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## DEVELOPING A COMPACT QUESTIONNAIRE TO ASSESS THE IDEAL DENTIST AND PATIENT POPULATION RATIO IN CHENNAI CITY- A CROSS- SECTIONAL STUDY

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### ABSTRACT

**Aims and Objectives:** This study on ideal dentist and ideal patient is basically not choosing the best dentist or patient but instead the patient and dentist feedback to emphasize on “Dentist - Patient Relationship”. **Materials and Methods:** A cross-sectional study was conducted among this feedback jotted out on their opinions straight from the heart. A questionnaire comprising 18 questions on ideal dentist and 12 on ideal patient. The sample size is 500. The perceptions of patients on ideal dentist provided a hand book of easy rules that dentists need not carry' it along but just needed to inculcate it. **Results:** Habit of tooth brushing was more regular in girls when compared to boys. The most important factors in this research were the mother's socioeconomic background including age, basic education, occupation and attitude towards health education influence the children tooth brushing frequency with oral cleanliness. 76.53% of irregular brushing children and 87.34% of regular brushing children agreed that the brushing of teeth is necessary where as 23.47% of irregularly brushing children and 12.66% of regularly brushing children have disagreed. There was a statistically significant difference was found in the tooth brushing habits and oral hygiene among regularly and irregularly brushing children was 0.0001 and <0.0009. The fluoride consumption of regularly and irregularly brushing children was statistically significant (P<0.00012). **Conclusion:** Since dentist relies on service to the people, patients may prefer more importance. Conducting this study does not depend on dentist patient demands but to analyse dentist-patient relationship in the present and to work on the future.

### KEYWORDS

Dentist, Chennai, Population, Tooth brush and Ideal.

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### INTRODUCTION

The most important dental health habit is the maintenance of good oral hygiene. Oral hygiene plays a crucial role in preventing many oral diseases such as dental caries, gingivitis and periodontitis. Oral diseases are more common in children due to poor oral health habits. Proper care should be taken by creating awareness to their mothers regarding

oral hygiene so that they can teach their children in a better way to maintain good oral health<sup>1</sup>.

Among the various habits, the most essential one for growing children is habits of tooth brushing, mouth cleaning habits, gargling, cleaning of the tongue, various food habits as well as the most neglected habits of usage of fluorides. In present educated world maintenance of oral health process hence the parents should transfer these habits to their children as these habits would persist in them at an early age and therefore, later on, requires only reinforcement.

The frequency of tooth brushing increases with age. The habit of tooth brushing was greater among girls when compared to boys. The impact of socio economic status affects mostly boys but less among girls. Urban adolescents reported better habits than rural adolescents<sup>2</sup>.

Diet plays the most important role in maintaining good oral hygiene. An improper diet such as consumption of sweet, usage of sugars in drinks or food, consumption of milk during the night and various other sticky foods affect the oral cavity. Hence, it is essential to find out the various effective ways to correct this kind of pattern by mean of health education especially among the parents<sup>3</sup>.

The important factor in this research was the mother's socioeconomic background including age, basic education, occupation and attitude towards health education influence the children tooth brushing frequency with oral cleanliness. So dental health education is always considered to be an important and integral part of dental health service.

This study aims to analyze the oral health habits among school children of aged 3-4 years in Ramapuram Area, Chennai.

## **MATERIAL AND METHODS**

The cross-sectional study was conducted among school children of aged 3-4 years in the Ramapuram area on local schools namely Vivekananda and vidhyashram government school. The study was carried out in the year 2011. The ethical approval for this study was obtained from the Department of Public Health Dentistry, SRM dental college,

Ramapuram. The study purpose was explained to the school authorities and their permission was obtained. The sample size was estimated to be 376 children by using a convenience sampling method.

The inclusion criteria comprised of children who are willing to participate and the consent form fulfilled by parents, children with physical and mental well-being are included in the study. The exclusion criteria comprised of children not willing to participate, children with systemic diseases and those who are medically immune-compromised are excluded. The data was obtained by using a questionnaire based on the mother's background, offered three choices of place-semi-urban, rural and town areas.

