



Original Article

Awareness and Practice of Oral Hygiene and its Relation to Socio-Demographic Factors among Patients Attending General OPD

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ABSTRACT

Oral illness is a public health concern due to its high prevalence and huge societal effect. **Objectives:** Oral hygiene knowledge and practise, as well as oral hygiene's association to socio-demographic variables, will be assessed among patients who visit the hospital's general outpatient department. **Methods:** The results of this cross-sectional study were presented at Azra Naheed Medical College from July 2021 to December 2021. Participants in the research had to be over the age of 12 and able to verbally agree, comprehend and complete questions. Those with diabetes who refused to participate in the research were omitted from the results. **Results:** The data was acquired from 112 patients who visited the outpatient section of the hospital. 33.23×10.98 = the average age of individuals who answered the survey (mean x standard deviation). There was a statistically significant difference ($P < 0.05$) in the brushing behaviours of females and males when it came to oral health knowledge and behaviour. **Conclusion:** To summarise, dental caries was found to be common among patients and that awareness of dental caries among the general population was a major predictor of dental caries among those who participated, as well as educational attainment and oral hygiene habits and residency and monthly income.

INTRODUCTION

Your total well-being depends on the status of your mouth. An individual may eat, chat, and socialise freely without active illness or discomfort, which contributes to overall well-being [1]. According to the Surgeon General's Oral Health Report from 2000, there is a relationship between oral bacteria overgrowth and systemic illness. Mouth infections can cause diabetes, heart disease, lung pneumonia, and a weakened immune system. The majority of oral health concerns are linked to general health [2]. Oral illness is a public health problem due to its high prevalence and huge societal effect [3]. Dental caries is a prevalent oral illness that affects people of all ages. A cariogenic diet and inadequate dental hygiene are two fundamental causes of tooth decay. In addition to increased public awareness of oral health, increased usage of fluoridated toothpaste and water has led to a decrease in caries and tooth extractions [4, 5]. High expenses for both individuals

and society as a whole are connected with dental caries-related decline in quality of life, with inequities related to well-known concerns such as socioeconomics and immigration [5]. Dentists should be concerned about the disturbingly high rate of dental caries among children. Dental caries discomfort may impede school attendance, eating, and speaking, affecting growth and development. Despite the fact that dental caries is decreasing in wealthier nations, it remains a major public health issue in many impoverished countries [7]. In Lithuania, 78.3% of children had dental caries. [8]. Another Brazilian study indicated that 82.0 percent of people aged 35-44 eat sugary meals up to four times daily. Seventy-five percent of Brazilian study participants showed defects in their enamel [9, 10]. The age, gender, and educational level of participants in a Bulgarian research were all shown to be associated with dental decay. People who have attended

college or university are less likely to have missing teeth, according to a study. It was shown that brushing and flossing your teeth more regularly reduced your risk of developing tooth decay. Oral illnesses are a major public health issue because of how common they are and how much of a toll they take on a person's well-being they cause. To put it succinctly: "Promoting oral health is a cost-effective method for minimising the burden of oral illness while also preserving the quality of life [11]." Dentists throughout the world are dealing with a wide range of common dental ailments, including periodontal disease, tooth decay, malocclusion, and even oral cancer. As many as 60% to 80% of Pakistani youngsters are affected by dental caries, a severe public health problem. For a long time, oral cancer has been a major public health concern in the United States. A number of underlying factors may play a role in the development of oral health issues. Predispositions include genetic predispositions, developmental difficulties such as poor oral hygiene, and trauma [14].

