

CHAPTER 14

ORAL HEALTH AND ORAL CARE IN ADULTS

14.1 Introduction

Oral diseases are widespread in South Africa and affect large numbers of people in terms of pain, tooth loss, disfigurement, loss of function and even death. The majority of South Africans are dependent on the State for oral health care services, yet less than ten percent of the population utilises public oral health services. This under utilisation is due to limited resources and inaccessibility. Only about 11 percent of oral health professionals are in the public sector, of which the greatest proportion are located in Gauteng (47 percent) and the Western Cape (23 percent). Nearly 15 percent of all public health facilities have oral health facilities (Health Systems Trust, 1998; Department of Health, 1999).

Oral health in industrialised countries has improved dramatically over the last two decades, but the trends in developing communities are equivocal. The decline of oral diseases in industrial countries means that the burden of oral diseases of the South African population can be reduced and controlled with fairly simple interventions. Advances in knowledge and technology and preventive interventions in health could virtually eliminate the pain, suffering and loss of quality of life that accompany oral diseases. In South Africa, the availability of such advances is not universal.

The formulation and implementation of public health oral policy, based on appropriate dental information, is the critical first step in lessening the oral disease burden. Oral health policy makers, the Department of Health and the dental profession have been engaged in efforts to determine oral health needs in order to develop appropriate policies to promote oral health and prevent, treat, monitor and evaluate oral diseases of the population. In 1999, the Department of Health conducted a national oral health survey focussing only on pre-school and primary school children, using clinical indices. Decisions about utilisation of services are however, mostly made by adult care givers. Oral health status is traditionally measured by clinical indicators, however more recently, there has been an increased consensus that emphasis needs to be placed on people's self assessment of their oral health status, their knowledge and behaviour toward oral health and their experiences with the delivery of services.

This chapter reports on the data collected on adults, 15 years and older, relating to perceptions of oral health. The questions dealt with oral health pathology, utilisation of oral health services, loss of natural teeth, oral health practices and knowledge of the benefit of water fluoridation.

14.2 Perceptions of Oral Health Problems

Table 14.1 shows the percentages of respondents who report dental problems against the background characteristics. Thirty six per cent of the sample indicate that they have problems, of which 79 percent are related to the teeth and 8 percent to the gums. Analysis of the results in terms of gender shows that more women (41 percent) than men (30 percent) report problems with their mouth, teeth or gums. Reporting of symptoms increases with increasing age. Younger adults report fewer problems with their teeth than older adults, while the reverse was true for gum problems.

More people in non-urban areas report experiencing oral problems, with 29 percent of men and 39 percent of women from non-urban areas reporting problems with their teeth, while in the urban areas these figures

are 21 percent and 27 percent respectively. About 3 percent of men in urban areas report gum problems compared to 2 percent of men in the non-urban areas. For both men and women, those in the higher education groups report markedly fewer problems with their teeth than people in the lower educational groups. However, among women, higher education groups report more gum problems than the lower education group. Less than 20 percent of people in the Western Cape report problems with their oral health compared to 44 percent in the Free State. More than 10 percent of the populations in Western Cape and Gauteng said that their problems are related to their gums. Both African men and women report about two and half times more oral problems than whites and Asians.

These results are similar to the 1997 WHO Second International Collaborative Study (ICS II) in terms of the perceptions and age pattern of oral problems, but differ in terms of education and the reporting of oral problems. In the Who study, high education was significantly related to the reporting of more symptoms, while low education was generally associated with worse quality of life. This phenomenon may reflect the greater propensity of those in higher education groups to report their symptoms, while low education was generally associated with worse quality of life. This phenomenon may reflect the greater propensity of those in higher education groups to report their symptoms than to experience such symptoms (Chen & Andersen, 1997). An earlier South African study (Gilbert, 1994) reported similar findings to the present survey in terms of education levels, race and problems with respondent's teeth and gums. Females were more likely than males to report oral disease symptoms. The relatively high perceived oral health problems experienced underlines the argument of many oral health researchers that oral health should be given a greater priority; the prevention and control of oral diseases deserves greater attention because of the adverse impact of poor oral health on the individuals.

