

Oral health promotion and tobacco use prevention in South Africa : towards an integrated educational approach

Citation for published version (APA):

Ayo-Yusuf, O. A. (2008). *Oral health promotion and tobacco use prevention in South Africa : towards an integrated educational approach*. Maastricht University. <https://doi.org/10.26481/dis.20081205oa>

Document status and date:

Published: 01/01/2008

DOI:

[10.26481/dis.20081205oa](https://doi.org/10.26481/dis.20081205oa)

Document Version:

Publisher's PDF, also known as Version of record

Please check the document version of this publication:

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Propositions

'Oral Health Promotion and Tobacco Use Prevention in South Africa'

1. Substituting smoked tobacco with smokeless tobacco (snuff) as a harm-reduction strategy is not a health promotion strategy that should be recommended (this dissertation).
2. In developing countries in particular, enhanced actions are needed to prevent all forms of tobacco use and dependence among adolescents (WHO, 2006).
3. Programmes which aim at long term-health benefits for adolescents, e.g. cancer risk reduction, should also emphasize short-term practical benefits, which are valued by these adolescents, e.g. fresh breath.
4. In South Africa, oral health promotion should be integrated with school-based adolescent tobacco prevention programmes (this dissertation).
5. A social cognitive approach integrated with salutogenic constructs provides an effective explanatory framework for the development of programmes integrating oral health promotion with adolescent tobacco use prevention for the South African culture (this dissertation).
6. Cognitive-behavioural programmes for adolescent oral health promotion should include personal skills training to cope with life stressors faced by South African youth (this dissertation).
7. Adopting a twice-daily tooth-brushing behaviour is not a discrete event, but a process that passes through stages (this dissertation).
8. The window period between the reception of a behaviour change intervention and the internalization and decision to adopt or reject the intervention, sometimes gets misinterpreted as programme failure.
9. Oral health promotion strategies in South Africa should also take into account the socio-economic and family context in which adolescents live (this dissertation).
10. "One's eyes are what one is, one's mouth what one becomes" (Galsworthy, 1932).