

Original Research

Oral Health Awareness of Patients in Jammu

Sandeep Kaur¹, Abhiroop Singh², Mareesha Gandral³

¹MDS, Lecturer, Department of Oral Medicine & Radiology, Indira Gandhi Govt Dental College, Jammu (J&K);

³MDS, Registrar, Department Of Oral& Maxillofacial Surgery, Indira Gandhi Govt Dental College& Hospital, Jammu (J&K);

⁴BDS, MPH (Final year), Indian Institute of Public Health, Delhi

ABSTRACT:

Background: Oral diseases are still a burden in developing countries like India and their prevalence is determined by number of factors like geographical region, availability and accessibility of oral health services. Dental caries and periodontal diseases are the two most common oral diseases in India. Oral health has been neglected for long in India. The scarce literature on dental health awareness, attitude, oral health-related habits and behaviour among the adult population in Jammu prompted us to assess the preventive oral health awareness and oral hygiene practices in patients attending outpatient department of Department Of Oral Medicine & Radiology, Indira Gandhi Govt Dental College, Jammu(J&K) through this study. **Materials and Methods:** A total of 500 patients in the age group 15–50 years were selected using random sampling technique. A self-administered structured questionnaire including 16 multiple choice questions was given to them. **Results:** The result of this study shows an acute lack of oral hygiene awareness and limited knowledge of oral hygiene practices. **Conclusion:** Hence, there is an urgent need for comprehensive educational programs to promote good oral health and impart education about correct oral hygiene practices.

Keywords: Oral Health Education, oral hygiene practices, oral hygiene awareness

Received: 02/05/2020

Modified: 20/05/2020

Accepted: 15/06/2020

Corresponding Author: Dr. Sandeep Kaur, MDS, Lecturer, Department of Oral Medicine & Radiology, Indira Gandhi Govt Dental College, Jammu (J&K), India

This article may be cited as: Kaur S, Singh A, Gandral M. Oral Health Awareness of Patients in Jammu. J Adv Med Dent Scie Res 2020;8(7):40-43.

INTRODUCTION

Oral diseases are still a burden in developing countries like India and their prevalence is determined by number of factors like geographical region, availability and accessibility of oral health services. Oral health knowledge is considered to be an essential prerequisite for health-related behaviour.¹⁻⁵ However a weak association exists between knowledge and behaviour in cross-sectional studies there are studies that establish an association between knowledge and better oral health.⁶ According to the literature, very few studies have been done to assess the oral hygiene awareness in Jammu till now. This study was therefore initiated in with a prime focus to determine the awareness levels among the patients visiting Department Of Oral Medicine & Radiology, Indira

Gandhi Govt Dental College, from Jammu's urban and rural localities.

AIMS AND OBJECTIVES

1. To assess the oral health awareness among people of Jammu (J & K)
2. To learn about their oral hygiene practices
3. To provide insight into educational programs that have to be organized by health care professionals.

MATERIALS AND METHODS

A cross-sectional study was conducted among the patients attending the outpatient department of Department Of Oral Medicine & Radiology, Indira Gandhi Govt Dental College, Jammu(J&K). This proposed study was reviewed by the Institutional ethical committee and clearance was obtained. Five

hundred patients were selected using a simple random sampling technique. Informed consent was obtained from each patient. A self-constructed 16-item closed-ended questionnaire was distributed to all subjects above 18 years of age in English and was filled by a dental professional for illiterate persons. The questionnaire included information related to the patient's name, age, gender, occupation, and residential area. It was further categorized to evaluate the knowledge, practices, and behaviour pattern related to oral health. After distribution of questionnaire, 10 min were allotted for completing the questionnaire. The completed questionnaires were then analysed statistically to obtain the results in terms of percentages.

