

An Exploratory Qualitative Study of Parents' Views on a School Oral Health Program

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Abstract

Introduction: School-based oral health programs enhance the oral health knowledge, practices and attitudes of children by employing oral health education, promotion, prevention, treatment and/or referral services to reduce the prevalence of oral diseases among school children. Periodic evaluation of School Oral Health Programs is essential to assess the impact of the program, its effectiveness, acceptability and to promote quality improvement.

Objective: To explore the parents' views on Asnani (My Teeth) School Oral Health Program.

Materials and Methods: This descriptive, exploratory, cross sectional study was conducted among parents of children in public primary schools of Qatar, who had participated in Asnani (My Teeth) School Oral Health Program. Primary data on parents' views, experiences, opinions and suggestions towards Asnani School Oral Health Program was obtained utilizing open-ended questionnaires. Thematic analysis was employed for the organization of the rich descriptive data, while deriving at themes which convey the explicit and implicit interpretation of the data collected.

Results: Qualitative responses from 359 parents revealed five principal themes i.e. Perceived value, Reinforcement of Oral Health Education and Promotion, Frequent dental check-ups, Continuity of care and Additional school-based activities.

Conclusion: Perceptions of parents regarding the Asnani School Oral Health Program disclosed in this study provide valuable insights about their acceptability of this school based oral health program. The results are also encouraging as the parents realize the importance of oral health for their children and recommended need for reinforcement of the oral health education and promotion.

Keywords: School Oral Health Program; Parents; Views; Themes; Qualitative Analysis; Oral Health; Qatar

Introduction

School oral health programs [SOHPs] are effective and evidence-based approaches for improving oral health among children [1-4]. The strategies employed in SOHPs vary based on the unique local, regional and national context of each country and are influenced by the prevalence of oral diseases among school children, oral health care delivery systems, available resources and commitment displayed by the stakeholders to provide oral health promotion, education, dental screening, preventive and/or dental treatment services at schools. Most of School Oral Health Programs are generally a component of School Health Services.

Poor oral health has a significant effect on the quality of life among children, resulting in general health deterioration and school absenteeism. School children are mostly affected by oral health diseases like dental caries due to poor dental hygiene, dietary and nutritional factors, lack of oral health knowledge,

unfavorable attitudes, behaviors, and in adequate self-efficacy [5]. School-based oral health programs enhance the oral health knowledge, practices and attitudes of children by employing oral health education, promotion and preventive services to reduce the prevalence of dental diseases [6]. Existing literature strongly supports that Oral health education programs in schools provide the basis for children to learn healthy eating, oral hygiene, engage in dental health behaviors that aid in preventing oral health diseases and maintain healthy teeth [7]. Oral diseases are highly prevalent among school children in Qatar. 71.4% of 6-year-old had experienced dental caries, as reported in Qatar National Oral Health Survey [8]. Another study had revealed a prevalence of 85% among high school children, with DMFT of 4.62 (± 3.2), 4.79 (± 3.5) and 5.5 (± 3.7), respectively for the 12, 13 and 14-year-old children [9]. Dietary factors, lifestyle, poor oral health knowledge, inconsistent oral hygiene practices were the key factors that attributed to poor oral health of school children in Qatar [10, 11].

To address the issue of dental diseases among school children and to improve their oral health by providing efficient and high standard preventative dental services, dental screening, oral health education and referral for treatment, a new SOHP, called “Asnani” meaning, “My Teeth” was initiated in 2018 [12]. This idealistic venture integrated the primary health care and education sector to deliver universal coverage for all public primary school children, as opposed to the preceding School Oral Health Program which was specifically targeted only towards first and fourth grade children in primary school.

Periodic evaluation of SOHPs is essential to assess the impact of the program and promote quality improvement. Reduction in plaque scores, gingivitis, caries prevalence, improvements in oral hygiene and enhancement of oral health knowledge, attitudes and behaviors are diverse measures that have been reported to reflect the effectiveness of SOHP.

Asnani SOHP has been evaluated by quantitative indicators like number of students receiving dental screening, oral health education, preventive treatments, caries experience and dental referrals at schools. At the completion of one year of its implementation, statistics reveal that overall 73% of the parents of children in public primary schools in Qatar had provided consent for their child’s participation in to Asnani SOHP. It was realized that in order to enhance the understanding of the acceptability and satisfaction of parents with this school-based program, qualitative data on parental views and perceptions would provide valuable insights. Hence, this study was conducted to explore the parents’ views on Asnani School Oral Health Program.

Methods

This descriptive, exploratory, cross sectional study was conducted among parents of children in public primary schools of Qatar, who had participated in Asnani SOHP. The study protocol followed the World Medical Association Declaration of Helsinki (version 2008) and necessary permissions were obtained from the parents and school principals.