Table 14.1 Dental problems among adults

Percentage of all men and women aged 15 and over who experience problems with their mouth, teeth or gums according to background characteristics, South Africa 1998

Background characteristic	Men					Women				
	Any problem	Teeth	Gums	Other	Number	Any problem	Teeth	Gums	Other	Number
Age										
15 - 24	20.9	16.1	2.8	1.8	1,816	29.4	21.2	3.9	4.0	2,084
25 - 34	30.1	22.7	2.6	4.4	1,123	37.0	28.7	2.8	5.2	1,721
35 - 44	32.3	26.9	1.0	4.1	1,005	41.7	33.3	3.6	4.6	1,460
45 - 54	35.9	30.0	3.0	2.6	701	45.3	36.4	2.1	6.4	1,116
55 - 64	40.8	32.4	3.4	4.7	518	52.2	41.1	4.1	6.8	914
65+	40.4	32.7	2.2	5.3	507	56.7	45.2	2.6	8.8	861
Residence										
Urban	27.7	21.3	3.0	3.2	3,569	36.5	27.4	3.4	5.5	4,999
Non-urban	34.3	28.7	1.6	3.8	2,102	47.6	38.9	3.2	5.5	3,157
Province										
Western Cape	17.8	15.0	1.3	1.1	721	20.1	14.1	4.0	1.5	799
Eastern Cape	33.0	28.8	1.9	2.1	758	45.0	40.3	1.9	2.7	1,161
Northern Cape	34.3	30.5	1.5	2.1	135	37.1	32.4	2.4	2.3	168
Free State	40.4	35.5	1.8	2.9	444	46.8	40.3	2.8	3.8	519
KwaZulu-Natal	35.9	27.9	3.0	4.9	1,064	48.3	37.0	3.9	7.2	1,608
North West	29.6	24.3	1.3	3.5	551	35.0	27.7	2.0	4.6	647
Gauteng	27.8	18.9	4.6	4.1	1,099	41.4	28.3	4.0	9.0	1,887
Mpumalanga	32.7	23.6	2.1	6.6	378	42.1	32.8	3.1	6.0	507
Northern	25.1	21.0	1.7	2.4	521	39.9	32.0	3.3	4.6	859
Education										
No education	48.9	42.2	1.7	4.6	562	58.2	48.0	2.7	7.3	1,186
Sub A - Std 3	41.3	33.7	4.7	2.7	777	53.7	42.2	3.1	8.3	1,088
Std 4 - Std 5	32.6	26.7	2.8	2.8	755	42.3	33.1	2.8	6.3	1,136
Std 6 - Std 9	25.4	19.8	2.3	3.0	2,297	36.8	28.7	3.3	4.7	3,094
Std 10	23.2	17.1	2.3	3.0	801	26.5	18.5	3.7	4.0	1,120
Higher	19.4	13.3	2.2	3.8	440	25.0	16.9	5.8	2.1	495
Population group										
African	34.6	27.8	2.7	3.8	4,257	46.9	37.1	3.3	6.3	6,269
Afr. urban	33.9	26.5	3.6	3.5	2,375	44.8	34.1	3.6	6.9	3,349
Afr. non-urban	35.4	29.5	1.6	4.2	1,882	49.3	40.6	2.9	5.6	2,921
Coloured	19.1	14.9	1.4	2.2	637	24.9	17.9	3.7	2.9	806
White	15.2	11.3	1.9	2.0	564	17.7	11.3	3.7	2.5	767
Asian	15.6	9.5	2.5	3.6	195	16.3	11.1	1.7	3.5	300
Total	30.1	24.0	2.5	3.4	5,671	40.8	31.8	3.3	5.5	8,156

14.3 Utilisation of Health Services

Table 14.2 shows the rates of attendance at dental services. Half of men and women report that they have ever visited a dentist. About two and a half percent reported a visit during the month prior to the survey.

