

Oral Hygiene Practice Among Patients Visiting Terna Dental College

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ABSTRACT

Aim: To assess the knowledge, attitude and awareness related to oral health and associated habits among the patients visiting Terna Dental College (Mumbai).

Methodology: A cross sectional survey was done among 218 randomly selected patients. The survey captured the demographics, oral hygiene practice, tobacco habits of all the participants.

Results: Most of the participants use toothbrush and toothpaste. 10% of the patients still use mishri. The knowledge about the correct brushing technique and frequency of changing the brush was poor. 76% of the participants accessed the dental health care only if there is pain. The awareness about the harmful effect of passive smoking and the tobacco control laws was very poor.

Conclusion: Overall the knowledge, attitude and practices of participants living in this area are not very good. There needs to be a strong, effective oral health promotion campaigns targeting all the population and the very high risk groups.

Keywords: Oral hygiene practice, Knowledge, Attitude and practices

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BACKGROUND

Oral health is a very important component of general health (1). The dental diseases mostly found in the majority of the people are dental caries and periodontal diseases which are primarily preventable (2). The prevalence of dental caries is approximately 60% - 65% in India (3, 4). However; this disease is greatly affected by many factors other than sugar consumption.

It may be due to reasons like lack of awareness of proper use of oral hygiene aids, timely access to the dental care visit or associated habits like tobacco which have detrimental effect on oral health (5). The consequences of poor oral hygiene and a diseased mouth can be disastrous to general health and this is appreciated by the medical profession especially in the context of coronary disease (2). This in turn leads to significant absenteeism and economic loss, apart from the ill-effects on the health of

the person afflicted (2).

In view of the adverse effects of poor oral health, it is important to take preventive measures and create the required services. For this purpose, and other planning and administrative needs, it is necessary to know the prevalence and distribution of oral health problems and understand the dental health practices that people follow. Such information is basic for formulation of oral health policies and appropriate programmers to improve awareness and knowledge of general public about the preventive and promotive aspects of oral health, to create the required services and to train the necessary dental manpower to meet these needs.

MATERIALS AND METHODS

A cross-sectional oral hygiene practice survey was conducted to assess the oral health status amongst the patients who visited Terna Dental College and Hospital. Individuals were randomly selected from list

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Table1: Demographic profile of the participants

| Variable | Male(%) | Female (%) | Total (%) | |
|------------|--------------------|------------|------------|-------------|
| Age | 15- 30 yrs | 73(58.9%) | 53 (56.4%) | 126 (57.8%) |
| | 31- 45yrs | 28(22.6%) | 21(22.3%) | 49(22.5%) |
| | 45 & above | 23(18.5%) | 20(21.3%) | 43(19.7%) |
| Education | Illiterate | 16(12.9%) | 12(12.8%) | 28(12.8%) |
| | School | 33(26.2%) | 34(36.2%) | 67(30.7%) |
| | College | 57(46%) | 36(38.3%) | 93(42.7%) |
| | Graduation & above | 18(14.5%) | 11(11.7%) | 29(13.3%) |
| Occupation | Professional | 2 (1.6%) | 6(6.4%) | 8(3.7%) |
| | Trader | 19 (15.3%) | 6 (6.4%) | 25 (11.5%) |
| | Service | 59 (47.6%) | 21(22.3%) | 80(60.7%) |
| | Skilled | 4 ((3.2%) | 1(1.1%) | 5(2.3%) |
| | Unskilled | 5 (4.0%) | 1(1.1%) | 6((2.8%) |
| | Unemployed | 11(8.9%) | 6(6.4%) | 17(7.8%) |
| | Housewife | 0(0%) | 38(40.4%) | 38(17.4%) |
| | Others | 24(19.4%) | 15(16.0%) | 39(17.9%) |

of patients. The geographic area of most of the patients was mainly from Mumbai. The total patients interviewed were 218. A close-ended interviewer-based questionnaire was prepared which was administered by the examiners. The survey mainly captured the demographic details, oral hygiene practices by the population and tobacco habits as well as knowledge about the ill-effects of its use. The examiners were trained and calibrated with the questionnaire. An informed consent was taken for all the subjects and privacy and confidential-

ity of the details were maintained. The analyses of all the quantitative data was done using SPSS software .

