



A STUDY TO ASSESS THE LEVEL OF KNOWLEDGE REGARDING ORAL HYGIENE AMONG ADULTS IN JAYAM DENTAL CARE AT PERPERIYANKUPPAM, CUDDALORE DISTRICT

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ABSTRACT

A descriptive study was to assess level of knowledge regarding oral hygiene among adults in Jayam Dental Care at Perperiyankuppam, Cuddalore District. The objective of the study was to find out the level of knowledge regarding oral hygiene among adults and association between the level of knowledge regarding oral hygiene among adults in selected demographic variables. A non-experimental research design was carried to find the knowledge regarding oral hygiene among adults. The sample size comprised of 60 adults and Convenient sampling technique was used to select the sample. Checklist was prepared. Before collecting the data connect was obtained from each sample. Analysis was planned to be done by using descriptive statistics. The study revealed that 42 (70%) of adults have adequate knowledge, 12 (20%) of the adults have moderate knowledge and 6 (10%) of adults have inadequate knowledge on oral hygiene. Majority of peoples neglect the two times brush per day and oral care. Women pay more attention to oral hygiene and they have more own teeth than men. Young dentists need to be educated in order to provide appropriate dental care to the elderly. It is essential to conduct on more activities teaching modalities to enable the clients to participate in their lifestyle and also this study can be useful for health for health personnel to improve their knowledge and practice among adults.

KEYWORDS: *Assess, knowledge, oral hygiene, adult, Socio-demographical variable.*

INTRODUCTION

“Poor oral health care can result in poor overall health”.

- George Taylor

Health is the level of functional and metabolic efficiency of a living organism. In humans it is the ability of individuals or communities to adapt and self-manage when facing physical, mental or social changes. The World Health Organization (WHO) defined health in its broader sense in its 1948 constitution as “a state of complete physical, mental, and social well-being and not merely the absence of

disease or infirmity.” Children are the precious gift who is considered to be a resource for future. Healthy children of today will be a healthy citizen for tomorrow.

The oral cavity is an important part of the body, and it plays a crucial role in chewing, swallowing, speaking, and in forming facial expressions as well as maintaining nutritional status, systemic health, and self-esteem. Oral hygiene is directly linked to systemic infections, autoimmune disorders, chronic cardiovascular disease, glucose control in diabetes, nutritional intake and other diseases. These chronic



diseases can affect a person's quality of life, especially the ability to eat, speak, taste, and swallow; in addition, they can cause the psychological instability and significant pain.

Age-related lesions and dental problems stem from the occurrence of certain factors including the following: alveolar process atrophy, dental caries, reduced daily salivation and xerostomia, tooth loss, oral cancer, denture acceptance difficulties resulting from advanced oral mucosal diseases, lesions in the denture bearing areas (alveolar and osseous) and local and systemic diseases.

According to American Dental association policy defines oral health as functional, structural, aesthetic, physiologic and psychosocial state of well being and is essential to an individual's general health and quality of life.

Dental caries is a major oral health problem in most industrialized countries, affecting 60-90% of school children and the vast majority of adults.⁶ Dental problems are one of the leading problems of children. Oral hygiene is an essential component for prevention of dental diseases.

Vellappally-Sajith et al., Describe different forms of tobacco usage and its direct relationship with the prevalence of dental diseases. Older adults are likely to take medications that can impact oral health and affect dental treatment. Hundreds of common medications, including antihistamines, diuretics, pain killers, high blood pressure medications and antidepressants, can cause side effects such as dry mouth, soft tissue changes, taste changes, and gingival overgrowth. Women who are menopausal or post-menopausal may experience changes in their mouths. Recent studies suggest that estrogen deficiency can place post-menopausal women at higher risk for severe periodontal disease and tooth loss. In addition, hormonal changes in older women may result in oral discomfort including dry mouth, pain and burning sensations in the gingiva and altered taste.

Many analytical studies in public health have examined socio-demographic characteristics such as age, race, sex, and socioeconomic status; relatively few have investigated the influence of behaviour and lifestyle characteristics on the oral health of older populations.

The aim of the research was to assess the state of dentition and hygiene habits in the adults group of study population of Cuddalore District.

