

Awareness of Oral Hygiene Practices among Patients Visiting the Department of Conservative Dentistry in UCMS

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ABSTRACT

Background: Oral conditions are a prime public health issue owing to the high incidence and their actions on the subject's life quality. Although only a poor relation is present between knowledge and behavior in various cross-sectional studies, there are researches that form an association. The present study was conducted with the aim to determine the awareness of oral hygiene practices among patients visiting the department of conservative dentistry in UCMS.

Materials and Methods: The present cross sectional descriptive study was conducted in the Department of Conservative Dentistry and Endodontics, UCM College of Dental Surgery, Nepal. The questionnaire consisted of information regarding the demographic detail like age, gender and questions regarding oral hygiene practice etc. All the data thus obtained was arranged in a tabulated form and analyzed using SPSS software.

Results: The study enrolled 150 patients with the mean age of 28.98+/-3.54 years. Horizontal method was opted by 60% patients and vertical direction was opted by 40% patients. There were 16 patients who sometimes resorted to finger and

tooth powder for brushing, 12 subjects who opted for neem stick, 5 subjects brushed with salt at times.

Conclusion: The study clearly elaborates that there was a lack of oral hygiene knowledge amongst people that lead to poor oral hygiene practices.

Keywords: Awareness, Hygiene, Salt, Knowledge.

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INTRODUCTION

Oral conditions are a prime public health issue owing to the high incidence and their actions on the subject's life quality.¹ The possible causative reasons that lead to these oral conditions are genetic inclinations, developmental issues, bad oral hygiene practices and traumatic accidents.²

Behavior towards oral hygiene and seeking oral health care is dependent on several factors. Subjects comply better with oral health regimens when they are informed and positively acted. Lack of evidence is amongst the explanations for non-adherence to hygiene practices. Further, oral health beliefs have significant on oral health behavior.³

Having a healthy oral profile needs joint efforts of the dentist as well as the patient. One of the most crucial factors that choose the dental health of a subgroup is the outlook of people toward dentition.⁴ Factors that contribute to the steady elevation in the incidence of periodontal disease are lack of oral health awareness. Knowledge about oral health is regarded to be a crucial prerequisite for health-associated behavior.⁵ Although only

a poor relation is present between knowledge and behavior in various cross-sectional studies^{6,7}, there are researches that form an association. The present study was conducted with the aim to determine the awareness of oral hygiene practices among patients visiting the department of conservative dentistry in UCMS.

MATERIALS AND METHODS

The present cross sectional descriptive study was conducted amongst 150 patients in the Department Of Conservative Dentistry and Endodontics, UCM College of Dental Surgery, Bhairahawa, Nepal. The study protocol was reviewed by the institutional review board and it was granted ethical clearance. Written informed consent was obtained from all participants

Inclusion Criteria: All patients aged between 15-75 years, patients who are willing to participate in the study.

Exclusion Criteria: Patients who are reported for emergency treatment.

The proforma consisted of two parts: demographic data and few questions regarding oral hygiene practice. A closed ended validated questionnaire was used to collect data. The examination was conducted for a period of 1 month from Oct 2019 to Nov 2019. The recorded data was compiled and entered into spreadsheet computer programme (MS excel 2007) and they were exported to data of SPSS, version 2.0. The descriptive statistical analysis included the computation of frequency and percentage.

Table 1: Brushing habits amongst the study population

Frequency of brushing	n	%
Once a day	129	86
Twice a day	21	14
Total	150	100

Table 2: Different types of aids used for brushing

Aids used for brushing	n	%
Brush and toothpaste	94	62.7
Brush and tooth powder	18	12.0
Finger and tooth powder	16	10.7
Neem stick	12	8.0
Salt	5	3.3
Charcoal	3	2.0
Finger and brick powder	2	1.3
Total	150	100

Table 3: Direction of brushing

Direction of brushing	n	%
Horizontal direction	90	60
Vertical direction	60	40
Total	150	100

RESULTS

The study enrolled 150 patients with the mean age of 28.98±3.54 years. Table 1 shows the brushing habits amongst the study population. There were 129 (86%) subjects out of 150 who brushed once a day and 21 (14%) brushed twice a day.

Table 2 shows the different types of aid used for brushing. Brush and toothpaste was used by 62.7 % patients and 12 % used tooth powder with brush. There were 10.7 patients who resorted to finger and tooth powder for brushing, 8% subjects who opted for neem stick, 3.3% subjects brushed with salt. There were 2% subjects who even used charcoal for brushing. There were 1.3% patients who used finger and brick powder for brushing.

Table 3 shows the direction of tooth brushing. Horizontal method was opted by 60% patients and vertical direction was opted by 40% patients.

DISCUSSION

Oral health awareness is regarded as an important prerequisite for healthy behavior, though only a weak relation seems to be present between knowledge and attitude in cross-sectional surveys, yet researches have established that there is a relation between knowledge and good oral health practices.⁸ Though different studies have been conducted on timely basis to evaluate the knowledge and attitude of persons about oral health, there is still a

limitation of education associated with the same especially amongst rural people that make up more than 70% of Indian suburbs.⁹ Also, even the people residing in cities, despite of having complete access to dental care, fall prey to the dental disorders because of their negligence in the dietary habits and unhealthy habits.¹⁰

It has been seen that oral health has typically sustained as an ignored and not a known major social concern. Most of the subjects are not aware regarding the association between oral health and systemic disorders. Majority of diseases illustrate their first appearance via oral signs and symptoms and remain undiagnosed or untreated due to missing awareness. As per the consumer and character study performed in the year 2010, amongst the most striking revelations is that approximately half of the Indian people do not use a tooth brush and there are only 51% that brushed their teeth with a tooth brush and toothpaste.¹¹ In the present study, there were 129 (86%) subjects out of 150 who brushed once a day and 21 (14%) brushed twice a day. There were 10.7% patients who resorted to finger and tooth powder for brushing, 8% subjects who opted for neem stick and 3.3% subjects brushed with salt. There were 2% subjects who used charcoal for brushing. There were 1.3% patients who used finger and brick powder for brushing. People normally don't use dental floss as a preventive tool. The results of the present study were in accordance with the study by Hanaa M. Jamjoom in the year 2001.¹² On the contrary, study by Hamilton and Couby concluded a greater percentage of the study subjects in Northeastern Ontario that used dental floss.¹³ This study contrary to the study by Kallio et al.¹⁴ that elaborated the most of the subjects did not observe bleeding from gums.

CONCLUSION

The study clearly elaborates that there was a lack of oral hygiene knowledge amongst people that lead to poor oral hygiene practices. Therefore, there is an urgent need to enhance the awareness about oral hygiene practices and its implications on systemic health amongst the subjects. Although dental education is a new discipline in dentistry but it is crucial to make people aware regarding oral hygienic practices.

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