

Internship Training

At

CHC Nawabganj, Bareilly, Uttar Pradesh.

**“Project on Oral hygiene awareness and practices amongst patients attending dental OPD
at CHC Nawabganj Bareilly”**

By

Dr.Swati Singh

PG/15/80

Under the guidance of

Dr. Preetha G.S

Post Graduate Diploma in Hospital and Health Management

2015-17



International Institute of Health Management Research New Delhi

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International Institute of Health Management Research New Delhi

(Completion of Dissertation from CHC Nawabganj Bareilly, Uttar Pradesh)

The certificate is awarded to

Dr.Swati Singh

In recognition of having successfully completed her Internship in the department
of

Dental Surgery

And has successfully completed her Project

On

**“Oral hygiene awareness and practices amongst patients attending dental
OPD at CHC Nawabganj Bareilly”**

Date: 1st Feb 2017- 30th April 2017

She comes across as a committed, sincere & diligent person who has a strong
drive & zeal for learning

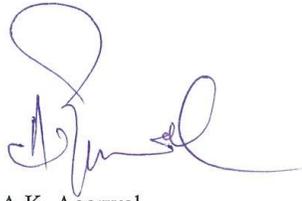
We wish him/her all the best for future endeavours


Training & Development


Zonal Head-HR

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr.Swati Singh**, student of **Post Graduate Diploma in Hospital and Health Management (PGDHM)** from **International Institute of Health Management Research, New Delhi** has undergone internship training at **CHC Nawabganj Bareilly** from 1st February, 2017 to 30th April, 2017. She has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical. The Internship is in fulfilment of the course requirements. I wish her all success in all her future endeavours.



Dr. A.K. Agarwal

Dean Academics and Student Affairs IIHMR,
New Delhi



Dr. Preetha G.S

Associate Professor
Mentor-IIHMR, Delhi

Certificate of Approval

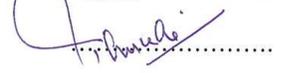
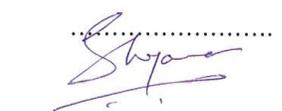
The following dissertation titled **“Oral hygiene awareness and practices amongst patients attending dental OPD at CHC Nawabganj Bareilly is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.**

Dissertation Examination Committee for evaluation of dissertation.

Name

Dr. Sumit Kumar
Dr. Pankaj Tareja
Dr. Shyama Nayyar

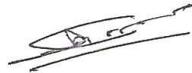
Signature

Certificate from Dissertation Advisory Committee

This is to certify that **Dr. Swati Singh**, a graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. She is submitting this dissertation titled **“Oral hygiene awareness and practices amongst patients attending dental OPD at CHC Nawabganj Bareilly”** in partial fulfilment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.



Dr Ghanshyam

Medical superintendent

CHC Nawabganj Bareilly



Dr. Preetha G.S

Associate Professor

IIHMR ,Delhi

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT
RESEARCH,
NEW DELHI

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled “**Oral hygiene awareness and practices amongst patients attending dental OPD at CHC Nawabganj Bareilly**” and submitted by **Dr. Swati Singh**, Enrolment No. PG/15/080 under the supervision of **Dr. Preetha GS** for award of **Postgraduate Diploma in Hospital and Health Management** of the Institute carried out during the period from July 2015 to July 2017 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.


Signature

FEEDBACK FORM

Name of the Student: DR. SWATI SINGH

Dissertation Organisation: CHC, Nawasganj, Bareilly

Area of Dissertation: Dental Surgery Department.

Attendance: 100%

Objectives achieved: Achieved

Deliverables: She is deligent, Hardworking,

Strengths: Sincere, and one of the
competant dental surgeon of
our CHC.

Suggestions for Improvement: —

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):


Dr. Ghanshyam (MS)

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I am using this opportunity to express my gratitude to everyone who supported me throughout the course of my MBA Dissertation project. I am thankful for their aspiring guidance, invaluable constructive criticism and friendly advice during the project work. I am sincerely grateful to them for sharing their truthful and illuminating views on a number of issues related to the project.

I am highly obliged towards Dr. Ghanshyam Medical superintendent, CHC Nawabganj Bareilly for allowing me to pursue my Dissertation project from health centre. This training would not have been completed without a substantial support from medical officers, support staff of CHC Nawabganj whose kind co-operation and constant encouragement helped me in the completion of the project in the hospital. I would sincerely like to thank them for their immense guidance and constant training in providing necessary information regarding the project despite their preoccupation and busy schedule.

A special thanks to my Mentor Dr. Preetha GS without whom this project would have been a distant reality.

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LIST OF ABBREVIATIONS

CHC	Community Health Centre
MS	Medical Superintendent
HR	Human Resource
HIS	Hospital Information System
HK	House Keeping
QM	Quality Manual
IPD	In Patient Department
OPD	Out Patient Department
DMFT	Decayed , Missed ,Filled Teeth
PD	Periodontal Disease
DC	Dental Caries
OHS	Oral hygiene status
TBT	Tooth brushing technique
HEO	Health education officer

INTERNSHIP REPORT

Introduction

Internship is an integral part of the Post Graduation Diploma in Hospital Management (PGDHM). Moreover it plays a major role in completion of the PGDHM degree. The main purpose of this is to get an orientation towards the layout, operations and workflow of the hospital, in order to understand the processes and systems in the hospital.

After completing the first academic year of PGDHM, the students are supposed to undergo a two months training in a hospital or any other Healthcare Organization and in the second academic year they supposed to undergo six month of Dissertation Period for the completion of the PGDHM Degree , as a part of the curriculum.

Indeed I have got the golden opportunity to work in the government organization to understand the needs of the community and make an effort to serve the community better

AIM:

To understand the overall functioning and workflow of community health centre with a special light on various current health programs.

Objectives:

1. To get an overview and develop understanding of the functioning of CHC
2. To gather knowledge about the process flows of major clinical and non clinical departments in a hospital.
3. To help the management study and address some issues/problems associated with some specific operational area/department.

