

Where there is no dental hygienist

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Dear Fukai-sensei

Thank you for your kindness to keep in touch with me. I would like to introduce great efforts by local nurses, school teachers, and motorcycle drivers and *Earthly Health Cantata (EHC)*, a new small non-profit organization, implementing an Oral Health Program in a rural area of Cambodia.

Welcome to the eternal green rice fields

People get up early at 5:00 in the morning with rising sun in Cambodia. The big family eats breakfast together with smiling every morning. After eating breakfast, they work in the vast fields, which are eternal green rice fields. Further, they live with cows as well as livestock animals such as pigs and chickens in their houses. Their lives are in harmony with nature. This report is a small story of promoting oral health program in a rural area of Cambodia.

The program had been implemented in Puok district in Siem Reap Province which is a rural area in Cambodia in 2001. There are 121,317 residents in the district. 25,651 schoolchildren go to their corresponding 62 primary schools. (Puok District Education Office Report in 2005) However, there is no dental hygienist. Also, there is no dentist. Can you imagine that there is no dental hygienist and dentist in your town?

Where there is no dental hygienist

Nurses, teachers and motorcycle drivers play an important role for people in Puok District in Siem Reap Province.

First, what nurses, teachers and motorcycle drivers need is to be motivated to work in rural areas where work and life are difficult conditions. One Cambodian motorcycle driver along with his Japanese friends started to introduce rural population to the basic rules of oral hygiene in 2001. They visited villages and schools in rural areas and met many people who have suffered from tooth pain.

Second, these volunteers who work in rural areas are encouraged to become good friends with locals. In May 2002 the Cambodian motorcycle driver asked one Cambodian nurse to prepare good teaching materials for people. The nurses along with the Japanese completed a special game named "*Fukuwarai game*", while they became friends in the process. They made very big face from clothes, and players could move parts of face such as nose, eyes, lips and teeth. During the game, the players noticed that teeth were an important part of face. They learned naturally. Gradually, they got accustomed to brushing their teeth while was washing their face.

Third, these nurses, teachers and motorcycle drivers are teaching their knowledge of oral hygiene in a friendly and informal way. The Cambodian nurse taught thirty two school teachers in

six primary schools and around one thousand schoolchildren in two primary schools about oral hygiene in June 2002. They played “*Fukuwarai game*” and learned the causes of dental caries, gum disease, and methods of brushing. The nurses and the teachers have sustained oral health education for the schoolchildren from 2003 until now. In 2005 the program was approved by the Ministry of Education and the Ministry of Health in Cambodia.

Fourth, these volunteers are also learning and teaching the newest information on oral hygiene and general health. In December 2005 the Cambodian nurse taught diagnosis of dental caries and gum disease to nine nurses in five health centers and to nine school directors in nine representative primary schools in the district. Furthermore, nine nurses were trained to examine schoolchildren. The purpose of this training was to find schoolchildren who got severe dental caries with the risk to develop abscess and sepsis. When the nurses identify a severe case, they refer it to the health center or the hospital. The nurses tried to learn and got skills to exam teeth of schoolchildren. However, they still need more practice and training.

Fifth, what nurses, teachers and motorcycle drivers need is to be encouraged to cooperate with each other, schoolchildren, their parents and villagers. Further, they sustain the implementation to promote an oral hygiene program. The oral health program has good opportunities to expand the comprehensive health activity. Since 2005 they have implemented the comprehensive health activity in primary schools with the Japanese friends. The comprehensive school health activity is based on World Health Organization recommendation.⁽¹⁾ The plan was that: to wash hands before eating and after use of the toilet, to drink boiled water, to clean the classroom and a toilet. Also, another part

of the plan was to inform schoolchildren about dengue fever and diarrhea. They planed to introduce a set of hygiene rules and routines. Minimum costs were an important aspect of the program.

Who are their Japanese friends?

The Japanese people, who were interested in voluntary activities in oral health and comprehensive health, came from different specialists such as dental hygienists, dentists, doctors, nurses, nutrition specialists, economists, and students. They were the Japanese friends of the Cambodian people. They put together an education plan that used informal methods such as songs and games. They also developed informative materials. Even though all members could not go to Cambodia, they wanted to be involved in the project. Further, they established “*Earthly Health Cantata*,” meaning global school clinic, in 2001. Their logo was “If people in the world could live happy”. They initiated actions to achieve this hope. Their association is not so big size, but they are looking forward to getting more international cooperation for the local people in developing countries.

Furthermore, some specialists for the public health, community oral health, and health science all over the world, also have supported our program.

They are good friends now

They have been working together for five years.

One day, smiling.

One day, quarreling.

One day, crying.

One day, be angry.

One day, be sad.

One day, be happy.

In the end, they hold their hands tight and become friends. They will face many problems in

the future. They will, however, walk together any-time. Where there is no dental hygienist, Cambodian people and their friends will find solutions for this problem and live together with partnership. In our collaborative efforts we had the approval and the support of the Ministry of Education and the Ministry of Health.

Reference

1. World Health Organization. Health-Promoting School Series5. 1st ed, pp1-26. Regional Office for the Western Pacific : WHO, 1996.

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