

Original Article

Oral Health Awareness and Practices among Interns in Rewa, Madhya Pradesh

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ABSTRACT:

Aim: To assess the oral health awareness and practices of interns in Rewa, Madhya Pradesh. **Methods:** A cross sectional descriptive study was conducted among the 67 interns posted in Medical College, Rewa during April 2018. **Results:** A total of 67 interns were approached to fill the questionnaire, the response rate was 100%. The fact that oral health is an integral component of comprehensive health was known to 100% interns. The use of a soft bristled toothbrush with a dentifrice was also reported by 100% respondents. Only 47.76% interns were aware about fluoridation of their toothpaste. Only 22.39% visited the dentist once in every 6 months. Brushing once a day was reported by 68.66% and the use of dental floss and mouthwash was reported by only 10.45% and 17.91% interns respectively. **Conclusion:** Awareness regarding oral health and oral health related practices were less than optimal among the studied group. Training medical students about prevention and early recognition of oral disease and prompt referral will enable them to reduce the public health burden of oral disease.

Key words: Interns, oral health, Knowledge, Attitude, Practice.

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INTRODUCTION

Oral health diseases are widespread and The World Health Organization emphasizes that oral-health has a far-reaching impact on the Quality of life.^[1] Poor oral health can adversely affect the psychosocial interaction, self-esteem, overall health and even occupational performance.^[2,3] The status of oral health is a reflection of general health and possible associations between chronic oral infections and diabetes, cardiac disease, respiratory infection, stroke, and low birth weight or premature births have been found.^[4,5] Access to preventive dental care for the disadvantaged and poor section of the society is limited making them prone to dental diseases and therapeutic dental care incurs unaffordable high treatment costs. Despite recognizing the importance of maintaining good oral health, medical health

professionals receive very little training on assessment of oral health problems and their treatment.^[4] Dental caries and periodontal disease are the two biggest threats to oral health which are preventable.^[6] Since a great section of under privileged as well as privileged individuals routinely seek the advice of medical professionals for health related issues, improvement in their awareness about benefits of good oral health, oral diseases and their impact on general health of patients will result in better enforcement of preventive and therapeutic dental treatment to larger magnitudes through oral health education, patient motivation and appropriate referral of patients with dental diseases at early stages. WHO global policy recognizes the need to incorporate the "promotion of oral health and prevention of oral diseases into programs for the integrated

prevention and treatment of chronic diseases".^[7] The aim of the study was to assess the oral health awareness and practices adopted by interns towards maintaining good oral health.

MATERIAL & METHODS

A cross sectional descriptive study was conducted on newly posted interns in Shyam Shah Medical College Rewa & associated Sanjay Gandhi memorial & Gandhi memorial Hospital in the month of April 2018. A total of 67 interns were included in this descriptive, cross-sectional study. The study was approved by Institutional Review Board and written informed consent was obtained from the interns for participating in the study. The objectives of the study were explained to the participants and a pre-structured, pre-tested questionnaire was administered to them.

RESULTS

Among 67 interns, 29(43.28%) were males and 38(56.72%) were females. Self perceived assessment of oral hygiene was found to be good in 51(76.12%), satisfactory in 9(13.43%) and the need for an oral prophylaxis was felt by 7 (10.45%) respondents. The use of soft bristled tooth brush for cleaning the teeth with toothpaste was reported by all (100%) participants. Although only 32 (47.76%) interns could confirm that their toothpaste is fluoridated, rest others were not aware about fluoridation of regular toothpaste. Frequency of brushing was once a day in 46(68.66 %), twice in 18(26.86%) and more than two times a day in 3 (4.48%) interns. The use of a dental floss for inter-dental cleaning was reported by only 7(10.45%) individuals, use of inter-dental brush by only 1(1.49%) and rest others(88.06%) relied on the use of toothbrush for cleaning between the teeth. The use of mouth wash was reported by 12(17.91%) interns. The frequency of changing the tooth brush was once in every three months in 26(38.81%) individuals, once every six months in 39 (40.21%) individuals and 2(2.98%) reported changing their toothbrush only when the signs of wear and tear were evident. The deleterious association of Dental caries with dietary sugars was known to 100% individuals.

