

ORAL HYGIENE AWARENESS AND PRACTICE AMONG PATIENTS ATTENDING A TERTIARY HEALTH CARE CENTRE IN NORTH KERALA: A CROSS SECTIONAL STUDY

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ABSTRACT:

Background: Oral health is one of the public health important aspect and most of the adults will have oral health problem in their life time. So, assessing their practices and awareness about oral hygiene will give an idea about the oral health status of the community.

Objectives: To assess the oral hygiene awareness and practice among the patients attending a tertiary health care centre of North Kerala.

Methods: Hospital based cross sectional study was conducted among the adults aged above 18 years among the patients attending the out-patient department in Kannur Dental College over a period of two months by using proforma.

Results: A total of 265 participants were included in the study, 65% were males and mean age was 45.15±10.4 years. About 55% were brushing twice daily and 93% were using both toothpaste and brush. Only few were using mouth wash, 73% said no regular brushing was the cause of tooth decay and 83% tobacco causes oral cancer.

Conclusion: Our study shows that, oral hygiene practices were good and awareness about oral health was better among the study population. Still to improve and maintain the good oral health education on frequent visits to dentist to be stressed upon, so that the oral health can be maintained well for longer duration.

Key Words: Oral Hygiene, Practices, Awareness, Tertiary Centre, North Kerala.



INTRODUCTION:

Oral health is an essential component to assess the general health and there by quality of life. "It is a state of being free from mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing." The most common oral diseases are dental cavities, periodontal (gum) disease, oral cancer, oral infectious diseases, trauma from injuries, and hereditary lesions.^[1] According World

Health Organisation (WHO) report 60–90% of school children and nearly 100% of adults have dental cavities, often leading to pain and discomfort. The common risk factors for oral disease are unhealthy diet, poor oral hygiene, developmental problems, tobacco use and harmful alcohol use.^[1,2] The prevalence of oral disease varies by geographical region, and availability and accessibility of oral health services. The prevalence of oral diseases is significantly higher among poor and disadvantaged population groups.^[1]

To improve the oral health WHO has developed WHO Global Oral Health Programme (ORH), one of the important strategies of this programme is to improve the oral health in line with other chronic non-communicable diseases with promotive and preventive measures such as health education on oral hygiene.^[3] The studies showed that oral health care and seeking health care depends on a number of factors- lack of awareness is one of the main reason for non-adherence to oral hygiene practices.^[2,4-6] Furthermore, even the people living in cities, in spite of having easy access to dental care, fall prey to dental diseases due to their negligence in dietary habits and unhealthy life-style.^[7] Hence, the present study was conducted to assess the oral hygiene awareness and practice among the patients attending a tertiary health care centre of North Kerala.

MATERIAL AND METHODS:

Study Design: It was a cross sectional study.

Study Setting: Study was conducted in out-patient department (OPD) of Kannur Dental College, Kannur.

Study population: The people those who aged 18 years and above who were attending OPD at Kannur Dental College were included in the study.

Inclusion Criteria The people who were aged 18 years and above and those who were willing to participate were included in the study.

Exclusion Criteria: Patients suffering from debilitating diseases were excluded from the study.

Study Duration: 2 Months (November – December 2015).

Sample Size: All the patients attending OPD during study period were included. (265)

Sampling Method: A convenient sampling method was used to collect data.

Data Collection: The study was conducted after taking ethical clearance from the Institutional Ethics Committee. Data was collected after explaining the purpose of the study and taking informed written consent from those who were willing to participate in the study. The data was collected by using a proforma which included basic socio-demographic details and questions regarding awareness about oral hygiene.

Data Analysis: Data were entered in Microsoft Excel, descriptive statistics were analysed using EpiData Analysis V2.2.2.182.

RESULTS:

A total of 265 patients were participated in the study and mean age of the participants was 45.15 ± 10.4 years. Among the study subjects, 64.9% (172) and 35.1% (93) were males and females respectively. Among the participants, majority were Muslims (52.1%), 67.2% were married, 39.6% studied up to high school respectively. (Table 1)

Oral Hygiene:

Among 265 participants, around 93% (247) were using both tooth brush and toothpaste together, followed by tooth paste alone. Around 56% (145) were brushing twice daily, and 88%

of them did not use any mouthwash, and 72.5 (192) % had not visited a dentist in the last one year preceding the study. Only 11.3% (30) told that they use any mouthwash after brushing.

Around 73% (193) said that not cleaning teeth regularly was the cause of teeth decay followed by gum disease. Around 85% (225) of the study participants told that tobacco one of the reason for bad oral hygiene and common cause for oral cancer.

A majority of the subjects 81% (214) acquired information on oral health from the television, followed by advice from the dentist.

