

Oral Health Knowledge, Attitude and Behavior Among 30-60 Aged People

Research Article

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Abstract

Background: Oral health is an integral component of general health as Sir William Osler said that 'oral cavity is the mirror of general health'. There is substantial evidence to suggest that oral health affects general quality of life. Oral health is a state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, tooth decay and tooth loss, and other diseases and disorders that affect the oral cavity. Oral health affects the general health, well-being, education and development of children and their families. Oral health is significantly related to oral health behaviours and their knowledge. Oral health knowledge contributes to good oral health, but unless attitudes and habits are developed and put into practice, little will be gained.

Materials and Methods: A cross sectional was conducted among 150 patients who visited dental hospital in Chennai. A self-structured questionnaire was implemented. The purpose of the study was explained, any questions raised were addressed. Data was entered and statistically analysed in SPSS.

Results: The general inference obtained from this study is that most of the study samples do not brush twice a day or use any of the dental aids, are not aware of the time devoted to brushing, do not select the brush according to the quality are not aware of the initial signs of poor oral hygiene and only visit a dentist when symptomatic.

Keywords: Oral Health; Oral Hygiene; Dental Caries; Knowledge; Attitude.

Introduction

Oral hygiene is the practice of keeping the mouth clean and healthy by brushing and flossing to prevent tooth decay and gum disease. According to the World Oral Health Report (2003) oral disease is the fourth most expensive disease to treat in most industrialized countries and it is estimated that these countries spend 5-10% of their national public health resources on dental care [1]. During the past two decades, many industrialised countries have experienced a dramatic decline in dental caries prevalence of children and adolescents [2-5]. The wide spread use of fluorides, especially in toothpastes, improvements in oral hygiene, changing

patterns of sugar consumption, changes in diagnostic criteria, and the preventive and restorative efforts by dental health services are often considered the main reasons for the decline in dental caries [6]. Among adults, more individuals now tend to preserve their natural teeth and the proportion of adults with a functional dentition has increased markedly [7-9]. Such changes in oral health status are most often ascribed to the population's changing living conditions and life styles, effective use of oral health services, the implementation of preventive oral care programmes, development of regular selfcare practices and use of fluoride toothpaste [10, 11]. Oral health is significantly related to oral health behaviours and their knowledge. Oral health knowledge contributes to

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good oral health, but unless attitudes and habits are developed and put into practice, little will be gained. [16]. In contrast, increasing levels of dental caries have been observed in on several developing countries, especially in those countries where preventive programmes have been not implemented [12]. Oral health status in older people is reflected as a result of oral-health behaviour, oral diseases and their treatment during life. Preservation as many as possible natural teeth in elderly, will be a major challenge for dentists to preserve their teeth and oral health with a greater professional care [18, 19]. Previous studies on oral health habits, knowledge and attitudes of the adult populations have been carried out in urban areas of some provinces [13-15]. The aim of this epidemiological study was to analyse the oral health knowledge, attitude and behaviour among people aged between 30-60. The information gathered from a private hospital serving across a multicultural area of Chennai and servicing patients across various socio economic groups would be vital in providing information regarding the knowledge, attitude and practices regarding public health. Such information would be valuable in formulating dental screening programs aimed at decreasing the incidence and prevention of dental issues in general population [17].

Materials and Methods

It is a questionnaire based study in which oral health knowledge, attitude and behaviour in a people aged between 30-60 are assessed. The participation include 150 samples with 85 male participants and 65 female participants. After data collection, statistical measurements are done with SPSS software.

Questionnaire

Age:

Gender:

1. Frequency of tooth brushing

- a. Seldom or no brushing
- b. Brushing once a day
- c. Brushing at least twice a day

2. Occasion of tooth brushing

- a. Only morning
- b. Only evening
- c. Morning and evening

3. Will you use any dental aid

- a. Dental floss
- b. Mouth wash
- c. Dental pick

4. What is the method of cleaning your teeth

- a. Brush+Toothpaste+dental floss
- b. Brush+Toothpaste
- c. Anyother

5. Time spent on brushing tooth

- a. Less than 3 minutes
- b. 3 minutes or more
- c. Don't remember

6. Use of toothpaste

- a. Non-fluoridated
- b. Fluoridated

7. Method of brushing

- a. Horizontal
- b. Specific brushing methods
- c. No systematic methods

8. Intervals for exchange of toothbrush

- a. 1-3 months
- b. 4-6 months
- c. after damage

9. Preference of type of toothbrush

- a. Colour
- b. Rate
- c. Company

10. Reason for brushing teeth

- a. Clean, bright teeth
- b. Prevalence of caries
- c. Prevalence of bleeding gums