Slightly more women (53 percent) than men (48 percent) report ever visiting an oral health care worker, though more men (3 percent) than women (2 percent) made a visit in the last month. There is no discernable pattern between age and the utilisation of services except that young adults are less likely to have ever visited a dentist. Many more people in urban areas utilise services than those in non-urban areas. Overall 18 percent of men and 16 percent of women had medical aid cover (see section 11.4) and they constituted the group that attend the dental services most frequently and they live mostly in the urban areas, have higher levels of education and are predominantly White.

More than seventy percent of the people in the Western Cape and Northern Cape report ever visiting a dentist, while the lowest rates are reported in the Northern Province. Non-urban African men and women had the lowest rates of having ever visited a dentist while most whites and Asians have done so. Of the whites who visited the dentist in the last month, 80 percent were on medical aid, while only 3 percent of the non-urban African had such cover.

Although several studies have demonstrated that females are more likely than males to have made an oral health visit in the past year (Gift, 1984), in this survey slightly more males than females had visited the dentist in the last month. In the ICS II study, adults in the 35-44 age group used services more frequently than older adults, whereas in the current survey this was found for the higher age groups. The literature indicates that utilisation is positively correlated with an individual's level of education (Gift, 1984). Gaps in utilisation are generally found to be greater between individuals with very poor education and those with moderate levels of education, than between the moderate and high levels of education (Gift, 1986).

The reasons for the low utilisation of services, despite the high reported prevalence of oral health problems, may be due to the factors highlighted by Gugushe (1999) who found that there were problems in the structure and management of oral health services in most of the provinces, that dental public health services are essentially dentist driven, that most services are palliative and demand driven, that there are inequities in oral health care in the provinces and that the oral health care services are essentially urban based. The quality of most facilities vary from fair to poor.

Table 14.2 Utilisation of health services among adults

Percentage of all men and women aged 15 and over who ever visited a dentist and the percentage who visited in the last month according to background characteristics, South Africa 1998

Background characteristic	MEN			WOMEN		
	Ever visited a dentist	Visited dentist in last month	Number	Ever visited a dentist	Visited dentist in last month	Number
Age						
15 - 24	31.7	2.4	1,816	34.1	2.3	2,084
25 - 34	50.5	3.0	1,123	50.9	2.8	1,721
35 - 44	54.6	3.4	1,005	61.0	1.9	1,460
45 - 54	60.5	2.6	701	66.6	2.3	1,116
55 - 64	61.5	2.5	518	60.3	3.0	914
65+	55.8	1.8	507	61.1	1.5	861
Residence						
Urban	57.7	3.5	3,569	62.8	3.2	4,999
Non-urban	31.3	1.2	2,102	36.7	1.0	3,157
Province						
Western Cape	74.8	2.2	721	80.8	3.4	799
Eastern Cape	43.6	3.1	758	43.4	1.6	1,161
Northern Cape	72.4	1.3	135	72.2	1.0	168
Free State	47.2	2.4	444	45.8	2.6	519
KwaZulu-Natal	49.9	2.3	1,064	59.1	1.9	1,608
North West	27.8	2.9	551	33.8	1.5	647
Gauteng	59.1	4.1	1,099	64.4	3.8	1,887
Mpumalanga	34.0	2.9	378	43.6	2.1	507
Northern	15.1	0.7	521	21.8	0.8	859
Education						
No education	38.7	1.6	562	42.4	0.6	1,186
Sub A - Std 3	39.3	0.7	777	47.5	1.7	1,088
Std 4 - Std 5	40.5	2.4	755	46.3	1.6	1,136
Std 6 - Std 9	45.1	2.6	2,297	53.4	2.3	3,094
Std 10	62.1	4.2	801	62.4	4.8	1,120
Higher	75.8	5.3	440	75.3	4.6	495
Population group						
African	33.8	2.0	4,257	40.9	1.6	6,269
African urban	41.1	2.7	2,375	48.2	2.3	3,349
African non-urban	24.7	1.1	1,882	32.5	0.7	2,921
Coloured	86.4	1.5	637	86.9	2.6	806
White	96.3	9.3	564	98.6	8.6	767
Asian	89.1	3.1	195	89.9	1.9	300
Total	47.9	2.7	5,671	52.7	2.3	8,156

