



ORAL HEALTH; EXTENT OF AWARENESS AMONG PATIENTS VISITING ISLAMIC INTERNATIONAL DENTAL HOSPITAL

Dr. Sarah Ali¹, Dr. Samra Ijaz²

1. Lecturer
Department of Community Dentistry
2. Former Demonstrator
Department of Periodontology

Correspondence Address:
Dr. Sarah Ali
Department of Periodontology
Islamic International Dental College
7th Ave G 7/4 Islamabad
Riphah International University
sarahaliz@yahoo.com

Article received on:
29/01/2014
Accepted for Publication:
04/03/2014
Received after proof reading:
21/04/2014

ABSTRACT... Introduction: It has been now established beyond doubt that dental diseases are the most common cause of human suffering. It is due to the impact of these diseases and human suffering that World Health Organization has included Oral Health as one of the indicators for health of individual. The National Oral Health survey clearly indicates that oral diseases burden the people of Pakistan and there is lack of perception of needs or absence of tooth ache that causes a delay in seeking dental treatment. The survey also shows that preventive services are rare and there is lack of oral health education , preventive practices and lack of dental health promotional programs in Pakistan. There is no study at national level to reflect the extent of awareness regarding oral health in population. The present study was conducted with the objective of evaluating the extent of knowledge regarding oral health among patients visiting Islamic International Dental Hospital (IIDH). **Materials and Methods:** 200 patients visiting IIDH were randomly selected in this cross sectional study that was conducted from May to July 2013. Out of these 80 were male and 120 were female. The age range of patients was from 15 to 60 years. None of the patient had any psychological or motor dysfunction which could inhibit the perception and performance of oral hygiene measures. All the patients were educated and ensured of anonymity. A multiple choice questionnaire was designed and distributed among participants. The questionnaire included 13 questions with different responses and predetermined answers. The data thus collected was compiled, analyzed using SPSS version 17 and interpreted. In order to summarize the awareness level, responses were scored from 0-13 based on the number of correct responses. The extent of awareness was graded on a three scale parameter which was poor, fair and good. Results were expressed in terms of percentage. **Results:** The results showed that only 4% of the patients scored good while 43%% and 53% scored fair and poor awareness respectively. **Conclusions:** The study concluded that the level of awareness regarding oral health is limited among patients visiting IIDH.

Key words: Oral health, Tooth Brushing, Dental Floss

Article Citation: Ali S, Ijaz S. Oral health; extent of awareness among patients visiting Islamic International Dental Hospital. Professional Med J 2014;21 (2): 343-346.

INTRODUCTION

It has been now established beyond doubt that dental diseases are the most common cause of human suffering. The socio-economic impact of these diseases on the suffering individuals and their communities are high enough for the World Health Organization to include Oral Health as one of the indicators for a healthy individual. The National Oral Health survey in 2003 clearly shows that Oral diseases, particularly caries and periodontal disease, burden people in Pakistan excessively¹. Oral health has had low priority in the

health activities of Pakistan, which has resulted in large unmet needs of the population and over 90% of all oral diseases remain untreated. From young adults to the 50 year olds lack of perception of their dental needs appears to be the most frequent reason for not going to the dentist. This lack of perception of needs, or 'absence of toothache', causes delay in seeking treatment and the majority of patients present teeth at an advanced stage of decay which is usually beyond repair. Moreover, preventive services (examination, scaling and prophylaxis) form less than 3 % of services at the

public dental clinics and are testimony to the abysmal lack of oral health education, preventive practices and the lack of dental health promotional programs in the country.

Resources are limited in terms of personnel, equipment, and facilities available to support oral health programs. There is also a lack of available trained public health practitioners knowledgeable about oral health. A national public health plan for oral health does not exist. There is no study at national level in Pakistan that reflects the extent of awareness regarding oral health although regional studies on short scale are available². Although, oral diseases are preventable, inadequate application of preventive measures and inappropriate establishment of oral health care delivery systems has led to the ineffective control of these problems.

The present study was conducted with the objective of evaluating the extent of knowledge regarding oral health among patients visiting Islamic International Dental Hospital (IIDH).