CHC NAWABGANJ
**“WORKING TO DEVELOP
BEST PRACTICE”**



PROFILE

CHC Nawabganj is a centre or institution of health care providing a range of latest diagnostic, medical & surgical facilities along with specialized medical and nursing staff and medical equipment. There are many type of Hospitals in Bareilly as General Hospital, Specialized Hospitals, Super Specialty Hospital etc. CHC Nawabganj is a located in the city of Bareilly which is popular district of Uttar Pradesh, state of India.

Generally, all type of disease is treated in the CHC Nawabganj. Some serious patient who has related chronic disease like cancer, kidney transplant, Asthma, T.B., leprosy etc. patient can contact the Uttar Pradesh capital hospitals.

CHC Nawabganj has numbers of beds for intensive care and additional beds for patients who need long-term care. CHC Nawabganj has many specialized doctor like MD in medicine, Surgeon, Dentist, ENT Specialist, Eye Specialist, Heart Specialist, Diabetes Specialist Orthopedic Surgeon, Therapist and Pathologist etc.

CHC Nawabganj has many Pharmacist and staff nurses and other paramedical and non-medical staff which is devoted.

CHC Nawabganj is a leading super specialty hospital in Bareilly. It is providing first class treatment & healthcare services in Bareilly city.

Infrastructure Highlights:

- 30 Beds .
- 24x7 Emergency Services.
- Wards for males and female
- General OPD
- Laboratory for routine body fluid analysis
- Radiology department
- Dental department
- Vaccination centre
- DOTS centre
- Eye centre
- Leprosy centre

CHC NAWABGANJ BAREILLY

VISION: Its vision is to be known for its excellence, high quality, and exemplary attitude towards work, development and patient satisfaction in healthcare. It ensures that its patients receive an even higher quality of healthcare services on primary healthcare level. With its commitment to increase the level of satisfaction for its employees, it is awarded as the Family-friendly organization title. This title supports its attempts for improving work process management and quality of work environment to ease the organization of professional and private life for its employees.

MISSION: Community Health Centre Nawabganj is a public institution, which is open, dynamic and focused on development. It wish to provide all users of its healthcare services a high-quality and timely access to healthcare services. Its mission is to provide treatment to residents in Nawabganj and wider region in accordance with established doctrine and healthcare ethics.

VALUES: Its core values are:

- High level of quality in patient treatment
- Accessibility of health care services
- Employee and patient safety
- Employee motivation and training
- Investment into infrastructure, modern equipment and facilities
- Education on all levels

CHC Nawabganj has following comprehensive services under one roof:

CHC Nawabganj is the first referral unit with the objectives of:

- Make available medical treatment and other facilities to the citizens
- To provide advice, treatment and support that would help to cure the ailment to the extent of medically possible
- To ensure that the treatment is best on well considered judgment and is timely comprehensive and with consent of citizen
- To ensure awareness about ailment
- To reduce grievances in this regard

CHC has timing of 8 am to 2 pm of regular OPD and emergency 24 hours.

STAFF: It has one superintendent, one specialist, four medical officers, one anesthetist, one dental surgeon, seven nurses with one head nurse, dental hygienist, health education officer, support staff including ward boys, housekeeping staff, cook, ASHAs and ANMs.

FACILITIES: Includes:

1. Services for indoor patients
2. OPD
3. Test facilities
4. X-ray facilities
5. OT facilities
6. Ambulance
7. Delivery
8. Abortion
9. Immunization
10. Eye cure
11. Leprosy cure
12. Free provision of OCP and condoms
13. Training and awareness of ANM and ASHA

CHC is constructed in to two floors in a following manner

GROUND FLOOR: It has

1. **OPD:** It caters around 250-300 patients everyday of varied illness and requirements
2. **WARDS:** separate wards for male and female total comprising of 30 beds
3. **LABORATORY :** carries out routine investigations of blood and urine
4. **RADIOLOGY:** conducts routine chest and bone x-ray.
5. **VACCINATION BLOCK:** it provides vaccination to newborn till age of five and maternal antenatal vaccination is also carried out here
6. **PHARMACY:** for dispensing medicines for different ailments
7. **MEDICAL SUPERINTENDENT ROOM**

FIRST FLOOR: it has

1. **ACCOUNTS OFFICE:** for carrying out various administrative work and accounts related work
2. **DOTS CENTRE:** for delivering medications for tuberculosis to the patients , functional on three working days i.e Monday, Wednesday and Friday
3. **TRAINING ROOM:** to provide training to ASHA and ANM on various health issues and running programs
4. **MEETING HALL**
5. **DENTAL OPD:** comprising of dental surgeon and an assistant
6. **HEO ROOM**
7. **LEPROSY UNIT**
8. **OPERATION ROOM:** for carrying out c-sections in emergency

VARIOUS HEALTH PROGRAMS IN PROCESS ARE:

1. Regular vaccination of children between the age of 0-5 years
2. **Janni suraksha yogna**-explaining about nutrition , hygiene, gap between birth and various family planning issues
3. **Anemia control program**
4. **Mission Indra Dhanush**- It aims to immunize all children under the age of 2 years, as well as all pregnant women, against seven vaccine preventable diseases. The diseases being targeted are diphtheria, whoopingcough, tetanus, poliomyelitis, tuberculosis, measles and Hepatitis B. In addition to these, vaccines for Japanese Encephalitis and Haemophilus influenzae type B are also being provided in selected states
5. **Vector control program**
6. **Mamta program**- training of mothers about hand hygiene, nutrition , vaccination and health of new born
7. **Adolescents' friendly health clinic**- to educate them on various teen age issues.

DISSERTATION REPORT

ABSTRACT

Objective:

This study was carried out to assess the oral hygiene awareness and practices amongst patients visiting the Department of dental surgery at CHC Nawabganj Bareilly Uttar Pradesh.

Methods:

A cross-sectional study was carried out amongst the patients visiting the Department of dental surgery at CHC Nawabganj Bareilly Uttar Pradesh.. A total of 100 patients were selected using a convenient sampling technique and a self-constructed questionnaire was presented to them. Responses from the patients were evaluated in terms of numbers and percentages.

Results:

The results of the study show an acute lack of oral hygiene awareness and limited knowledge of oral hygiene practices as well as effect of poor oral hygiene on systemic health.