RESULTS

Majority of the participants were in the middle age group, had achieved a minimum education of college and were mainly from the service sector. (Table 1)

About 75% of the population use toothpaste as a tooth cleaning aid while 10% of the participants use mishri (a form of

smokeless tobacco product) as a dentrifice in Maharashtra. (Table 2)

In the study population, 76.6 % of the participants brush their teeth only once in a day and the method is mainly vertical brushing technique. Most of the participants visited the dentist only for pain(72%), while few others visited for routine check up (18%), oral diseases(6.4%) and esthetic reasons(3.2%).

About 46% of the participants were tobacco users (17.4% smokers, 17 % smokeless users, 11.9% dual users). The prevalence of smokeless tobacco use was high among female than the males in the study. About 41.7% of the participants were aware about the ill-effects of tobacco while 47.2 % (Figure 1) were unaware about the adverse effects of passive smoking (second hand smoke). Almost 64% of the participants had viewed some form of tobacco advertising in the newspaper, hoardings, or advertisements. (Figure 2). Mainly the youth had seen the advertising more often than the other age groups.

DISCUSSION

Oral diseases are multi-factorial disease influenced by many factors including age, sex, (6, 7) diet, microorganisms, trace elements, saliva, genetic predisposition and tooth morphology (8, 9).

The survey conducted shows that most of the urban citizens use toothpaste and a toothbrush as an oral hygiene aid, and few people use toothpowder. 10% of the participants also use mishri as a dental cleaning aid. The lack of awareness that mishri contains tobacco and is harmful for their health. Most of the people brush their teeth once daily and majority of the people clean their teeth in horizontal direction. Most of the participants never visited a dentist. Although few visited but that too only when there was pain. According to a study of oral health in India ,while reviewing the data from Maharashtra it was observed that in both the gender and in both rural as well as urban population, most of the respondents (Approx. 76%), did not visit a dentist in past one year. Our

