

## Patients' Oral Hygiene Abilities and Techniques in Relation to Explanatory Variables Aspects

Ray Jones\*

Department of Basic Sciences, New York University, U.S.A

### Abstract

The most common dental conditions affecting members of the Indian community include periodontal disorders, dental caries, malocclusions, and oral cancer. Between April 1 and April 30, 2013, 224 patients who were seen in the general OPD of the SSKM Hospital in Kolkata, India, participated in a cross-sectional study. A pre-made, pre-tested semi-structured timetable served as the study aid. The research population's oral health knowledge and habits need to be improved.

**Keywords:** Dental conditions; Periodontal disorders; Oral cancer; Malocclusions

### Introduction

Due to their higher prevalence and negative consequences on a person's quality of life, oral diseases are a significant public health concern. WHO: "Promotion of oral health is a cost-effective method to lower the burden of oral illness and maintain oral health and quality of life. Among the most common dental conditions affecting people worldwide as well as in the Indian community are periodontal diseases, dental caries, malocclusions, and oral cancer [1]. In India, dental caries, which can affect 60–80% of youngsters, is a serious public health issue. In this nation, oral cancer has also long been a significant issue. Genetic susceptibility, developmental issues, poor oral hygiene, and traumatic events can all be etiological factors for various oral disorders. By promoting oral health-related education, the general public's attitudes and behaviours can be improved, reducing the risk of many of these diseases on an individual and societal level. For instance, efficient tooth and gum cleansing requires thorough brushing [2]. In India, preventive dental care is scarce in urban regions and nearly non-existent in rural ones. Therefore, it is crucial to combat oral disorders as a preventive measure, putting a special emphasis on health promotion and education, which should be given top priority.

According to the Indian Dental Association's 2005 National Oral Health Survey, just 50% of Indians use a toothbrush, and only 2% of people go to the dentist [3]. Gum disease affects 95% of the country's population. The majority of Indians are ignorant that maintaining good dental health is crucial for improving overall health, elevating self-esteem, quality of life, and job performance in addition to ensuring escape from the pain and suffering brought on by oral health issues.

Oral health is crucial for overall health and wellbeing, according to the National Oral Health Program, a project of the IDA. The IDA's goal of achieving ideal oral health by 2020-which targets the "hidden pandemic of oral diseases"-is embodied in this initiative [4]. To combat the rising morbidity caused by oro-dental issues in the nation, the National Oral Health Care Program was introduced as a pilot project in 1999. Primary prevention through raising awareness is the major goal of this approach. The National Institute of Health and Family Welfare examined the experiment in 2004. In addition to these measures, the National Cancer Control Program addresses the issue of oral malignancies nationally. The eleventh five-year plan's recommended tactics include monitoring dental public health through the National, State, and District Oral Health Cells, developing a Basic Package on Oral Health for the nation and implementing it, developing manpower and

infrastructure, and creating capacity [5]. With this context in mind, the current study's goals were to determine any associations between oral hygiene practises and sociodemographic profiles and patient awareness of and behaviour related to oral hygiene among those presenting to the SSKM hospital's General OPD.

### Materials and Methods

At the General Outpatient Department of the SSKM Hospital in Kolkata, India, a cross-sectional observational, descriptive, hospital-based epidemiological study was carried out on patients. Data was gathered for a month. The study tool was a 16-item, self-constructed semi-structured timetable that had been previously devised and tested [6]. The schedule contained details about the patient's sociodemographic profiles, such as age, gender, domicile, education, occupation, and socioeconomic status as determined by the modified B. G. Prasad Scale. Exit interviews were conducted as part of the study, either with the patient or, in the case of patients under the age of 18, with their accompanying guardians.

The Department of Community Medicine manages the SSKM Hospital's general OPD, which is open three days a week from 9 am to 2 pm. Approximately 110 patients are enrolled each month on average. For this study, there were 13 days available, and an average of 17 patients could be interviewed each day. 224 patients were therefore examined. After another, patients were picked at random.