RESULTS

In the present study, questionnaire was distributed to 1000 patients who were selected randomly. Of the 1000 participants, 67% were male and 33% were

female. Seventy percent of these participants were literate and the remaining 30% were illiterate. Almost 60% of participants used tooth brush as a method to clean their teeth. In response to other methods of cleaning their teeth, 16% were using salt with finger, 23% indicated use of neem stick and 16% charcoal, 35% use tooth powder with finger, whereas 10% of the subjects even resort to using brick powder with finger. Although brushing was the commonly used method of cleaning, the percentage of subjects brushing their teeth twice daily is 40% (Figure 1). Approximately 50% of the participants were unaware about the type of tooth brush used by them and only 10% of the sample use soft tooth brush. None of the patients use dental floss and only 5% used mouthwash. 60% of the total subjects reported bleeding gums and 78% noticed Halitosis (Figure 2). Surprisingly enough, 95% of the population, visit dentist only in pain.

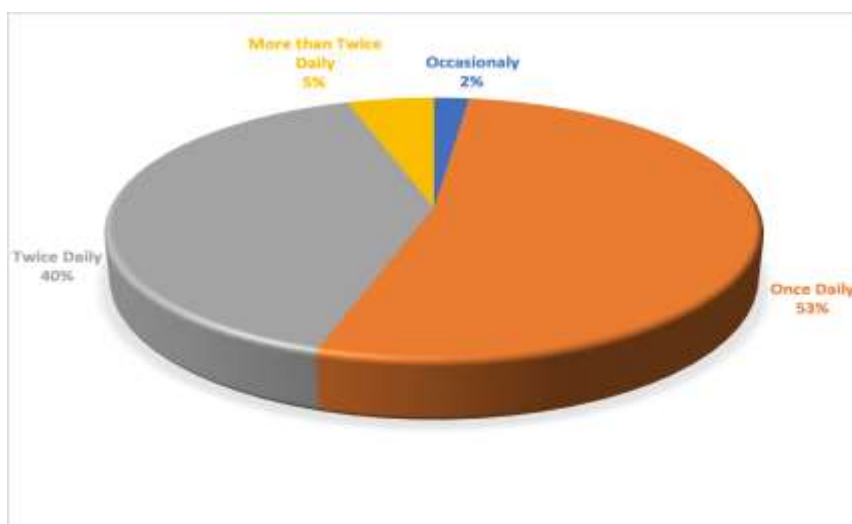


Figure 1: Tooth brushing Frequency

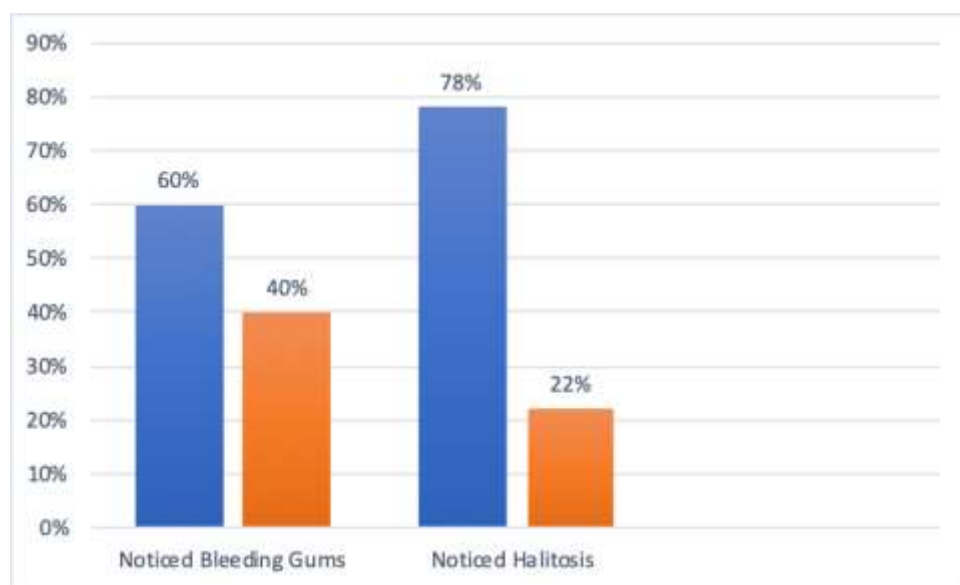


Figure 2: Percentage of people noticing Bleeding Gums and halitosis

DISCUSSION

Oral hygiene has mostly remained as an ignored and unrealized major social problem. Majority of the people are unaware about the relationship between oral hygiene and systemic diseases or disorders. Most diseases show their first appearance through oral signs and symptoms and they remain undiagnosed or untreated because of this missing awareness. According to the consumer usage and attitudes study done in 2010, among the most shocking of revelations is that nearly half of the Indian population does not use a tooth brush and only 51% brushed their teeth using a tooth brush and toothpaste.⁶ Over the past decade a significant amount of emphasis has been made on prevention of diseases rather than the treatment aspect. Healthy teeth can last us a lifetime with the proper preventive dental care. Preventive oral health knowledge, attitude, and practice are the important ways of keeping our teeth healthy. Hence, in this study attempts were made to evaluate preventive oral health knowledge, attitude, and practice of the population of Jammu. Although brushing was the commonly used method of cleaning, the percentage of subjects brushing their teeth twice daily is 40% (Figure 1), which is very less as compared with 58% of the Police recruits in a study by Dilip,⁷ 67% of the Chinese urban adolescents in a study by Jiang et al.,⁸ 62% of the Kuwaiti adults in a study by Al-Shammari et al.,⁹ and 50% of the middle aged and 75% of the elderly Chinese adults in urban areas in a study by Zhu et al.