DISCUSSION:

Oral hygiene is an important factor for the better systemic health. Most of the people neglect their oral health which will have direct and indirect effects on their systemic health.^[1]In our study, most of them were using tooth paste and brush to brush their teeth which was similar to study done by Kapoor et al and more than the study done by Paul B et al.^[2,8] About half of them were brushing

REFERENCES:

1. World Health Organisation. Oral health Fact Sheet [Internet]. 2017 [cited 2017 Dec 22]. Available from:

twice daily and it was better compared to other studies.^[2,8,9] Only few were using mouth wash in our study and it was similar to Paul B et al study.^[8] Visit to dentist in the past was minimal in our study, it was similar to Kapoor et al study but less compared to study of Paul B et al.^[2,8] Around three fourth said not cleaning tooth regularly is the cause for tooth decay and it was similar to study Paul B et al.^[8] Majority of the them told tobacco was causative factor of oral cancer and oral hygiene and it was similar to Paul B et al study.^[8] A majority of the subjects acquired information on oral health from the television, followed by advice from the dentist which was better in our study compared to the study done by Paul B et al and Shah AG.^[8,10] The overall practice and awareness about the oral hygiene among our study population was good.

CONCLUSIONS:

By this study, we observe that, oral hygiene practices were good and awareness about oral health was better among the study population. Still to improve and maintain the good oral health education on frequent visits to dentist to be stressed upon, so that the oral health can be maintained well for longer duration.

http://www.who.int/oral_health/publications/factsheet/en/

2. Kapoor D, Gill S, Singh A, Kaur I, Kapoor P. Oral hygiene awareness and practice amongst patients visiting the Department of Periodontology at a Dental College and Hospital in North India. *Indian J. Dent.* 2014;5:64–8.
3. World Health Organisation. WHO Global Oral Health Programme (ORH) [Internet]. 2017 [cited 2017 Dec 22]. Available from: http://www.who.int/oral_health/objectives/en/
4. Chander Shekar B, Reddy C, Manjunath B, Suma S. Dental health awareness, attitude, oral health-related habits, and behaviors in relation to socio-economic factors among the municipal employees of Mysore city. *Ann. Trop. Med. Public Heal.* 2011;4:99–106.
5. Dagli R, Tadakamadla S, Dhanni C, Duraiswamy P, Kulkarni S. Self-reported dental health attitude and behavior of dental students in India. *J. Oral Sci.* 2008;50:267–72.
6. Bhat P, Kumar A, Aruna C. Preventive oral health knowledge, practice and behavior of patients attending dental institution in Bangalore, India. *J. Interanational Oral Heal.* 2010;2:1–6.
7. Gundala R, Chava V. Effect of lifestyle, education and socioeconomic status on periodontal health. *Contemp Clin Dent.* 2010;1:23–6.
8. Paul B, Basu M, Dutta S, Chattopadhyay S, Sinha D, Misra R. Awareness and Practices of Oral Hygiene and its Relation to Sociodemographic Factors among Patients attending the General Outpatient Department in a Tertiary Care Hospital of Kolkata , India. *J. Fam. Med. Prim. Care.* 2017;3:107–11.
9. Jain N, Mitra D, Ashok KP, Dundappa J, Soni S, Ahmed S. Oral hygiene - awareness and practice among patients attending OPD at Vyas Dental College and Hospital , Jodhpur. *J. Indian Soc. Periodontol.* 2012;16:524–8.
10. Shah AG. Evaluation of Oral Hygiene Awareness , Oral Health Practices and Dental Health Problems among the Undergraduate Medical Students of India. *Int. J. Prev. Clin. Dent. Res.* 2017;4:109–13.

TABLES:

Table 1: Socio-demographic profile of the participants.

Socio-demographic Profile	Frequency	Percentage
Gender		
• Males	172	64.9
• Females	93	35.1
Religion		
• Hindus	78	29.4
• Muslims	138	52.1
• Others	49	18.5
Marital Status		
• Married	178	67.2
• Not Married	87	32.8

Education Status

• Illiterate	43	16.2
• Primary School	74	27.9
• High School	105	39.6
• Graduation	32	12.1
• Post-Graduation	11	4.2
Total	265	100

Table 2: Practice and Awareness about Oral Hygiene.

Practices and awareness	Frequency	Percentage
Brushes with		
• Toothpaste and Brush	247	93.2
• Toothpaste alone	12	4.5
• Neem twigs, Charcoal	6	2.3
Frequency of brushing		
• Once daily	98	36.9
• Twice daily	148	55.8
• More than two times	19	7.2
Usage of mouth wash		
• Yes	30	11.3
• No	235	88.7
Visit to a dentist in last one year		
• Yes	73	27.5
• No	192	72.5
Cause for tooth decay		
• Not cleaning tooth regularly	193	72.8
• Gum disease	48	18.1
• Systemic disease	24	9.1
Tobacco reason for bad oral hygiene		
• Yes	225	84.9
• No	40	14.1
Tobacco causes oral cancer		
• Yes	225	84.9
• No	40	14.1
Source of information on oral hygiene*		
• TV	214	80.8
• Magazines	102	38.5
• Dentists	180	67.9
• Friends	68	25.6
• Parents	78	29.4
Total	265	100