



## Oral Health and Hygiene Awareness among Patients Attending Private Dental Clinic in Jaipur- A Cross Sectional Study

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### I. INTRODUCTION:

Oral cavity is the gateway to the body. Oral health education always begins with awareness of oral health.<sup>1</sup> World Health Organization (WHO) had declared the theme – “Oral Health for a Healthy Life” on World health day 1994.<sup>2</sup> According to the World Health Organization (WHO), “Promotion of oral health is a cost-effective strategy to reduce the burden of oral disease and maintain oral health and quality of life”<sup>3</sup>. Oral hygiene maintenance is an important factor in a person’s life. It helps in maintaining durability and function of our teeth.<sup>4</sup> Poor oral hygiene often leads to dental caries and tooth loss.

There is a scarcity of education regarding the knowledge and behavior about oral health among general population.<sup>5</sup> A majority of the Indians are unaware of the fact that good oral health not only assures freedom from pain and suffering associated with oral health problems, but is also essential for the overall health improvement and elevation of self-esteem, quality of life, and performance at work.<sup>6</sup> Hygiene is most significant when it comes to prevention of oral diseases. Little is known about oral health attitude and behaviors and practices among people from developing countries.<sup>7</sup> Several studies were done to analyze the knowledge and practices toward oral health among general population.<sup>8,9</sup> They revealed that people had less knowledge and improper practices regarding oral hygiene maintenance. Therefore, the present study

was conducted to assess the awareness about oral health and hygiene among patients attending private dental clinic in Jaipur, India.

### II. METHODS AND MATERIALS:

A cross-sectional study was conducted among patients attending a private clinic at Shastri Nagar, Jaipur, Rajasthan, India. . The objectives of the study were- 1) To assess the oral health awareness among the study population. 2) To know the association between oral hygiene and cleaning the teeth by brushing or any other means. Around 7-10 patients attend clinic on daily basis out of which 5 patients were selected randomly for 1 month which makes sample size of 150. Age of the participants included in the study was above 15 years.

For study, WHO oral health survey questionnaire for adult<sup>10</sup> was used as a study tool. Self administered questions with multiple choices were present in the questionnaire. Purpose of the study is purely academic and it was explained to each participants. Before start of the study verbal consent was taken. About 10 – 15 minutes was given to each patient to complete the questionnaire. All statistical analysis were conducted using Microsoft excel and Epi info7. Statistical differences were examined using chi-square test, and p-value less than 0.05 was considered statistically significant at 95% confidence interval.

### III. RESULTS:

TABLE -01: During the past 12 months, did your teeth or mouth cause any pain or discomfort?

S.No	Options	Frequency	Percentage
1	Yes	71	47.33
2	No	25	16.66
3	Don't know	46	30.66
4	No answer	08	05.33
	Total	150	100.0

Table no. 1 shows that 71(47.33%) of study subjects had pain or discomfort in their teeth



or mouth since past 12 months followed by their condition during past 12 months.  
46(30.66%) who did not know or were unaware of

**TABLE -02: How would you describe the state of your teeth? Is it “excellent”, “very good”, “good”, “average”, “poor”, or “very poor”?**

S.No	Options	Frequency	Percentage
1	Excellent	11	07.30
2	Very good	15	10.00
3	Good	24	16.00
4	Average	46	30.66
5	Poor	23	15.33
6	Very poor	06	04.00
7	Don't know	25	16.66
	Total	150	100.0

In Table no. 2 it can be observed that majority of study subjects, that is, 46 (30.66%) perceived their teeth condition was average. Some 6 (4.00%) study subjects perceived their teeth condition as very poor.

**TABLE -3: How would you describe the state of your gums? Is it “excellent”, “very good”, “good”, “average”, “poor”, or “very poor”?**

S.No	Options	Frequency	Percentage
1	Excellent	17	11.33
2	Very good	10	06.66
3	Good	21	14.00
4	Average	53	35.33
5	Poor	27	18.00
6	Very poor	02	01.33
7	Don't know	20	13.33
	Total	150	100.0

In Table no. 3 it can be observed that majority of study subjects, that is, 53 (35.33%) said the state of their gums was average in condition. Only 2 (1.33%) study subjects perceived the condition of their gums was very poor.