¹⁰ Thirty percent change their toothbrush once in 3 months, and surprisingly 22% change their brush only when it is useless. There is generally a failure in the use of dental floss as a preventive tool. None of the subjects has used dental floss, which is similar to a study conducted by Hanaa M. Jamjoom in Saudi Arabia in 2001.¹¹ In contrast, Hamilton and Couby found that a high percentage (44%) of the sample they studied in North-eastern Ontario used dental floss.⁵ Reason for this may be the significant resource allocation to health education programs that are carried out in Canada. This emphasizes the urgent need for educating and motivating the public to use this efficient method for oral health care. Ten percent of subjects used a mouth wash. Interestingly enough, they used it to treat malodor. Furthermore, 80% reported halitosis. This study is in contrast with that of an epidemiologic survey of the general population of Japan where 24% of the individuals examined complained about bad breath.¹² Sixty percent of the total subjects reported bleeding gums and 78% noticed Halitosis (Figure 2). This study is in agreement with studies of Gilbert et al.¹³ and Buhlin et al.¹⁴ who showed that self-reported bleeding gums was high in percentage. This study is in contrast with the studies of Nagarajan and Pushpanjali in India,¹⁵ Tervonen and Knuttila,¹⁶ and Kallio et al.¹⁷ who showed that most of the patients did not notice bleeding from gums. Our study showed that % of the subjects visited a dentist when they were

in pain, which is similar to the study done by Nabil Al-Beirut, in 1997, where 69.5% of the participants reported visiting a dentist only when they have pain.¹⁸

CONCLUSION

Missing awareness about the crucial role of regular dental check-ups in preventing and detecting dental diseases is another gap in public education. As dentists, it is our responsibility to educate and motivate people to visit a dentist. The indifferent results of this study in Jammu are a critical indicator of the task on hand, the task to spread awareness among the masses about Oral Hygiene. The information on developments in vital combination of Oral Hygiene, Oral Diagnosis, and overall health needs to be spread by us, the dentists. Establishing and demonstrating this connection will be critical to achieve this goal and this process will have to be taken at all levels including a definite beginning with our patients. We, as dentists, will have to keep reinforcing the importance of correcting all aspects related with brushing and flossing along with the importance of regular check-ups. The task of spreading this awareness extends beyond our clinic to general masses and it will have to be achieved in a similar way by various outreach programs and relevant public health awareness measures through various mediums, such as Print/Press Media, Audio/Radio/Television, Internet, and Organizing Social Activities. All of these and more innovative methods of reaching the public will not only ensure a healthy individual but a healthy society as well.

