International Journal of Science and Research (IJSR)
ISSN: 2319-7064
ResearchGate Impact Factor (2018): 0.28 | SJIF (2018): 7.426

A Study to Assess the Knowledge on Oral Health among the Patient who attending Dental Outpatient Department (OPD) in SMCH

Muthulakshmi[1], Saranyaselvam[2]

Associate Professor of Obestrical and Gynecological Nursing, Saveetha College of Nursing, SIMATS, Chennai, India

B.Sc (Nursing) IV year, Saveetha College of Nursing, SIMATS, Chennai, India

Abstract: ***Oral health as " a state of wellbeing free from chronic mouth and facial pain , oral and throat cancer , oral infection ,gum disease , tooth decay , tooth loss and other disease and disorders that limit an individual capacity in biting , chewing , smiling , speaking and psychosocial wellbeing. Experimental research design was adopted with 60 samples who matched the inclusion criteria were selected by convenience sampling technique. Demographic variables were collected by using multiple choice questionnaires. The result shows that there is a significant of the study asses the level of knowledge in oral health."Hence the study aimed to assess the knowledge on oral health among the patient who attending dental OPD".***

Keywords: Oral Health, Dental outpatient

1. Introduction

"Remember, your smile may be the brightest part of someone's day! ''

-Pos

Oral health as " a state of wellbeing free from chronic mouth and facial pain ,oral and throat cancer , oral infection ,gum disease , tooth decay , tooth loss and other disease and disorders that limit an individual capacity in biting , chewing , smiling , speaking and psychosocial wellbeing ."

World health organization (WHO) had declared the theme "oral health for a healthy life" on world health day in 1994.The collective goals of WHO is the accomplishment of an attitude of health that lead a fruitful life in socio economic context by all citizens of the world.

Oral health is a highly personalized concept, the awareness of which highly relies on an individual cultural & socio-economic status. It can be defined as a Standard of health in the oral & related tissues, which enables am individual to eat, speak and socialize without active disease, discomfort or embarrassment and which contributes to general wellbeing.

A dental disease are the most prevalence chronic disease worldwide and costly burden to health care services .the treatment of dental disease is expensive, according for between 5% to 10% of total health care expenditures in outpatient department in most developing low income countries ,the prevalence rate of dental care is high and more than 90% of caries untreated. An estimate 5 billion people worldwide suffer from dental caries

WHO suggest that clinical oral health survey should be conducted regularly every five or six years in the same community or setting, In other words surveillance provider a means of ongoing collections, analysis and interpretation of population data and the timely dissemination of search data to health author or planner of public health programme.

Growing up most oral hygiene habits are developed early in life, it is very important that from day one children, teenager, as well as adults create and practice good oral hygiene to avoid the many effects of bad oral hygiene.

The oral cavity is considered as mirror of the body and the door way to good health. Oral hygiene has been considered as a risk indicator, risk factor & risk predictor for various oral problems. Keeping a healthy oral profile requires joint effort from the dentist as well as the patient himself. One of the most important factors that decide the dental health of a population is the outlook of its people toward their dentition.

Knowledge on oral health has been cited as an important factor which determines individual overall health which affects physical and psychological and social wellbeing. Chronic disease such as diabetes, obesity and caries which share common risk factors are on an increase in developing countries leading to poor quantity of dental as well as health.

Oral disease is considered to be a public health problem due to its high prevalence and significant social impact. Literature in the past has found that the dental disease level are associated with cultural differences, low economic status, lower educational level, inadequate oral health knowledge, improper oral hygiene, less dental visit and high cardiogenic diet. Lack of information is one of the reason for non adherence to oral hygiene practice

General and guidelines suggest brushing twice a day .after breakfast and before going to bed, but daily the mouth would be cleaned after every meal. Cleaning between the teeth is called inter dental cleaning and it as important as tooth brushing .this is because a toothbrush cannot reach between the teeth and therefore only removes about 50 % of plaque off the surface .there are many tools to clean between the teeth, including floss, flossetetes, and internal brushes; it is up to each individual to choose which tool he or she prefer to use.