Conclusion:

There is an urgent need for comprehensive educational programs to promote good oral hygiene and impart education about correct oral hygiene practice

ORAL HYGIENE AWARENESS AND PRACTICES AMONGST PATIENTS ATTENDING DENTAL OPD AT CHC NAWABGANJ BAREILLY

BACKGROUND AND RATIONALE FOR STUDY

Health is one of the most valuable assets one can possess. Oral health is now recognized as equally important in relation to general health. Oral health may be defined as a standard of health of the oral and related tissues which enables an individual to eat, speak and socialize without active disease, discomfort or embarrassment and which contributes to general well-being.

Oral diseases can be considered a public health problem due to their high prevalence and significant social impact. Data from previous studies indicates that the majority of people visit a dental professional only for symptomatic and curative purposes. One of the most important factors that decide the dental health of a population is the outlook of its people toward their dentition.

Knowledge of oral health is considered to be a prerequisite for health related behavior. It has been shown that rural Indian community, who constitute more than 70% of the Indian population, has a low level of oral health awareness and practice when compared to urban. Health workers knowledge, attitude and practices (KAP) toward oral health to a great extent influences the community as they can extend health education at the first contact in the community and hence should possess good oral health. According to World Oral Health report 2003, the prevalence of periodontitis is 86% in India. Dental care can sometimes be a forgotten part of a healthy life style. While its importance is often underestimated, the need for regular dental care cannot be overstated. Oral health has been neglected for long in India.

RATIONALE OF THE STUDY Since it has been seen that the oral hygiene awareness has been low in this particular region as dental services are being provided since 2001 so study was planned to assess the oral hygiene awareness amongst the people attending the dental opd at CHC Nawabganj which caters to the need of mixed rural and urban population

REVIEW OF LITERATURE

Oral diseases are a major public health concern owing to their high prevalence and their effects on the individual's quality of life. The possible etiological factors leading to these oral diseases are genetic predispositions, developmental problems, poor oral hygiene and traumatic incidents. Oral hygiene behavior and seeking oral health care depend on a number of factors. Patients comply better with oral health care regimens when informed and positively reinforced.

Lack of information is among the reasons for non adherence to oral hygiene practices. Further, oral health attitude and beliefs are significant for oral health behavior. Keeping a healthy oral profile requires joint efforts from the dentist as well as the patient himself. One of the most important factors that decide the dental health of a population is the outlook of its people toward their dentition.

Oral health knowledge is considered to be an essential prerequisite for health related behavior, although only a weak association seems to exist between knowledge and behavior in cross-sectional studies, nevertheless studies have shown that there is an association between knowledge and better oral health.

Although many studies have been carried out from time to time to assess the knowledge and behavior of people about oral health, there is still a dearth of education regarding the same especially for rural people, who make up for more than 70% of the population in India. Furthermore, even the people living in cities, in spite of having easy access to dental care, fall

prey to dental diseases due to their negligence in dietary habits and unhealthy life-style. Therefore the present study was conducted to assess the oral hygiene awareness and practices amongst patients visiting the dental OPD at CHC Nawabganj Bareilly. Preventive dental care is almost nonexistent in the rural areas and very limited in the urban areas of India. It is, therefore, essential to combat oral diseases as a preventive approach, with the focus on health education and promotion, which should be given prime importance.

According to a previous study carried out, a greater percentage of people, believed that safe drinking water (98.9%), living environment of the person (96.6%) and a balanced diet, affect health more than availability of health services (59.8%) or the ability of the health care system to meet the needs of the people (55.2%) respectively. Reports of another survey suggest that a vast majority (87%) of the people considered oral hygiene tasks unpleasant. The staff experienced, always or sometimes, resistance from the residents toward oral care. Literature on the oral health knowledge and oral hygiene status of health care professionals of India is almost non-existent.

Dumitrescu and Kawamura (2009) conducted a field investigation on prevalence of caries in Bucharest, Romania. They found that “hopeless” participants were more likely to self evaluate their dental health as poor/very poor to be less satisfied by the appearance of their teeth, to report more non-treated caries, to brush their teeth less than twice a day and never use mouth rinse. They also found ‘hopeless’ participants were apt to have lower educational level, brush less frequently, have higher financial problems as the reason for not visiting the dentist, and report higher anxiety.

From the published literature, it is evident that socio-behavioral and environmental factors play an important role in maintaining good oral health. This includes nutritional status, tobacco smoking, alcohol, hygiene, stress, systemic conditions, etc. Since the mouth is regarded as the mirror of the body, it is very important to have a good oral health for maintaining a good general health. Oral health, directly or indirectly influences the quality of life of a person. Especially in children the negative impact of oral diseases, on quality of life has been reported since many years. In young children the burden of oral disease restricts activities in school, work, and home leading to loss of many potential working hours.

The practice of maintaining the mouth clean and healthy by brushing and flossing to prevent tooth decay and gum disease is described as Oral hygiene. Maintaining good oral hygiene is considered a lifelong habit. Moreover, these oral health habits are said to begin in an early stage of life. In order to follow healthy oral habits, it is important to have good knowledge and attitude toward oral health. The knowledge is derived from information and the information, when accepted and believed will be translated into an action which in turn becomes a habit. A good knowledge about oral health is essential for oral health related behavior.

OBJECTIVES

GENERAL OBJECTIVE:

To determine the level of oral hygiene awareness and practices amongst the people attending the dental OPD at CHC Nawabganj and to make necessary recommendations to improve the overall oral health among the community

SPECIFIC OBJECTIVES:

1. To assess the oral hygiene awareness amongst the people attending dental OPD
2. To learn about oral hygiene practices amongst the people attending the dental OPD at
CHC Nawabganj
3. To make necessary recommendations to improve the overall all oral health of the
community