REFERENCES

1. Bala K, Gupta R, Ara A, Sahni B. A KAP study of oral health status among adults in a rural area of Jammu District. *Int J Community Med Public Health* 2019;6:135-41.
2. Freeman R, Maizels J, Wyllie M, Sheiham A. The relationship between health-related knowledge, attitudes and dental health behaviors in 14–16-year-old adolescents. *Community Dent Health*. 1993;10:397–404.
3. Kay EJ, Locker D. A systematic review of the effectiveness of health promotion aimed at improving oral health. *Community Dent Oral Epidemiol*. 1998;26:132–44.
4. Woodgroove J, Cumberbatch G, Gylbier S. Understanding dental attendance behavior. *Community Dent Health*. 1987;4:215–21.
5. Hamilton ME, Coulby WM. Oral health knowledge and habits of senior elementary school students. *J Publ Health Dent*. 1991;51:212–8.
6. Cosmetic dentistry guide: The consumer usage and attitudes survey. [Last accessed on 2019 Dec 19]. Available from: <http://www.cosmeticdentistryguide.co.uk/news/survey-indicates-poor-standards-of-oral-health-inindia-9321>.
7. Dilip CL. Health status, treatment requirements, knowledge and attitude towards oral health of police recruits in Karnataka. *J Indian Assoc Public Health Dent*. 2005;5:20–34.

8. Jiang H, Petersen PE, Peng B, Tai B, Bian Z. Self-assessed dental health, oral health practices, and general health behaviors in Chinese urban adolescents. *Acta Odontol Scand.* 2005;63:343–52.
9. Al-Shammari KF, Al-Ansari JM, Al-Khabbaz AK, Dashti A, Honkala EJ. Self-reported oral hygiene habits and oral health problems of Kuwaiti adults. *Med Princ Pract.* 2007;16:15–21.
10. Zhu L, Petersen PE, Wang HY, Bian JY, Zhang BX. Oral health knowledge, attitudes and behaviour of adults in China. *Int Dent J.* 2005;55:231–41.
11. Jamjoom HM. Preventive Oral Health Knowledge and Practice in Jeddah, Saudi Arabia. *J KAU: Med Sci.* 2001;9:17–25.
12. Miyazaki H, Sakao S, Katoh Y, Takehara T. *Bad Breath: Research Perspectives.* Israel: Ramot Publishing: Tel Aviv University; 1995. Oral malodor in the general population of Japan; pp. 119–36.
13. Nagarajan S, Pushpanjali K. Self-assessed and clinically diagnosed periodontal health status among patients visiting the outpatient department of a dental school in Bangalore, India. 2008;19:243–6.
14. Gilbert AD, Nuttal NM. Self-reporting of periodontal health status. *Br Dent J.* 1999;186:241–4.
15. Buhlin K, Gustaffon A, Anderson K, Hakansson K, Klinge B. Validity and limitations of self reported periodontal health. *Community Dent Oral Epidemiol.* 2002;30:431–7.
16. Tervonen T, Knuttila M. Awareness of dental disorders and discrepancy between objective and subjective dental treatment needs. *Community Dent Oral Epidemiol.* 1988;34:345–8.
17. Kallio P, Nordblad A, Croucher R, Ainamo J. Self-reported gingivitis and bleeding gums among adolescents in Helsinki. *Community Dent Oral Epidemiol.* 1994;22:277–82.
18. Al-Beiruti N. Oral health behaviour among a sample of schoolteachers, physicians and Nurses in the Syrian Arab Republic. *East. Mediterr Health J.* 1997;3:258–62.