The qualitative data collection tool used was an online questionnaire containing open ended questions to record the parents’ views, experiences, opinions and suggestions for Asnani School Oral Health Program. This survey was assessible to the parents from May 15 to June 15, 2019. The link to the survey was shared to all parents whose children had participated in Asnani SOHP through the school nurses via Short Message Service (SMS), which is a commonly used medium for communication with parents employed in schools. A brief statement explaining the purpose of the study to the parent and instructions to participate were included in the beginning part of the questionnaire along with a statement of consent. Parents were ensured that their participation was anonymous, voluntary and that their responses would be confidential. Parents who were willing to participate in the survey were required to click on the ‘agree’ option to statement of consent in order to continue with the survey. There was no element of coercion and the parents could refuse to participate in the survey without any liabilities.

A qualitative research method has been used in this study to explore the perceptions of parents regarding Asnani SOHP, whereby

responses obtained from parents have been analyzed. According to Hammarberg, Kirkman, and de Lacey, employing qualitative research method helps obtain real data needed to address the study questions [13]. When using this method, the researcher mainly seeks to explore views, opinions, or attitudes of people to get the actual meaning or experiences of a specific research questions. It has been widely accepted that questionnaire surveys are among the most useful data collection instruments in qualitative research that provide the researcher with the opportunity to collect primary data from a sample of people through their answers or responses to the open-ended questions [14].

Data Analysis

Thematic analysis was employed for the organization of the rich descriptive data, while deriving at themes which convey the explicit and implicit interpretation to the data collected [15, 16]. Braun and Clarke’s reflexive approach was employed, wherein coding precedes theme development and themes are built from codes [17]. The phrases or sentences from the parents’ responses were assigned a code. Next, the codes corresponding to common phrases, views or ideas were used to develop themes [18]. Hence, the code captures the insights about the data and a theme encompasses numerous insights organized around a central concept or idea. There are six stages to thematic analysis: familiarization with the data; generating initial coding; searching for themes; reviewing themes; defining and naming themes; and producing the report [19].

Results

Thematic analysis of the qualitative data from 359 parents responses to the questionnaire that reported their views, experiences, opinions and suggestions towards Asnani School Oral Health Program revealed five principal themes as discussed below.

Perceived Value

Majority of the parents expressed their satisfaction with Asnani School Oral Health Program which is reflected by their positive response and acknowledgements. They indicated their appreciation for the new endeavor between the oral health and education department.

One of the parents wrote “We express our thanks and appreciation for your attention. Bless you, bless our country and His Highness, the Amir”. Another parent responded by “Thank you for taking care of our children’s health. Stay safe.” One parent commented “With our best regards and many thanks to the ministry and the school administration for your care. The other words of commendation were as follows: “May God reward your goodness”, “Keep up the good work”, “Thank you for cooperating with us and spreading awareness among children” and “I would like to thank schools for students’ interest in personal care”.

Reinforcement of Oral Health Education and Promotion

Parents identified the need for reinforcement of the oral health education and promotion through Asnani School Oral Health Program, which will set forth a strong influence on their children’s oral health.

Parents realized that it is essential to provide educational sessions on dental care for all school children to help improve their attitudes,

knowledge, and behaviors towards oral health care practices. For instance, one parent reported, “We need monthly educational lessons for children on the importance of dental care”. Another parent supported the need to reinforce oral health education in Asnani SOHP and commented, “Continue raising awareness among children”. Another parent wrote, “Keep advising them about the importance of brushing teeth”.

Other parents supported that reinforcing oral health education and promotion as it provides continuous awareness of the benefits of personal oral hygiene in preventing tooth pain and dental problems. One parent indicated, “Periodic and continuous awareness.” Another parent responded that, “Provide awareness workshops and lectures”. Similar responses that supported reinforcement of oral health promotion in schools were mentioned by another parent who wrote, “I hope they continue raising students’ awareness in schools”. A parent also shared that, “A monthly class on personal hygiene, including hair, nails, clothes, and dental hygiene”. Similarly, another parent stated that, “In case they don’t wash their teeth regularly, build awareness about tooth pain, and tell them that if they neglect their teeth, they may lose them”. Another parent shared that, “Convince the child to brush and protect his teeth.”

From the analysis, it was also found that some parents supported the implementation of the educational program once per year as a way of reinforcing oral health promotion in Qatari schools. The parents perceived that annual educational program enriches children with the necessary oral health information and how they can take care of their teeth. One parent commented that “Creating a program to educate children more than once a year to enrich child’s information.” Another parent mentioned that, “Allocate time each week, where you give them like an awareness lecture about dental health and how to take care of their health.”

