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Research Article

**ANALYSIS OF ORAL HEALTH KNOWLEDGE AND
BEHAVIOR AMONG STUDENTS OF AGE 10-18 YEARS IN
PAKISTAN****Dr Hajra Nawaz¹, Dr Nousheen Ramzan², Dr Anum Iftikhar³**¹Dental Surgeon at RHC, Farooqabad, ²Sharif Medical and Dental College,³Bahawal Victoria hospital, Bahawalpur**Article Received:** May 2019**Accepted:** June 2019**Published:** July 2019**Abstract:**

Introduction: A good oral health is the state of mouth free of any disease affecting the oral cavity and its surrounding structures.

Objective of the study: The main objective of this study is to analyze the knowledge of oral health, care of dental hygiene and pattern of dental problems, attitude and behavior among students of age 10-18 years.

Material and methods: This cross-sectional study was conducted at RHC Farooqabad during October 2018 to January 2019. A total of 100 school-going children from three schools. All children falling between age limit 10 to 18 years and permanent residents of the area were included. The sample size was calculated by WHO calculator. The designed questionnaire contained questions that were closed-ended, and some were multiple-choice items with alternative statements.

Results: The data was collected from 100 participants. In the present study, students of 06 to 10 classes were evaluated. Therefore, the socioeconomic status was considered to be homogenous. Eleven male students from high classes were found habituated to cigarette smoking. Knowledge of the participants regarding the oral health is described in table 01. Females scored more favorably in knowledge and behaviors concerning dental health particularly a significant difference ($P < 0.05$) in brushing habit was observed between the two genders.

Conclusion: It is concluded that most of our school children had knowledge of oral health below satisfactory level.

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INTRODUCTION:

A good oral health is the state of mouth free of any disease affecting the oral cavity and its surrounding structures. Oral health has remained as an integral part of an individual's general health and overall well-being. Maintaining good oral hygiene is one of the most important things for healthy teeth and gums. Good oral health not only enables a person to look and feel good, it is equally important in maintaining oral functions [1].

Dental health care is the maintenance of teeth in order to keep the teeth clean and prevent dental disorders. Basic dental or oral care involves regular brushing and flossing the teeth, eating a mouth-healthy diet and regular dental checkups as per schedule. Hence the dental health care is essential for general health, quality of life and prevention of oral diseases [2]. The causes of dental diseases are primarily rooted in poor socioeconomic and physical environment; unhealthy lifestyles and oral health related behavior [3]. Some scientists demonstrated that dental health is seen from a health perspective as a balance between destructive factors such as sugar-rich diet, tobacco use and poor oral hygiene versus protective factors including good oral hygiene [4].

In spite of the great triumphs in oral health, burden of oral health diseases remains high all over the world. This could be mainly because of the lack of acceptance of healthy oral habits that are crucial in controlling the most common oral diseases like, dental caries and periodontal disease which are mainly considered as behavioral disease [5]. Countries where the oral disease preventive programs have not been implemented still remain in the shadow of high prevalence of dental caries.

There are reports showing that a correlation do exists between increased knowledge and better oral health. So a good dental health is the state of teeth free of any disease affecting the individual's general health and over-all well-being [6]. In spite of the great triumphs in dental health, burden of oral health diseases remains high all over the world. In our country, the prevalence rate of dental caries, gingivitis and calculus was found as 45.9 %, 14.5%, and 14.3% respectively. Moreover, behaviors that promote oral health and prevent disease include brushing teeth with fluoride toothpaste,

reducing the frequency of sugar-rich foods and resisting tobacco use [7].

OBJECTIVE OF THE STUDY:

The main objective of this study is to analyze the knowledge of oral health, care of dental hygiene and pattern of dental problems, attitude and behavior among students of age 10-18 years.

MATERIAL AND METHODS:

This cross-sectional study was conducted at RHC Farooqabad during October 2018 to January 2019. A total of 100 school-going children from three schools. All children falling between age limit 10 to 18 years and permanent residents of the area were included. The sample size was calculated by WHO calculator. The designed questionnaire contained questions that were closed-ended, and some were multiple-choice items with alternative statements. The questions asked were about demographic characteristics like age, sex, class, family income and habits like cigarette smoking and chewing tobacco. The participants were then subjected to questions like oral self-care, utilization of professional dental services, most recent dental visit and its reason, and finally knowledge of oral health. The questionnaire was pretested for validity and respondent understanding of the questions.