11. Reasons for not brushing teeth

- a. Teeth are not dirty
- b. No such habit from childhood
- c. Don't know of any benefits from brushing

12. Time since last visit to dentist

- a. Less than 1 year
- b. 1-2 years ago
- c. 3 or more years ago

13. Number of times having seen a dentist during lifetime

- a. Never
- b. 1-2times
- c. 3 or more times

14. Reasons for last dental visit

- a. Check up
- b. Scaling
- c. Any other

15. Preventive services received during the past two years

- a. Check up of teeth
- b. Caries prevention measures
- c. Scaling of teeth

16. Do you have following daily habits

- a. Drink tea
- b. Drink coffee or other
- c. No other habits or smoking

17. Frequency of eating sweets

- a. Once a day
- b. 2times or more per day
- c. No sweets

18. If gums are bleeding, what will you do

- a. Go to see dentist
- b. Ignore bleeding

c. Don't know what to do

19. If having signs of tooth decay what do you do

a. Don't care if there is no pain

b. Go and see a dentist only when in pain

c. Don't know what to do

20. How frequently you will wash your mouth after eating

a. Sometimes

b. Always

c. Never

The above mentioned questions have been asked to the participant through the questionnaire. The answers were marked according to the current knowledge about their oral health behaviour and attitude.

Result

This study included a total of 150 participants aged between 30-60 with a mean of 44.03 and standard deviation 9.346.

Among female participants, 4(6.2%) of them are not brushing their teeth. 39(60.0%) of them are brushing once a day. 22(33.8%) of them are brushing twice a day. Among male participants, 4(4.7%) of them are not brushing their teeth. 44(51.8%) of them are brushing once a day. 37(43.5%) of them are brushing twice a day.

Among female participants, 40(61.5%) of them are brushing only in the morning. 2(3.1%) of them are brushing only in the evening. 23(35.4%) of them are brushing both morning and evening. Among male participants, 40(47.1%) of them are brushing only in the morning. 5(5.9%) of them are brushing only on the evening. 40(47.1%) of them are brushing both morning and evening.

Among female participants, 19(29.2%) of them are using dental floss. 32(49.2%) of them are using mouthwash. 14(21.5%) of them are using dentalpick. Among male participants, 29(34.1%) of them are using dental floss. 39(45.9%) of them are using mouthwash. 17(20.0%) of them are using mouth pick.

Among female participants, 21(32.3%) of them are using dental floss, toothpaste, toothbrush. 28(43.1%) of them are using toothbrush, toothpaste. 16(24.6%) of them are using any dental aids. Among male participants, 34(40.0%) of them are Using dental floss, toothpaste and toothbrush. 33(38.8%) of them are using toothpaste and toothbrush. 18(21.2%) of them are using any other dental aids.

Among female participants, 14(21.5%) of them are spending less than 3 minutes for brushing. 29(44.6%) of them are spending more than 3 minutes for brushing. 22(33.8%) of them are don't remember their time spending on brushing. Among male participants, 20(23.5%) of them are spending less than 3 minutes for brushing. 36(42.4%) of them are spending more than 3 minutes for brushing. 29(34.1%) of them are don't remember their time spending on brushing.

Among female participants, 20(30.8%) of them are using non-fluoridated toothpaste. 45(69.2%) of them are using fluoridated

toothpaste. Among male participants, 30(34.1%) of them are using non-fluoridated toothpaste. 55(64.7%) of them are using fluoridated toothpaste.

Among female participants, 12(18.5%) of them are using horizontal methods. 31(47.7%) of them are using specific brushing methods. 22(33.8%) of them are using no systematic methods. Among male participants, (23.5%) of them are using horizontal methods. 35(41.2%) of them are using specific brushing methods. 30(35.3%) of them are using no systematic methods.

Among female participants, 15(22.0%) of them are exchanging the toothbrush at the intervals of 1-3 months. 35(53.8%) of them are exchanging the toothbrush at the intervals of 4-6 months. 15(23.1%) of them are exchanging the toothbrush after damage. Among male participants, 19(22.4%) of them are exchanging the toothbrush at the intervals of 1-3 months. 38(44.7%) of them are exchanging the toothbrush at the intervals of 4-6 months. 28(32.9%) of them are exchanging the toothbrush after damage.