The national oral health survey conducted by the Indian dental association in 2017 highlighted that more than 90% of the population in India suffer from gum disease of which only 40% use at tooth brush and just 2% of the population visit dentist. Although many studies have been carried out to evaluate the knowledge of people about oral health, there is a still dearth of education regarding the same, especially for rural people who make up for more than 70% of the population in India.

The present study showed that educational level of the study subjects is directly proportional to the knowledge possessed by him/her practices toward his health. About 62% of the study subjects believe that oral health problems have nothing to do with the systemic problems, we as dental health professionals understand that a core group of risk factors are common to many chronic disease and injuries.

India sixth biggest country by area is the second most population country. Factors contributing to the steady rise in prevalence of periodontal disease include poor oral health awareness annual health budget is 2% of gross national product but no specific budget is earmarked for oral health

Oral health knowledge considered to be an essential prerequisite for health related behavior. Although only a weak association exists between knowledge and behavior in cross sectional studies that establish an association between knowledge and better oral health. Oral disease present a major public health problem .about 20% of school children worldwide and most adults have experienced caries, with the disease being most prevalent in Asia and Latin American countries recent research in quart showed that caries prevalence is very high (85%) among school children. To overcome the high prevalence of dental caries in Qatar, the need for community oriented preventive programs is emphasized. Oral health education is an integral part of the programs. Oral health education is believed to be a cost effective method for promoting oral health if done through schools, where all school children irrespective of their socioeconomic status or ethnicity can be reached.

Mandal A conducted a study on 2017 The national oral health survey conducted by the Indian dental association in 2005 highlighted that 95 % of the population in India suffer from gum disease, only 50 % use a tooth brush, and just 2% of the population visit the dentist .preventive dental care is almost absent in the rural areas and very limited in the urban areas of India. It is therefore, vital to fight oral disease with a preventive approach, with the focal point on health education and promotion, which should be given prime importance To create such oral health education, the assessment of knowledge and attitude is essential. Knowledge and attitude is essential. Knowledge means that the individual has all data necessary to understand what oral disease is and how it arises, as well as to understand the protective measures that need to be adopted .this knowledge will, in theory, lead to a change in attitude which will in turn lead the individual to make changes in their daily life. Thus in this case of dental caries, thus individual knows that incorrect brushing may cause carries, and this information generates a positive attitude towards daily brushing and thus change in brushing behavior.

Lower levels of health literacy are associated with a lower understanding of the importance of prevention and maintenance and consequently, inferior health during the past twenty years, there has been a dramatic education in the prevalence of dental caries in children and adolescent, which has been mainly due to changes in living conditions, implementation of healthy life styles, effective use of fluoride, enhanced self-care practices, and establishment of preventive oral care programs.

Whilst several intervening factors between health literacy and oral health outcomes have been identified, knowledge remains a key component of health literacy that has received little attention. The aims of this study were to determined levels of oral health knowledge and health behavioral adult UAE residents, and the relationship between these variables and oral health .we addressed these aims by identifying recognized risk factored that are associated with oral health ,such as health related habits, and consequences of poor oral health practice. Lack of knowledge and dental care. Also, there are active caries related to sugar intake. Correcting the damaged restoration, active caries, and disease would help to retain less biofilm .the patient may also want to consider altering the substance and frequently of her diet to help control the ph level of the oral cavity and prevent the need for future restoration

2. Objectives

- To assess the knowledge regarding oral health among the patient attending dental outpatient department.
- To associate between demographic variables and level of knowledge on oral health among patient attending dental OPD

3. Methods and Materials

The research approach adopted in the study was quantitative research approach. The Official permission was obtained IRB (institutional research board) Saveetha College of nursing, Saveetha institute of medical and technical science to collect the study. The study was conducted at saveetha dental outpatient department (OPD) at Thandalam from (24.4.2019) to (28.4.2019), after obtaining the permission from the

authority of the department , the purpose of the study was explained to the sample and written consent was obtained . Totally 60 outpatient were selected by using convenience sampling technique. the data was collected by using personal information from which includes baseline demographic characteristics of outpatient (age , gender , religion , education qualification, occupation ,monthly income , residence ,marital status ,habit of tobacco ,family history of oral health) were collected spend by the investigator for outpatient department was approximately daily 2 hours 30 samples were interviewed by structured questionnaires the collected data were analyzed by descriptive statistics.

