The dental attitudes, oral health behaviours and self-perceived oral health status of an urban area of Nigerian

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ABSTRACT

Objective: This study was done to investigate the dental attitudes, oral health behaviors and self-perceived oral health status of an urban area of Nigeria.

Methods: This descriptive cross-sectional survey involved self-reported
questionnaires. The subjects were 301 Nigerians, aged 10 to 70 years. Attitudes studied included the importance of oral health and feelings towards visits to the dentist. Behaviors were represented by tooth brushing and chewing stick usage. Self-perceived oral health was represented by awareness of the presence and cause of decayed teeth; self-assessed gum bleeding; and perceived oral manifestation of systemic diseases.

Results: It was noted that 90.4% of the participants rated their oral health status as good/excellent and 9.6% as poor/fair. Almost half of the participants (44.9%) have visited the dentist before the conduct of the study. Most times (79.8%) such visits were for treatment purpose. The age of the respondents was not related to the self-perceived oral health status (P>0.05). There was a significant association between the gender of the respondents and self-perceived oral health status (P<0.05). The association between the age of the respondents and the frequency of tooth brushing daily was not significant (P>0.05). The association between the gender of the respondents and the frequency of tooth brushing daily was not significant (P>0.05).

Conclusion: Gender is associated with the self-perceived oral health status among Nigerians. The preponderance of Nigerians assessed their oral health status positively and a greater number reported using toothbrushes for maintaining good oral hygiene. Pain is still the main reason for visit to the dentist. Routine dental checkup is low among majority of Nigerians.

Keywords: Attitudes, self-perceived, oral health, Nigeria.

INTRODUCTION

Health is wealth’ is a popular and widely accepted saying. Oral health is a vital tool for attaining good general health (Petersen and Kwan, 2004). Oral diseases and disorders cause physical discomfort, pain, infection and tooth loss (US Department of Health and Human Services, 2000). They are also associated with difficulty in chewing, swallowing, speaking, and can disturb sleep and productivity (US Department of Health and Human Services, 2000; Petersen and Kwan, 2004). Thus, oral diseases and disorders affect people’s life as well as their social networks and the productivity of the citizens nationwide (US Department of Health and Human Services, 2000; Harford and Spencer, 2007; NIDCR, 2010).

Oral care practices such as brushing with fluoride toothpaste and regular dental checkup are necessary measures for maintaining good oral health (Cohen and Cotton, 2006; Cohen et al., 2011). The use of the chewing stick as well as other oral hygiene practices in association with oral health was considered in Saudi Arabia (al-Otaibi M, 2004). It is interesting to know that studies have established the existence of poor oral health utilization, oral health habits and poor oral health status among adult Nigerians (Olusile et al., 2014). The
oral health was investigated in association with oral self-care behaviours: while comparing Greek and Japanese dental students (Polychronopoulou and Kawamura, 2005). The relationships between self-rated oral health, subjective symptoms, oral health behavior and clinical conditions in Japanese university students were investigated few years ago (Kojima et al., 2013). Another study involved an assessment of oral self-care level among Japanese dental hygiene students and general nursing students (Kawamura et al., 2000).

A remarkable study investigated the determinants of oral health behaviour among senior dental students in Nigeria (Folayan et al., 2013). Dental practitioners have documented data on oral self-care practices, dental medical doctors in Nigeria (Azodo and Unamatokpa, 2012). Researchers in the western part of Nigeria investigated self-rated oral health status, oral health service utilization, and oral hygiene practices among adult Nigerians (Olusile et al., 2014). An interesting study looked into traditional oral health practices among Kanuri women of Borno State, Nigeria over a decade ago (Bukar et al., 2004). Scanty literatures exist on the dental attitudes, oral health behaviours and self-perceived oral health status of Nigerians of different socioeconomic strata. This study was done to investigate the dental attitudes, oral health behaviours and self-perceived oral health status of a sub urban region in Delta State, Nigeria.