Among female participants, 23(35.4%) of them are choosing the tooth brush according to the colour. 31(47.7%) of them are choosing according to the rate. 11(16.9%) of them are choosing according to the company. Among male participants, 25(29.4%) of them are choosing according to colour. 48(56.5%) of them are choosing according to the rate. 12(14.1%) of them are choosing according to the company.

Among female participants, 41(63.1%) of them are brushing for clean and bright teeth. 9(13.8%) of them are brushing for the prevalence of caries. 15(23.1%) of them are brushing for the prevalence of bleeding gums. Among male participants, 45(52.9%) of them are brushing for clean and bright teeth. 18(21.2%) of them are brushing for the prevalence of caries. 22(35.9%) of them are brushing for the prevalence of bleeding gums. The table is given below.

Among female participants, 37(56.9%) of them are not brushing because of teeth are not dirty. 25(38.5%) of them are not brushing because no such kind of habit from childhood. 3(4.6%) of them are not brushing because of they don't know the benefits of brushing. Among male participants, 38(44.7%) of them are not brushing because of teeth not dirty. 36(42.4%) of them are not brushing because no such kind of habit from childhood. 11(12.9%) of them are not brushing because of they don't know the benefits of brushing. The table is given below.

Among female participants, 23(35.4%) of them are visit the dentist less than 1 year. 31 (47.7%) of them are visit the dentist 1-2 years ago. 11(16.9%) of them are visit the dentist more than 3 years ago. Among male participants, 32 (37.2%) of them are visit the dentist less than year. 38(44.7%) of them are visit the dentist 1-2 years ago. 15 of them (17.6%) are visit the dentist more than 3 years ago. The table is given below.

Among female participants, 13(20.0%) of them are never seen a dentist during lifetime. 27(41.5%) of them are 1-2 times seen a dentist during lifetime. 25(38.5%) of them are 3 or more times during lifetime. Among male participants, 25(29.4%) of them are never seen a dentist during lifetime. 35(41.2%) of them are 1-2 times seen a dentist during lifetime. 25(29.4%) of them are 3 or more times during lifetime. The table is below.

Among female participants, 21(32.3%) of them are seen a dentist for check up. 37(56.9%) of them are seen a dentist for scaling. 7(10.8%) of them are seen a dentist for any other treatments. Among male participants, 21(24.7%) of them are seen a dentist for check up. 39(45.9%) of them are seen a dentist for scaling. 25(29.4%) of them are seen a dentist for any other treatments. The table is below.

Among female participants, 15(23.1%) of them are received the check up during past two years. 23(35.4%) of them are received the caries prevention measures during past two years. 27(41.5%) of them are received the scaling during past two years. Among male participants, 22(25.9%) of them are received the check up during past two years. 28(32.9%) of them are received the caries prevention measures during past two years. 35(41.2%) of them are received the scaling during past two years. The table is below.

Among female participants, 43(66.2%) of them are having the habit of drinking tea. 13(20.0%) of them are having the habit of drinking coffee. 9 of them are having any other habits. Among male participants, 33(38.8%) of them are having the habits of drinking tea. 30(35.5%) of them are having the habit of drinking alcohol. 22(25.9%) of them are having the habit of smoking with the percentage. The table is below.

Among female participants, 19(29.2%) of them are having habit of eating sweets once a day. 18(27.7%) of them are having the habit of eating sweets 2 times per a day. 28(43.1%) of them are not having the habit of eating sweets. Among male participants, 19(22.4%) of them are having habit of eating sweets once a day. 32(37.6%) of them are having the habit of eating sweets 2 times per a day. 34(39.0%) of them are not having the habit of eating sweets. The table is below.

Among female participants, 24(36.9%) of them are go and see a dentist if gums are bleeding. 29(44.6%) of them are ignore bleeding. 12(18.5%) of them don't know what to do if gums are bleeding. Among male participants, 24 (28.2%) of them are go and see a dentist if gums are bleeding. 46(54.1%) of them are ignore bleeding. 15(17.6%) of them don't know what to do if gums are bleeding. The table is given below.

Among female participants, 17(26.2%) of them don't care if there is no pain. 24(46.2%) see the dentist only when in pain. 18(27.7%) of them don't know what to do. Among 85 male participants, 27(31.8%) of them don't care if there is no pain. 30(32.9%) of them go and see the dentist only when in pain.