The fact that oral health is important for overall body health and regular visits to a dentist every 6months is needed was known to 100% interns. Among all the interns only 15 (22.39%) responded that they visit a dentist regularly in every 6months, 29(43.28%) said they visited a dentist only once in last one year, while 13 (19.40%) said that they have not visited any dental clinic for more than a year, while 10 (14.93%) interns reported that they have never visited a dentist.

Reasons cited for not visiting the dentist every 6 months were lack of time in 20(38.46%) followed by absence of evident disease in 18(34.62%) and complacency to delay treatment until pain occurs in 7(13.46 %) study participants while 6(11.54%) individuals were not convinced with the fact that regular visit to a dentist is necessary. Most

common reasons found for routine visit to the dentist were scaling and polishing of teeth, the treatment of painless caries and orthodontic treatment. Driving factors for emergency visit were painful carious teeth followed by pericoronitis and tooth fracture.

About 41(61.19%) of the interns were aware of the association of poor maternal periodontal health with preterm/low birth weight babies and the fact that *Streptococcus mutans* can be transmitted from the mother to the child was known to 12(17.91%) . 43(64.18%) of the respondents agreed that a child's first visit to the dentist should be on or before the age of 1 year.

DISCUSSION

In this study 76.12% perceived their oral hygiene to be good and 13.43% satisfactory which was similar to a study by Kamble et al in 2016 where 74.7% students felt the condition of their teeth to be good /very good.^[8]

Brushing once a day was reported by 68.66 % and twice daily by 26.86% respondents. In a study by Andhare MG et al in 2017 & Shah AG in 2017, frequency of brushing once a day was seen in 57% & 74.5% and twice a day in 43% & 24.5% medical undergraduates respectively.^[9,10] The use of a dental floss was reported by 10.45% interns which was similar to 12.5% & 12.2% reported by Doshi D et al in 2007^[11] and Shah AG respectively.^[10] The use of interdental brush was restricted to only 1.49% study population which was less than 5.6 % reported by Shah AG.^[10] Mouthwash was used by 17.91% participants which was in accordance with 19.33% reported by Kumar H et al in 2017 but less than 24.1% reported by Doshi D et al in 2007.^[11,12] The tooth brush was changed once in every three months by only 38.81% individuals whereas a higher percentage (52.5%) was reported in a study by Doshi D et al.^[11] A lesser percentage(22.39%) of medical professionals reported that they visit the dentist every 6 months in our study compared to 35% reported by Pradhan D et al in 2016.^[13]

Oral prophylaxis was the most common reason for routine visit to the dentists and the commonest driving factor was caries which was similar to the study by Kaur S et al in 2015.^[14] The fact that there is an association between maternal periodontal health and low birth weight infant was known to 61.19% and *Streptococcus mutans* can be transmitted from the mother to the child was known to 17.91% respondents which was higher than 48% & 9% respectively reported by Kumari N R et al in 2006.^[15] Maternal periodontitis or with gingivitis may result in transient bacteremias and bacteria and their products may reach the placental membranes hematogenously and provide the inflammatory effect causing alterations in the normal cytokine and hormone-regulated gestation, resulting in PPRM (preterm premature rupture of membranes) and preterm birth.^[16,17]

David Satcher, former U.S Surgeon General described dental and oral diseases a "silent epidemic" affecting

various population groups.^[18] One important barrier that deters non-dental health professionals from taking a more active role in promoting oral health care is lack of oral care education and training.^[19] The financial loss due to abstinence from work due to oral diseases and the expenses of treatment make oral health disparities a major public health problem.^[20]

Oral health education should be incorporated in the curriculum for all medical professionals so that they can reinforce preventive dental care in susceptible population by providing oral hygiene instructions, nutrition counseling and smoking cessation assistance.^[19,20] Since interns develop clinical goals oriented towards public health education and promotion, immense emphasis should be laid on training them regarding oral health.

CONCLUSION & RECOMMENDATIONS

Oral disease is a health-care problem and not solely a dental problem. Oral health problems initiate at a very early age when a very few people seek or visit a dentist, but they do visit a medical professional regularly. Integrating oral disease prevention and oral health promotion strategies along with standard oral health and hygiene practices into the medical curriculum can make medical professionals more sensitive and aware about the fact that oral health affects the overall health. These will benefit the oral health promotion by improving the patient's access to dental health education as well as appropriate and timely referral for dental interventions.

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