Frequent Dental Check-Ups

Many parents consistently reported the need to provide school children frequent dental check-ups, either by dental screening at school or scheduling dental check-up appointment at dental clinics for all children to improve oral health care. They also felt it may help school children to maintain the health of their teeth and gums. Parents recognized the necessity for frequent dental check-ups at schools, though there was variation about its perceived frequency. For instance, one parent shared the need for schools to “practice monthly dental check-ups” another indicated, “Conduct monthly teeth examinations.” Another parent mentioned that “They should check teeth nearly always every two weeks.” Similarly, one parent responded by, “I hope they schedule a monthly visit to the dentist.” Another parent mentioned, “I suggest that the dental check the children teeth once time in month.” Other parents suggested the need for frequent teeth examination every three months or periodic follow-up at school for all children to help prevent tooth decay and other oral health diseases. For instance, one parent responded, “Examination every 3 months”. Another parent mentioned, “Periodic follow-up for the child who has tooth decay.” Besides, there were suggestions from parents about the need for schools to provide frequent teeth examinations among children, teeth examination among children, at least twice per year. One parent suggested, “Examining teeth at least twice in a year.” Another parent commented, “Screen them continuously as they refuse to go with the parents and feel encouraged to go with their friends.”

Continuity of Care

Parents highlighted need for continuity of care after dental screening, preventive treatment and referral under Asnani School Oral Health Program. One parent supported the continuity of care through regular visits to dental clinics to support oral health among school children. The parent shared that, “They should be supported with regard to visiting dental clinics, given priority with regard to appointments, and given immediate transfer from school in case the child needs dental care and treatment. Thank you.” Another parent mentioned that “The doctor has to put a filling if the tooth requires so, not only to put fluoride.” Another parent also conveyed, “Attention by the Ministry of Public Health, especially to students as health centers appointments are far or unavailable and not everyone can afford private centers.”

From the analysis, it was also evident that parents suggested the need for schools to have consensus with private dental health clinics to seek appointments for school children, or ensure that the school has a licensed dentist from the Ministry of Health to provide the necessary dental examination. One participant responded that “Agreement with private dental centers for treating children at cheap prices.” Another parent desired the need for continuity of care through which schools make special appointments for children. The parent responded, “Provide special appointments for school children. Another mentioned, “Make appointments faster and don’t delay them. Also, one parent explained that “I wish a dentist accredited by the Ministry of Public Health would examine children in schools or there would be a dental clinic special for school students.” Similarly, one parent expressed that “I hope you provide early appointments.”

Further, parents strongly cited the need to encourage school children on dental hygiene. They shared that continuous encouragement, motivation, and home care support on the use of toothbrushes and toothpaste and reducing intake of sweets can help improve dental hygiene among school children. For instance, one parent commented, “He needs encouragement. Continuous encouragement from home and school...Encouragement, motivation, and talking to him about the importance of dental hygiene...He should keep his teeth healthy every day, use the toothbrush and toothpaste correctly, and reduce sweets intake.” Another parent indicated, “Needs encouragement, Repetition and repeated guidance, He needs a continuous reminder, Guidance and advice, Advice from parents and the doctor, and to avoid sugars and educate them about the risks of neglecting their dental health.”

Additional School-Based Activities Propounded

The theme of school-based activities propounded by parents outlines their interest towards the oral health of their children and they have suggested numerous additional school-based activities. These additional school-based activities are perceived to be beneficial in enabling school children to improve their knowledge and skills in oral hygiene practices.

It was seen that majority felt the need for children to practice tooth brushing at school during their break time. For instance, one parent shared that, “The school has to require children to brush their teeth after eating during the break.” Another parent commented, “Reward those who take care of their teeth.” Another parent indicated, “I hope you allocate time after breakfast for children to

brush their teeth and that each student brings a towel, toothpaste, and toothbrush and keep them in the school.” Additionally, parents suggested that the provision of monthly class lessons on oral health care can be introduced as a school-based activity to improve oral health behaviors, like tooth brushing after meals.

One parent shared that, “Give children a five-minute chance after the break and go with them to brush their teeth until the idea of brushing [teeth] after meals sticks in the child’s mind” Another parent recommended, “Dedicate a monthly class where children can brush their teeth at school to encourage them and repetition makes them practice it on their own at home.” They also suggested that “guiding children a five-minute break to brush their teeth and rewarding those who care of their teeth” is an additional activity that schools should embrace. Similarly, other parents supported the “need to introduce competition on tooth brushing in schools among children”. They also suggested the need for schools to provide toothbrushes and toothpaste for each child, including those in kindergarten. For instance, one parent said, “Encourage them [children] with competitions.” Another parent mentioned that, “To have a toothbrush and toothpaste for every child in the kindergarten.” They also recommend that schools should allow children to bring their toothbrushes to use after every meal. For instance, one parent said, “The school should visit the dental clinic with the children to encourage them.” Another parent mentioned, “To provide the dental service again and tell the child that next time we’ll see if your teeth are better than the first time, and if they are better, he will get a prize”. One parent responded that “Urging children to bring toothbrushes and brush their teeth after each school meal. Have ten minutes for brushing teeth at school”. There was also a suggestion from another parent regarding the need for schools to organize trips on the dental clinic where children are taught and guided on the clinical benefits of oral health hygiene. One parent wrote, “Organizing trips for students to the dental clinic to make students understand the importance of dental hygiene.”

