

## Perception and Oral Hygiene Practices

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### Abstract

**Background:** The most common dental conditions affecting members of the Indian community include periodontal disorders; dental caries; malocclusions; and oral cancer.

**Objective:** The goal of the study was to determine how well-aware patients in the general Outpatient Department were of oral hygiene practises; as well as how these practises related to sociodemographic factors (OPD).

**Materials and Methods:** 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.

**Results:** About 69.20 percent of the individuals brushed their teeth with a toothbrush and toothpaste; 35.71 percent did so twice daily; 33.03 percent did so both before bed and after; and 8.93 percent used mouthwash. In the past six months; 40.62 percent of people visited the dentist; of them; 61.18 percent did so due to pain. Nearly three-fourths of the participants were aware that not brushing your teeth might lead to tooth decay and bad breath. The knowledge that excessive sweet; cold drink; alcohol; and smoking/pan chewing were detrimental for dental health was held by 71.42; 63.39; 70.53; and 73.21 percent of the respondents; respectively. 35.71 percent of individuals said they learned things from a dentist; while 57.14 percent got their information from television. Females; literate people; people who lived in cities; people who used mouthwash; people who visited the dentist frequently all had good dental hygiene habits.

**Conclusion:** The research population's oral health knowledge and habits need to be improved.

**Keywords:** Periodontal disorders; Oral hygiene habits; Sociodemographic characteristics

### Introduction

Due to their higher prevalence and negative consequences on a person's quality of life; oral diseases are a significant public health concern. "Promotion of oral health is a cost-effective strategy to lessen the burden of oral disease and sustain oral health and quality of life;" the World Health Organization (WHO) states. 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 significant 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 [2].

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. In India; preventive dental care is scarce in urban regions and nearly non-existent in rural ones [3]. 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 (IDA) 2005 National Oral Health Survey; only 50% of Indians use toothbrushes; and only 2% of people go to the dentist [4]. 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 (NOHP); an IDA programme.

The IDA's goal of achieving ideal oral health by 2020-which targets the "hidden pandemic of oral diseases"-is embodied in this initiative. 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 [5]. 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 [6]. The eleventh five-year plan's strategies call for oral health education; the creation and implementation of a Basic Package on Oral Health (BPOC) for the nation; the development of infrastructure and human resources; capacity building; and the monitoring of dental public health through the National; State; and District Oral Health Cells.

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 (OPD) of the SSKM

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Hospital in Kolkata; India; a cross-sectional observational; descriptive; hospital-based epidemiological study was carried out on patients. Data was gathered for a month (1 April to 30 April; 2013). The study tool was a 16-item; self-constructed semi-structured timetable that had been previously devised and tested [7]. The schedule contained details about the patient's sociodemographic profiles; including their age; gender; place of residence; level of education; occupation; and socioeconomic status as determined by their PCMI (Per Capita Monthly Income); as determined by the modified B. G. Prasad Scale; behaviours; and knowledge (effects of not brushing teeth frequently and the impact of various foods on dental health) (method; frequency; timing of cleaning teeth; use of mouthwash; frequency; and cause of visit to dentist) [8]. 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 from 9 am to 2 pm on Tuesdays; Thursdays; and Saturdays. Approximately 110 patients are enrolled each month on average [9]. 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.

Patients over the age of 12 who were willing to participate; who verbally consented; and who could understand and respond to the questions were included in the study.

Patients with incapacitating illnesses were not allowed to participate in the trial.

### Data collecting process

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. 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 [10]. The information was gathered using the exit interview procedure after receiving verbal approval. It 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" [11]. 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.

### Operational definitions

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 [12].

Ethics clearance: The Institutional Ethical Committee (IEC) of the SSKM Hospital gave its blessing to this investigation.

Statistical analysis: Epi Info (six version) and SPSS (19 version) software were used to compile and evaluate the data that were entered into the Microsoft Excel spread sheet [13, 14]. 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

The 224 participants in the study ranged in age from 16 to 67; with a mean age of 40.75 years (standard deviation 9.18).

51.89 percent of the participants in the survey; or the majority; were between the ages of 20 and 40. Males made up 74.11 percent of the population; while 77.68 percent lived in rural areas. Of the skilled employees; 25.89 percent were male; and 15.18 percent were female [15]. According to the revised B. G. Prasad classification of socioeconomic status; Class II socioeconomic status made up 24.18 percent of the population.