STATEMENT OF THE PROBLEM

A study to assess the level of knowledge regarding oral hygiene among adults in Jayam Dental Care at Perperiyankuppam, Cuddalore District.

OBJECTIVES

- To assess the level of knowledge regarding Oral hygiene among adults.
- To find the association between the level of knowledge regarding Oral Hygiene adults in selected socio-demographic variables.
- To prepare the health education pamphlets to the adults.

RESEARCH METHODOLOGY

RESEARCH APPROACH

For the present study quantitative approach has been selected.

RESEARCH DESIGN

For the current study non-experimental design was selected.

VARIABLES

Independent variable:

Oral hygiene among adults.

Dependent variable:

Knowledge regarding oral hygiene.

SETTING OF THE STUDY

The study was carried out in Jayam Dental Care situated in Perperiyankuppam.

POPULATION

In this study target population comprise of adults.

SAMPLING

SAMPLE

The sample for the present study was who are come to the jayam dental care, were selected to participated in this study.

SAMPLE SIZE

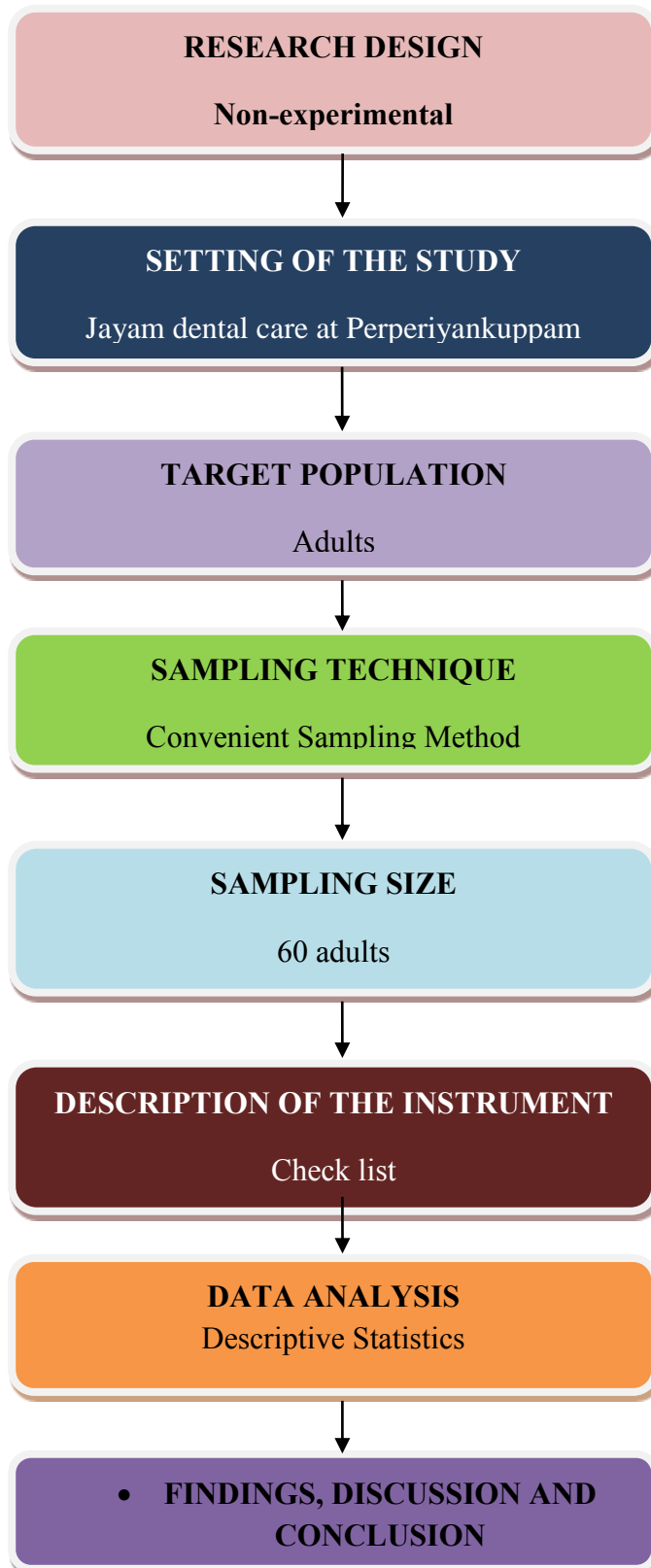
The sample size comprised of 60 adults, Jayam dental care at Perperiyankuppam.