14.4 Loss of Natural Teeth and Use of Dentures

Table 14.3 shows the percentage of men and women who have lost natural teeth or who are wearing dentures. Fifty-nine percent of men and 64 percent of women report that they have lost some of their natural teeth. Loss of some natural teeth increases from about 32 percent in the younger age groups to about 90 percent in the older age group. More respondents in urban areas experienced some tooth loss than respondents in the non-urban areas. Generally with increased levels of education tooth loss declines. This could be due to the fact that the less educated participants tended to be older. More than three-quarters of the respondents in the Western Cape and the Northern Cape report having lost some of their natural teeth. The Northern Province is the only area where less than 50 percent of the respondents have not experienced some form of tooth loss.

By far the highest rate of tooth loss is reported for Coloured men and women, followed by the Asian men and women. The lowest rates of tooth loss are reported by non-urban African men and women.

Seven percent of men and 9 percent of women reported being edentulous, having lost *all* their natural teeth. As expected edentulousness increases with increasing age. Total tooth loss in the age groups 35-44 was below 10 percent whereas in the age groups 65 years or above about a quarter of the participants had no natural teeth.

Edentulousness amongst respondents in the urban areas was at least double that of those in the non-urban areas. There was no discernable trend between total tooth loss and education. The highest rate of being edentulous is reported in the Western Cape, where almost a third of the women in the Western Cape without any natural teeth. This was followed by the rates in the Northern Cape and Eastern Cape and the lowest rates were reported in the Northern Province. Again the Coloured men and women had the highest rates of edentulousness followed by the White participants. The lowest rates were reported by the non-urban African community.

These levels of tooth loss are unacceptably high. The high percentage of tooth loss is of concern as dental caries and periodontal disease are not only preventable and avoidable conditions, but also because of the increased risk of blood borne infections such as HIV/AIDS and hepatitis after an extraction, in a region where these conditions are rife. High rates of tooth loss were reported in areas where low levels of fluoride are found in the water supplies. (Grobler, Dreyer, 1988).

A shift from the endemic curative philosophy to a more promotive integrated oral health care approach, both among the public and health care professionals is urgently required.

Ten percent of the men and 12 percent of the women report that they wear dentures. The percentage of denture wearers increases with increasing age. There are more than three times as many denture wearers in urban than non-urban areas. Dentures are worn by far the most frequently in the Western Cape, followed by Gauteng. The percentage of denture wearers increases with increasing education. Whites have the highest likelihood of wearing dentures, followed by coloureds and Asians. The non-urban African community has the lowest rate of wearing dentures.

Table 14.3 Tooth loss and dentures among adults

Percentage of all men and women aged 15 and over who have lost any or all their natural teeth and the percentage who wear full or partial dentures, according to background characteristics, South Africa 1998

