DETERMINING FACTORS OF ORAL HEALTH:

CULTURAL AND EDUCATION LEVEL

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Abstract

In literature there are very many studies highlighting the correlation between oral health and diverse social factors, including lifestyle, social and cultural environment, health organization and care as well as the health policy. The educational level may represent an important risk factor for health in the context in which it is associated to poverty and to a hostile physical environment. In the context of oral health, a low education level also associated to the footprint characteristic to the cultural level of a person may determine their lack of interest towards the prevention of oral disorders, the practicing of an inadequate oral hygiene and the adoption of a vicious lifestyle.

In this context, the health promoting programmes must rely on viable strategies that may eliminate not only financial barriers but also the ones preventing the equal access of the disfavored population to education and health.

Key words: oral health, culture, educational level

According to the definition given to it by UNESCO, culture represents "a series of distinct features of a society or social group in terms of spiritual, material, intellectual or emotional aspects" (1).

Among the social determiners of health, culture occupies an important place since it may influence health in several ways through:

- the perception of health and disease in terms of symptoms, pains and going to the doctor (there are groups which consider that one cannot got to the doctor only for a
banal toothache and they tend to resort to self-medication);
-the acceptance of the scientific diagnostic elaborated by a specialist without referring to the fatalistic or mystical perceptions existing in certain ethnic groups;
-the acceptance of prevention and health promotion measures (vaccines, contraception, pre-birth care, participation to screening tests);
-the accessibility of all individuals, regardless of gender or age, to health care (there are cultures in which the old people consider as useless their visit to the doctor while resorting to traditional methods known since their youth or considered as universal panacea);
-the acceptance of some disorders which, in certain communities, are not considered as diseases and therefore they do not require specialized treatment (such as depression in whose case the simple visit to the psychiatrist already means that such person is psychically ill);
-the openness to alternative treatments offered by the health care system;
-the impact on lifestyle just like in the case of anorexia among teenage girls or the forbiddance of alcohol and tobacco consumption in certain religious communities;
-the influence of attitude in relation to medical treatments, such is the case of the individuals who are followers of Jehovah’s witnesses, who reject any blood treatment;
-the adoption of a certain type of behaviour in relation to health just like in the case of certain ethnic groups which reject contraception (2,3,4).

Thus, we may notice that the cultural origin of a person may influence the behavior, perception, emotions, language, body image and attitude in relation to disease and pain, in other words it influences health and the access to the health care system (5,6).

An individual’s cultural level may also influence their oral health state though the following attitudes and behaviours:
- Practicing a correct oral hygiene by the use not only of the tooth paste but also of the mouthwash and floss;
- Positive attitude towards the regular visits to the dental room;
- Attention paid to the prevention of dental disorders;
- Acceptance of education methods for oral health.

Education represents an important social determiner of health knowing that the individuals who have a high level of
education have superior health to those having a lower education level. This aspect may be explained by:

- the knowledge and attitude in relation to the possibility to solve the health problems;
- a superior level of education increases the possibility to have a well paid job which may bring material satisfactions and a decent life standard;
- the attainment of healthy life skills/behaviours.

More educated and learned individuals are defined by more adequate lifestyles which allow them to resort more frequently to medical services in order to take care of their health. On the other hand, the individuals belonging to disfavored social classes are, beyond the absence of resources, characterized by certain values that seem to explain their lower addressability to the medical services: the high level of dependence in relation to others, fatalism, the poor accent on the value of health and other axiological landmarks which together make up what is referred to as poverty culture in literature (7,8).

The literature quotes the following correlations between the social status and the educational level:

- A national survey carried out in Canada in 2010 shows that chronic diseases representing the first cause of death affect a percentage of 20% of the individuals with a higher education level and 44% of those with a medium or low education level. Moreover, the same survey shows that only 13% of those having a higher education level are smokers unlike 22-29% which is the percentage of smokers that have a lower education level (9).

- A higher education level may also determine the frequency of visits to the dental room, the individuals carrying out an intellectual job going more often for a periodic check as compared to those who carry out physical work, the latter going to the dental room only in case of emergency; the same situation is encountered in the children coming from families that have a low education level (10).

- Partial and total edentation - literature quotes numerous studies that show an obvious link between the early edentate persons and their social level; studies conducted in England demonstrate this aspect through the discrepancy existing
between the unqualified workers and intellectuals (11).

- The knowledge level related to oral disorders depends on individuals’ education level, a conclusion reached by Celeste and collaborators in a study conducted in Brazil (12); Gomes also noticed that addressability to health services is again higher among the individuals having higher education (13).

- The education level also influences the attitude towards a healthy diet, a conclusion that comes out from the study conducted in Romania in 2013 by Murariu and Hanganu in the teenager communities of Iasi. The authors calculated a risk (OR) 3.14 times higher for the children whose parents have secondary and primary education to have a diet containing high quantities of sweetened products as compared to the children whose parents have a higher education (14). According to *Eurobarometer 330*, which analyses the oral health status in the European Union countries, the level of education influences both the dental status and life quality, as may be seen in table 1 (15). Large differences may be noticed in terms of the following aspects:

- the percentage of individuals that have more than 20 teeth on their arcade is higher, namely 37%, among those who have a higher education as compared to 28% of those with primary education;

- the addressability to the dental room for emergency treatments is higher for the individuals with primary education (22%) as compared to those with higher education (16%);

- life quality correlated to oral health is lower in the population with a low education level (22%), as compared to 11% which is the percentage of those with a higher education.

**In conclusion**, the education and cultural levels are extremely important elements in the promotion and maintaining of oral health since they may influence positively or negatively the attitude, behavior and perception of each individual in relation to preventive conduct, an element considered as “the most efficient vaccine against diseases” by the World Health Organization.
Table 1 Oral health indicators in relation to educational level in EU countries


<table>
<thead>
<tr>
<th>Oral health indicators</th>
<th>Primary education</th>
<th>Secondary education</th>
<th>Higher education</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 20 teeth on arcade</td>
<td>28%</td>
<td>36%</td>
<td>37%</td>
</tr>
<tr>
<td>High sugar consumption</td>
<td>12%</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td>Addressability to private dental rooms</td>
<td>76%</td>
<td>78%</td>
<td>84%</td>
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<tr>
<td>Addressability to the state-funded system</td>
<td>15%</td>
<td>16%</td>
<td>11%</td>
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<tr>
<td>Periodic check</td>
<td>44%</td>
<td>51%</td>
<td>52%</td>
</tr>
<tr>
<td>Emergency treatments</td>
<td>22%</td>
<td>16%</td>
<td>16%</td>
</tr>
<tr>
<td>Life quality is reduced due to mastication, pain and discomfort issues</td>
<td>22%</td>
<td>14%</td>
<td>11%</td>
</tr>
<tr>
<td>Impaired social life</td>
<td>9%</td>
<td>7%</td>
<td>7%</td>
</tr>
</tbody>
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REFERENCES