METHODOLOGY

- i. **STUDY AREA-** CHC Nawabganj Bareilly
- ii. **STUDY DESIGN-** Cross- sectional study.
- iii. **STUDY DURATION-** 3 months (1st Feb,2017-30th April,2017)
- iv. **STUDY POPULATION-**Patients attending the dental OPD
- v. **SAMPLE SIZE:** 100
- vi. **SAMPLING TECHNIQUE:** Non probability convenient sampling technique
- vii. **MODE OF DATA COLLECTION-** A self-constructed 16-item close-ended questionnaire was distributed to all subjects above 18 years of age in English and was filled by me for illiterate persons. The questionnaire included information related to the patient's name, age, gender, occupation, and residential area It was further categorized to evaluate the knowledge, practices, and behavior pattern related to oral health. After distribution of questionnaire, 10 min were allotted for completing the questionnaire. The completed questionnaires were then analyzed statistically to obtain the results in terms of percentages.
- viii. **INCLUSION CRITERIA:** Patients above 18 years of age, willing to participate, who gave informed consent, and were able to understand and answer the questions, were included in the study.
- ix. **EXCLUSION CRITERIA:** Patients attending the OPD with severe periodontal disease, space infections and those who were not willing to give their consent
- x. **DATA ANALYSIS:** Data was entered in a Microsoft excel sheet and was analyzed using table ,graphs and pie charts in terms of percentages and numbers

- xi. **VARIABLES USED:** Variable is a characteristic of a person ,object or phenomenon which can take on different values. There are numerical variables(discrete and continuous) and categorical variable(nominal ,ordinal and dichotomous)

CATEGORICAL VARIABLES

<u>NOMINAL VARIABLES</u>	<u>ORDINAL VARIABLES</u>	<u>DICHOTOMOUS VARIABLES</u>
Way of brushing teeth	Education level	Use of mouth wash
Reason of visit to dentist	Socio economic status	Changing of tooth brush
Eating disorders	Oral hygiene perception	Use of interdental aid
Types of interdental aids used	Income level	Rinsing mouth after meals
Medications	Softness of toothbrush	Noticed bleeding from gums
	Frequency of eating chewing gum containing sugar	Noticed bad breath
	Brushing frequency	Visit to dentist
	Use of mouth wash	

NUMERICAL VARIABLES

DISCRETE VARIABLES	CONTINUOUS VARIABLE
Number of time person brushes teeth	Age
Frequency of changing toothbrush	
Use of floss	
Frequency of dental visit	
Frequency of using mouth wash	

STUDY FINDINGS

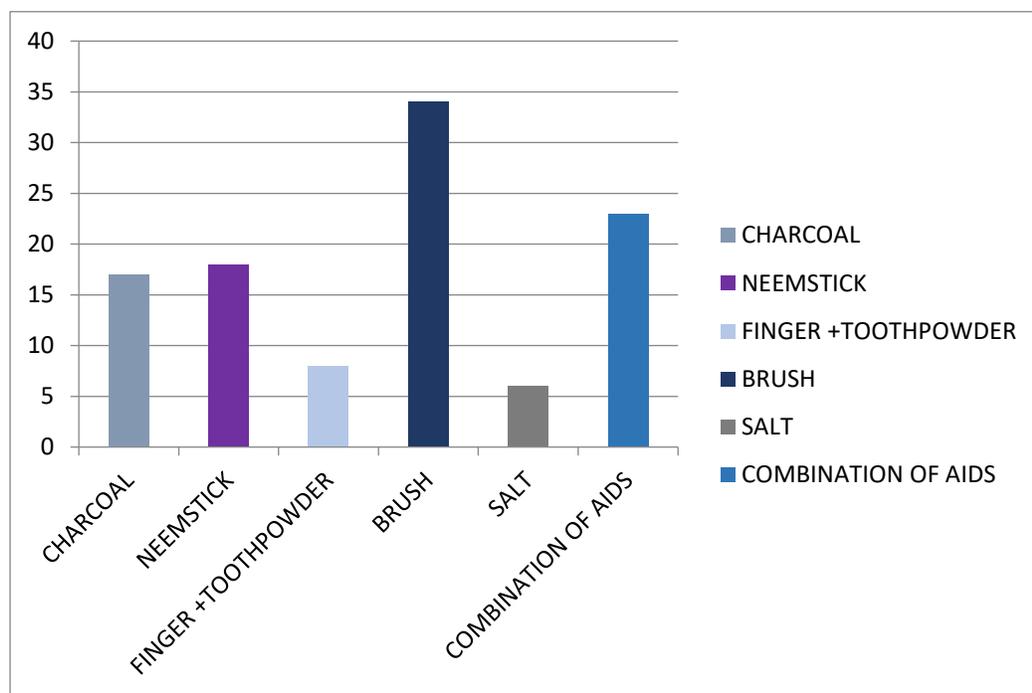
In the present study, questionnaire was distributed to 100 patients who were selected randomly. Of the 100 participants, 54% were male and 46% were female. Fifty-six percent of these participants were literate and the remaining 44% were illiterate. It has been found that the people actually lack awareness. Ten percent of subjects used a mouth wash . Interestingly enough, they used it to treat malodor. Our study showed that 54% of the subjects visited a dentist when they were in pain. Unsurprisingly, standards of oral health are very poor in India, with a large proportion of the population being affected due to poor socio - economic conditions. In addition to this, two thirds of people have never seen a dentist. People are hardly aware about importance of changing tooth brush as most of them changed tooth brush only when it was not usable. Also the awareness of using interdental aids, mouth rinses and tongue cleaning hardly existed amongst the masses calling for a urgent need to oral health education.

