



CODEN [USA]: IAJPBB

ISSN: 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES

<http://doi.org/10.5281/zenodo.3332796>

Available online at: <http://www.iajps.com>

Research Article

ANALYSIS OF ORAL HEALTH KNOWLEDGE AND BEHAVIOR AMONG STUDENTS OF AGE 9-18 YEARS IN PAKISTAN

Dr Hafsa Kaleem¹, Dr Aneeza Ayyaz², Dr Hadia Wali³

¹Demonstrator/Dental Surgeon, Rashid Latif Dental College Lahore, ²Demonstrator/Dental Surgeon, de'Montmorency College of Dentistry/Punjab Dental Hospital Lahore,

³Fatima Jinnah Medical College Lahore.

Article Received: May 2019

Accepted: June 2019

Published: July 2019

Abstract:

Introduction: Oral health is a state of being in which an individual is free from mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity to bite, chew, smile, speak, as well as his or her psychosocial wellbeing.

Objective of the study: The main objective of this study is to analyze the oral health knowledge and behavior among students of age 9-18 years in Pakistan.

Material and methods: This cross-sectional study was conducted at Rashid Latif Dental College Lahore during November 2018 to April 2019. A total of 100 school-going children from three schools of Lahore. All children falling between age limit 9 to 18 years and permanent residents of the area were included. The data was collected through a questionnaire. The designed questionnaire contained questions that were closed-ended, and some were multiple-choice items with alternative statements.

Results: The data was collected from 200 participants. In the present study, students of 05 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. 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.

Conclusion: It is concluded that most of our school children had knowledge of oral health below satisfactory level. Among 9-18-year olds found that girls had better knowledge about dental health, but attitudes toward dental health were not significantly different between genders.

Corresponding author:

Dr. Hafsa Kaleem,

Demonstrator/Dental Surgeon, Rashid Latif Dental College Lahore.

QR code



Please cite this article in press Hafsa Kaleem et al., Analysis Of Oral Health Knowledge And Behavior Among Students Of Age 9-18 Years In Pakistan., Indo Am. J. P. Sci, 2019; 07[07].

INTRODUCTION:

Oral health is a state of being in which an individual is free from mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity to bite, chew, smile, speak, as well as his or her psychosocial wellbeing. Risk factors for oral diseases include an unhealthy diet, tobacco use, harmful alcohol use, poor oral hygiene, and social determinants [1]. 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 [2].

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 [3]. The causes of dental diseases are primarily rooted in poor socioeconomic and physical environment; unhealthy lifestyles and oral health related behavior [1]. 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].

OBJECTIVE OF THE STUDY:

The main objective of this study is to analyze the oral health knowledge and behavior among students of age 9-18 years in Pakistan.

MATERIAL AND METHODS:

This cross-sectional study was conducted at Rashid Latif Dental College Lahore during November 2018 to April 2019. A total of 100 school-going children from three schools of Lahore. All children falling between age limit 9 to 18 years and permanent residents of the area were included. The data was collected through a questionnaire. 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:

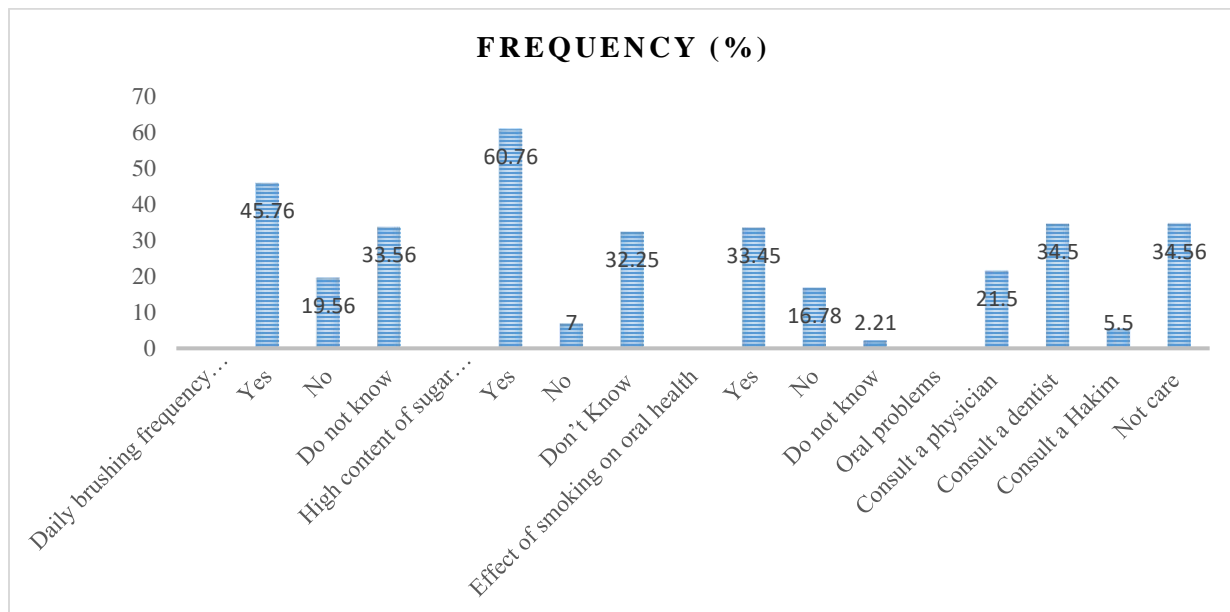
The data was entered through a trained computer operator and imported into statistical package for social sciences (SPSS) version 20 for statistical analysis. Frequency distribution tables were produced with percentages.

RESULTS:

The data was collected from 200 participants. In the present study, students of 05 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 (9-18 years)

Knowledge of OH	Frequency (%)	Frequency among gender (%)		P value*
		Boys	Girls	
Fluoride strengthens teeth				
Agree	85(29.6)	45(25.6)	40(36.4)	0.095
Disagree	36(12.5)	26(14.8)	10(9.1)	
Do not know	166(57.8)	105(59.7)	61(54.5)	
Bleeding is a primary sign of poor OH				
Agree	162(56.4)	81(46.0)	81(73.0)	<0.001
Disagree	36(12.5)	26(14.8)	10(9.0)	
Do not know	89(31.0)	69(39.2)	20(18.0)	
Oral health affects general health				
Agree	189(65.9)	103(58.5)	86(77.5)	0.004
Disagree	27(9.4)	21(11.9)	6(5.4)	
Do not know	71(24.7)	52(29.6)	19(17.1)	
Dental visit every 6 months				
Agree	189(65.9)	106(60.2)	83(74.8)	0.017
Disagree	46(16)	36(20.5)	10(9.0)	
Do not know	52(18.1)	34(19.3)	18(16.2)	
Healthy teeth means caries free				
Agree	152(53.0)	92(52.3)	60(54.1)	0.033
Disagree	96(33.4)	56(31.8)	40(36.0)	
Do not know	39(13.6)	28(15.9)	11(9.9)	

**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. 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. Except for the poor knowledge about the role of fluoride, more than half of the students had fair knowledge and good attitude toward healthy oral hygiene [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].

CONCLUSION:

It is concluded that most of our school children had knowledge of oral health below satisfactory level. Among 9–18-year olds found that girls had better knowledge about dental health, but attitudes toward dental health were not significantly different between genders. 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.

REFERENCES:

1. Garkoti PD, Rawat CMS, Singh RK, Rawat V, Bartwal J. Pattern of dental diseases among patients attending OPD of dental: a hospital based Cross- sectional study. NJMR 2015; 5: 212-16.

2. M. Okada, M. Kawamura, Y. Kaihara, Y. Matsuzaki, S. Kuwahara, H. Ishidori, *et al.* Influence of parents' oral health behaviour on oral health status of their school children: an exploratory study employing a causal modelling technique Int J Paediatr Dent, 12 (2002), pp. 101-108
3. Singh M, Saini A, Saimbi CS, Bajpai AK. Prevalence of dental diseases in 5- to 14-year-old school children in rural areas of the Barabanki district, Uttar Pradesh, India. Indian J Dent Res 2011; 22: 396-99.
4. World Health Organization. Oral Health Promotion through Schools. WHO Information Series on School Health. Document 11. Geneva: World Health Organization 2003.
5. Rohr IM, Bagramian RA. Oral Health-Related Quality of Life. Chicago: Quintessence, 2002.
6. Al-Subait AA, Alousaimi M, Geeverghese A. Oral health knowledge, attitude and behavior among students of age 10–18 years old attending Jenadriyah festival Riyadh; a cross-sectional study. Saudi J dent Res 2016; 7: 45-50.
7. Umer MF, Farooq U, Shabbir A, Zofeen S, Mujtaba H, Tahir M. Prevalence and associated factors of dental carries, Gingivitis and Calculus deposits in school children of Sargodha District, Pakistan. J Arm Med Coll 2016; 28: 152-56.
8. Moynihan P and Petersen PE. Diet, nutrition and the prevention of dental diseases. Public Health Nutrition 2004; 7: 201-26.
9. Petersen PE. The World Oral Health Report 2003: Continuous improvement of oral health in the 21st century – the approach of the WHO Global Oral Health Programme. Commun Dent Oral Epidemiol 2008; 31: 3–24.
10. Scarpelli AC, Paiva SM, Viegas CM, Carvalho AC Ferreira FM, Pordeus IA: Oral health-related quality of life among Brazilian preschool children. Community Dent Oral Epidemiol 2013; 41: 336–44.
11. McGrath C, Broder H, Wilson-Genderson M: Assessing the impact of oral health on the life quality of children: implications for research and practice. Community Dent Oral Epidemiol 2004; 32: 81-85.