4. Result and Discussion

Table I

Shows that out of 60samples, 23 (38.3%) belongs to the age group 2030 year. Regarding gender, 37(61.6%) to males and 23 (38.3%) belongs to female. Regarding religion, 31(51.6) belongs to Hindu , 14 (23.33%) belongs to Christian ,15 (25%) belongs to Muslim, regarding education qualification, non-formal education 16 (26.66%) belongs to primary education 19 (31.66%) belongs to secondary education 10 (16.66 %) belongs to higher secondary 10 (16.66%) belongs to graduate 5(8.33%), regarding occupation, Unemploye 7(11.6%), coolie 29(48.33%), government employee 7 (11.6%%) , private employee 10(16.66%), student 7 (11.6%) regarding monthly income 8 (13.33%) less than 3000, of above 3000400015 (25%), of above 4000500016 (26.66%),of above 5000 21 (35%). regarding residence rural 27 (45%), urban 22 (36.6%), sub urban 11(18.33%). Regarding marital status, married 32(53.33%), unmarried11(18.33%), widow 9(15%), separated 8 (13.33%) . regarding habit of tobacco , smoking tobacco 27 (45%), smokeless tobacco 22(36.66%) , both 11 (18.33%) . regarding family history of oral health , paternal side 20(33.3%), maternal side 25(41.66%), sibling 5(8.33%) ,none 10 (16,66%).

Table 2: Distribution of Level of Knowledge on Oral Health among the Patient who Attending Dental OPD

S. No	Level of Knowledge	Frequency	Percentage
1.	Inadequate	20	33.3%
2.	Moderate	30	50%
3.	Adequate	10	16.6%

Table 3: The Association between the Demographic Variable and the Knowledge on Oral Health among the Patient Who attending the Dental OPD

DEMOGRAPHIC VARIABLES	Inadequate		Moderate		Adequate		Chi Square Value
	N	%	N	%	N	%	
1.AGE							
a.20-30 Years	12	20%	9	15%	2	3.3%	X^2=57.560
b.30-40 Years	7	11.6%	8	13.3%	0	0%	(df=6)
c.40-50 Years	1	1.6%	13	21.6%	0	0%	P=0.000
d.above60 Years	0	0%	0	0%	8	13.3%	S
2.GENDER							X^2=4.30
a .Male	16	26.6%	16	26.6%	5	8.3%	(df=2)
b .Female	4	6.6%	14	23.3%	5	8.3%	P=0.1164
							S
3.RELIGION							X^2=4.225
a. Hindu	12	20%	13	21.6%	6	10%	(df=4)
b. Christian	2	3.3%	9	15%	3	5%	P=0.3763
c. Muslim	6	10%	8	13.3%	1	1.6%	S
4.EDUCATION							
a. Non Formal	7	11.6%	5	8.3%	4	6.6%	X^2=12918
b. Primary	7	11.6%	9	15%	3	5%	(df=8)
c. Secondary	0	0%	9	15%	1	1.6%	P=0.1147
d. Higher secondary	5	8.3%	3	5%	2	3.3%	S
e. Graduated	1	1.6%	4	6.6%	0	0%	
5.OCCUPATION							
a. Unemployee	1	1.6%	6	10%	0	0%	X^2=15.442
b. Coolie	10	16.6%	10	16.6%	9	15%	(df=8)
c. Government Employee	1	1.6%	6	10%	0	0%	P=0.0511
d. Private Employee	3	5%	4	6.6%	1	1.6%	S
e. Student	5	8.3%	4	6.6%	0	0%	
6.MONTHLY INCOME							
a. Less than 3000	3	5%	3	5%	2	3.3%	X^2=14.23
b. 3000 to 4000	1	1.6%	12	20%	2	3.3%	(df=6)
c. 4000 to 5000	7	11.6%	9	15%	0	0%	P=0.0272
d. Above 5000	9	15%	6	10%	6	10%	S
7.RESIDENCE							
a. Rural	9	15%	16	26.6%	2	3.33%	X^2=6.170
b. Urban	7	11.6%	8	13.3%	7	11.6%	(df=4)