Background characteristic	MEN				WOMEN			
	Lost any natural teeth	Have lost all natural teeth	Wear dentures	Number	Lost any natural teeth	Have lost all natural teeth	Wear dentures	Number
Age								
15 - 24	30.5	0.9	1.9	1,816	33.1	0.9	1.4	2,084
25 - 34	55.9	2.6	6.0	1,123	57	3.3	6.5	1,721
35 - 44	69	6.5	11.2	1,005	73.9	6.8	13.1	1,460
45 - 54	77	9.9	13.4	701	81	15.8	19	1,116
55 - 64	86.9	18.8	23	518	87.1	17.4	21.8	914
65+	88.5	25.6	25.8	507	92.2	26.5	24.7	861
Residence								
Urban	63.6	9.1	13.1	3,569	69.6	11.9	16.5	4,999
Non-urban	49.9	3.9	4.4	2,102	55.9	4.5	4.1	3,157
Province								
Western Cape	77.8	19.9	22.3	721	81.5	32.3	37.4	799
Eastern Cape	60.9	8.9	8.2	758	67.6	10.4	10.5	1,161
Northern Cape	74.8	10.6	9.1	135	73.6	15	11.8	168
Free State	57.4	3.4	5.4	444	63.1	4.7	6.7	519
KwaZulu-Natal	63.5	3.6	6.0	1,064	70	4.7	8.1	1,608
North West	47.4	3.5	5.7	551	52.3	4.9	6.2	647
Gauteng	58.4	8.3	16.1	1,099	67.2	8.3	13.5	1,887
Mpumalanga	49.4	2.9	5.3	378	54.4	5.2	6.9	507
Northern	33.6	1.3	1.5	521	40.4	2.1	2.5	859
Education								
No education	72	6.7	3.1	562	73.8	8.2	5.7	1,186
Sub A - Std 3	66.4	7.6	5.5	777	70.2	7.8	6.7	1,088
Std 4 - Std 5	57.8	7.1	6.7	755	65.8	10.4	8.4	1,136
Std 6 - Std 9	52.6	7.3	10.9	2,297	60.5	10.4	15.4	3,094
Std 10	56.9	7.9	15.5	801	58.1	6.1	13.7	1,120
Higher	60.8	3.8	14.7	440	61	7.8	15.6	495
Population group								
African	52.4	2.8	3.8	4,257	60.1	4.1	5	6,269
Afr. urban	57.5	3.8	5.7	2,375	65.7	5.5	7.4	3,349
Afr. non-urban	45.9	1.6	1.4	1,882	53.6	2.4	2.1	2,921
Coloured	84.8	23.7	23.8	637	86.3	34.4	35.6	806
White	69.7	20.8	36	564	72	23.7	39.2	767
Asian	74.9	8.3	19.8	195	73.6	6.9	18.2	300
Total	58.5	7.2	9.9	5,671	64.3	9.0	11.7	8,156

14.5 Oral Health Practices

Table 14.4 shows the proportion of participants with natural teeth who own a toothbrush of those who had natural teeth, and the proportion of edentulous people who rinsed their mouths every day.

Of the people with natural teeth 94 percent of men and women owned a toothbrush. This response appears to be high, and one can question whether the response reflects actual patterns of behaviour or merely responses participants believe are expected. Although there is no answer to this question at present, oral health practice information offers at least a level of knowledge in the different population groups, as well as their awareness of the measure as appropriate health behaviour. Toothbrush ownership occurred more frequently in younger age groups than in the older age groups, but there were only small differences between urban and non-urban groups. The lowest rate of toothbrush ownership was recorded in those with the lowest level of education. Of those without teeth, only a very small percentage reported rinsing their mouth every day.

Oral health care professionals recommend brushing teeth one or more times a day to control plaque growth (Frandsen, 1986). Oral health care professionals also recommend the regular use of oral health services to prevent or treat oral diseases (Frazier *et al.*, 1977; Horowitz, 1983). The two types of oral health behaviour have very different characteristics. Tooth brushing is usually practiced by the individual at home. It is a daily habit developed from early childhood and is probably related to social and cultural norms (Gift, 1986). In contrast, the use of oral health services requires the individual to seek professional help outside the home. Here the resources and organisation of the oral health care system are important additional factors affecting behaviour (Gift, 1984).

Access to oral health services, as well as social, cultural and economic conditions is an important determinant for service utilisation (Gift, 1984). For preventive visits, additional factors, such as preventive orientation of the oral health care system and of society may also play significant roles (Gift 1984, Horowitz, 1984).

The decline of dental caries in industrialised countries, has been attributed in part to the use of fluoridated toothpastes rather than the practice of tooth brushing (Murray, 1988). It is important therefore that the utilisation of fluoridated toothpaste be measured.