Among female participants, 18(27.7%) of them sometimes wash their mouth after eating. 32(49.2%) of them always wash their mouth after eating. 15(23.1%) of them never wash their mouth after eating. Among male participants, 21(24.7%) of them sometimes wash their mouth after eating. 45(52.9%) of them always wash their mouth after eating. 19(22.7%) of them never wash their mouth after eating.

Discussion

Dental care is the maintenance of healthy teeth. Oral hygiene is the practice of keeping the mouth and teeth clean to prevent

dental problems, most commonly, dental cavities, gingivitis, periodontal (gum) diseases and bad breath. There are also oral pathologic conditions in which good oral hygiene is required for healing and regeneration of the oral tissues. These conditions include gingivitis, periodontitis, and dental trauma, such as subluxation, oral cysts, and following wisdom tooth extraction. The practice of cleaning the human mouth and human teeth has been known to be completed in different ways, most common of all is tooth brushing. Brushing ones teeth has been a dental care concept for many years, known to have been observed in the ancient Egyptians. The act of toothbrushing normally consists of two tools, a toothbrush, and toothpaste. A toothbrush consists of a handle which has fiber bristles on one end, this brush is used scrub the teeth. Toothpaste is a gel paste often applied to the toothbrush to enhance oral hygiene, toothpastes have also been known to have another usage, which is to beautify teeth.

The main component of the oral hygiene are brushing, flossing and mouthwash. Tooth brushing is a form of hygiene, in which a person cleans their teeth with a toothbrush.

Brushing teeth properly can prevent cavities, and periodontal, or gum disease, which causes at least one-third of adult tooth loss. If teeth are not brushed correctly and frequently, it could lead to the calcification of saliva minerals, forming tartar. Tartar hardens (then referred to as 'calculus' if not removed every 24 hours. Poor dental health has been associated with heart disease and shortened life expectancy. Most of them are brushing once a day.

The use of dental floss is an important element of oral hygiene, since it removes plaque and decaying food remaining stuck between the teeth. This food decay and plaque cause irritation to the gums, allowing the gum tissue to bleed more easily. Acidic foods left on the teeth can also demineralise teeth, eventually causing cavities. Flossing for a proper inter-dental cleaning is recommended at least once per day, preferably before brushing so fluoride toothpaste has better access between teeth to help remineralise teeth, prevent receding gums, gum disease, and cavities on the surfaces between the teeth. For some people, flossing might be recommended after every meal. They are not using any dental aids.

Mouthwash, mouth rinse, oral rinse or mouth bath, is a liquid which is held in the mouth passively or swilled around the mouth by contraction of the perioral muscles and/or movement of the head, and may be gargled, where the head is tilted back and the liquid bubbled at the back of the mouth.

Usually mouthwashes are an antiseptic solution intended to reduce the microbial load in the oral cavity, although other mouthwashes might be given for other reasons such as for their analgesic, anti-inflammatory or anti-fungal action.

The most common use of mouthwash is commercial antiseptics which are used at home as part of an oral hygiene routine. Some manufacturers of mouthwash state that antiseptic and anti-plaque mouth rinse kill the bacterial plaque which causes cavities, gingivitis, and bad breath. Anti-cavity mouth rinse uses fluoride to protect against tooth decay. It is, however, generally agreed that the use of mouthwash does not eliminate the need for both brushing and flossing. The American Dental Association asserts that regular brushing and proper flossing are enough in most cases,

although they approve many mouthwashes that do not contain ethanol (in addition to regular dental check-ups) [5]. For many patients, however, the mechanical methods could be tedious and time-consuming and additionally some local conditions may render them especially difficult. Chemotherapeutic agents, including mouthrinses, could have a key role as adjuncts to daily home care, preventing and controlling supragingival plaque, gingivitis and oral malodor. Another common use of mouthwash is prior to and after oral surgery procedures such as tooth extraction. The number of mouthwash variants in the U.S. has grown from 15 (1970) to 66 (1998) to 113 (2012).

Conclusion

The general inference obtained from this study is that most of the study samples do not brush twice a day or use any of the dental aids, are not aware of the time devoted to brushing, do not select the brush according to the quality are not aware of the initial signs of poor oral hygiene and only visit a dentist when symptomatic.

Therefore awareness in this area of lacunae would be welcome through media measures.

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