The results are clearly depicted in following pages:-

TABLE:1 DIFFERENT TYPES OF CLEANING METHODS OTHER THAN TOOTH BRUSHING

CLEANSING METHODS	NO. OF PATIENTS
CHARCOAL	17
NEEMSTICK	18
FINGER +TOOTHPOWDER	8
BRUSH	34
SALT	6
COMBINATION OF AIDS	23

FIGURE:1 DIFFERENT TYPES OF CLEANING METHODS OTHER THAN TOOTH BRUSHING

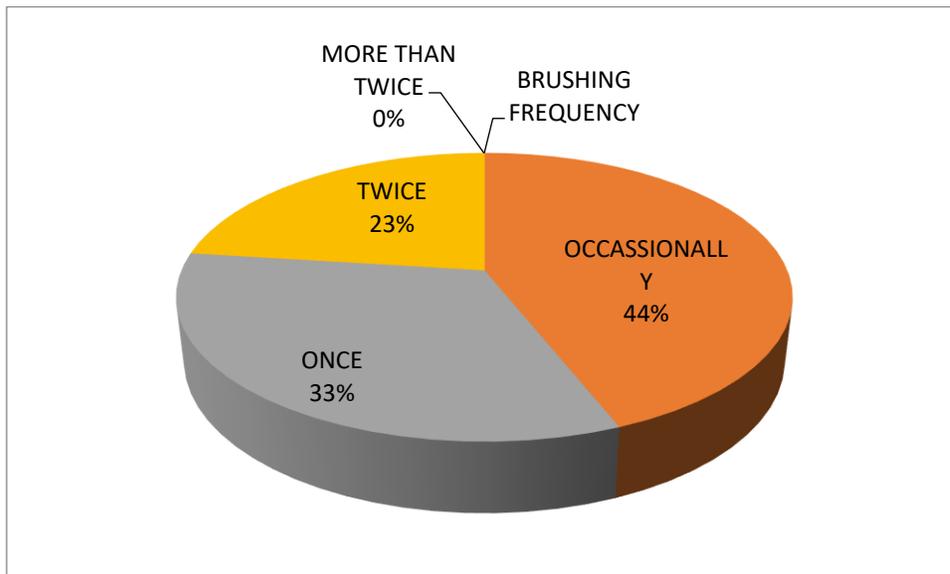


It is clearly evident from the above table and bar diagram that 34% of patients used tooth brush as cleansing aid followed by charcoal, neemstick, salt , tooth powder and combination in percentages of 17%, 18%, 6%,8% , 20%respectively

TABLE:2 BRUSHING FREQUENCY

BRUSHING FREQUENCY	NO. OF PATIENTS
OCCASSIONALLY	44
ONCE	33
TWICE	23
MORE THAN TWICE	0

FIGURE:2 BRUSHING FREQUENCY

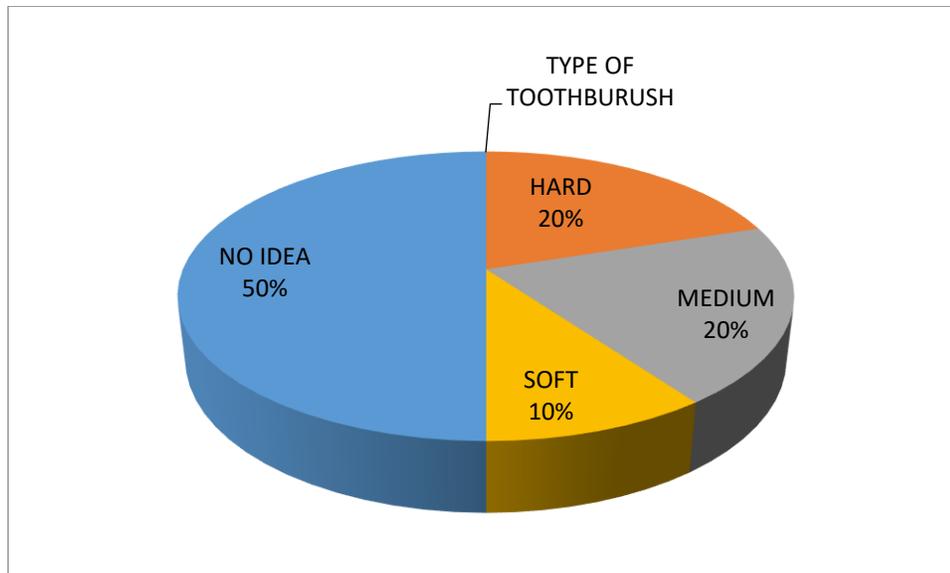


Forty-four percent people brush their teeth occasionally, 33% of them were brushing once a day, 23% were brushing twice a day, and none of them brushed more than 2 times a day

TABLE :3 TYPES OF TOOTH BRUSH BEING USED

TYPE OF TOOTHBURUSH	NO. OF PATIENTS
HARD	20
MEDIUM	20
SOFT	10
NO IDEA	50

FIGURE:3 TYPES OF TOOTH BRUSH BEING USED

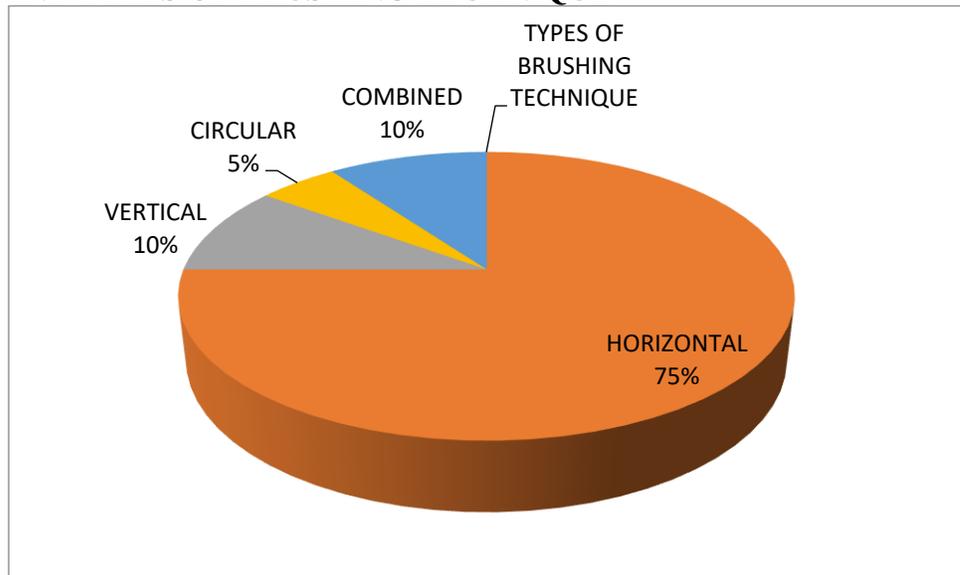


Approximately 50% of the participants were unaware about the type of tooth brush used by them and only 10% of the sample use soft tooth brush

