

# THE EFFECT OF ORAL HEALTH EDUCATION POSTERS ON THE ORAL HEALTH KNOWLEDGE, PRACTICES AND STATUS OF CHILDREN IN AN URBAN SECONDARY SCHOOL IN ENUGU STATE, NIGERIA

By: Chimeremeze Cosmas Offurum

## INTRODUCTION

Oral health is a vital component of overall health and wellbeing. It refers to the condition of the mouth and is essential for life processes such as breathing, eating, speaking, grinning, and socializing (Alufa et al., 2022). Oral health care includes prevention of oral diseases, oral health promotion, the proper development of the bones of the face and jaws, proper occlusion, as well as the prevention and management of oral diseases and traumatic injuries to the oral cavity (Eigbobo and Alade, 2017). Poor oral health is associated with low oral health-related quality of life. Oral health education, as mentioned above, is an important component of preventive care and is essential in reducing prevalence of oral diseases. It may be delivered at multiple settings, such as hospitals, primary health care centres, and schools. The purpose of this present study is to evaluate the effect of oral health education posters on the oral health knowledge, behaviours and status of adolescents in an urban private secondary school in Enugu state, Nigeria.

## OBJECTIVE

- To assess the effect of oral health education posters on the oral health knowledge and practices of adolescents in a secondary school in Nigeria
- To assess how effective such intervention would be on the oral health status of these adolescents after a reasonable time interval

## METHODOLOGY

Secondary School Students in grade 8 (JS2) were selected to participate in this study. There was an intervention class and a control class. After due consideration of ethical issues and obtaining required approvals, during the first school visit, the children were assembled in a classroom. Questionnaires were handed out to them and filled. Interviewers were present to ensure they fully understood the questions. Sitting on their chairs, oral examination to obtain baseline/pre-intervention



information were conducted on the children. Information on oral hygiene index was obtained using the oral hygiene index by Greene and Vermillon (1964).

Posters were pasted on the walls of the intervention class. None were placed in the control class. These posters remained on the walls of the classroom throughout the duration of this study. Four weeks after this intervention, the students were reassessed with the same questionnaires and oral examination.

## RESULTS

The results show larger increase in knowledge, attitude and practices in the intervention group compared to the control group. The percentage increase in knowledge in the intervention group was 12.3% while that of the control group was 2.5%. The percentage increase in attitude in the intervention group was 5.5% while that of the control group was 2.8%. The percentage increase in practices in the intervention group was 4.8% while that of the control group was 0.6%.

The Oral Hygiene Index of the intervention group reduced from 0.98 to 0.90 while that of the control group increased from 1.07 to 1.11.

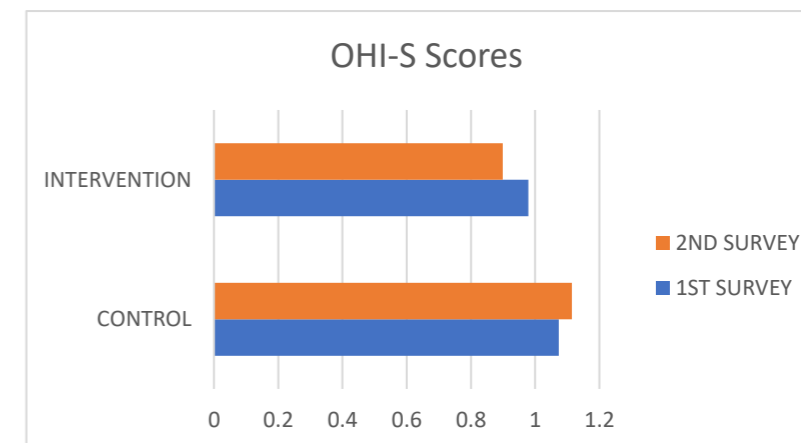
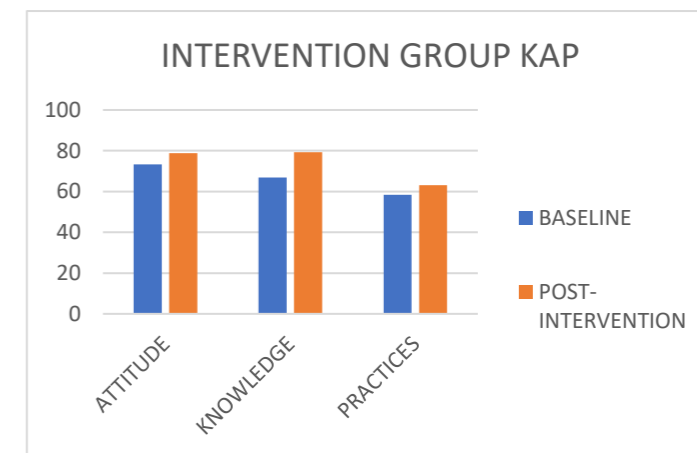
These results are presented in the tables below.

Intervention group

SURVEY	SIZE	KNW	ATT	PRAC	DI-S	CI-S	OHI-S
1 <sup>st</sup>	25	66.9	73.3	58.4	0.60	0.38	0.98
2nd	22	79.2	78.8	63.2	0.42	0.48	0.90

Control group

SURVEY	SIZE	KNW	ATT	PRAC	DI-S	CI-S	OHI-S
1 <sup>st</sup>	18	65	76	61.7	0.63	0.44	1.07
2nd	11	67.5	78.8	62.3	0.52	0.6	1.11



## ANALYSIS

This form of oral health education – the use of posters – seems to have an effect on knowledge, attitude and practices of school children. However, its effect is most significant on knowledge. It also succeeded in improving the children’s oral hygiene within a period of 4 weeks. We know that educational interventions are best done in a combination of methods. Thus, this study has succeeded in proving that oral health educational posters could be an effective addition to the previously used methods.

It is important to mention that this study was conducted over a relatively short period of 4 weeks and it is not known what effects these posters would continue to have the longer they are kept on the classroom walls.

## CONCLUSION

As has been established in previous studies, health educational interventions are most effective when they are delivered in a combination of methods. Thus, this method of poster education, being relatively cheap and easy to implement, could be an efficient tool in improving adolescent oral health outcomes.