at the national level should motivate service providers to carry out preventive tasks—preventive measures and to educate the population. This segment, in particular, is important in defining and implementing health policy objectives, since legal regulations should determine the time the dentist's should dedicate to preventive work and the norms of such work.

Clearly defined statistical index, measures and values, which are anyway the basis of epidemiological studies in dental science, provide clear insight into the results of health policy implementation. Project outcome evaluation is feasible and can be performed in clearly defined periodical time frames. This fact enables an exact insight into the quality of the implemented health policy measures in the long run. Based on the insight into the progress of the proposed policy and on the above mentioned parameters related to children's oral health, further corrections of specific objectives could be made resulting in better outcome of the health policy implementation.

Health policy is based on many postulates:

- Health care (in general),

- Improvement of children's oral health,
- The reduction in the number curative dental treatment,
- The treatments of dental caries and its complications and
- Thus leading to cost-efficiency of the implementing health policy.

Dental services for children in public institutions are free of charge in Bosnia and Hercegovina. A caregiver can decide to solve child,s dental problem in private practice.

The health policy may be considered and implement from the local community level up to national level.

FDI Forum in Preventive dentistry will suggest the necessity of radical changes in the organization prevention in paediatric dentistry and to arise the subject on international level.