Table 14.4 Toothbrush ownership and oral rinsing among adults

Percentage of men and women aged 15 and over with natural teeth who reported owning a toothbrush and the percentage of men and women age 15 and over with no natural teeth who rinse daily, according to background characteristics, South Africa 1998

Background characteristic	MEN				WOMEN			
	Own a toothbrush	Number with natural teeth	Rinse every day	Number with no natural teeth	Own a toothbrush	Number with natural teeth	Rinse every day	Number with no natural teeth
Age								
15 - 24	95.6	1,801	*	16	96.9	2,065	*	19
25 - 34	96.6	1,094	*	30	97.3	1,665	2.7	56
35 - 44	95.3	940	5.2	65	95.4	1,362	6.3	99
45 - 54	94.2	632	8.8	69	94.0	934	14.5	176
55 - 64	86.9	421	17.1	97	89.7	755	16.5	159
65+	83.5	377	23.5	130	79.5	633	24.2	228
Residence								
Urban	95.9	3,244	8.0	325	96.9	4,405	11.1	594
Non-urban	91.0	2,020	2.9	81	90.1	3,014	3.6	142
Province								
Western Cape	93.8	577	18.8	143	96.5	541	31.3	258
Eastern Cape	87.2	691	8.1	68	88.0	1,041	9.5	121
Northern Cape	96.4	120	9.9	14	96.4	143	14.3	25
Free State	95.9	429	*	15	97.4	495	*	24
KwaZulu-Natal	93.5	1,026	(2.4)	38	93.6	1,532	3.7	76
North West	96.2	532	*	19	96.9	616	(3.6)	32
Gauteng	96.9	1,008	(6.9)	91	97.3	1,730	7.8	157
Mpumalanga	94.3	367	*	11	96.3	481	(4.3)	27
Northern	94.6	515	*	7	89.4	841	*	18
Education								
No education	82.9	524	(4.8)	38	82	1,089	6.3	97
Sub A - Std 3	88.7	717	5.5	59	91.3	1,003	6.9	85
Std 4 - Std 5	94.7	701	(6.2)	54	95.4	1,018	9.7	118
Std 6 - Std 9	96.8	2,129	6.6	168	97.3	2,771	10.0	323
Std 10	96.7	738	(6.8)	63	98.2	1,052	5.0	69
Higher	97.4	424	*	17	97.9	456	(7.3)	39
Population group								
African	93.5	4,137	1.8	119	93.3	6,015	3.2	254
Afr. urban	95.4	2,285	2.4	89	96.3	3,166	4.6	183
Afr. non-urban	91.1	1,852	*	30	89.9	2,849	1.5	71
Coloured	94.4	486	22.6	151	96.2	529	33.1	277
White	98.2	447	20.3	117	98.9	585	23.5	182
Asian	98.5	179	*	16	99.3	279	(6.9)	21
Total	94	5,264	6.1	407	94.1	7,419	8.2	737

Note: Parenthesis indicate that a figure is based on 25-49 respondents. An asterisk indicates a figure is based on fewer than 25 respondents and has been suppressed.

14.6 Knowledge about Fluoride in Water

Table 14.5 shows the extent that respondents think that water fluoridation is beneficial to dental health. About half of the sample indicated that fluoride “makes teeth strong”. There is little difference between men and women. Levels of knowledge on fluoride are inversely correlated with increasing age and directly associated with increased levels of education. Respondents in non-urban areas (56 percent) are more likely to think that water fluoridation is beneficial than respondents in the urban areas (48 percent). The Free State and Gauteng have the least number of participants with a positive attitude to water fluoridation while more than two-thirds of the respondents in the Eastern Cape and Northern Province feel fluoride is beneficial. Just over a quarter of the Asian respondents have a positive response, while more than half of African respondents think that fluoride in water strengthens teeth.

In this study, 51 percent of the sample indicated that fluoride “makes teeth strong” compared to just over a third of the sample in a study by Chikte & Brand (1999) who identified the purpose of water fluoridation as protecting teeth.

