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Research Article

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# AWARENESS ABOUT ORAL HYGIENE MAINTAENANCE AMONG CHENNAI POPULATION

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## **ABSTRACT**

Objective: The study was carried out to assess the patients view regarding oral hygiene maintenance. Methods: A cross sectional study was carried out amongst the patients, around 60 patients were selected and a self constructed questionnaire was presented to them. Responses from the patients were evaluated in terms of numbers and percentages and statistically also they were significant (p<0.005). Results: The results of the study showed that patients lack in Maintaiaing their oral hygiene and they also have awareness about habits affecting the oral hygiene. However there is still awareness to be created among patients regarding interdental cleaning, brushing and frequent dental visits. Conclusion: There is an need for comprehensive educational programs

to promote good oral hygiene among public.

### **INTRODUCTION**

Oral hygiene is the practice of keeping ones mouth clean and free of disease and other problems by regular brushing the teeth and cleaning between teeth which is important to be carried out on a regular basis to enable prevention of dental diseases and bad breath. Oral diseases are a major health concern owing to high prevalence and their effects on the individual quality of life<sup>[1]</sup> The possible etiological factors leading to these oral diseases are genetic predisposition, poor oral hygiene and traumatic incidents<sup>[2]</sup> Oral hygiene behaviour and seeking oral health care depend on a number of factors. Lack of information is among the reasons for non adherence to oral hygiene practices. Further, oral health attitude and beliefs are significant for oral health behaviour.<sup>[3]</sup> Keeping a healthy oral profile requires joint efforts

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. <sup>[4]</sup> Although many studies have been carried out to assess the knowledge and behaviour of people about oral health, there is still a dearth of education regarding the same especially for rural people, who make up for more than 70% of the population in India. <sup>[6]</sup> well. Oral diseases are primarily considered behavioural diseases, thus adopting healthy habits is essential to control them. Furthermore, even the people living in cities, in spite of having easy access to dental care, fall prey to dental diseases due to their negligence in dietary habits and unhealthy life-style. <sup>[7]</sup> Therefore the present study was conducted to assess the patients view regarding oral hygiene maintenance.

#### MATERIALS AND METHODS

The cross sectional study was conducted among selected group of people, From the outpatient of department of periodontics in Thaimoogambigai dental college &hospital, Muggapair Chennai. The study was briefed to the patients and consent was obtained from the patients ethical committee approval was obtained from the university. The study was conducted by distributing a self-constructed questionnaire consisting twenty questions in English among 60 patients 22 male and 39 female aged 30 years below and above (Table 1).

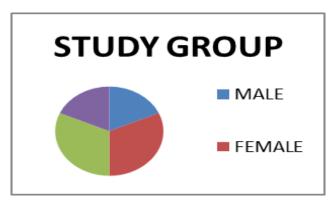


Table 1.

The main topics in questionnaire were regarding the frequency of brushing, method of brushing, time taken, kind of brush they use frequency of changing their brush, use of cleaning aids, cleaning tongue, their view regarding brushing, oral habits relating to oral hygiene, view regarding oral hygiene, dental visit, scaling and necessity to visit a dentist. Among the reviewed population females were more.

#### **RESULTS**

The data was first transferred to Microsoft Excel and then the results were analysed by using V 21 software in terms of percentages. Association between discrete variables was tested by chi square test. In all cases, a p<0.05 was considered significant {only few were significant in our study}.

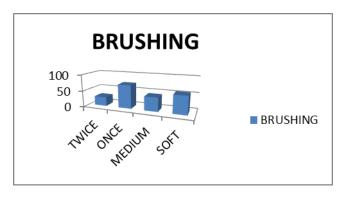


Table 2.

On evaluating the dental awareness, it was revealed that the frequency of cleaning teeth show significant difference among different group of patients (P < 0.05). Majority of patients both males and females preferred to use toothbrush and toothpaste. It was further observed that majority of patients brushed once daily (62.9%) while 24.9% brushed twice daily. (REF TABLE 2) most of the subject used soft brushes (50-70%) for 2mins(48 -51%) and change their brush (45-48%) Once in 3 months. Most people are not using interdental cleaning aids (85-96%) but they are cleaning their tongue(63-79%). Many people think(53-90.9%) that brushing alone is important to maintain oral hygiene. The result also showed about the awareness of certain (72- 97%) oral habits which are harmful to oral hygiene which includes aerated drinks, smoking and chewing gums. Most people visited the dentist once in a year (41-69%). People felt oral hygiene is having white and strong teeth, no pain, no bleeding. No bad odour (79 – 82%) and felt it is necessary to visit a dentist only in pain () most people(50-66%) have not done scaling previously and (22-29%) still feel pressurised to express their problems to dentist.

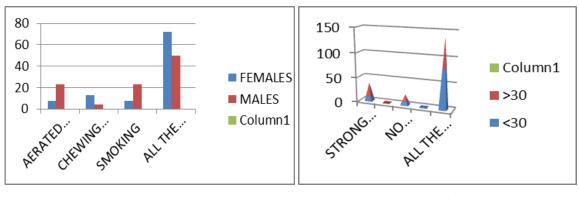
#### **DISCUSSION**

The present study has confirmed the general opinion that people are still unaware of oral hygiene. It has been ignored and not been realized as a major social problem. Preventive oral health care is in transitional stage in India. Population based on oral health promotional programs are yet to be implemented and followed. Hence in this study, attempts were made

to describe the preventive oral knowledge, practice and behaviour of the studied population. Our study has shown very limited knowledge on prevention and preventive dental behaviour.