TABLE : 4 DIFFERENT TYPES OF BRUSHING TECHNIQUE

TYPES OF BRUSHING TECHNIQUE	NO. OF PATIENTS
HORIZONTAL	75
VERTICAL	10
CIRCULAR	5
COMBINED	10

FIGURE :4 DIFFERENT TYPES OF BRUSHING TECHNIQUE

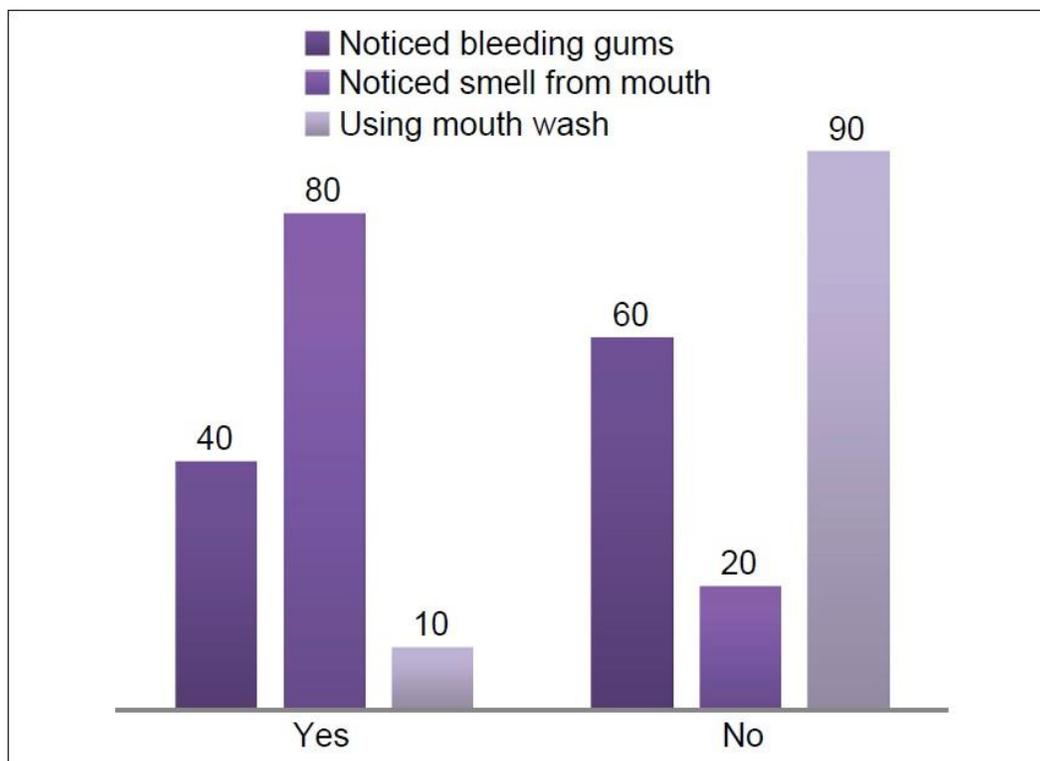


Around 75% of the subjects brush their teeth in horizontal direction, which is the most dangerous method of brushing

TABLE :5 PERCENTAGE OF PEOPLE NOTICED BLEEDING FROM GUMS AND SMELL FROM MOUTH

PEOPLE NOTICED BLEEDING AND SMELL	YES	NO
NOTICED BLEEDING FROM GUMS	40	60
NOTICED SMELL FROM MOUTH	80	20
USING MOUTH WASH	10	90

FIGURE :5 PERCENTAGE OF PEOPLE NOTICED BLEEDING FROM GUMS AND SMELL FROM MOUTH

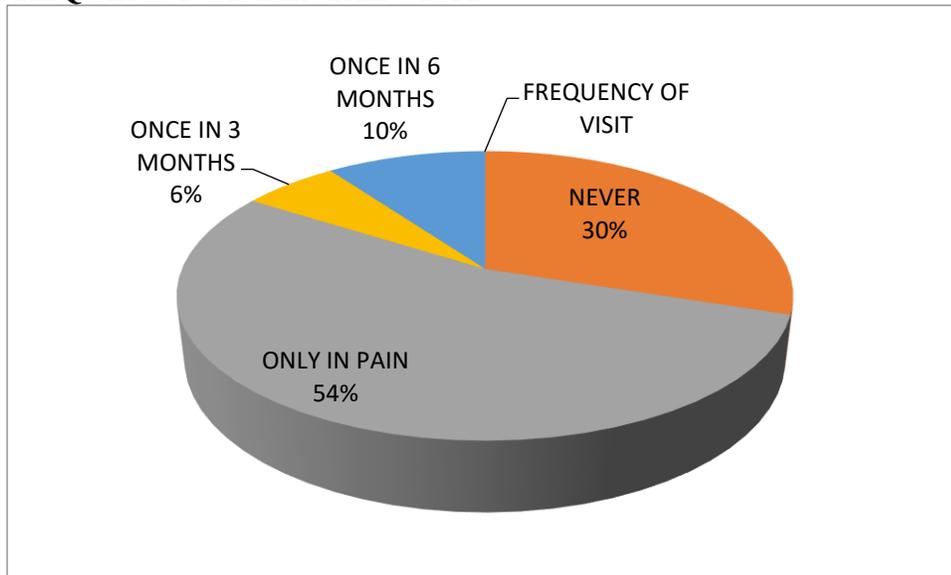


Around 80% noticed smell from the mouth and 40% noted bleeding from gums but 90% people didn't do anything about it.