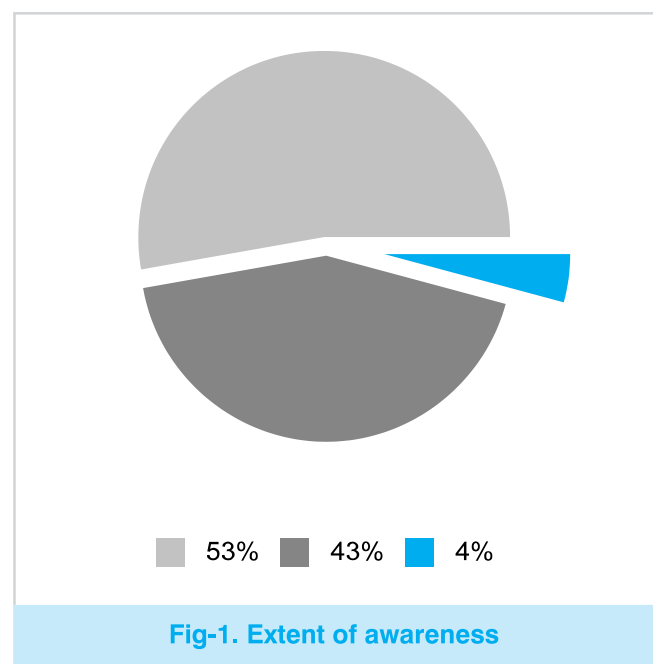
MATERIALS AND METHODS

Before commencement of study the proposal was presented and formal approval was taken from ethical committee IIDH. It was a cross sectional survey that was done from May 2013 till July 2013. 200 patients visiting outpatient department of IIDH were randomly selected. Out of these 80 were male and 120 were female. The age range of patients was from 15 to 60 years. None of the patient had any psychological or motor dysfunction which could inhibit the perception and performance of oral hygiene measures. All the patients were educated regarding the purpose and significance of the study, as well as ensuring anonymity of the respondents. A self-administered, pre-tested, Multiple Choice Questionnaire was designed. The questionnaire included 13 questions with different responses and predetermined answers. The data thus collected was compiled, analyzed using SPSS version 17 and interpreted. In order to summarize the awareness level, responses were scored from 0-13 based on the number of correct responses. The extent of awareness was graded on a three

scale parameter. The respondents securing less than 7 score were evaluated as having poor awareness regarding oral health while those scoring 8 -9 and 10 and above were graded as having fair and good awareness respectively. Results were expressed in terms of percentage.

RESULTS

The results are shown in Fig 1 and indicate that only 4% of the patients scored good while 43% and 53% scored fair and poor awareness level respectively. Out of the 200 patients 97.9% cleaned their teeth while only 68.6% cleaned the lingual surfaces of the teeth. 88.6% of the patients used tooth brush as compared to 8.6% that used miswak as mode of cleaning. Only 55% were aware that brushing should be done twice daily as compared to 6.4% which preferred occasional brushing. 40.7% considered horizontal brushing more preferable as compared to 35% which used vertical and rolling motion. Only 34.3% preferred vigorous brushing over soft brushing action. 49.3% were aware that brushing should be done for 2-3 minutes. 46.4% used medium tooth brush. Interestingly only 50% were aware to change their brush after every 2-3 weeks. Only 10% used floss for interdental cleaning while 19.3% were using mouth wash as well.



