Women's Health VICTORIA

July 2016

healthy ▪ empowered ▪ equal

Women and Oral Health

Executive Summary

Women's Health Issues Paper

Executive summary

Oral health is necessary for good quality of life and encompasses more than just having healthy teeth. Without good oral health, everyday functions such as eating, speaking and socialising can be difficult. Sex and gender differences interact to influence oral health risk factors, indicators, conditions and ways of using health care. Oral health is also strongly influenced by other social determinants of health, in particular socio-economic status. This paper highlights the issues that women face with their oral health, in particular:

- Women have higher rates of decayed, filled or missing teeth due to tooth decay (dental caries)
- Women on average have more missing teeth than men and are more likely to be edentulate (have few or no natural teeth)
- Hormonal changes, especially during pregnancy, can lead to increased risk for various types of gum disease, and have been associated with adverse pregnancy outcomes such as low birth weight and preterm birth
- Women are more likely to experience dental erosion due to eating disorders
- Women may suffer from head, face and neck injuries and dental neglect arising from intimate partner violence
- Women are more likely than men to report experiencing financial barriers or hardship related to visiting a dentist and over a third of women report avoiding or delaying dental care due to cost.

More research is needed on sex-differentiated biomedical factors and the impact these have on women's oral health. For example, there is a lack of evidence to explain women's higher rates of tooth decay and tooth loss but lower rates of periodontal disease. There is also an opportunity to consider gender-related impacts on women's oral health, including those arising from gendered violence and eating disorders, as well as gendered eating and health-seeking behaviours.

Good oral health is important throughout the lifespan. The two major sex hormones in women – progesterone and oestrogen - have a strong effect on women's oral health. These hormones fluctuate throughout women's lives, especially at puberty, menstruation, pregnancy and menopause, exposing women to tooth decay, periodontal disease and tooth loss. Improving health literacy around the impacts of hormonal changes and fluctuations across the lifespan would improve oral health outcomes for women.

During pregnancy, hormones can change the blood supply to the gums and, when plaque is present, cause pregnancy gingivitis. For women who experience nausea and vomiting during pregnancy, there is increased risk of erosion of tooth surface enamel. Despite the impact of pregnancy on oral health, most women do not access dental care while pregnant. Studies have also found associations between poor oral health, particularly moderate to severe periodontitis, and adverse pregnancy outcomes such as preterm birth and low birth weight. Including dental care as an essential component of antenatal care would improve maternal health and has the potential to reduce adverse pregnancy outcomes.

Intimate partner violence is the leading contributor to preventable illness, disability and death in Victorian women aged 15 to 44 years, with one in three women experiencing violence from an intimate partner in their lifetime. Head, face and neck injuries have been identified

as the most common type of physical injury in women experiencing intimate partner violence. Women who have experienced violence also identify oral health as a significant issue; some of these women may have experienced dental neglect as a result of financial abuse. There is an opportunity to build the capacity of dental professionals to screen for and identify intimate partner violence, as well as to provide information on where to seek assistance.

Women are more affected by eating disorders than men; in fact, the strongest risk factor for eating disorders is being female. Common impacts of eating disorders on oral health include dental erosion, high rates of tooth decay, low salivary flow, swelling of the salivary glands, and periodontal disease. There is an opportunity for dental professionals to screen and refer to specialist services those who suffer from eating disorders.

Ageing and conditions disproportionately affecting older women, including dementia, osteoporosis and xerostomia (dry mouth) also have negative oral health impacts. Women over the age of 65 are also more likely to have no natural teeth than men in the same demographic.

Research confirms that socioeconomic status and cost of care affect rates of dental visits, pointing to a need for more affordable and accessible oral health care for both women and men. Women are more likely than men to report experiencing financial barriers or hardship related to visiting a dentist and over a third of women avoided or delayed dental care due to cost.

There is little, if any, gendered research on the oral health of Aboriginal and Torres Strait Islander women, rural women, culturally and linguistically diverse (CALD) and refugee women, and women with disabilities. These populations tend to have poorer oral health than the general population of Australian women and face barriers to dental care such as cost and poor health literacy.

There are many opportunities to improve the oral and general health of women. WHV recommends:

1. More research on the impact of sex and gender on oral health
2. That dental care be subsidised through Medicare to improve affordability and access
3. Efforts to improve health literacy around the effects of hormonal changes during pregnancy on oral health and the importance of maintaining good oral health during pregnancy
4. That all pregnant women be entitled to free or low fee dental care as part of antenatal care
5. Capacity-building for oral health professionals to identify indicators of family violence in patients, and how to respond to this, including referral to appropriate services
6. Capacity-building for oral health professionals to identify indicators of eating disorders in patients, and how to respond to this, including referral to appropriate services
7. Inclusion of oral health promotion messages and dental treatment as a routine component of eating disorder treatment
8. Efforts to improve health literacy regarding eligibility for public dental care (especially targeted at culturally and linguistically diverse communities) and improve service

accessibility in regional and rural Victoria through teledentistry and other alternative service models

9. Greater emphasis on oral health practices, including regular dental check-ups and tooth brushing, for older women (and men) in residential care.
10. More Aboriginal community-controlled and culturally safe oral health services for Aboriginal and Torres Strait Islander people and an increase in the Aboriginal and Torres Strait Islander oral health workforce to deliver these services
11. Efforts to improve oral health literacy for women in prison and provision of regular oral health check-ups and treatments
12. Gendered research on the oral health of women with a disability, Aboriginal and Torres Strait Islander women, CALD women and rural women.

Read WHV’s complete Women and Oral Health Issues Paper