SAMPLING TECHNIQUE

Convenient sampling technique was used to select the sample for the present study.



SCHEMATIC REPRESENTATION OF RESEARCH DESIGN



**DESCRIPTION OF TOOLS**

Tools consist of two parts,

SECTION-I: SOCIO-DEMOGRAPHIC DATA

It consists of Age, Sex, Religion, Education, Domicile, Occupation, Family Income per month, Type of family, Type of house and Sources of the information about oral hygiene.

SECTION-II: Structured knowledge questionnaire.

It includes the items related to oral hygiene from their subject.

SECTION-III: CHECKLIST ON KNOWLEDGE REGARDING ORAL HYGIENE

It includes the items related to maintenance of oral hygiene.

SCORING PROCEDURE

There were 30 items pertaining to the knowledge on oral hygiene. Each item has 2 options that includes agree and disagree. Agree carries 2

marks, disagree carries 1 mark. The maximum score was 60. The level of knowledge was categorized based on the percentage of score obtained.

TRANSLATION OF TOOL

Validated tools were translated into Tamil language.

DATA ANALYSIS AND INTERPRETATION

The chapter deals with analysis of data on level of knowledge regarding oral hygiene among adults Jayam dental care at Perperiyanakupam. The data collected from 60 samples were analyzed using descriptive statistics. The results are presented under following actions.

ORGANIZATION OF DATA

Section I: Socio-Demographic variables of adults.

Section II: Asses the knowledge regarding oral hygiene.

Section III : Association regarding oral hygiene among adults with selected socio-demographical variables

SECTION I: TABLE FREQUENCY AND PERCENTAGE DISTRIBUTION OF SOCIO-DEMOGRAPHIC VARIABLES

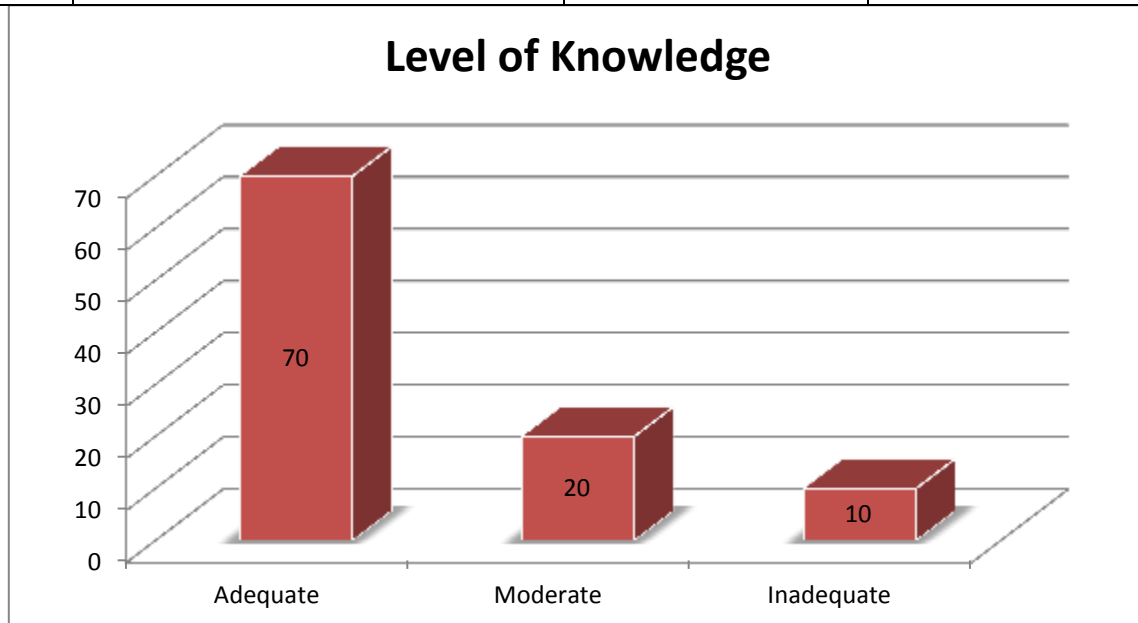
S.NO	SOCIO-DEMOGRAPHIC VARIABLE	FREQUENCY	PERCENTAGE (%)
1.	Age		
	a) 18-40 years	23	38.3
	b) 41-64 years	37	61.7
2.	Sex		
	a) Male	50	83.3
	b) Female	10	16.7
3.	Religion		
	a) Hindu	41	68.3
	b) Christian	17	28.3
	c) Muslim	2	3.3
4.	d) Others	0	0
	Education		
	a) Illiterate		18.3
	b) Primary education	11	45.0
	c) Secondary education	27	35.0
5.	d) Diploma /degree	21	1.7
	Domicile	1	
6.	a) Rural		83.3
	b) Urban	50	16.7
7.	Occupation	10	
	a) Coolie		
	b) Government employee	41	68.3
8.	c) Private employee	2	3.3
	Family Income per month	17	28.3
	a) Rs 3001-6000		