The mother's influence regarding knowledge of health was determined by questionnaires of at what age mother should start health education. In order to access the tooth brushing frequency, the children were grouped under two categories-daily brushing children and occasionally brushing children. The child sugar consumption and intake of fluoride tablets also formed a part of the questionnaire. The data were analyzed by using chi-square test.

## **RESULTS AND DISCUSSION**

Among 3-6yrs old irregular tooth brushing children, 47% of girls habitually brush teeth when compared to boys. Of rural children, 40% were regular tooth brushers, on the other hand, this value was 60% and 90% in semi-urban and town respectively.

The chi-square analysis of tooth brushing and oral cleaning habits based on irregular percentage was saying yes was 73.53% whereas people saying no was 23.47% on the other hand daily brushing people saying yes were 87.34% and people saying no were 12.66%. The statistically significant difference was 0.0001.

Almost 60% of children aged 3 yrs had meals with sugar. Those children who used most sugar have more irregular brushing habits than others. Sugared milk was consumed by half the population of children. Gender doesn't correlate with the milk consumed at night. The rural children had higher sugar content in food and consuming high sugared milk. Consumption of sweets was more common in

girls and rural children than urban and semi-urban children.

The addition of sugar less than 2 times irregularly was 22.76% where as more than 3 times 77.24%. On the other hand, a daily consuming population less than 2 times was 20.22% and more than 3 times was 79.78%. The overall chi-square was estimated to be <0.0001.

The analysis was also done on the consumption of sweets. The irregularly based ones were 39.86% daily and 60.14% weakly. As such the daily ones were 31.71% every day and 68.29% weakly. Hence the chi-square analysis was 0.0007.

#### **Dental Health Promoting Habits**

Fluoride tablet usage was not found among the surveyed population. Toothpaste was most significantly used among children in urban areas than semi-urban and rural children [urban-75%, semi urban-30%, rural-10%]. The mother starts health education at 3 years of age which was statistically significant with tooth brushing. This age was preferred because irregular brushing was more common and proper care should be taken at this stage.

#### **Discussion**

The dental examination which was done among school children belongs to Ramapuram reveals good oral hygiene. The best return rate occurs in children with working mothers than non-working mothers. Young age mothers have less involvement in dental check-up than others this might be due to immaturity, lack of knowledge about parenthood and irresponsibilities.

Honkana *et al* has discussed the habits of oral health among Finnish children in 1988.89% of girls and 57% of boys brush their teeth regularly and the socioeconomic factor plays a major in maintaining good oral hygiene. This study shows the rate difference and awareness status among the mothers belonging to different areas. The government should organize and conduct oral health education programs mainly focusing on young people living in rural areas with poor socioeconomic status<sup>2</sup>.

Albertson *et al* in the year 2010 has discussed the habits of brushing and the use of dentrifices among the population of Swedish adults and concluded that

they have poor knowledge and awareness regarding the habits of using dentrifices and brushing their teeth<sup>4</sup>.

Amin *et al* in the year 2008 have discussed the awareness and knowledge of oral hygiene, dietary habits and their association with dental caries among Saudia Arabia male children of that only 24.5% of children brushed their teeth twice a day and 44.6% of children used Miswak to clean their teeth. The socioeconomic factor plays a crucial role in maintaining good hygiene. This study concludes that children from low socioeconomic backgrounds had poor oral hygiene and has a higher incidence of caries occurrence<sup>5</sup>.

Grytten *et al* in the year 1988 discussed the dental health habits among Norwegian preschool children and concluded that the majority of children aged 36 months were caries-free and had good oral hygiene habits regarding tooth brushing and use of fluorides<sup>6</sup>.

Heloe *et al* in the year 1982 discussed the habits of dental health among adults of the Norwegian population and concluded that the consumption of sugar substances have associated with socioeconomic status<sup>7</sup>.

Honkala *et al* in the year 1990 has discussed the habits of oral health among European school children and concluded that the habit of tooth brushing was more common among girls when compared to boys. Proper oral health education should be provided to maintain good oral health<sup>8</sup>.

