Oral Health: A key to general health and well-being

Introduction

Oral health means more than just healthy teeth. Oral health affects people physically and psychologically and influences how they grow, look, speak, chew, taste food and socialize, as well as their feelings of social well-being. Oral health is essential to quality of life as it ensures social and physical well-being. Inextricably linked to public health, oral health is not only about dental caries and periodontal diseases. It also involves the craniofacial complex and disorders such as oral and pharyngeal cancers, oro-facial pain, noma, maxillo-facial trauma and congenital malformations including cleft lip and cleft palate.

In the African Region, the growing challenges in oral health are characterized by changes in oral disease patterns, lifestyle and evidence-based links between oral and chronic diseases.

Moreover, allocation of inadequate and insufficient resources for oral health programmes in many countries continues to increase the gap in accessibility of effective and safe oral health services. The economic impact of oral health is high in terms of cost of treatment and school days or work days lost.

Health policies should be oriented to integrate oral health into other existing programmes with particular emphasis on a common risk factor approach. The Primary Health Care approach allows disadvantaged groups and communities in rural areas to have access to basic oral care.

This article presents an overview of the oral health situation in the African Region and its impact on general well-being. It further proposes orientations to improve the oral health status of the African people and, through this, the general well-being of populations.

The burden of oral diseases in Africa

Reports from countries in the African Region indicate that communities suffer from a high prevalence of oral diseases such as dental caries, periodontal diseases, oral cancers, oral lesions of HIV/AIDS, noma and oro-facial trauma due to road traffic accidents. Oral diseases are largely preventable.

Many countries report a prevalence of 60% to 80% of dental caries. A recent study undertaken in Burkina Faso indicates that dental caries affected 72.8% of the population aged 18 years. Most carious lesions are left untreated or are eventually treated by tooth extraction.
In countries like Madagascar oral diseases are an important public health problem among adults and the elderly. There is therefore a need for targeted oral health care for ageing populations to address and correct an unfounded belief by families and health care practitioners that tooth loss is inevitable during ageing. As a result, poor oral health of the elderly has a negative impact on their quality of life in terms of nutritional problems. The edentulous oral state is highly prevalent in ageing populations with Madagascar reporting a prevalence of 65% among elderly people.²

**Dental caries**

**Oral cancers** are the eighth most prevalent cancers worldwide. ² In eastern and southern Africa, the age-standardized incidence of oral cancer is 6.9 per 100 000 population. This is due to the high use of tobacco, especially in rural areas. Numerous studies undertaken among African communities have shown that the use of smokeless tobacco in most of its forms, mainly tobacco chewing, is a potential high risk for cancer.

**Noma or cancrum oris**³⁻⁷ is a challenge in Africa. Noma is a worldwide disease, but the African continent is the most affected. It mainly affects children between two and six years old. In 1998, WHO estimated that, worldwide, 140 000 children contract noma each year.

Noma is a disease that steals the face of children

A recent WHO survey shows that 20 African countries reported cases of noma between 2000 and 2006, with an average of 300 cases every year. However, those results represent only a tip of the iceberg because most children die without accessing treatment as shown by the case fatality rate which is between 70% to 80%.

The key risk factors for noma are poverty, malnutrition, measles, malaria and poor sanitation. Survivors of noma live with horrible orofacial mutilations which often lead to discrimination, stigmatization and marginalization by their communities. Life is particularly difficult for affected girls who have problems of being integrated in the society. In some rural, uneducated African communities, it
is the custom for parents to hide children afflicted by severe facial disfigurement, the belief being that the children’s lesions are evil omens, bringing serious embarrassment to their families.

**Oral health and HIV/AIDS**

Oral manifestations are the earliest and most important indicators of HIV infection. Many studies undertaken in African countries report prevalence of oral manifestations in 58% to 60% of people living with HIV/AIDS. The presence of oral lesions has significant impact on health-related quality of life because oral health is associated with physical and mental health.

HIV-associated oro-facial lesions alter facial appearance, impair speech and make swallowing difficult. This often leads to significant weight loss and, more importantly, gives rise to pain and interferes with adherence to the regimen of antiretroviral drugs. Oral candidiasis, angular cheilitis and hairy leukoplakia are the most common lesions seen in HIV infection and are used as indicators of the progression of the disease AIDS.8, 9

In Senegal, oral candidiasis is a predictor of low CD4 lymphocyte levels and the occurrence of AIDS-defining disease.10 A study in the United Republic of Tanzania found that oral mucosal lesions indicated underlying immunosuppression in 85% of people who did not know their HIV status.

Oral health care professionals who screen patients for HIV have an important role to play in the prevention of oral lesions of HIV/AIDS. The treatment of oral manifestations of HIV/AIDS is fundamental to improve the quality of life of HIV-positive patients. Therefore, oral health care professionals should be educated and trained to screen and manage oral manifestations of HIV/AIDS.

**Determinants of oral diseases**

Over the past decade, WHO has developed a common risk factor approach for improving oral health. The key concept underlying this approach is to focus on common risk factors for prevention and control of health conditions represented by chronic diseases and oral diseases.

The determinants of oral diseases are well known. They are risk factors common to a number of chronic noncommunicable diseases and include high intake of sugar and alcohol, tobacco use, poor hygiene, smoking, and risky behaviour causing stress and injuries. These are preventable lifestyle-related risk factors. Tobacco use has been estimated to cause over 90% of cancers in the oral cavity while smoking has been shown to be a major risk factor in periodontal disease.11
Challenges

In the African Region, important mechanisms have been defined to improve the oral health of populations. The Oral Health Strategy for the African Region adopted by Member States in 1998 is a cornerstone for the development of oral health services in the Region.

It comprises the development or strengthening of national oral health policies, integration of oral health programmes into existing health programmes, strengthening the capacity of oral health personnel, adoption of a regional approach for training sufficient numbers of oral health workers, and standardization of the collection of oral health data.

In spite of efforts made, inadequate human resources continues to be a constraint in the Region. There are significant differences between countries, with, for example, 1340 dentists in Kenya and 15 dentists in Niger in 2004.

National authorities allocate a low priority to oral health policies, and oral health budgets are very meagre. Hence, few of the oral health policies developed have been comprehensively implemented.

Most oral health care services are dependent on sophisticated technology developed primarily to treat dental caries and its sequelae. These are often limited to urban settings, worsening the problem of inequitable access to oral health care services in rural areas.

Strategies for improving oral health

Oral health planners are strongly encouraged to use the common risk factor approach to integrate oral health interventions into prevention and control of noncommunicable diseases (NCDs). Using the integrated approach to oral health will reduce inequalities in terms of improving access to basic oral care and provide a rationale for a profitable partnership which will be particularly appropriate for countries with limited numbers of oral health personnel.

In 2007, the World Health Assembly adopted a resolution which called for an action plan for promotion and integrated disease prevention in oral health. It emphasizes the need to incorporate oral health into the prevention and control of NCDs within the framework of enhanced primary health care. The resolution also calls for increased budgetary provisions for oral health care.

Conclusion

The demand for oral health services continues to grow in the African Region mainly due to improved awareness among populations about their health status in general and their oral health status in particular. This is a challenge for health and social policy planners. By integrating oral health into strategies for promoting general health, health planners can significantly enhance both oral and general health.
References


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