MATERIALS AND METHODS

The study was perpetrated between June and December, 2011. The study was conducted in Delta State, a state in the southern part of Nigeria. The target population for this survey was the Nigerians who are adolescents, adults and elderly. This descriptive cross-sectional survey employed multistage sampling and involved self-reported questionnaires. The subjects were 301 Nigerians, aged 10 to 70 years. The questionnaire was structured and contained information on the socio-demographic characteristics, oral hygiene practices and oral health services utilization pattern of participants. Attitudes studied included the importance of oral health and feelings towards visits to the dentist. Behaviours were represented by tooth brushing and chewing stick usage. Self-perceived oral health was represented by awareness of the presence and cause of decayed teeth; self-assessed gum bleeding; and perceived oral manifestation of systemic diseases. Ethical approval was obtained from the Research and Ethics Committee in the Faculty of Basic Medical Sciences of the Delta State University prior to the onset of the fieldwork. Verbal consent was obtained from all the participants prior to the commencement of the study. Electronic data processing was done using SPSS statistical software version 18.0. Pearson’s chi squared test of association was used to determine whether there were associations between oral hygiene habits (i.e. the dependent variables namely frequency of
tooth brushing and tools used) and gender as well as age (the independent variables). Also considered was the association between self-perceived oral health (dependent variable) and gender as well as age. Associations were regarded as significant when the p-values were equal or less than 0.05.

RESULTS

Table 1: Socio-demographic characteristics of the respondents.

Table 2: Awareness, perception and attitude related to oral health among the respondents.

Table 3: The relationship between socio-demographic features and self-perceived oral health status of the respondents.

Table 3 shows that the association between the age of the respondents and self-perceived oral health status was not significant (P>0.05). The association between the gender of the respondents and self-perceived oral health status was significant (P<0.05).

Table 4: The relationship between socio-demographic features and frequency of tooth brushing per day among the respondents.

Table 4 shows that the association between the age of the respondents and the frequency of tooth brushing daily was not significant (P>0.05). The association between the gender of the respondents and the frequency of tooth brushing daily was also not significant (P>0.05).

Table 5: Knowledge of the respondents about the detection of the early signs of systemic diseases in or around the mouth.

Table 5 shows that the association of the knowledge of the respondents about the detection of the early signs of systemic diseases in or around the mouth with the age and gender of the respondents were significant respectively (P<0.05).

DISCUSSION

The present study revealed that 44.9% had visited the dentist, 44.8% brushed once daily, 50.2% brushed twice daily and 5% brushed more than twice daily. A
national survey involving 7630 persons from the 6 geo-political zones in Nigeria reported that only 26.4% had visited the dentist and 42.0% brushed twice daily (Olusile et al., 2014). This study disclosed that 55.1% had no previous history of dental attendance and 90.4% perceived their health status as good/excellent. Azodo and Unamatokpa (2012), in their study among medical house officers, reported that 61.9% had no previous history of dental attendance and 64.9% perceived their health status as good/excellent. Another Nigerian study revealed that a good proportion (58.3%) of the study subjects felt that their oral health status was good or very good (Olusile et al., 2014). The association between the gender of the respondents and self-perceived oral health status was significant (P<0.05) in the present study. This did not concur with the findings from another Nigerian study where there was no significant gender difference in the perceived oral health status (Azodo and Unamatokpa, 2012). Majority of the participants (92.4%) reported using both a toothbrush and toothpaste for cleaning their teeth. A certain study reported that 99.1% of the participants reported using both a toothbrush and toothpaste for cleaning their teeth (Bukar et al., 2004). A Nigerian study reported the use of toothbrush and fluoride toothpaste as a cleaning aid in over 90% of the participants (Iwuala et al., 2015). A small number of the participants (3.7%) reported using items such as cotton wool, water and salt for mouth cleaning. This concurred with previous findings from other Nigerian researchers (Sofola and Orenuga, 2005; Jeboda et al., 2009; Sofola et al., 2002). The frequency of chewing stick use among the subjects in this study (4%) was lower than the 7% reported among 100 undergraduate students in the Nigerian study by Akhimie et al., (2013). The elderly were seen to use chewing stick more frequently in a study from Cameroon (Malik et al., 2014). Dental pain was the most frequent reason (54.8%) for visiting the dentist in this study. This concurred with previous studies (Kawamura et al., 2000; Ostberg et al., 2001; Bukar et al., 2004; Komabayashi et al., 2005; Howe et al., 2010; Umeizudike et al., 2014). The present study has a remarkable limitation and that is the self-reported information which is associated with response bias caused by misinterpretations by individuals.

CONCLUSION

Gender is associated with the self-perceived oral health among Nigerians. The preponderance of Nigerians assessed their oral health status positively and a greater number reported using toothbrushes for maintaining good oral hygiene. Pain is still the main reason why people visit the dentist. Routine dental checkup is low among majority of Nigerians.

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