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## COMMUNITY MOBILIZATION - A MEASURES BEYOND PREVENTION IN ORAL HEALTH CARE –A REVIEW

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#### **ABSTRCT**

In the modern age, oral diseases pose a global health problem. It is necessary to promote oral health through action and steps in order to reduce the burden of oral diseases. The changing pattern of oral diseases, apart from those preventive method, one of the methods that requires are "community mobilization". Therefore, the individuals, community and society will be able to promote the availability, accessibility, and quality of oral health services in order to reduce the burden of oral diseases. Community mobilization can contribute to creating a favorable environment for oral health.

**KEYWORDS:** Community, Mobilization, Prevention, Oral diseases.

#### INTRODUCTION

In overall health and disease, oral diseases play a crucial role and are

among the most prevalent diseases worldwide causing serious health and economic burdens, greatly reducing quality of life for individuals affected by them.<sup>[1,2]</sup>

Community-led efforts are those that come from and are managed by members of the community. "Community mobilization is a capacity-building process through which community members, groups, or organizations plan, carry out and evaluate activities on a participatory and sustained basis to improve their health and other conditions either on their own initiative or stimulated by others". [3,4,5] It engages all sectors in a community and effort that has been made to improve the health, social, and environmental problem. As such, it brings together policy makers and enables individuals and groups to take some action to facilitate changes for the sake of the vision. [4]

Identifying and mobilizing program resources is critical to the success of developing, integrating, expanding, or improving a community oral health program. These resources may include existing services and equipment as well as financial resources. By mobilizing community support, communities create an oral health constituency that can influence the budget process and the allocation of money to support oral health. Developing a program plan based on an assessment of oral health needs and available resources attracts funders interested in accountability. [6]

Changes have a significant impact on how the health care system interacts with the community as a whole.<sup>[7]</sup> Therefore community mobilization can contribute to creating a favorable environment for oral health.

#### **Community mobilization values**

The values of the community mobilization includes participation, accountability, good governance and peaceful changes

- 1. Participation As community participation increases, community ownership and capabilities increase, and as a result, community action and continuous improvement in quality of life are more likely to persist over the years.<sup>[4]</sup>
- 2. Accountability All communities and every citizens deserve to know the programs' procedures, decision-making processes, and financial flows of the programs. Every community has opinionated leaders which can make things happen within the community and these individual are the gatekeepers and shouldn't be bypassed if community initiatives are being implemented.<sup>[3]</sup>
- 3. Good Governance Accountability is an essential component of good governance where leaders are being held responsible for their decisions by the people who will be affected by those decisions. Governance is considered good when it is transparent, responsive, and participatory.<sup>[3]</sup>
- 4. Peaceful Change Conflict dynamics, even positive tensions, need to be taken into account in efforts to reduce friction. Dialogue and transparency contribute to the "Do No Harm" notion and can be applied across civic groups and communities.<sup>[3]</sup>

#### Key components for effective community mobilization initiatives

• Formative research.

- Selective and training individuals.
- Community awareness.
- Working with community leaders.
- Invite and organize participation.
- Supporting and helping community members develop and implement their own community action plans.
- Monitor and evaluate. [5]

#### Community mobilization: Community action cycle

Community action cycle model consisting of 7 mobilization stages. These stages include conducting initial preparation, organizing the community for action, exploring the health issues, and setting priorities, planning, action and evaluate together and scaling up.<sup>[5]</sup>

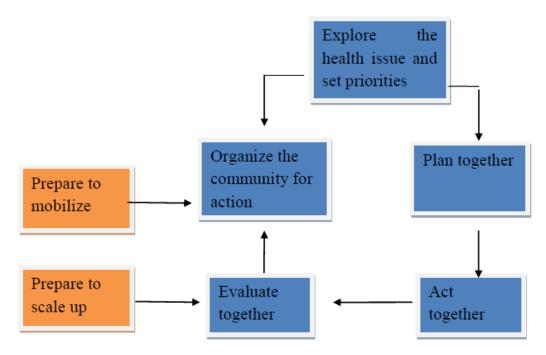


Figure 1: The community action cycle.

#### **Community Mobilization and Oral health care**

Around 3.5 billion people worldwide lives with dental conditions, primarily untreated dental caries, deciduous and permanent dentitions, severe periodontal disease, and tooth loss, according to the Global Burden of Disease (2015). Lip and oral cavity cancers were among the 15 most common cancers in the world, according to the International Agency for Research on Cancer (2018).<sup>[2]</sup> Throughout India, oral diseases such as dental caries,

periodontal disease, and cancer contribute to the major burden of work loss and school absenteeism.[8]

Those with low incomes suffer the worst dental health - especially children and the elderly. It is necessary to promote oral health through action and steps in order to reduce the burden of oral diseases. The steps emphasise the importance of changing people's perceptions of oral health, overcoming barriers to oral health by replicating successful programmes, building a science base to better understand the oral diseases, increasing the capacity, diversity, flexibility of the oral health workforce, and increasing collaboration between the private and public sectors to effect disease prevention and oral health. [9]

Steps involved in developing, integrating, expanding or enhancing community oral health programs.