TABLE :6 FREQUENCY OF DENTAL VISIT

FREQUENCY OF VISIT	NO. OF PATIENTS
NEVER	30
ONLY IN PAIN	54
ONCE IN 3 MONTHS	6
ONCE IN 6 MONTHS	10

FIGURE : 6 FREQUENCY OF DENTAL VISIT

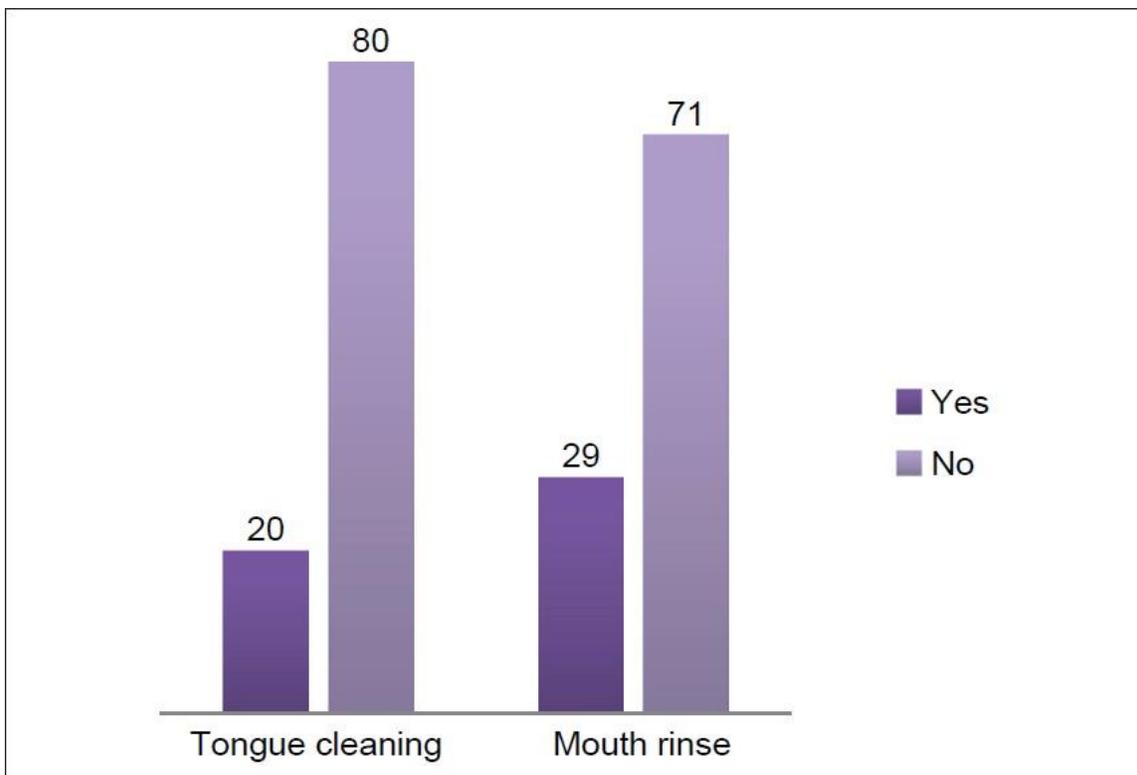


Although 40% noticed bleeding from gums, only 10% among them want to get their teeth cleaned , 50% of the population, visit dentist only in pain

TABLE :7 PEOPLE CLEANING TONGUE AND USING MOUTH WASH

PEOPLE CLEANING TONGUE		PEOPLE RINSE THEIR MOUTH AFTER EATING	
YES	NO	YES	NO
20	80	29	71

FIGURE: 7 : PEOPLE CLEANING TONGUE AND USING MOUTH WASH

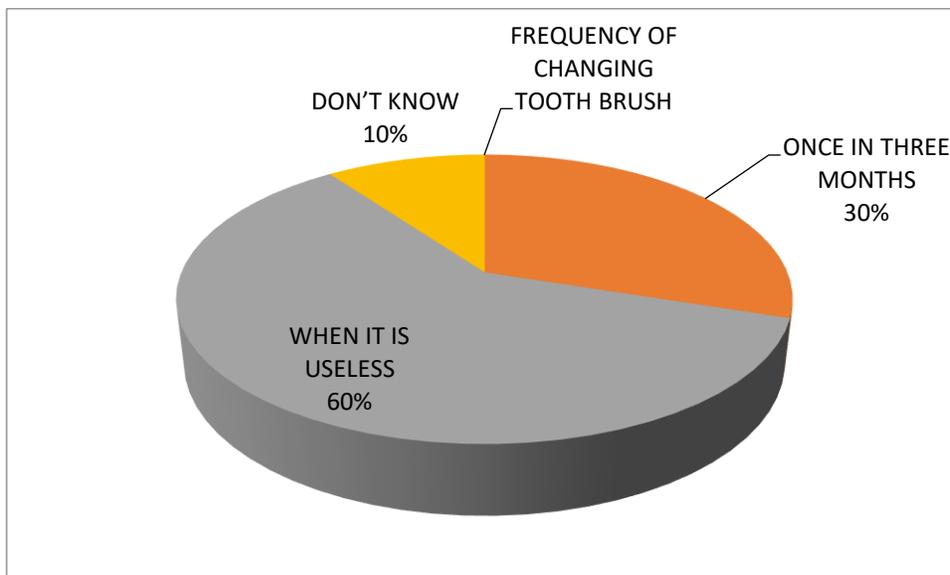


Only 20% of the sample cleans their tongue and only 29% rinse their mouth after eating

TABLE :8 PEOPLE CHANGING TOOTH BRUSH

FREQUENCY OF CHANGING TOOTH BRUSH	NO. OF PATIENTS
ONCE IN THREE MONTHS	30
WHEN IT IS USELESS	60
DON'T KNOW	10

FIGURE :8 FREQUENCY OF CHANGING TOOTHBRUSH



Almost 60% of patients use their brush till it is useless,30% replace in three months,and almost 10% of people doesn't know whether they have to replace the brush.

DISCUSSION

The present study has confirmed the general opinion that oral hygiene has still remained as an ignored and unrealized major social problem. Preventive oral health education is in transitional stage in India. Population based oral health promotional programs are yet to be implemented and followed. Majority of the people are unaware about the relationship between oral hygiene and systemic diseases or disorders.

Most diseases show their first appearance through oral signs and symptoms and they remain undiagnosed or untreated because of this missing awareness. According to the consumer usage and attitudes study done in 2010, among the most shocking of revelations is that nearly half of the Indian population does not use a tooth brush and only 51% brushed their teeth using a tooth brush and toothpaste.

Although brushing was the commonly used method of cleaning, the percentage of subjects brushing their teeth twice daily is 23% , which is very less as compared with 58% of the Police recruits in a study by Dilip, 62% of the Kuwaiti adults in a study by Al-Shammari *et al*

It is noteworthy that 75% of the respondents brushed their teeth using traditional horizontal method, which will jeopardize the tooth structure . This finding is in agreement with that of the study done by Zhu *et al.* where 60% of the sample did the same

Thirty percent change their toothbrush once in 3 months while 60% change their brush only when it is useless. Only 20% of the studied population showed that they clean their tongue either with tooth brush or tongue cleaner. Also, only 29% of the sample population rinses their mouth after

eating food. This missing and very basic method of maintaining oral hygiene is a clear indication of lack of awareness.

