Original Article:

Oral Hygiene Practice among the Students of a Selected School in Dhaka City

Dr. Mohammed Shahed Jahan[a], Dr. Umme Salma Abdullah[b], Dr. Dilruba Rahman[c], Dr. S. M Abdul Quader[d], Dr. A.K.M Shariful Islam[e] , Dr. Md. Roknuzzaman[f]

a. Asst. Professor and Head, Department of Dental Public Health, Update Dental College, Dhaka.
b. Associate Professor and H.O.D, Department of Children Preventive & Community Dentistry, Dhaka Dental College & Hospital.
c. Lecturer, Department of Dental Public Health, Update Dental College, Dhaka.
d. Associate Professor & Vice Principal, Update Dental College, Dhaka.
e. Chief Estate Officer and Faculty of Dentistry, BSMMU, Dhaka
f. Medical Officer, Udayan Dental College, Rajshahi

ARTICLE INFO

Article history:
Received : 06.06.15
Accepted : 16.07.15

Key words:
Oral hygiene, Practice, School Students

ABSTRACT

Aim: The purpose of the study was to explore the oral hygiene practice of the school children in Dhaka.

Methods: A descriptive type of cross sectional study was conducted at M. A. Awal School in Dhaka. A total of 265 school children were purposively selected. Data were collected through structured questionnaires by face to face interview. The respondents of the study were aged between 5 to 13 years.

Results: Among the respondent 45.75% are male and 54.25% are female. Among the respondents 92.5% brush their teeth regularly, 44.2% brushed their teeth twice daily, 52.5% brushed once daily, 56.2% brushed their teeth in the morning before breakfast and 2.67% brushed their teeth after breakfast. Only 1.5% brush after breakfast and before going to bed.27.9% brushed in the morning before breakfast and before going to bed.93.2% used brush and paste for cleaning their teeth. Unfortunately .4% used coal powder to clean their teeth, dy were aged between 5 to 13 years.

Conclusion: The study revealed that, oral hygiene practice of school children may be called satisfactory but there is still scope to improve their oral hygiene practice.

Correspondence to:
Dr. Mohammed Shahed Jahan, BDS, MPH
Assistant Professor & Head,
Department of Dental Public Health
Update Dental College, Dhaka
Mob: 01819116316
Email: shahed.jahan5@gmail.com

Introduction:

Oral health is fundamental to general and well-being significantly impacting on quality of life. In general, poor oral health has a negative impact on quality of life, influencing eating abilities, personal confidence, mental health, social interaction, personal relationships, general health and well-being and enjoyment in life. [1]

Primary teeth begins to fall at the age of 6 years continue up to the age of 13 years. By this time all deciduous teeth are preplaced by permanent teeth. There may be unusual delay due to congenital, ethnic, dento-alveolar, racial pathological and geographical variation. [2]

Oral health status of both children and adult can be assessed by presence or absence of dental caries by DMFT (D=Decayed, M=Missing, F=Filled teeth) indexed by WHO. [3] Condition of gingival can be assessed by gingival scoring. Maintenance of oral hygiene is important to restore the deciduous and permanent set of dentition. The need for taking care of milk teeth is often ignored by the parent of very small children as the milk teeth will soon to be replace by the permanent teeth. If parents do not know the importance of milk teeth, their child would suffer from dental problems. Bad oral hygiene produce unhealthy oral environment that resulting in dental decay, gingivitis, throat infections, bad breath, accumulation of plague and calculus. Dental decay commonly known as dental caries is common causes of tooth loss among children and adults all over the world. [4]

However, the inter play between these factors has to take place in an appropriate time.[5]

Oral hygiene practices comprises of thorough daily removal of dental plaque and other debris by tooth brushing, flossing, mouth rinsing and washing.

The high prevalence of dental diseases among school going children and young adults noticed by a number of studies are probably due to inadequate knowledge and ignorance about practice of oral hygiene, etiology, prevention and complication of disease. [6]

Oral diseases are the most common problems in the developing countries. In Bangladesh, it is also a major issue. Many people suffer from oral diseases; children are more vulnerable group than adult. Prevention of dental caries and early tooth loss among children are also necessary because primary teeth help development of the jaws and facial structure.[7]

Disease free primary teeth ensure healthy eating habit for the childhood, which may directly affect the nutritional status and growth of the children.[8] Moreover, a sound oral environment reduces the cost of dental treatment and dental visits. Caries free primary teeth can be predecessors of healthy permanent teeth.[9]

Methods and materials:

This was a descriptive type of cross-sectional study conducted among the school children of M. A. Awal School, Gazipur, Dhaka city.

A total 265 school children were interviewed.The sampling method used in the cross-sectional survey was the was applied in this study. Convenience sampling technique.

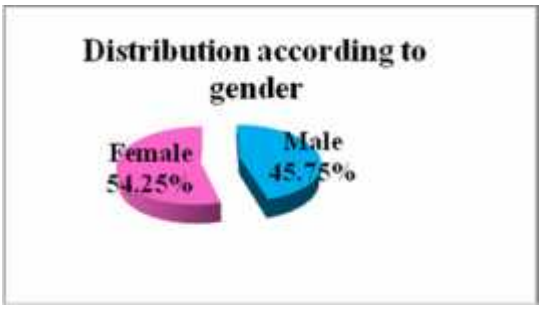
A structural questionnaire was developed which was pre-tested among the school children of M.A.Awal School, Dhaka. After the pre-test all necessary changes & modifications were done as required. Data were collected by face to face interview using structural questionnaire at the place of study.Data gathered from the survey were calculated mathematically. Data analysis included graphical representation of the demographic variables and tabular presentation of class IV, V and VI students of M. A. Awal School.

Permission was taken from school authority before collection of Data.