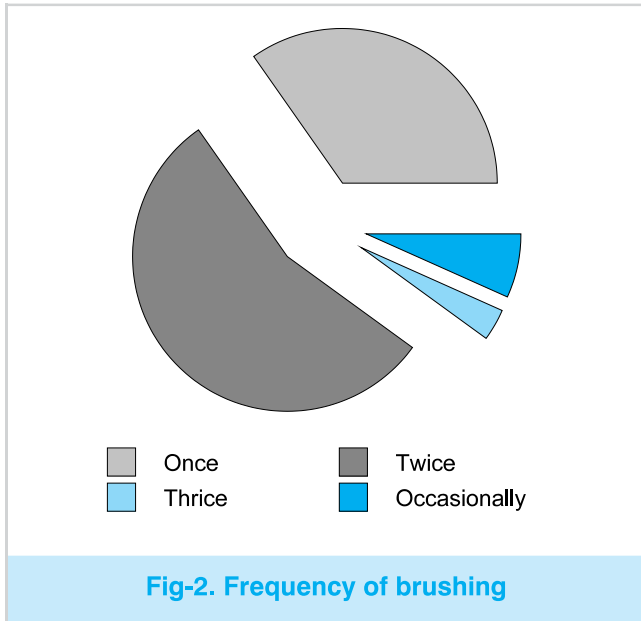


Fig-2. Frequency of brushing

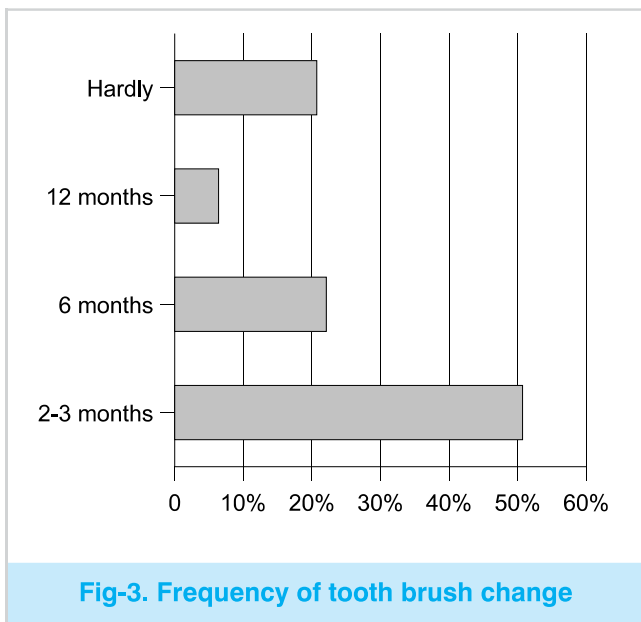


Fig-3. Frequency of tooth brush change

DISCUSSION

It has been observed that oral hygiene has mostly remained as an ignored and unrealized major social problem. There is a strong correlation between lack of oral hygiene and systemic diseases^{3,4,5}. Many diseases show their first appearance through oral signs and symptoms. In 2010 a study regarding consumer usage and attitudes was performed in India and it showed that nearly half of the Indian population does not use a tooth brush and only 51% brushed their teeth

using a tooth brush and toothpaste⁶.

This study showed that brushing was the commonly used method of cleaning and 88% of participants used tooth brush however, the percentage of subjects brushing their teeth twice daily is 55% (Fig 2), which is in line with a study by Dilip,⁷ in which 58% of the Police recruits used tooth brush and also 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 al¹⁰.

It is important to note that almost 41% of the respondents brushed their teeth using horizontal method; they were unaware that it will lead to harmful effects on teeth. This finding is less as compared to a study done by Zhu et al¹⁰, where 60% of the sample did the same. Also 34% of the respondents admitted that they preferred vigorous brushing of their teeth as compared to almost 67% who preferred soft brushing.

46% of the subjects used tooth brush of medium consistency bristles and 42% used soft tooth brush, which is more than that observed among Zhu et al.'s subjects¹⁰ where 27% of the samples preferred to use soft tooth brush. 50.7% of the patients changed their brush after every 2-3months compared to 20% who hardly changed their brush (Fig 3). Similarly 18% of the patients used pea sized tooth paste as compared to 51% that covered half the length of tooth brush head with tooth paste. Importantly 31% of the patients did not used brush to clean the lingual surface of their teeth.

Dental floss is an important adjunct to oral hygiene but only 10% of the subjects showed to use dental floss in the study. This is less as compared to a study by Hamilton and Couby which showed that a high percentage (44%) of the sample they studied in Northeastern Ontario used dental floss¹¹. 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.

The study also showed that only 20% of the subjects used mouth wash as an aid to oral hygiene as compared to 80% who did not use it.

Over the past 20 years 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, behavior, and its practice are the important ways of keeping our teeth healthy. Hence, in this study attempts were made to evaluate preventive oral health knowledge, practice, and behavior.

CONCLUSIONS

The study concluded that the level of awareness regarding oral health is limited among patients visiting IIDH. It is therefore recommended that an oral health awareness campaign should be planned and implemented at national level to improve the quality of life of people.

Copyright© 04 Mar, 2014.

REFERENCES

1. Pakistan medical research council. **Oral health in Pakistan**. A situation analysis 2003
2. Nagina Parveen et al. **Oro Dental Health: Awareness and practices**: JUMDC. Jul-Dec 2011;2(2):5-10.
3. Al-Khabbaz AK, Al-Shammari KF, Al-Saleh NA. **Knowledge about the association between periodontal diseases and diabetes mellitus: contrasting dentists and physicians**. J Periodontol. 2011 Mar;82(3):360-6.
4. Rakchanok N, Amporn D, Yoshida Y, Harun-Or-Rashid M, Sakamoto J. **Dental caries and gingivitis among pregnant and non pregnant women in Chiang Mai, Thailand**. Nagoya J Med Sci. 2010 Feb;72(1-2):43-50.
5. Gangadhar V, Ramesh A, Thomas B. **Correlation between leptin and the health of the gingiva: A predictor of medical risk**. Indian J Dent Res. 2011 Jul;22(4):537-41.
6. **Cosmetic dentistry guide: The consumer usage and attitudes survey**. [Last accessed on 2010 Apr 16]. 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. Hamilton ME, Coulby WM. **Oral health knowledge and habits of senior elementary school students**. J Publ Health Dent. 1991;51:212-8.