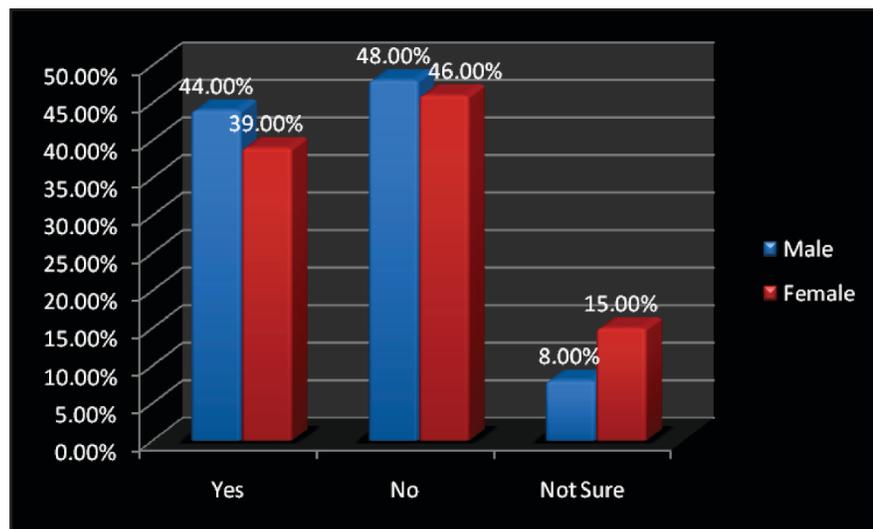


Figure 1: Knowledge about the ill- effects of Passive Smoking

Table 2: Oral Hygiene practices and associated tobacco habits

| Variable | | Male(%) | Female (%) | Total (%) |
|--|------------------|------------|------------|------------|
| Aids for tooth cleaning | Toothpaste | 92(74.2%) | 72(76.6%) | 164(75.2%) |
| | Toothpowder | 12(9.7%) | 14(14.9%) | 26(11.9%) |
| | Herbal | 4(3.2%) | 1(1.1%) | 5(2.3%) |
| | Mishri | 15(12.1%) | 7(7.4%) | 22(10.1%) |
| Frequency of Brushing | Once | 98(79%) | 69(73.4%) | 167(76.6%) |
| | Twice | 24(19.4%) | 22(23.4%) | 46(21.1%) |
| | Thrice | 2(1.6%) | 3(3.2%) | 5(2.3%) |
| Method of brushing | Vertical | 14(11.3%) | 15(16%) | 29(13.3%) |
| | Horizontal | 95(76.6%) | 73(77.7%) | 168(77.1%) |
| | Other | 15(12.1%) | 6(6.4%) | 21(9.6%) |
| Visit to a dentist in last 6 months | Pain | 92(74.2%) | 65(69.1%) | 158(72%) |
| | Esthetics | 2(1.6%) | 5(5.3%) | 7(3.2%) |
| | Oral Diseases | 9(7.3%) | 5(5.3%) | 14(6.4%) |
| | Routine Check up | 21(16.9%) | 19(20.2%) | 40(18.3%) |
| Tobacco habit | Smoked | 34(27.4%) | 4(4.3%) | 38 (17.4%) |
| | Smokeless | 20 (16.1%) | 17(18.1%) | 37(17.0%) |
| | Dual User | 23(18.5%) | 3(3.2%) | 26(11.9%) |
| | Never User | 47(37.9%) | 70(74.5%) | 117(53.7%) |
| | Total | 124 | 94 | 218 |
| Knowledge about the ill-effects of passive smoking | Yes | 54(43.5%) | 37(39.4%) | 91(41.7%) |
| | No | 60(48.4%) | 43(45.7%) | 103(47.2%) |
| | Not Sure | 10(8.1%) | 14(14.9%) | 24(11.0%) |
| | Total | 124 | 94 | 218 |
| Viewed tobacco advertising in any form | Yes | 87(70.2%) | 53(56.4%) | 140(64.2%) |
| | No | 27(21.8%) | 33(35.1%) | 60(27.5%) |
| | Not Sure | 10(8.1%) | 8(8.5%) | 18(8.3%) |
| | Total | 124 | 94 | 218 |

study corroborates this evidence pointing a lack of visit to the dentist for regular check-up. The addiction to tobacco is higher in males than in females. The harmful effects of tobacco in both smoking and smokeless forms is known to many but the effects of passive smoking and the recent ban on smoking in public places is not known well perhaps for a possible reason that the patients have not come across any significant advertisements promoting them. Also the tobacco industry is trying to target youth and with its innovative strategize and is trying to violate the tobacco control laws. This supports most global research. A meta-analysis done by Wellness et al evaluated tobacco marketing and media's effect on youth initiation and attitude. The data collected from 51 studies representing 141,949 participants from 11 different countries worldwide location including United States of America, Australia, Scotland, England, Norway, Turkey, Hong Kong, Japan, Spain, and German. Overall, the authors found that exposure to marketing and media more than doubled the risk of becoming a tobacco user. The similar results were found in the current study.

CONCLUSION

The oral hygiene practice survey conducted suggests that the majority of populations are unaware about the oral health care. The knowledge, attitude and awareness in terms of oral care are still unclear. The utilization of the oral health services is also not satisfactory. It can be concluded that dental caries and periodontal disease are the major oral health problem. Another area of concern is the associated tobacco habit among the population. Hence oral prevention needs to focus on curtailing these health problems by oral health education programs and aggressive tobacco cessation campaign and activities. Also to prevent further deterioration of oral health due to improper oral hygiene habits and harmful oral habits, the masses must be educated on a one on one [Dentist to Patient] basis and on a large scale by commercial advertisements by optimally utilizing the media.

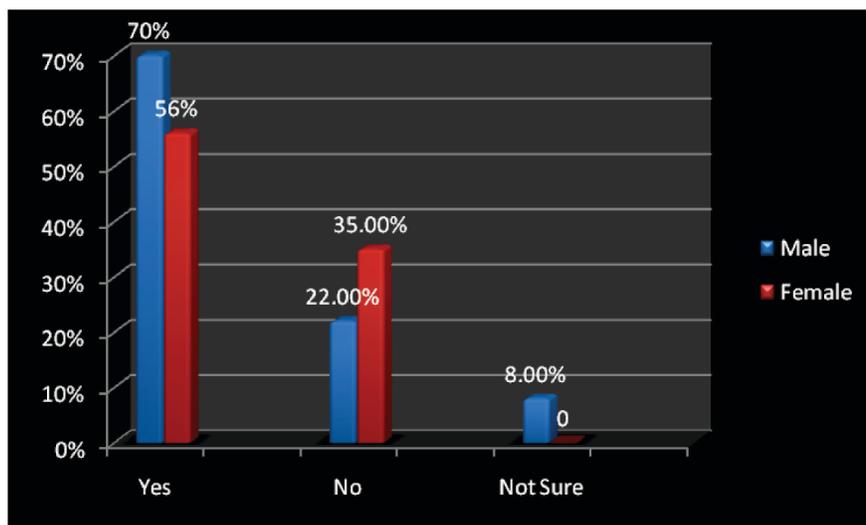


Figure 2: Tobacco Advertising in any form

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