Brushing was the most commonly used method of teeth cleaning. Out of which, only 24.9% of the participants brushed their teeth twice a day which is very less as compared to United States where 90% of the studied group was doing the same. [9] There is generally a failure in the use of interdental aid as a preventive tool. In a study conducted in Saudi Arabia in 2001, where no subject used dental floss for interdental cleaning, which is similar to our results. [10] due to unawareness. Tongue cleaning was done by 79% of the patients in the present study (REF TABLE 6) which is in contrast with the study done by Jain et al. in which only 20% of the studied population cleaned their tongue. [13] This basic and simple method of maintaining oral hygiene is not very much popular among the population which shows lack of oral health awareness.

Most people feel that brushing alone can maintain a good oral hygiene. This is not true, brushing alone is not sufficient to maintain the oral hygiene. It also requires regular dental visits, use of mouth wash, floss, interdental brush, periodic professional cleaning (scaling). Recommended Oral Self Care (ROSC) includes brushing more than once a day, eating less sugary snacks and use of fluoride tooth paste regularly. Surprisingly they are aware about the habits that affect the oral hygiene like tobacco, aerated drinks, and smoking (REF TABLE 3). Many of them are ready to quit their habit under proper guidance. People still think that a good oral hygiene is about not having pain, bleeding, bad odour, and having a white and strong teeth (ref table 4) and they think that it is important to maintain the oral hygiene. However 50% of the people have not undergone previous scaling. (TABLE 7).



Visiting a dentist is still not considered a preventive dental behaviour, at present it only depends on the treatment needs.<sup>[7]</sup>

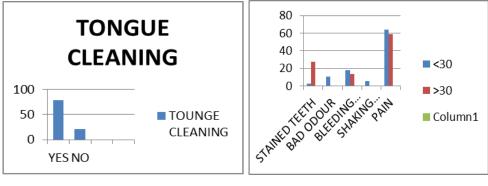


Table 5 Table 6

The present study shows that around 75% of the patients visited the dentist only in case of a problem (ref table 5) and only 20% of the population visited the dentist on regular basis after every 6 months. These results are reliable to the study done by Jain et al. where 54% of the patients visited the dentists when they were in pain. These results also equivocal with the study conducted by Maryln et al. in which 67.9% of the study population reported having had a dental check-up at least once a year in the past 5 years. However 28% of the people feel pressured to express their problems to the dentist which should be overcome through our encouraging and healthy conversation with the patient.

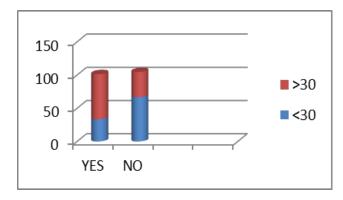


TABLE 7: (Scaling).

#### **CONCLUSION**

Thus we conclude in our study report, stating that people lack oral hygiene awareness and have limited knowledge about the oral hygiene practices regardless of their age and gender. Though they have knowledge regarding the oral hygiene still there are some of the awareness to be created among the patients regarding regular check-ups, cleaning aids, the need to visit

the dentist. Dentists must follow the ROSC as part of maintaining good general health. As dental professionals, they have a responsibility to stress on the public the importance of good oral hygiene practices. We state that there is a urgent need for comprehensive educational programs to promote good oral hygiene and impart education about correct oral hygiene practices.

#### **REFERENCES**

- 1. Butt AM, Ahmed B, Parveen N, Yazdanie N. Oral Health related quality of life in complete dentures. Pak Oral Dent J., 2009; 29: 397-402.
- 2. Tash RH, O'Shea MM, Cohen K. Testing a Preventive- Symptomatic Theory of dental health behavior. Am J Public Health Nations Health, 1969; 59: 514-21.
- 3. Chander Shekar BR, Reddy C, Manjunath BC, Suma S.Dental health awareness, attitude, oral health-related habits, and behaviors in relation to socio-economic factors among the municipal employees of Mysore city. Ann Trop Med Public Health, 2011; 4: 99-106.
- 4. Dagli RJ, Tadakamadla S, Dhanni C, Duraiswamy P, Kulkarni S. Self-reported dental health attitude and behavior of dental students in India. J Oral Sci., 2008; 50: 267-72.
- 5. Kapoor D, Gill S, Singh A, Kaur I, Kapoor P. Oral hygiene awareness and practice amongst patients visiting the Department of Periodontology at a Dental College and Hospital in North India. Indian J Dent, 2014; 5: 64-8.
- 6. Patil AV, Somasundaram KV, Goyal RC. Current health scenario inrural India. Aust J Rural Health, 2002; 10: 129-35.
- 7. Gundala R, Chava VK. Effect of lifestyle, education and socioeconomic status on periodontal health. Contemp Clin Dent., 2010; 1: 23-6.
- 8. Gopinath V. Oral hygiene practices and habits among dental professionals in Chennai. Indian J Dent Res., 2010; 21: 195-200.
- 9. Survey of family tooth brushing practices. Bureau of Dental Health Education. Bureau of Research and Statistics. J Am Dent Assoc, 1966; 72: 1489-91.
- 10. Jamjoom HM. Preventive Oral Health Knowledge and Practice in Jeddah, Saudi Arabia. J KAU Med Sci., 2001; 9: 17-25.
- 11. Löe H. Oral hygiene in the prevention of caries and periodontal disease. Int Dent J., 2000; 50: 129-39.
- 12. Petersen PE. The burden of oral disease: challenges to improving oral health in the 21st century. Bull World Health Organ, 2005; 83: 3.

13. Jain N, Mitra D, Ashok KP, Dundappa J, Soni S, Ahmed S. Oral hygiene - Awareness and practice among patients attending OPD at Vyas Dental College and Hospital, Jodhpur. J Indian Soc Periodontol, 2012; 16: 524-8.