Evaluating Oral Health Literacy of Rural Teens

Introduction

Health literacy is defined as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health care decisions.” Oral health literacy has a direct relationship with oral health status, and oral health status directly contributes to overall wellbeing.1

Australia’s national oral health plan, Healthy Mouths Healthy Lives, identified a number of priority populations including those living in rural areas. Other priority populations included those socially disadvantaged or low income and Aboriginal or Torres Strait Islander people, both of which are more prevalent in rural Australia. Furthermore, sub-population groups including children and adolescents experience persistent disparities in the burden of oral disease.2

Oral health literacy is a key means to improve quality of life for rural and remote Austrians. Additionally, health interventions carried out during teen years have long lasting effects on the development of good oral health behaviours into adulthood.3, 4

Method

• Aim: To assess the oral health literacy of rural adolescent students following an intervention in North Queensland, Australia.
• Sample Size: 30 adolescents 13 to 14 years old

The survey was developed using a number of themes from existing tools such as the HLS-EU, COH-MQ and the OHLI. This research developed an instrument to effectively measure the health literacy level of rural Australian adolescents and help evaluate future oral health interventions; incorporating visual cues and designing questions to a grade 5 literacy level.

Results

The following are a mix of survey and focus group results:

- Reported brushing their teeth morning and night
- Used toothpaste to brush their teeth
- Reported water was the healthiest drink for their teeth however some participants suggested: ‘If it’s sugar-free it’s fine’
- Reported never skipping brushing their teeth
- Unsure of how often to floss
- Unsure what fluoride does
- Knew to use a soft bristle toothbrush
- Had a history of toothache

Discussion

Adolescents were assessed on their knowledge and understanding surrounding oral health and evaluated on whether this knowledge was utilised to make appropriate health care decisions, in turn assessing oral health literacy. The participants demonstrated high knowledge in 65.2% of the survey responses, exhibiting a reasonable level of knowledge surrounding oral health behaviours. 87.5% of responses indicated a high level of good behaviour. However, the health intervention delivered directly before data collection likely influenced the answers recorded.

Comparisons between the survey results and the focus group data indicate the adolescents do not implement their knowledge regarding oral health. All participants knew to brush morning and night, with the majority knowing to brush for two minutes at a time. However, during the focus groups, participants admitted to not brushing their teeth for two minutes. Fourteen adolescents also admitted to skipping toothbrushing at least once a week in the past. While 25 participants knew to floss once they admitted to neglecting this practice from their oral health regime.

Multiple studies suggest that inaccurate knowledge and poor understanding about toothbrushing at least once a week in the past. While 25 participants knew to floss

Conclusion

Participating rural adolescents demonstrated the ability to obtain and learn basic health information; however applying this knowledge while making appropriate health care decisions is crucial for adequate health literacy. Whether these positive oral health behaviours will be adopted is a significant opportunity for further research.

References

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For More Information:

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