DECLARATION

I, Urvashnee Govender declare that this research report is my own work. It is being submitted for the degree of Master of Public Health in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this or any other University.

…… [Signature of candidate]

……..day of ……, 2009

ABSTRACT

Introduction: There are high levels of dental caries, gingival and periodontal diseases and a lack of oral health awareness in the wider South African population. Thus every district's oral health strategy must include disease prevention and health promotion approach. Oral hygienists are the main drivers of these services in the public sector.

Aim: To determine the activities of oral hygienists in the public sector in Gauteng and KwaZulu – Natal provinces.

Objectives: 1) To obtain the demographic profile of oral hygienists employed in Gauteng and KwaZulu -Natal provinces. 2) To determine their current duties, tasks and responsibilities. 3) To identify factors that may hinder the provision of services.

Methods: This was a cross sectional descriptive study and data was collected by means of a self administered questionnaire that was hand delivered to all oral hygienists employed in Gauteng and in KwaZulu - Natal provinces in 2005.

Results: Thirty two oral hygienists (78%) responded to the questionnaire, 94% of whom were female with an average age of 37 years. Twenty three (72%) were Black, 6 (19%) White, 2 (6%) Indian and 1 (3%) Coloured, with an average

working experience of 10 years. Almost half (47%) were employed as chief, 16% as senior and 37% as junior oral hygienist. Almost all (94%) complained of poor salaries and 78% said that there were no opportunities for promotion.

Oral hygienists performed both clinic-based and community-based services. The majority (95%) of the community-based services was preventive; the most common preventive services being rendered to the community was oral health education (84%), brushing programs (75%) and examination, charting and screening (69%).

Seventy seven percent (77%) of clinic-based services included preventive procedures the most common being scaling and polishing or root planing (88%), examination and charting (84%) and oral hygiene instructions (75%).

The majority of oral hygienists (94%) worked in the public sector to provide a service to the community. Seventy six percent (76%) had experiences that hindered the provision of services. Almost all (97%) wanted to study further, the main area of interest being the dental field.

Conclusion: It is evident that the duties, tasks and responsibilities of oral hygienists in both KZN and GP include activities associated predominantly with the prevention and control of oral diseases and oral health promotion. In South Africa, a decline in oral diseases (dental caries and periodontal diseases) can be achieved by enhancing the use of oral hygienists in the public sector.

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ACRONYMS AND DEFINITIONS OF TERMS

1. **BF –** Brushing and fluoride programs that are usually carried out at institutions such as schools, facilities for the physically challenged, crèches, etc.
2. **GIC –** Glass ionomer cement fillings
3. **GP –** Gauteng Province
4. **HPCSA –** Health Professions Council of South Africa
5. **KZN –** KwaZulu - Natal
6. **OH – (Oral Hygienist).** An oral hygienist is a licensed primary health care professional, oral health educator, and clinician who provide preventive, educational, and therapeutic services supporting total health for the control of oral diseases and the promotion of oral health.
7. **OHE – Oral Health Education.** This includes educational services used to generate awareness and practice of oral health care. It includes oral health promotion and education and diet counselling.
8. **OHI –** Oral health education to individual patients that includes information on disease processes, and plaque control instructions (brushing, flossing techniques and dietary counselling) for the prevention of dental caries and periodontal disease.
9. **SANOHS –** South African National Oral Health Strategy
10. **S&P –** Scaling and polishing
11. **RP –** Root planing
12. **WHO –** World Health Organization