METHODS

The results of this cross-sectional study were presented at Azra Naheed Medical College from July 2021 to December 2021. For the study, participants had to be over the age of 12 and able to give verbal consent as well as understand and complete the study's questionnaires. Those with diabetes who refused to participate in the research were omitted from the results. It was necessary to employ a well-crafted questionnaire in order to collect all of the necessary data. Each participant had already constructed and evaluated the research instrument, which was a 16-item, semi-structured schedule. Age, gender, and place of residence were all included in the patient's sociodemographic profile. The modified B. G. Prasad Scale was utilised to determine their PCMI, as well as other socioeconomic characteristics. Also, they had information about their understanding (such not brushing their teeth and the impact of certain foods on oral health) (method, frequency, timing of cleaning teeth, use of mouthwash, frequency, and cause of visit to dentist). Exit interviews were conducted with patients under the age of 18 or their guardians. The respondents' overall practises were evaluated based on their replies to oral hygiene questions. Data were input into a Microsoft Excel spreadsheet using the Epi Info (sixth edition) and SPSS (19th version) software and then combined and analysed using the programme.

RESULTS

The data was acquired from 112 patients who visited the outpatient section of the hospital. 33.23×10.98 = the average age of individuals who answered the survey (mean

x standard deviation). There was a statistically significant difference ($P < 0.05$) in the brushing behaviours of females and males when it came to oral health knowledge and behaviour. Only 3% of patients reported cleaning their teeth in between meals as a routine. Girls were found to eat far more sugary foods and beverages than boys. The patients' normal diets were also included in the table (table 1).

Knowledge	Frequency (%)
Yes	45.76
No	19.56
Do not know	33.56
High content of sugar in the diet	
Yes	60.76
No	7.0
Don't Know	32.25
Daily eating habits effect on oral health	
Yes	33.45
No	16.78
Do not know	2.21
Oral problems	
Consult a physician	21.5
Consult a dentist	34.5
Consult a Hakim	5.5
Not care	34.56
Obesity issues	
Yes	78.98
No	21.02

Table 1: Oral health knowledge of the respondents

Socio demographic variables	Frequency (%)	Brushing daily (n = 191) (%)	P value*
Gender			
Male	176(61.3)	101(57.4)	0.001
Female	111(38.7)	90(81.1)	
Age			
10-15	105(36.6)	71(67.6)	0.771
15-20	182(63.4)	120(65.9)	
Obesity			
Less than normal value	183(63.8)	116(63.4)	0.132
Greater than normal value	104(36.2)	75(72.1)	
Using tooth brush			
Yes	251(87.5)	187(74.5)	<0.001
No	36(12.5)	4(11.1)	

Table 2: Relationship between demographic variables and oral health knowledge

DISCUSSION

Defining oral health-related quality of life is difficult due to the concept's deceptive and nebulous nature. It's also abstract, subjective, unique to the individual, and multidimensional [15]. As societal and cultural expectations evolve in reaction to a wide range of events, it varies through time both within and across demographic groupings. For this study, we were motivated by a lack of

research on the knowledge and behaviours of the Indian adult population about dental health. Respondents agreed that regular dental appointments are necessary. Fewer than three-fifths of individuals who answered the survey questions had done so in the past. This shows that the quality of dental treatment is unaffected by the general public's awareness of oral health [17]. For example, Barker and Horton found that factors including a lack of money and the difficulty of accessing dental care were consistently connected with a delay in obtaining dental treatment. More over half of the population appears to be brushing their teeth at least twice a day, which is greater than the World Health Organization's estimate of 44.4 percent [18]. Earlier studies have shown that women brush their teeth more thoroughly and for a longer amount of time than men, which is in line with the results of this study. A toothbrush and toothpaste were shown to be the most often used oral hygiene products in prior studies, and this was confirmed [19]. Dental caries has increased due to increased sugar intake in developing nations, inadequate teeth brushing, poor oral hygiene, and lack of awareness [20]. In addition to one's lifestyle and dietary choices and one's socio-economic status when it comes to the risk of caries. Reducing sugar intake, brushing teeth correctly after each meal, and visiting the dentist on a regular basis can all help prevent cavities [21-22].

CONCLUSION

To conclude, dental caries was found to be common among patients and that awareness of dental caries among the general population was a major predictor of dental caries among those who participated, as well as educational attainment and oral hygiene habits and residency and monthly income. Educating the public about these oral hygiene issues is a less expensive alternative to costly dental operations

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