



# Differential Determinants of Oral Health Behavior in the Caribbean & Nepal



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## Background:

- Oral disease consequence of inadequate oral hygiene behavior (OHB)
- Inadequate OHB very prevalent in all cultures
- Important to establish determinants
- Determinants depend on context and culture
- 'One-size fits all' -approach will not be effective
- Identification and assessment important for developing oral health care interventions

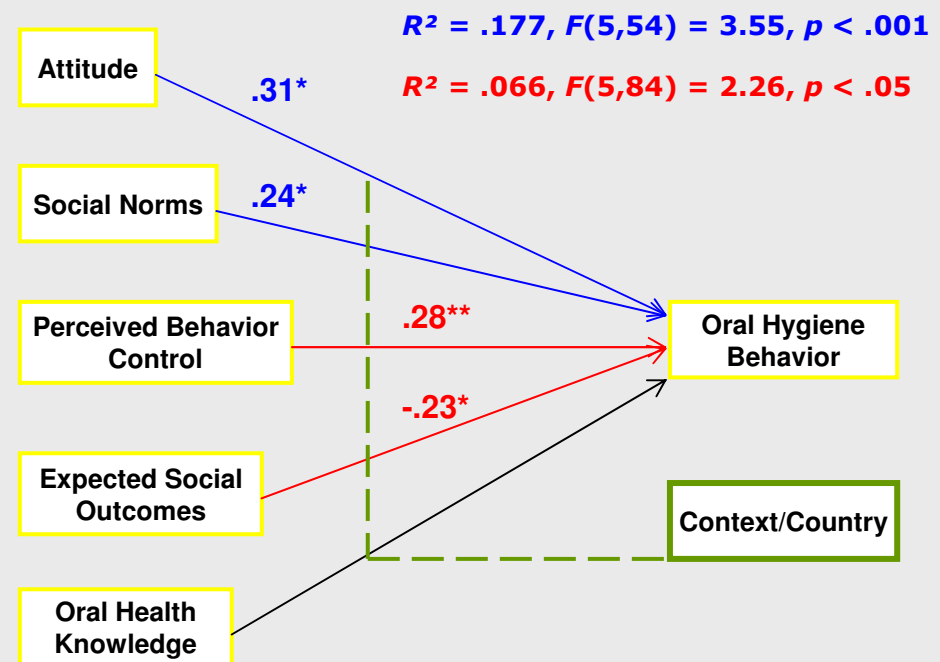
## Aim:

Identify predictors of oral hygiene behavior (OHB), based on the Theory of Planned Behavior (TPB)

**Method:** Questionnaire demographics, index for OHB, attitude, social norm, perceived behavior control, oral health knowledge, expected social outcomes of having healthy teeth. **Clinical** individual's oral health status.

## Results:

	Caribbean	Nepal
Number of patients/ dental care seekers	113	108
Female	55%	54%
Average age (years, SD)	36.5 (13.2)	40.1 (16.5)
Mother tongue: Papiamentu/ Nepali	73%	90%
Married	48%	74%
- High: college/university training	23%	----
- Medium/ High: advanced vocational training	74%	13%
- Low / Medium: vocational training/ School Leaving Certificate	5%	32%
- Low: primary school	----	27%
- None education	----	28%
- Healthy teeth; no caries or gum disease	16%	23%
- Slightly unhealthy dentition	54%	49%
- Mutilated dentition	30%	28%



## Conclusions:

- Interventions in developing countries must be different from those in developed countries

**Caribbean:** attitude change, and social norm enhancement  
**Nepal:** especially enhancing sense of control over OHB



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