Table 14.5 Knowledge about fluoride among adults				
Percentage of men and women aged 15 and over who agree that fluoride strengthens teeth according to background characteristics, South Africa 1998				
Background characteristic	MEN		WOMEN	
	Fluoride beneficial	Number	Fluoride beneficial	Number
Age				
15 - 24	58.4	1,816	58.1	2,084
25 - 34	55.1	1,123	54.4	1,721
35 - 44	51.5	1,005	52.4	1,460
45 - 54	46.4	701	45.8	1,116
55 - 64	39.1	518	43.4	914
65+	39.5	507	35.6	861
Residence				
Urban	48.1	3,569	47.6	4,999
Non-urban	57.4	2,102	55.4	3,157
Province				
Western Cape	49.1	721	42.3	799
Eastern Cape	66.1	758	68.8	1,161
Northern Cape	47.3	135	48.6	168
Free State	36.0	444	42.4	519
KwaZulu-Natal	49.3	1,064	44.2	1,608
North West	61.2	551	58.4	647
Gauteng	33.9	1,099	39.1	1,887
Mpumalanga	61.3	378	61	507
Northern	73.0	521	64.4	859
Education				
No education	40.1	562	38	1,186
Sub A - Std 3	50.0	777	48.6	1,088
Std 4 - Std 5	50.6	755	49.6	1,136
Std 6 - Std 9	55.5	2,297	53.5	3,094
Std 10	50.5	801	56.9	1,120
Higher	54.5	440	56.7	495
Population group				
African	57.3	4,257	54.7	6,269
African urban	54.3	2,375	52.5	3,349
African non-urban	61.1	1,882	57.2	2,921
Coloured	32.6	637	36.4	806
White	40.0	564	41.8	767
Asian	24.5	195	26.5	300
Total	51.6	5,671	50.6	8,156

14.7 Policy Implications

Some of the current national oral health policies for South Africa are highlighted in Table 14.6 (Department of Health, 1999).

<u>Table 14.6 Oral health policy for South Africa</u>	
Selected national goals for 2005 and 2010 from the draft national oral health policy for South Africa, 1999	
Selected National Goals for 2005	
<ul style="list-style-type: none"> • To increase primary health care facilities delivering oral health care services by ensuring that these services are being made available in the following order of priority: district hospitals, community health centres, clinics. Oral health should be integrated into general health programmes. • To ensure that 40% of the population with piped water systems requiring fluoridation receive optimally fluoridated water • To reduce the average national restoration: extraction ratio of 1:12 to 1:8 • To decrease the shortfall in facilities and personnel in rural areas from 70% to 60% 	
National Goals for 2010	
Age 15:	at least 5 healthy sextants
Age 18:	to ensure that 60% or more will retain all their teeth
Age 35-44:	no more than 5% edentulous; 80% with a minimum of 20 functional teeth
Age 65-74:	no more than 15% edentulous; 60% with a minimum of 20 functional teeth
Additional Goals	
<ul style="list-style-type: none"> • Promote the reduction of risk factors, like sugar intake, tobacco and alcohol abuse • The age standardised incidence rate (ASIR) of the combined figures for mouth, tongue, lip and gingival cancer be 6 per 100 000. 	

Comparing SADHS data with national goals yields the following recommendations:

- (i) A higher priority needs to be given to oral health issues. Many oral health researchers argue that the prevention and control of oral diseases deserves greater attention because the adverse impact of poor oral health on individuals is underestimated. This is clearly demonstrated in the present study by the high levels of people who had experienced oral health problems;
- (ii) Although it is important to expand access by increasing primary health care facilities that deliver oral health care services, it should be noted that much of what oral health care professionals do in many systems continues to be of a curative nature, thus even individuals who have a usual source of oral health care are more likely to make a visit for treatment instead of prevention;
- (iii) The high prevalence of hepatitis and HIV/AIDS infection poses a risk to oral health personnel and the public. This highlights the need for promotion and prevention of oral diseases and the consequent reduction of invasive dental procedures;

- (iv) The low dose and frequent exposure of teeth to fluoride has been shown to be one of the most equitable and cost-effective caries preventive measure. The successful implementation of water fluoridation depends upon public knowledge and support. This survey shows that only half of adult South Africans are aware of the benefits of fluoride.
- (v) Research to develop socio-dental indicators for measuring and demonstrating the comprehensive impact of oral disease on the individual is needed.
- (vi) There is a need for research into the development of effective modern oral health care systems and self care products such as toothpastes and improving nutrition.
- (vii) Research on health services utilisation, satisfaction and barriers to service uptake is needed.