
1 Research Issues and Methodology

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Cross-national research has a long and well established tradition as an analytical strategy in the social sciences, and social scientists such as Comte, Marx, Durkheim and Weber have made great theoretical contributions through their comparative studies of various societies (Berting, 1982). The cross-national approach is particularly valuable for establishing the generality of findings and the validity of interpretations derived from single-nation studies (Kohn, 1989). In fact, as pointed out by Przeworski & Teune (1982), social science theories can only be confirmed if they are evaluated in settings with different systems.

As international interdependence, global trade and worldwide networks of information technology expand, more cross-national studies are being initiated. Policy-makers and politicians are calling for such comparative studies to increase their understanding of national issues in order to better inform their decision-making (Oyen, 1990). The numerous books and articles that have now been published on the subject of cross-national research demonstrate just how popular it has become (e.g. Kohn & White, 1976; Szalai et al., 1977; Armer & Marsh, 1982; Niessen & Peschar, 1982; Ragin, 1987; Kohn, 1989; Boswell & Dixon, 1990; Oyen, 1990; Wong, 1990).

Cross-national research also offers many practical applications in the health field. For instance, it provides those who formulate and implement national health plans with a means of learning about the successes and failures of one another (White, 1976).

During the last two or three decades, dental caries rates have been declining in industrialized countries while incidence in some industrializing countries has increased, in several cases dramatically. As a result, both groups of countries are responding with changes in the emphasis and direction of their oral health care systems. So far, however, few cross-national studies have been conducted in the area of oral health, owing to the prohibitive costs, time and other resources involved. Consequently, the literature is mainly limited to reports of single-country or single-site studies. This leaves oral health policy-makers, professionals and researchers with wide theoretical and practical gaps. Many explanations and interpretations of phenomena related to oral health (e.g. poor oral health status or the adoption of recommended oral health behaviour) derived from single-country or single-site studies cannot be generalized to other countries or situations. For example, it is not possible to know for sure whether the finding that "a lower socioeconomic status leads to poor oral health status" in a single country is generally true or is unique to that particular country. In the practical sense, countries have been deprived of opportunities to evaluate their current status and improve their own oral health outcomes (e.g. oral health service utilization and oral health status) by comparing themselves with others. Such comparisons allow them to understand and learn about the strengths and weaknesses of their own and other oral health care systems.