Hsieh *et al* in the year 2014 has discussed the factors affecting oral hygiene of Taiwanese children aged 6-9 years and concluded that consumption of sweetened drinks, improper brushing habits and habits of using betel quid are the most common factors that affect the oral hygiene among these children<sup>9</sup>.

Mattila *et al* in the year 1998 has discussed the habits of oral health among children and concluded that 13.2% of enamel caries and 22.6% dentinal caries were found among 3 years old children and their brushing habits were consistent<sup>10</sup>.

Rajab *et al* in the year 2002 has discussed behaviour oral health among school children of aged 6-16 years old and their parents in Jordan of that 79% of

parents maintained the good oral hygiene of their children, 42% of parents restricted intake sweetened products to children whereas 36% of parents maintained the regular dental checkups to maintain good oral health of their children. Most of the children visited dentists only for symptomatic conditions concluded that the irregular dental checkup and poor knowledge and awareness of children affect the oral health of children<sup>11</sup>. Wierzbicka *et al* in the year 2002 has discussed the habits of oral health among polish school children aged 6 and 12 years conclude that the poor knowledge and awareness of parents are the major factors affecting the oral health of children<sup>12</sup>.

The present study reported that oral hygiene was good among children with working mothers than non working mothers. Young age mothers have less involvement in dental check-up than others this might be due to immaturity, lack of knowledge and awareness of parenthood.

**Table No.1: Ideal dentist-population ratio**

S.No	Question	Answer (n) %				p
		Yes		No		
		Male	Female	Male	Female	
1	Visited a dentist	93	142	7	5	0.296
		93.0%	94.7%	7%	5.3%	
2	Explains treatment procedure	92	133	7	17	0.741
		92%	85.7%	8%	11.3%	
3	Treatment affordable	86	127	14	23	0.085
		86%	84.7%	14%	15.3%	
4	Feel comfortable	88	131	12	14	0.458
		88%	90.7%	12%	9.3%	
5	Dental care	33	75	67	72	8.774
		33%	52%	67%	48%	
6	Communicate	70	124	30	21	5.53h
		70%	82.7%	30%	17.3%	
7	Well dressed	89	131	11	19	0.158
		89%	87.3%	11%	12.7%	
8	Soothing words	86	127	14	23	0.085
		86%	84.7%	14%	15.3%	
9	Treatment prolonged	51	75	49	75	0.024*
		51%	50%	41%	50%	
10	Feel agitated	47	85	53	55	2.250
		47%	51.7%	53%	43.3%	
11	Bad breath	37	50	63	10	0.356
		37%	33.3%	63%	10.7%	
12	Current affairs	48	65	52	85	0.528
		48%	43.3%	52%	51.7%	
13	Annoyed by the dentist	36	69	64	81	2.463
		36%	40%	64%	54%	
14	Harsh or tough	37	60	63	90	0.227
		37%	40%	63%	60%	

**Table No.2: Descriptive Statistics of Frequency of Tooth Brushing**

S.No	Necessity of tooth brushing	Irregularly %	Daily %	P
1	Yes	7	87.34	0.0001
2	No	23.47	12.66	

**Table No.3: Descriptive Statistics of Sugar Consumption**

S.No	Habits of drinking night juices or milk	Irregularly %	Daily %	P
1	Yes	13.0	9.63	0.06
2	No	87.0	90.37	
<b>Addition of sugar</b>				
3	Less than 2 times	22.76	20.22	<0.0001
4	More than 3 times	77.24	79.78	
<b>Consuming sweet</b>				
5	Daily	39.86	31.71	0.0007
6	1 Weekly	60.14	68.29	

## CONCLUSION

Feedback about its value is still needed from students have completed the year, but in many had testified to the value of learning to overcome practical difficulties. They have learnt that original work is full of frustrations and that success in achieving any sort of conclusion depends on persistence. They have also testified to the reward of seeing their own risking completed form<sup>15</sup>. The validation of this year may also require that there be some independent assessment of the completed projects, perhaps by the refereeing of a random sample by an external assessor. This is being arranged.

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## CONFLICT OF INTEREST

We declare that we have no conflict of interest.

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