c. Sub Urban	4	6.6%	6	10%	1	1.6%	P=0.1868
							S
8.MARTIAL STATUS							
a. Married	11	18.3%	15	25%	6	10%	X^2=7.47 4
b. Unmarried	2	3.3%	7	11.6%	0	0%	(df=6)
c. Widow	4	6.6%	4	6.6%	4	6.6%	P=0.02792
d. Separated	3	5%	4	6.6%	0	0%	S
9.HABIT OF TOBACCO							X^2=0.574
a. Smoking Tobacco	9	15%	13	21.6%	5	8.3%	(df=4)
b. Smokeless Tobacco	7	11.6%	11	18.3%	4	6.6%	P=0.9659
c. Both	4	6.6%	6	10%	1	1.6%	NS
10. HSTORY OF ORAL HEALTH							
a. paternal side	10	16.6%	8	13.3%	2	3.3%	X^2=6.760
b. maternal side	4	6.6%	15	25%	6	10%	(df=6)
c. sibling	2	3.3%	2	3.3%	1	1.6%	P=0.3436
d. none	4	6.6%	5	8.3%	1	1.6%	S

References

[1] Athanase Emmanuel, Elizabeth Chang'endo (2010) Oral health related behaviour, knowledge, attitudes and beliefs among secondary school students in Iringamunicipality.DMSJ17:24-30.
[2] Sara Håkansson, Annika Sturesson (2010) Oral hygiene experience, knowledge of oral health and oral diseases and attitudes about oral health care-A questionnaire study among students of nursing in Zambia.
[3] Rabiei S, Mohebbi SZ, Patja K, Virtanen JI (2012) Physicians' knowledge of and adherenceto improving oral health. BMC Public Health 12:855.
[4] Mohammad Abdul Baseer, Mohammed SulimanAlenazy, Mohammad AlAsqah, MansoorAlGabbani, AleemullahMehkari (2012) Oral health knowledge, attitude and practices among health professionals in King Fahad Medical City, Riyadh. Dent Res J (Isfahan) 9: 386- 392.
[5] Attaullah, Misri Khan, Ayyaz Ali Khan (2010) Oral health related knowledge, attitude and practices among patients – a study. Pakistan Oral & Dental Journal 30:186-19.
[6] Hossain Neamatollahi, MasoumehEbrahimi, Maryam Talebi, Mana H, Ardabili, et al. (2011) Major differences in oral health knowledge and behaviour in a group of Iranian pre-university students: a cross-sectional study. Journal of Oral Science 53:177-184.
[7] Joan Earle Hahn, Leah FitzGerald, Young KeeMarkham, Paul Glassman, Nancy Guenther (2012) Infusing Oral Health Care into Nursing Curriculum: Addressing Preventive Health in Aging and Disability. Hindawi Publishing Corporation, Nursing Research and Practice.
[8] Mohammad Sami Ahmad, Ahmed Bhayat, Khalid H. Al-Samadani, ZiadAbuong (2013) Oral health knowledge and practice among administrative staff at Taibah university, 9. Madina, KSA. Eur J Gen Dent 2:308-311.
[9] Khami MR, Virtanen JI, Jafarian M, Murtomaa H (2007) Prevention-oriented practice of Iranian senior dental students. Eur J Dent Educ 11:48-53.
[10] OstbergAL,HallingA,LindbladU(1999)Genderdifference sinknowledge,attitude,behavior and perceived oral health among adolescents. ActaOdontolScand 57:231-236.
[11] Fukai K, Takaesu Y, Maki Y (1999) Gender differences in oral health behavior and general health habits in an adult population. Bull Tokyo Dent Coll 40:187-193.
[12] Timmerman EM, Hoogstraten J, Meijer K, Nauta M, Eijkman MA (1997) On the assessment of dental health care attitudes in 1986 and 1995, using the dental attitude questionnaire. Community Dent Health 14:161-165.
[13] Doshi D, Baldava P, Anup N, Sequeira PS (2007) A comparative evaluation of self-reported oral hygiene practices among medical and engineering university students with access to health- promotive dental care. J Contemp Dent Pract 8:68-75.
[14] Mahajan, BK. Social environment. Textbook of preventive and social medicine. 1st ed. New Delhi; Jaypee Brothers Medical Publishers; 1991. p.82-87.