Result:

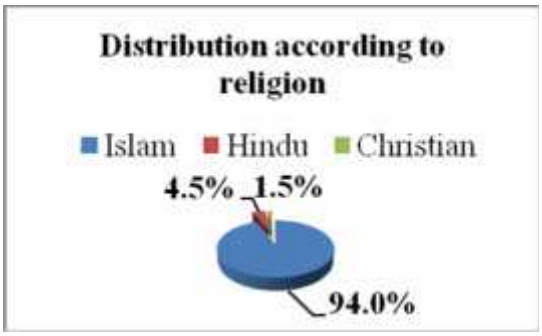
A cross sectional descriptive study was carried out to explore the oral hygiene practice of the school children of M. A Awal School in Dhaka. A total of 265 school children were purposively selected.

Figure-1: Distribution of the respondents according to their gender



The respondents of the study were 54.25 % female and 45.75% male

Figure-2: Distribution of the respondents according to their religion



Maximum respondents of religion were muslims (94%), about 4.5% were Hindus, and 1.5% was Christians.

Table-1: Distribution of the respondents according to their regularity of brushing.

Maintenance	Frequency	Percentage
Brush regularly	245	92.5
Brush irregularly	19	7.2
Don't brush	1	0.4
Total	265	100.0

Maximum of respondents brushed regularly about 92.5%, brush irregularly about 7.2% and didn't brush about .4%

Table-2: Distribution of the respondents according to their frequency of brushing.

Number	Frequency	Percentage
Once a day	139	52.5
Twice a day	117	44.2
Thrice a day	8	3.0
Four times a day	1	.4
Total	265	100.0

Maximum of respondents brush once a day according to frequency of brushing.

Table-3: Distribution of the respondents according to their time schedule of brushing.

Time	Frequency	Percentage
In the morning before breakfast	149	56.2
In the morning after breakfast	7	2.6
At night before going to bed	20	7.5
After every meal	8	3.0
In the morning before breakfast and At night before going to bed	74	27.9
Before breakfast and after every meal	3	1.1
In the morning after breakfast and At night before going to bed	4	1.5
Total	**265**	**100.0**

Maximum of respondents brushed in the morning about 56.2% according to time of

brushing, 27.9% brushed in the morning before breakfast and before going to bed.

Table-4: Distribution of the respondents according to their materials of cleaning of teeth.

Materials	Frequency	Percentage
Brush & paste	247	93.2
Brush & powder	13	4.9
Coal dust	1	0.4
Finger & tooth powder	3	1.1
Miswake	1	0.4
Total	265	100.0

Maximum of respondents of tooth brushing materials for cleaning of tooth were brush & paste, about 93.2%, brush & powder4.9%, .4% used coal dust, finger & powder 1.1%, miswake .4%

Table-5: Distribution of the respondents according to their use of floss for interdental cleaning.

Instrument	Frequency	Percentage
Tooth pick	141	53.2
Normal thread	8	.0
Dental floss	1	0.4
Don't use anything	115	43.4
Total	265	100.0

Maximum of respondents use about 53.2% tooth pick as flossing, 3% use thermal thread, 4% use dental floss and 4.4% don't use anything for flossing.

Table-6: Distribution of the respondents according to their types of tooth paste.

Types	Frequency	Percentage
fluoridated tooth paste	158	59.6
non- fluoridated tooth paste	8	3.0
No idea about fluoride in tooth paste	99	7.4
Total	265	100.0

Maximum of respondents about 59.6% use fluoridated tooth paste, 3% use non-fluoridated tooth paste, 37.4% have no idea about fluoride in tooth paste.

Table-7: Distribution of the respondents according to their method of brushing.

Method	Frequency	Percentage
Horizontal movement	150	56.6
Vertical movement	82	30.0
Others	23	8.71
No specific movement	2	.8
Horizontal & vertical movement	8	3.0
otal	265	100.0

Maximum of respondents about 56.6% follow horizontal movement as method of brushing, 30.9% follow vertical movement, 8.71% follow irregular method, 8% have no specific method.

Table-8: Distribution of the respondents according to their source of guidance of brushing.

Source of guidance	frequency	Percentage
Father	32	12.1
Mother	17	65.3
Dentist	3	1.1
TV	1	.4
Self	49	18.5
Others	7	2.6
total	265	100.0

Maximum of respondents about 65.3% received guidance from their mother, 18.5% by self-guidance, 12.1% from their father, 1.1% from dentist, .4% from TV.

Table-9: Distribution of the respondents according to their frequency of brush changing.

Time	Frequency	Percentage
Monthly	64	24.2
Every three month	53	20.0
Every six month	40	15.1
Yearly	12	4.5
When needed	96	36.2
total	265	100.0

Maximum of respondents about 36.2% change their brush when needed, 24.2% change monthly, 20% change brush after every three month, 15.1% change every six month later, 4.5% change yearly.

Table-10: Distribution of the respondents according to their visit to dentist.

Number of visiting	frequency	Percentage
Never	148	55.8
Several time when felt pain	86	32.5
Once a year	21	7.9
Visited a quack	9	3.4
When needed	1	.4
total	265	100.0

55.8% of Maximum respondents never went to dentist, 32.5% visited several time when they felt pain, 7.9% visited once a year, 3.4% visited quack.

Conclusion

School environment, curriculum and extracurricular activity could all be utilized for promoting not only the students oral health, but also general health. Increased frequency of brushing improved oral hygiene significantly. The students of the study were from higher economic class and their oral health status was found satisfactory.

The survey we have done gave us a great insight. The whole process, from planning a study to implementation to data collection to writing a report was such an experience that will help us doing such kind of study in future. The systematic implementation of preventive oral care and community-oriented health programs are needed for the continuous promotion of oral health in Bangladesh.

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