9.	b) Rs 6001-10000	26	43.3
	c) Above Rs 10,001	26	43.3
	Type of family	8	13.3
	a) Nuclear family		
10.	b) Joint family	56	93.3
		4	6.7
	Type of house		
	a) Kacha house	9	15.0
	b) Pucca house	47	78.3
	c) Thatched house	4	6.7
	Sources of the information about oral hygiene		
	a) News paper & Magazine	8	13.3
	b) Friends & Family members	30	50.0
	c) Radio & Television	20	33.3
	d) Health personnel	2	3.3

SECTION II: FREQUENCY AND PERCENTAGE DISTRIBUTION OF LEVEL OF KNOWLEDGE REGARDING ORAL HYGIENE AMONG ADULTS

S.NO	LEVEL OF KNOWLEDGE	FREQUENCY	PERCENTAGE(%)
1.	Adequate	42	70
2.	Moderate	12	20
3.	Inadequate	6	10



The finding shows that the maximum 42(70%) adults are having adequate knowledge regarding oral hygiene, 12(20%) adults are having moderate knowledge and 6(10%) adults are having inadequate knowledge.

**SECTION III : ASSESSMENT OF ASSOCIATION REGARDING ORAL HYGIENE AMONG ADULTS WITH SELECTED SOCIO-DEMOGRAPHICAL VARIABLES**

S.NO	Demographical variable	Chi-square value	P Value	Level of significance
1.	Age	13.371	0.001	significant
2.	Sex	9.394	0.009	significant
3.	Religion	1.944	0.746	NS
4.	Education	4.047	0.670	NS
5.	Domicile	9.394	0.009	significant
6.	Occupation	1.944	0.746	NS
7.	Family Income per month	17.780	0.001	significant
8.	Type of family	1.913	0.384	NS
9.	Type of house	6.594	0.138	NS
10.	Sources of the information about oral hygiene	6.321	0.388	NS

*-significant at 5% ($p < 0.05$) level.**SUMMARY OF THE ASSOCIATION**

- ❖ The above table shows that there are statistically significant association between the level of knowledge, age, sex, domicile and Family Income per month.
- ❖ There is no significant association between the level of knowledge regarding oral hygiene among adults religion, education, occupation, type of family, type of house and Sources of the information about oral hygiene.

CONCLUSION

The study concluded that 42 (70%) adults have adequate knowledge, 12 (20%) adults have moderate knowledge and 6 (10%) adults have inadequate knowledge on oral hygiene.

The findings of this study do suggest that:

1. Majority of peoples neglect the two times brush per day and oral care.
2. Women more often practice oral hygiene and they have more own teeth than men.
3. The most frequent cause of oral hygiene neglect in the older adults could be gender, the socio-economic conditions, behaviour habits and lack of sufficient health education.
4. The dentist may need to consult with the patient's GP the development of the appropriate personalised treatment plan in older adults patients.
5. Young dentists need to be educated in order to provide appropriate dental care to the older adults.

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