Discussion

This study documents the perceptions, views, experiences, opinions and suggestions of parents towards a School Oral Health Program that is being implemented in all public primary schools in Qatar. It probably is the first of its kind evaluation of a school program in the Middle Eastern region. Parental perception of the Asnani School Oral Health Program is vital as the parents of school going children are the primary decision makers for their child’s participation in the program. Hence, eliciting their perception is essential for understanding their acceptability, experiences and opinions which will contribute towards determining the sustainability of the program at schools and enhance its quality in future. A literature searches reveals that very few studies have evaluated the School Oral Health Program from parents perspective so far [20-23].

Our study demonstrated that parents value the Asnani School Oral Health program and majority of the parents indicated positive response towards the program. The results are in line with the existing body of literature, which showed that implementing oral health programs in schools is essential as a motivating tool for children to adopt attitudes needed to maintain the health of their teeth. The literature also showed that parents have positive attitudes to oral health programs, and they support the implementation to

help children to practice dental hygiene and prevent dental caries [24].

Concept of “value” is a key principle in any health care system. Physicians, health care providers, policy makers, administrators and patients or recipients of care have different understanding and interpretation of value in health care system [25]. Health care providers generally consider value on the basis of appropriateness of care, effectiveness and evidence-based interventions; economists view value as the clinical benefit achieved for the money spent. Patients, however, place their focus on the ability of health care system to satisfy their needs and health goals [26].

From the point of view of recipients of care “value” refers to their needs, expectations and satisfaction from the health care services and goes hand in hand with the notion of patient centered care. Sackett et al have clearly demonstrated the concept of value for patients or care recipients by the following expression- “By patient values we mean the unique preferences, concerns and expectations each patient brings to a clinical encounter and which must be integrated into clinical decisions if they are to serve the patient” [27]. In this context, understanding the perception of parents towards the Asnani School Oral Health Program is imperative to determine their satisfaction, consent, concerns and suggestions to pursue the program and expand its capacity in future.

Parents endorsed the need for oral health education and oral hygiene instructions as an effective way to enable school children to practice optimum oral care. Reinforcing dental care programs throughout academic years promote positive attitudes, beliefs, and personal skills of school children to practice oral health behaviors [5].

From the perspectives of parents, it is apparent that most of them supported the need for schools to ensure frequent check-ups of teeth among school children, as periodic examination will help to detect early signs and symptoms of oral health problems, which may include teeth fractures and broken fillings so that timely treatment can be advised. The focus of a school dental screening programme is not merely to identify children with oral health problems, but also to act as a vehicle to bring these children into contact with oral health services [28, 29]. It is imperative to follow up screened children to measure the effectiveness of the screening in terms of increased uptake of services, for example, registration with a dentist and dental attendance [30-32]. However, in our study some parents have indicated facing challenges for continuity of care and suggested strong recommendations for giving priority treatment appointments to school children at Clinics and Health Centers and suggested frequent dental check-ups at school [20]. Similar parental views have been expressed in another Australian study.

One limitation of our study was that it was an online survey. Only parents who were truly motivated to contribute their views and had time to participate would have responded to the survey. Low response rate among parental surveys has also been previously reported [33]. Nevertheless, this study provides valuable insights of parents’ views on the Asnani School Oral health Program. There are plans to implement in-depth face to face interviews

with parents to evaluate the program in future. Job satisfaction of the dental professionals in Asnani SOHP has been assessed however the acceptability of the program by the children and school administrators are also essential to ascertain comprehensive evaluation of the School Oral Health Program [34].

Conclusion

Perceptions of parents regarding the Asnani School Oral Health Program disclosed in this study provide valuable insights about their acceptability for the school based oral health program. Five principle themes that emerged from the qualitative analysis of the parents' responses were perceived value, reinforcement of Oral Health Education and Promotion, frequent dental check-ups, continuity of care and additional school-based activities. The results are also encouraging as the parents also realize the importance of oral health for their children and recommend need for reinforcement of the oral health education and promotion. Some suggestions by parents regarding supervised tooth brushing exercises, conducting competitions and distributing gifts to children who demonstrate improvements in their oral hygiene are worthy of reflection. Some of the parents' suggestions will be considered for further quality improvement measures towards the Asnani School Oral Health Program.

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