The majority of survey participants-69.20 percent-cleaned their teeth manually with toothpaste or tooth powder (22.32 percent); followed by using a toothbrush and toothpaste combined (69.20 percent). 35.71 percent of the individuals cleaned their teeth twice a day; compared to 58.93 percent who only did so once. 33.03 percent of the subjects cleaned their teeth both before night and in the morning; trailing more than half of the subjects (55.36 percent) who did so [16]. Additionally; 91.07 percent of the subjects did not use mouthwash; 9.82 percent of the individuals did not have a set schedule for brushing their teeth; and 59.38 percent had not seen a dentist in the six months before to the study.

Following foul breath (70.53 percent) and gum disease; around three-fourths (74.11 percent) of the individuals blamed tooth decay on neglecting to properly brush their teeth (68.75 percent). Furthermore; 73.21 percent of the participants attributed negative dental health impacts to smoking; pan chewing; gutkha; and other tobacco products. Additionally; 71.42; 70.53; and 63.39 percent of the participants named excessive sweets; alcohol; and cold drinks as unhealthy dietary products [17-19].

The bulk of the individuals (57.14%) learned about dental health from television; with guidance from dentists coming in second (35.71%); periodicals third (21.97%); and so forth.

38.39 percent (86/224) of the study participants had "excellent oral hygiene practises;" whereas the remaining 61.61 percent had "not very good oral hygiene practises." Furthermore; the chi-square test indicated that there were statistically significant differences (P 0.05) between male; illiterate; rural resident; and lower socioeconomic position (class V) research participants in terms of the number of "positive behaviours" they engaged in [20]. The odds ratio showed those respondents who were female; literate; and from urban areas had oral behaviours that were; respectively; 22.57; 3.39; and 23.05 times better than those of their counterparts. Class I individuals had 2.03 times better practises than individuals from lower socioeconomic class (Class II; III; IV; and V combined).

### Discussion

It is challenging to define oral health-related quality of life since the idea is illusive; abstract; subjective; individual; and multidimensional; with no distinct lines delineating its various components. Additionally; it changes within and between demographic groups as a result of shifting cultural and socioeconomic norms. We decided to conduct

this study in response to the dearth of literature on adult populations' oral health knowledge; habits; and behaviours in India.

The current survey discovered that using a toothbrush and toothpaste to brush one's teeth was the most popular technique for doing so (69.20 percent).

The results of the present study revealed that 35.71 percent of the individuals used to brush their teeth twice daily which are in line with the findings. However; contrasting to the findings of the present study; studies found that only 23.0; 15.4; 22.0; 11.6; and 13.96 percent of participants used to brush their teeth twice daily. According study's only 8.93% of the participants in the current study used mouthwash as a preventative measure for oral hygiene.

However discovered that 64.10 percent of people use mouthwash. The results of the current study (40.62 percent) were in agreement with those in Mysore regarding dental visits. This finding was quite high compared to the studies Jodhpur and Gujarat where only 10.0 and 3.65 percent; respectively; would regularly visit a dentist every six months; even though it was much lower than the findings of Bhat et al. in Bangalore (80.1 percent).

According to over 70% of the subjects; not routinely brushing one's teeth causes oro-dental disorders; which is in line with Similar to the results of the present study also showed that about three-fourth of the individuals were aware of the adverse effects of excessive sweet; cold drinks; alcohol use; smoking/pan chewing/gutkha and other tobacco products on oral hygiene. However; showed that one-third of the participants were aware of it.

According to the results of prior studies; the majority of the individuals (57.14%) learned about oral health from television. However; community-based educational initiatives run by medical professionals in association with print and electronic media would also be successful in raising awareness of the value of good oral hygiene. Family doctors and primary care physicians should take advantage of every opportunity to give health education for the prevention of prevalent dental diseases at the individual and family levels.

When compared to the results of the current study found that 38.39 percent of the individuals practised good oral hygiene (6.2 percent). Similar to the current study; investigations found that literate and higher socioeconomic status participants had considerably good oral hygiene practises.

## 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. By enhancing public awareness of oral hygiene; attitudes; behaviours; and practises; dental professionals; dental marketing agencies; and the media can work with the government to prevent oral health issues.

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## Conflict of Interest

There is no conflict of interest raised by the authors.

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