#### These steps are as follows

Step 1: Mobilize community support - Newly formed, integrated, strengthened, or enlarged community oral health programs need partners and "champions" for the success of the program. These groups may include, among others, faith-based organisations, Head Start programmes, child care centres, schools, community action organisations, and programmes for linguistic and cultural minorities.<sup>[8]</sup>

Step 2: Assess Needs and Resources. - It is important to have a full, evidence-based awareness of the community's current health and oral health requirements, as well as available resources. [9] Rather than focusing on the entire population, it may be preferable to concentrate on a specific population group, or those who are more vulnerable to oral illness. it is necessary to understand the community, determine unmet oral health needs, and identify existing and potential oral health resources. Numerous resources are available that can provide useful data. Both primary and secondary data can be analyzed to reveal trends, identify gaps, and describe associations between factors that impact oral health status. [4]

Step 3: Determine Priorities and Plan the program - Given the increasing diversity of the population and recognized evidence of significant oral health inequalities for certain population groups, it is critical to identify the community's highest priority needs as well as the resources required to support planned activities. When it comes to programme planning, it is not always necessary to start from scratch. In fact, it can be possible to adapt or expand upon the evidence-based best practices experiences of others.<sup>[9]</sup>

**Step 4: Implement the program** - Identifying the basic tasks of each component, determining who will take the lead on activities, determining the resources required, and setting due dates are all important aspects of program implementation. Collaboration with various stakeholders can improve the chances of success of program.<sup>[9]</sup>

Radios, posters, and other visual devices may convey messages quickly and can be placed in several projecting locations at the same time. Advocacy increased public awareness allows better informed community participation as well as long-term appreciation and support for oral health services.<sup>[4]</sup>

**Step 5: Evaluate the program** - An effective evaluation achieves a number of key functions, including assisting staff, providing information to management, conducting periodic reviews of program activities, and assisting in the documentation of efforts and obtaining support from policy and financial agencies. Determining evaluation questions and developing evaluation measures are steps in the evaluation process.<sup>[9]</sup>

Step 6: Participate in policy Development and Research community - Stakeholders in oral health can be quite important in the fields of research and policy. They can offer knowledgeable counsel regarding the policy-making process, bringing with them not only scientific knowledge but also practical community experience. Stakeholders in community oral health are in charge of creating new material and improving that which already exists. Research has a specific place for community oral health practitioners because they are uniquely positioned to bridge the information gap between development and application.

Local oral health programmes can benefit greatly from research activities in a number of ways, including raising programme and oral health awareness generally, fostering collaboration, supporting state and local oral health and public health organisations, and gaining or maintaining support from governing bodies, funding sources, and community organisations.

#### Why do we need community mobilization in indian scenario

In India, most policy makers gave oral health last priority. They do not understand the burden of dental problems and its relationship to general health and the smallest possible threat.

Overall, most of the state are suffering from financial burden even for subsistence rather than providing quality health care. Dental care is mainly provided by the private sector and individual clinics and is unable to provide adequate dental care for people as majority of oral diseases are expensive to treat.<sup>[10]</sup>

Another problem over the years is that dentists faced many myths and other unfounded beliefs. If these principles are followed without understanding, dental myths can have dangerous consequences. As the system becomes more complex, it is important to understand the myths and misconceptions about oral health and this will help in providing people with quality oral healthcare and education to the population.<sup>[11]</sup>

So, the time has come to upgrade-creating informed communities to take action against particular intervention.

Information spreading, raising awareness, and motivation must be carefully followed in order to reach the intended outcomes. Trained staff, appropriate funding, transportation, training, and educational materials are the essential ingredients of a successful community mobilization campaign.<sup>[4]</sup>

#### **CONCLUSION**

In addition to being necessary for overall well-being and the absence of discomfort brought on by dental issues, proper oral health also has an impact on one's quality of life, self-worth, and productivity at work and in the classroom. As a result, dental health must be considered vital by the public health community. The public health community must priorities oral health because of the pain and suffering associated with oral health concerns. Mobilizing community requires skills and commitment, which requires formal training and organizations to create specialized program, so that we can fully mobilize the community.

#### **REFERENCES**

- 1. S Cruz, Chi D L and Huebner. Oral Health Services within community-based organization for Young children with special health care needs. HHS public Access, 2016; 36(5): 243-253.
- 2. Peres MA, Macpherson LMD, Weyant RJ, Daly B, Venturelli R, Mathur MR, Listl S, Celeste RK, Guarnizo-Herreño CC, Kearns C, Benzian H, Allison P, Watt RG. Oral diseases: a global public health challenge. Lancet, 2019; 20, 394(10194): 249-260.

- 3. Mercy corps. Community mobilization sector approach 2009. Mercy corps, 2009; 1-8.
- 4. Adebola R F, Bambose B O, and Adeoye J B. Community Mobilization and Awareness Creation for Orofacial Cleft Services: A Survey of Nigerian Cleft Services Providers.
- 5. Community mobilization: An Effective strategy to improve MNH- MCHIP, 2010, 2004-2010: 41-47.
- 6. John R D. A Model Framework for Community Oral Health Programs, 2006.
- 7. World Health Organization. Mobilization of the Community in support of health for all. WHO, 1997; 1-13.
- 8. Batra P, Saini P, Yadav V. Oral health concern in India. Journal of Oral Biology & Craniofacial Res, 2020; 171-174.
- 9. Jones RD. A guide for developing and Enhancing Community Oral Health Programs. American Association for Community Dental Programs, 2006; 1-38.
- 10. Gambhir R S and Gupta T. Need for Oral Health Policy in India. Annals of Medical and Health Sciences Research, 2016; 6(1).
- 11. Mythri H, Kumar R S. Perceived myth about oral health in India. Indian Journal Of Dental Research, 2015; 26(3).
- 12. Mukherjee A. New Initiative in India is Mobilizing Communities to Improve Children's learning but Will it Work?. Centre for Global Development, 2016.