STATISTICAL ANALYSIS:

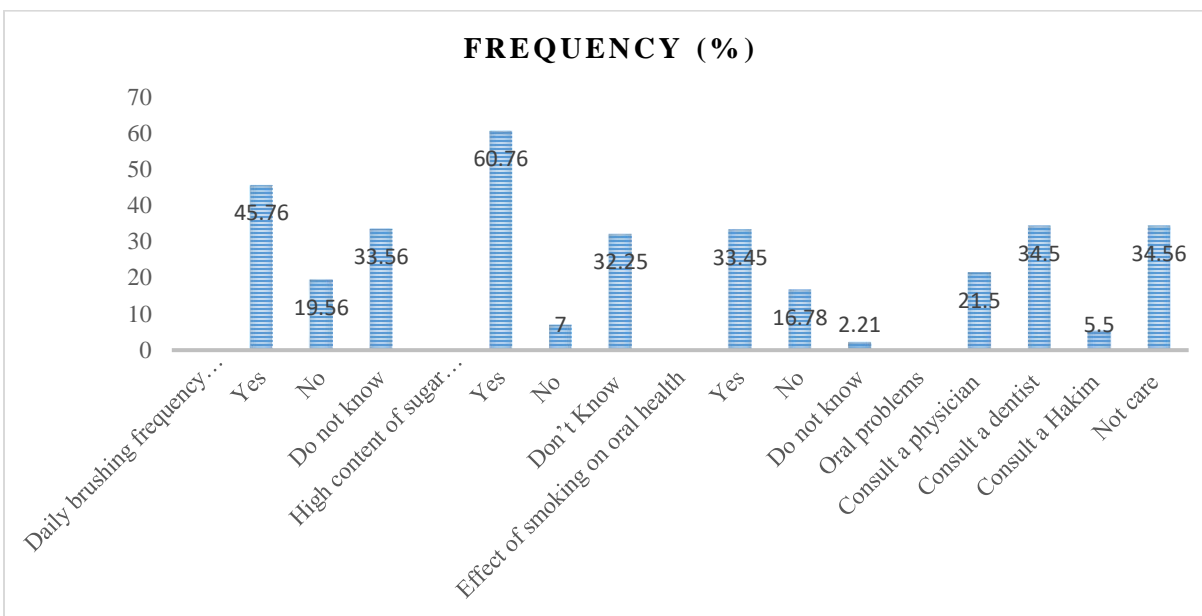
The data was entered through a trained computer operator and imported into statistical package for social sciences (SPSS) version 20 for statistical analysis. Frequency distribution tables were produced with percentages.

RESULTS:

The data was collected from 100 participants. In the present study, students of 06 to 10 classes were evaluated. Therefore, the socioeconomic status was considered to be homogenous. Eleven male students from high classes were found habituated to cigarette smoking. Knowledge of the participants regarding the oral health is described in table 01. Females scored more favorably in knowledge and behaviors concerning dental health particularly a significant difference ($P < 0.05$) in brushing habit was observed between the two genders. Twenty-four (06%) students mentioned that they used miswak, as believed it to be the best oral care from the religious point of view. While 27.5 % were not cleaning their teeth every day.

Table 01: Oral health knowledge of the respondents (10-18 years)

Knowledge	Frequency (%)
Daily brushing frequency decreases the problem	
Yes	45.76
No	19.56
Do not know	33.56
High content of sugar increases the problem	
Yes	60.76
No	7.0
Don't Know	32.25
Effect of smoking on oral health	
Yes	33.45
No	16.78
Do not know	2.21
Oral problems	
Consult a physician	21.5
Consult a dentist	34.5
Consult a Hakim	5.5
Not care	34.56

**Figure 1:** Shows the oral health knowledge of respondents**DISCUSSION:**

The findings of the present study revealed that knowledge and practice regarding dental health among students of Lahore are not as per standard. The proportion of tooth brushing both twice and once per day in our population was considerably lower than the earlier study i.e. 38% and 83%, respectively. Females and higher-class students were strong predictors of brushing frequency same like an early study related to dental health behavior. Besides, the interdental cleaning which is important for proper dental practices was observed only in 12 (3%) cases [8].

Moreover, tobacco use makes the oral complication worse if it is not cared properly. Despite few of our participants were using tobacco, but their oral hygiene practices were same as non-tobacco users. A previous study showed that twice-daily brushing was more frequent among smokers [9]. Both cigarette and naswar (chewing tobacco) increase the risk of developing mouth cancer, throat cancer and gum diseases. Only 09 % school children reported a dentist visit within the previous 6 months [10]. Most of them visited the dentist only when they had a problem. The major hindrance noted is the lack of basic health

knowledge regarding the subject. In Peshawar, dental caries was recorded in 45.6 % school children [11].

Our study reports that 66.5% of study participants were brushing daily. Knowledge related to fluoride application, bleeding from gums, general effects of oral health and importance of dental visit was comparatively higher in girls. In addition, girls were more conscious about teeth color than boys [12].

CONCLUSION:

It is concluded that most of our school children had knowledge of oral health below satisfactory level. The main reason of the dental problems is negligence regarding the subject and dental visits. As doctors were found the main source of awareness of oral health in children, so they may play the positive role regarding the scenario.

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