

Oral health knowledge, practice and behaviour of preschool teachers: findings in a national survey

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ABSTRACT

Introduction: Preschool teachers play an important role in promoting oral health of young children. As part of Malaysia's third national oral health survey for 5-year-olds (NOHPS 2015), a study was conducted among preschool teachers to obtain information for strengthening their roles in oral health promotion. **Objective:** To assess the oral health knowledge, practises and behaviour among preschool teachers. **Methods:** A convenient sampling survey targeted all teachers in the randomly selected preschools in NOHPS 2015. Using a bilingual self-administered and validated questionnaire, the teachers were assessed on their oral health knowledge, practises and behaviour. The data was analysed using SPSS version 20. Ethical approval was obtained from the Medical Research Ethics Committee, Ministry of Health. **Results:** About 97.5% of the teachers responded to the survey. Majority of teachers had a good level of oral health knowledge, practise and behaviour. However, certain signs of dental caries and periodontal disease, and use of proper toothbrush were less well understood. Frequent intake of sugar food/drinks was noted. Only 4 out of 10 teachers had flossed their teeth daily. **Discussion:** Recognising preschool teachers' role in promoting good oral habits among young children, teachers need to understand basic oral health knowledge and be able to translate this into healthy practises and behaviour as role-models. **Conclusion:** The survey has identified oral health knowledge, practise and behaviour gaps among preschool teachers. The findings would be used to improve the training of preschool teachers in oral health promotion among preschool children.

KEY WORDS:

NOHPS 2015, preschool teachers, oral health promotion

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Overall healthcare resources have been distributed equitably among states in peninsular Malaysia in 1997 and 2012

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ABSTRACT

Introduction: In the context of the Malaysia health system, overall healthcare resources should be distributed proportionate to healthcare needs among states (horizontal geographic healthcare equity) and Ministry of Health (MOH) healthcare resources should be concentrated among less wealthy states (vertical geographic healthcare equity). This study seeks to examine if the distributions of (a) acute hospital beds and (b) hospital and (c) primary care recurrent financial input were in line with above-mentioned horizontal and vertical equity principles in Peninsular Malaysia in 1997 and 2012. **Methods:** Horizontal and vertical geographic healthcare equity were measured by Kakwani Index (KI) and a proposed Difference Index (DI) respectively. If the KI is zero, the overall healthcare resource is distributed proportionate to needs. If DI is between 0 to -2, the MOH healthcare resource is concentrated among less wealthy states. **Results:** The 95% confident intervals of KIs of all three identified resources included zero in both 1997 and 2012. The DIs of acute hospital beds were -0.045 (-0.354, 0.263) and -0.139 (-0.228, -0.049); the DIs of hospital care recurrent financial input were 0.021 (-0.302, 0.345) and 0.088 (-0.190, 0.013); and the DIs of primary care recurrent financial input were -2.80 (-0.357, -0.203) and -0.294 (-0.397, -0.192) in 1997 and 2012 respectively. **Discussion:** The distributions of three identified overall healthcare resources were in line with the principle of horizontal geographic healthcare equity in both 1997 and 2012. The distributions of MOH primary care recurrent financial resources in were in line with the principle of vertical geographic healthcare equity in both 1997 and 2012. For the distributions of MOH hospital care resources, the same can only be claimed for the distribution of MOH acute hospital beds in 2012. Nevertheless, there were no concentrations of MOH hospital care resources in wealthier states in both 1996 and 2012.