**TABLE -4: How often do you clean your teeth?**

S.No	Options	Frequency	Percentage
1	Once a week	13	08.66
2	2–6 times a week	17	11.33
3	Once a day	107	71.33
4	Twice or more a day	13	08.66
	Total	150	100.0

Majority of the study subjects, that is, 107 (71.33%) cleaned their teeth once a day followed by 17 (11.33%) 2 – 6 times a week and only 13 (8.66%) study subjects cleaned their teeth once a week and twice or more than twice a day each. All this can be observed in Table no. 4.

**TABLE -5: What was the reason of your last visit to the dentist?**

S.No	Options	Frequency	Percentage
1	Consultation/advise	31	20.66
2	Pain or trouble with teeth, gums or mouth	33	22.00
3	Treatment/ follow-up treatment	08	05.33
4	Routine check-up/treatment	40	26.66
5	Don't know/don't remember	38	25.33



Total	150	100.0
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In majority of the study subjects 40 (26.66%), the reason for last visit to the dentist was routine checkup/ treatment followed by 38

(25.33%) study subjects did not remember the reason. Least number of study subjects 8 (5.33%) were those who came for follow up treatment.

**TABLE – 6: Association between regular brushing and oral hygiene**

	Good oral hygiene	Poor oral hygiene	Total	Chi Square Test	P value
Brush regular	65	17	82	77.245	<0.05* (Significant)
Do not brush regular	05	63	68		
Total	70	80	150		

The above table shows that there is an association between regular brushing and good oral hygiene as calculated by Chi-square test. The chi-square statistic is 77.245. This result is significant at p value (< 0.05) at 95% confidence interval.

#### IV. DISCUSSION:

Health is a universal need of human beings and it has been proven that it cannot be achieved independent of oral health.<sup>11</sup> Oral hygiene has mostly remained as a neglected field and a social problem, this has been observed by many studies<sup>11-14</sup>. Majority of the people are unaware about the relationship between oral hygiene and systemic disorders. Many diseases show their first appearance through oral signs and symptoms and because of unawareness they remain undiagnosed or untreated most of the time. Medical self-care researches are mainly based on persons with chronic conditions, such as osteoarthritis and diabetes<sup>15,16</sup>. Dental self-care researches are focused mainly on how individuals address tooth pain.<sup>17,18,19</sup> In the present study, the patients that were not aware about pain or discomfort in mouth or teeth were 30.66%. A study done at Telengana showed that 84% were not aware about pain or discomfort in oral cavity.<sup>20</sup>

It is a known fact that oral diseases are preventable but once in a lifetime everyone is affected. Oral health affects general health by causing considerable pain and suffering therefore thinking involved in viewing the mouth separately from the rest of the body must stop. Pain and sufferings cause change in what people eat, their speech, their quality of life and well-being. Among chronic diseases oral diseases are the most common. These are important public health problem because of their prevalence, their impact on individuals and society, and the expense of their treatment.<sup>21</sup> Oral health is integral part of general health and a basic human right. Comprehensive and collaborative action needs to be mobilized, maintained and strengthened to address the high

burden of oral disease and there is a need to alleviate the vast inequities of oral health care existing in the community.<sup>22</sup> A rational prospect to raise the profile of oral health and to end the neglect of oral diseases is by integration of oral health approaches into general health, especially increasing the awareness, attitude and practice of general population about oral health and hygiene.

#### V. CONCLUSION:

There is a significant impact of oral diseases on the quality of life of individuals. Pain and discomfort caused due to cavities or other oral diseases usually lead to decreased intake of nutrients which is the main reason of decreased immunity in a patient. It affects their social life and economic productivity, thus making oral diseases a significant public health concern. Therefore it is very important to increase the awareness, attitude and improve the habits of general population on oral health and hygiene maintenance by periodic oral health awareness programs at schools, colleges, universities, and community levels. Medical and Dental professionals, Marketing agencies and media with the help of government may play a major role in the prevention of oral health problems and for the enhancement of oral hygiene among the general population.

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