### Data collecting technique

The schedule was created in advance of the study in cooperation with three subject-matter experts, and pre-testing was done to ensure its validity [7]. The required repair and modification was then included in the schedule. Patients were made aware of the investigation's goal and given assurances regarding its secrecy. The information was gathered using the exit interview procedure after receiving verbal approval. It

\*Corresponding author: Ray Jones, Department of Basic Sciences, New York University, U.S.A, E-mail: rayjones43@gmail.com

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took 15 to 20 minutes on average to fill the timetable.

Based on their answers to questions about oral hygiene habits, the general practises for oral hygiene were evaluated. Correct responses received a value of one (1), while untrue responses received a value of zero (0). Based on the overall outcome and the associated mean value of the responses, it was classified as "good" or "not good". Scores above the mean were labelled as "excellent practise," while scores below the mean were deemed to be "not good practise." The scores and independent factors were then cross-tabulated to look for any potential relationships [8, 9]. Good dental hygiene habits include using a toothbrush and toothpaste, brushing at least twice daily, brushing in the morning and at night, using mouthwash, and visiting the dentist within the last six months. Unhealthy habits include not using a toothbrush or toothpaste, brushing less frequently than twice daily, brushing only in the morning, or at sleep, or at any time, not using mouthwash, and missing a dental appointment during the previous six months.

**Ethics clearance:** The SSKM Hospital's Institutional Ethical Committee gave this study the green light. Epi Info and SPSS software were used to compile and conduct statistical analysis on the data that were entered into a Microsoft Excel worksheet [10]. The Pearson's Chi-square test statistic was used to examine the relationship between the category variables. Additionally, the odds ratio was computed. Statistical significance was defined as a p-value less than 0.05.

## Results

With a mean age of 40.75 years, the 224 study individuals ranged in age from 16 to 67. The age range of 20 to 40 years represented by 51.89% of the sample population was the largest age range. Males made up 74.11% of the population; they also made up 77.68% of the population in rural areas; 25.89% of them were skilled workers; and 15.18% were illiterate [11]. 24.18% of people had a socioeconomic category that was classified as Class II on the modified B. G. Prasad classification.

The majority of the study participants, or 69.20%, cleaned their teeth manually with toothpaste or tooth powder, followed by using a toothbrush and toothpaste combined. About one-third of the participants cleaned their teeth twice a day, whereas 58.93% did so only once. More over 50% of the participants did their teeth cleaning in the morning, with 33.03% doing it both in the morning and at bedtime. Additionally, 59.38% of the patients had not seen a dentist in the six months before to the study, 9.82% of the subjects did not have a regular schedule for brushing their teeth, and 91.07% of the subjects did not use mouthwash [12, 13]. Following poor breath and gum disease, about three-fourths of the individuals cited tooth decay as a result of neglecting to properly brush their teeth. Furthermore, 73.21% of the participants attributed poor tooth health to smoking, pan chewing, gutkha, and other tobacco products. Moreover, 71.42, 70.53, and 63.39% of the participants named excessive sweets, alcohol, and cold drinks as unhealthy dietary items.

## Discussion

It is challenging to define oral health-related quality of life because it is a nebulous, abstract, subjective, individual, and multifaceted notion with no distinct boundaries between its various elements. Additionally, as culture and societal expectations alter as a result of a variety of circumstances, it changes both within and between demographic groupings [14]. We decided to do this study because there is a dearth

of information on adult populations' awareness of dental health issues, oral health-related habits, and behaviours in India.

## Conclusion

The findings of this study indicate that the study population's oral health knowledge and habits need to be improved. Simple education can prevent the aforementioned oral hygiene issues, which is a more affordable solution than having expensive dental procedures. Periodic oral health awareness campaigns should be carried out at the school, college, university, and community levels. At each of these levels, primary care physicians hold a major role and responsibility because of their interactions with patients and families, which make them more approachable and acceptable. In order to prevent oral health issues, dental practitioners, dental marketing agencies, and the media may work with the government to increase public awareness of oral hygiene and encourage better knowledge, attitudes, behaviours, and practises.

## Conflict of Interest

None

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