Ten percent of subjects used a mouth wash to treat malodor. Our study showed that 54% of the subjects visited a dentist when they were in pain, which is similar to the study done by Nabil Al-Beirut, in 1997, where 69.5% of the participants reported visiting a dentist only when they have pain..

Missing awareness about the crucial role of regular dental checkups in preventing and detecting dental diseases is another gap in public education. As dentists, it is our responsibility to educate and motivate people to visit a dentist.

CONCLUSION AND RECOMMENATION

The indifferent results of this study in Nawabganj is a critical indicator of the task on hand, the task to spread awareness among the masses about Oral Hygiene. The information on developments in vital combination of Oral Hygiene, Oral Diagnosis, and overall health needs to be spread by us, the dentists. Establishing and demonstrating this connection will be critical to achieve this goal and this process will have to be taken at all levels including a definite beginning with our patients.

- i. Reinforcing the importance of correcting all aspects related with brushing and flossing along with the importance of regular checkups.
- ii. Dental cast to be used to teach the correct method of cleaning tooth and tooth structures
- iii. Posters demonstrating the importance of oral hygiene and consequences of not doing the same on oral and general health
- iv. The task of spreading this awareness extends beyond our clinic to general masses and it will have to be achieved in a similar way by various outreach programs and relevant public health awareness measures through various mediums, such as Print/Press Media, Audio/Radio/Television, Internet, and Organizing Social Activities.
- v. Conducting small seminars to teach the importance of oral hygiene to the staff so that they act as a source to guide the general patients
- vi. All of these and more innovative methods of reaching the public will not only ensure a healthy individual but a healthy society as well.
- vii. Evaluation of community oral disease prevention and oral health promotion programmes should integrate with general evaluation of health programmes
- viii. School programme should be started laying emphasis on oral hygiene importance and throwing light on importance of using tooth brushes, mouth washes and other interdental aids so that oral health and overall health be improved .

ETHICAL CONSIDERATIONS

- i. The safety of patients was ensured.
- ii. The confidentiality of the patients filling the questionnaire was maintained
- iii. The informed consent was taken prior to giving of questionnaire
- iv. None of the patients were forced to be the part of the study
- v. No leading questions were asked

LIMITATIONS OF THE STUDY

- i.** There was resources scarcity.
- ii.** The study was entirely institution based so the results cannot be applied on entire population of the place
- iii.** Since I was the only person in the department and the patient load was excessive with limited OPD hours it was difficult to take many subjects in a day. Also there was lack of helping personnel.
- iv.** Lack of availability of instruments did not allowed to take exact condition of periodontium as pulp testers, periodontal probes were unavailable
- v.** Lack of knowledge regarding the importance of oral hygiene made people hesitant to be the part of the study.

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ANNEXURE 1 : PROFORMA USED

<u>Proforma</u>			
NAME:	_____		
AGE :	_____		
SEX:	Male	<input type="checkbox"/>	Female
OCCUPATION:	_____		
ADDRESS:	_____		
Socio-economic status:	Upper Class	<input type="checkbox"/>	Upper Middle class
	Lower Middle	<input type="checkbox"/>	Lower class
1. Do you clean your teeth?	Yes	<input type="checkbox"/>	No
2. If yes, how do you clean your teeth?	Neem Stick	<input type="checkbox"/>	
	Charcoal	<input type="checkbox"/>	
	Finger and tooth powder	<input type="checkbox"/>	
	Finger and Brick powder	<input type="checkbox"/>	
	Finger and salt with oil	<input type="checkbox"/>	
	Finger and salt	<input type="checkbox"/>	
	Tooth brush and tooth paste	<input type="checkbox"/>	
	Tooth brush and tooth powder	<input type="checkbox"/>	
	Any other, specify:	_____	
3. How often do you clean your teeth?	Occasionally	<input type="checkbox"/>	Once daily
	Twice daily	<input type="checkbox"/>	More than twice
4. What type of brush do you use?	Hard	<input type="checkbox"/>	Soft
	Medium	<input type="checkbox"/>	Never noticed
5. Which technique do you use for brushing?	Horizontal	<input type="checkbox"/>	Vertical
	Circular	<input type="checkbox"/>	Combined
6. Do you change your brush?	Yes	<input type="checkbox"/>	No
7. If yes, then how often do you change your tooth brush?	When useless	<input type="checkbox"/>	Once in 3 month
	Every 6 months	<input type="checkbox"/>	Once a year
8. Do you know what Interdental aids are?	Yes	<input type="checkbox"/>	No
9. Do you use any of these Interdental aids?	Floss	<input type="checkbox"/>	Interdental Brush
	Wooden toothpick	<input type="checkbox"/>	
10. Do you clean your tongue?	Yes	<input type="checkbox"/>	No
11. Do you rinse your mouth after eating?	Yes	<input type="checkbox"/>	No
12. Do you use a mouth-wash?	Yes	<input type="checkbox"/>	No
13. Have you ever noticed bleeding in your gums?	Yes	<input type="checkbox"/>	No
14. Have you ever noticed smell from your mouth?	Yes	<input type="checkbox"/>	No
15. Do you visit a dentist, how often?	Never	<input type="checkbox"/>	Only in Problem
	Once in 3 month	<input type="checkbox"/>	Once in 6 months
	Once a year	<input type="checkbox"/>	Any other: _____
16. Do you want to get your teeth clean?	Yes	<input type="checkbox"/>	No
		<input type="checkbox"/>	
Patient's Name and Signature		Doctor's Name and Signature	

CONSENT FORM

I Dr. Swati Singh(Dental Surgeon) is conducting a study on “Oral hygiene awareness amongst the patients attending the dental opd at CHC Nawabganj”. The objective of the study is to analyze the oral hygiene awareness and oral hygiene practices being followed amongst adults of Nawabganj. I request your help in conducting my research by filling a questionnaire that would roughly take 15 minutes but will be of indeed help to me and community. Your participation and withdrawal from the study, however, will be totally voluntary without any consequences. There would be no monetary charges for participation. If you have any doubts or concerns regarding the issue you are free to contact our medical superintendent Dr.Ghanshyam.

Name of the patient:

Signature of patient:

Name of the researcher:

Signature of researcher

Date:

