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Assessment of Oral Health and Hygiene awareness among Adolescents of Slum areas-A study in Visakhapatnam city AP

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Abstract

"Oral health is a major determinant factor for Overall health"

Background: *Health is a fundamental right of every citizen of the Nation. Health is an important and one of key factor to measure the HDI in any country. Health and Hygiene are vital aspects to economic development of the family, society and economy. Number of studies have proved that the oral health knowledge is more important to maintain good health.* ***Introduction:****Along with general health careOral health carefor the adolescents has potential to contribute to the wellbeing of young, adult and aged. Hence the present study was conducted to evaluate oral hygiene awareness in adolescents (Male & Female) in slum areas in Visakhapatnam city.****Methodology:*** *Through using a tool of predesigned pretested semi structured, self-administered questionnaire, a survey was conducted among 240 sample respondents. Hence the present study was a cross sectional on adolescents of slum areas in Visakhapatnam city.****Findings:*** *Out of 240 adolescents of 46.67 percent were males.Majority of the respondent's cleaned teeth, 109 respondents always used fluoridated toothpaste. 44.58 percent of respondents are facing dental problem due to improper brushing and 35 percent of respondents changed their toothbrushes once in 2 months.73 people due to poverty they unable to visit Dental doctor. Awareness and knowledge regarding oral health among adolescents of Slum areas in Visakhapatnam is adequate, but in some aspects show the lack of oral health awareness and knowledge in this group of Population.*

Key Words*: Assessment, Awareness, Oral Health and Hygiene, Adolescents.*

1.Introduction: In the year 1998, WHO declared that 'Oral Health for Healthy Life" as a theme to celebrate 'World Health Day"**I**ndia is the country of huge population as per census 2011, the total population of India is 121 Cr. Out of which the rural population is 83.3 cr. and urban population is 37.7 cr. India is an agrarian economy, majority of population lives rural area. Public health and economic development are interrelated. Since 1951 onwards the Government of India taking care about public health through implementation of Development programmes for women and child. The Government of India followed that the three tier system in health care system. Many studies found that the less frequency of tooth brushing was associated with high probability of having poor Oral hygiene

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2.Objectives of the study:

1. To study the oral health knowledge and awareness among adolescents of slum areas in Visakhapatnam city, AP
2. To observe the overall attitude and habits towards dental health care among adolescents in slum areas in Visakhapatnam city, AP

3. Review of Literature:

Reddy. L., Sainadhan, N.Sudhakar Reddy. R., Ramesh, T., Padma Reddy Sai Kiran Ch. (2014), studied on "Oral hygiene practices and habits among dental students and staff in a dental college India" they found that the oral health is an important aspect in general health and wellbeing. Published in Cumhuriyut Dental Journal,

Gopinadh. V., (2010) in theirresearch " Oral hygiene practices and habits among dental professionals in Chennai.". in their study they found that the oral hygiene if adopted properly can help get rid of oral diseases. Published in Indian Journal of Dental Research, pp 195-200.

Zhu, I., Peterson PE., Wang H.Y. (2003) in their research paper "Oral health knowledge, attitudes and behaviour of children and adolescents in china" in their study they found that better knowledge in oral health practices and their attitude are linked to good habits with healthier oral cavity. Published in International Dental Journal, pp-289-298.

Chandrasekhar, B.R, Reddy, C., Manjunadh BC., Suma, S. (2011) in their research paper "Dental health awareness, attitude and Oral health related habits and behaviour in relation to socio-economic factors among the municipal employees of Mysore city. In that they found that the awareness, attitude and oral health related habits and behaviours in relation to socio-economic factors. Published in Annual Trop Medical Public Health report, pp:99-106

Kapoor, D., Gill,S., Singh, A., Kaur, I>, Kapoor, P.,(2014) in theirstudy "Oral hygiene awareness and practice amongst patients visiting the Department of Periodontology at a Dental college and Hospital in North India" in that they found the oral diseases are major public health concerned to high prevalence and its impact on quality of life. Published in Indian Journal of Dental science, pp:64-68

4.Methodology:

4.1Data collection: The Data was collected based oninterview technique and personally handed out structured questionnaire questions were resented is exactly the same order to all the respondents in the study.

4.2Area of the Study: The present study is confined to selected 4 slum areas adolescents both Male and female in Visakhapatnam city. It is a cross sectional study and purposive sampling method was used to select notified slum areas in the city as study subjects

4.3 Sample Size: For thepurpose of study 240 adolescents were selected from 4 slum areas in Visakhapatnam city. All the Adolescents (Boys &Girls) in those identified slum areas who were willing to participate were included in the study. Those who are not willing to participate were excluded from the study. After taking their consent total of 240 adolescents present on the day of data collection were included in the study.

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4.4Framework of Analysis: For analysing the data simple interview technique and percentage method was used.

5.Interpretation of data and Results:

The collected data was processed and analysed by means of computerised software SPSS 17 version. Frequency tables, percentages etc. were generated.Table-1 show that the respondents awareness and practices on Oral health. Total respondents of the study is 240 including male and female collected from 4 slum areas in Visakhapatnam city. Out of 240, Boys are 46.67 percent and girls 53.33 percent. Regarding their educational qualifications, 39.17 percent were qualified 10^{th} class, 34.17 percent qualified Intermediate. Only 7.08 percent were qualified degree. 19.58 percent respondents were less than10th class. Majority of the respondents (48.75) family income is in between Rs.15.000-Rs.20.000 pm, 17.91 percent families are have less than Rs.10.000 income pm. Above Rs.20.000 income earning families are only 11.67 percent. Out of 240 respondents 107 respondents' teeth status is average, 41 respondent's teeth very poor, only 22 respondent's teeth were very good. 70 respondent's teeth is good. Around 65.0percent respondents are brushing teeth daily, whereas only 2.5 percent respondents were brushing after every meal. Majority of the respondents are use tooth brush to clear their teeth 93.75%. 107 respondents always used fluoridated tooth paste, whereas 34 respondents have never used. The habit of snaking between meals at a frequency of daily, twice a day and more than twice a day was 33.75%, 20.83%, and 35% respectively. Nearly 35 percent of the respondents changed their tooth brushes once in 2 months, 12.08 percent of respondents visited Doctor due to long gap they face teeth problems, monetary constraints. It was good to observe from the study that the respondent's awareness is satisfactory but there is necessary to improve more among slum areas adolescents.

Table-5.1Respondents awareness and practices on Oral health

S NO	Item	Frequency of Response	Percentage (%)	Cumulative Percentage
1	Sex			
	Boys	112	46.67	46.67
	Girls	128	53.33	100.0
	Total	240	100.0	
2	Education			
	<10^{th} Class	47	19.58	19.58
	10^{th} Class	94	39.17	58.75
	Inter	82	34.17	92.92
	Degree	17	7.08	100.0
	total	240	100.0	
3	Family Income PM			
	<Rs10.000	43	17.91	17.91
	Rs.10.000-Rs.15.000	52	21.67	39.58
	Rs.15.000-Rs.20.000	117	48.75	88.33
	Rs.20.000- above	28	11.67	100.0
	Total	240	100.0	
4	State of your teeth			
	Very good	22	9.17	9.17
	Good	70	29.17	38.34
	Average	107	44.58	82.92
	Poor	41	17.08	100.0

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	Total	240	100.0	
5.	Frequency of Brushing teeth			
	Daily	156	65.0	65.0
	Twice a day	62	25.83	90.83
	Thrice a day	16	6.67	97.5
	After every meal	06	2.5	100.0
	Total	240	100.0	
6.	How do you Brush teeth			
	Use of tooth brush	225	93.75	93.75
	Use of Other things	15	6.25	100.0
	Total	240	100.0	
7	Use of Fluoridated tooth paste for			
	Always	109	45.42	45.42
	Often	57	23.75	69.17
	Rarely	40	16.67	85.84
	Never	34	14.16	100.0
	total	240	100.0	
8	Frequency of flossing			
	After every meal	36	15.00	15.00
	Daily	55	22.92	37.92
	Rarely	62	25.83	63.75
	Never	87	36.25	100.0
	total	240	100.0	
9.	Frequency of snacking habit			
	Daily	81	33.75	33.75
	Twice a day	50	20.83	54.58
	More than twice a day	84	35.00	89.58
	Never	25	10.42	100.0
	total	240	100.0	
10	Interval of change of tooth Brush			
	Once in 2months	84	35.00	35.00
	Once in 3 months	61	25.42	60.42
	Once in 4 Months	66	27.50	87.92
	Once in ayear	29	12.08	100.0
	Total	240	100.0	

Source: Survey data

Table-5.2Factors responsible to Oral health problems among respondents

SNO	Factors	Frequency of Response No	Percentage	Cumulative %
1.	Last dental visit			
	Less than 6 months	67	27.92	27.92
	Between 6-12 months	45	18.75	46.67
	Between 1-2 years	65	27.08	73.75
	Never	63	26.25	100.0
	total	240	100.0	
2.	Reason for last dental visit			
	Consultation	57	23.75	23.75

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	Due to Pain	105	43.75	67.50
	Regular checking	43	17.92	85.42
	Treatment purpose	28	11.67	97.09
	Don't Know/Don't habit	7	2.91	100.0
	total	240	100.0	
3.	Reason for tooth decay			
	Chuwingum	76	31.67	31.67
	Smoking	40	16.67	48.34
	Improper brushing	105	43.75	92.09
	Habit of Gutka	19	7.91	100.0
	total	240	100.0	
4.	Economic Problem(Lack of money)			
	Yes	73	30.42	38.42
	No	167	69.58	100.0
	total	240	100.0	
5.	Habit of using Cigar ate/Beedi			
	Yes	37	15.42	15.42
	Yes, I stopped	43	17.92	33.34
	No, I use Occasionally	41	17.08	50.42
	Never	119	49.58	100.0
	Total	240	100.0	
6	Cause of Bad breath			
	Food	79	32.92	32.92
	Lack of Proper cleaning	94	39.17	72.09
	Hormonal changes	15	6.25	78.34
	Do not know	52	21.66	100.00
	Total	240	100.0	
7.	Use of Alcohol			
	Yesoccasionally	11	4.58	4.58
	No	229	95.42	100.0
	Total	240	100.0	

Source: Survey Data

Table-2 describes that the factors responsible to Oral health problems faced by the respondents. It was observed from my study that 43.75% of respondents had pain in past 6 months and 27.92 % visited doctor. Nearly 43.75% of respondents visited dentist due very common reason was teeth pain. Use of Beedi/Cigarate was 15.42 percent of male respondents, 17.08 percent of respondents was used occasionally, majority (49.58 Percent) of respondents never use. Among the respondents due lack of hygiene and proper cleaning 39.17 percent facing bad breath problem. It is very bad to observe from the study that 4.58 percent of respondents (Boys) use alcohol occasionally.

Health and hygiene are more important and linked with economic development in any nation. Health habits are play very important in overall health of the people. Oral health and hygiene is linked to general awareness of health habits. All the respondents in this study were brushing teeth at least daily with tooth paste.Similar results were observed in other studies also. More number of respondents was brushing teeth twice daily compared to other studies. In this study the frequency of brushing is linked to oral hygiene.. In this study very few respondents are not used fluoride tooth paste and many were unaware of fluoride content of tooth paste whereas Fluoride is necessary for mineralization of teeth. Smoking is another problem of dental health. Smoking is a

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life style disease and addicted to smoking. In my study 49.58 percent of respondents did not use tobacco. Similar results were observed in the earlier studies. Generally, when we observe Oral health is always a least priority unless it troubles the patient in the form of pain caries or gum problems etc. In this study pain was the most common reason for visit to dentist.

6.Conclusion: Awareness and knowledge regarding Oral health and hygiene among adolescents in 4 slum areas of Visakhapatnam city is adequate. In respect of usage of fluoridated tooth paste and flosses awareness and knowledge was sufficient. However, an unhealthy smoking habit, long term usage toothbrushes and practising tobacco habit show the lack of Oral health awareness and knowledge among these respondents of the study. Developing countries health status indicate that lack of awareness and knowledge and poor oral hygiene.The final finding of the study is awareness and knowledge about oral health should create among the slum areas adolescents in Visakhapatnam city. There is a necessity to organise awareness camps on Oral hygiene also need in the present position.

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