

Dental Health Status of Rural Population in District Matiari

Maham Shah,^{*} Muneer Ahmed Banglani,^{**} Huma Shah,^{***} Khushboo Yousfani^{****}

ABSTRACT

Objective: Health negligence is common in our society, so objective is to develop awareness among families of rural population of Matiari about periodontal diseases and overall health.

Study Design: Observational, descriptive study.

Place & Duration: Study was conducted in medical and dental camp at SDS farms Matiari on June 20th and 21st 2015.

Material & Methods: A total of 350 patients were examined clinically for periodontal diseases who visited free dental and medical camp.

Results: Male remained dominant victim of the disease (51.4%) females (40.6%), Males 5.7% and females 2.3% were free from disease from subjects selected. According to age group patient's prevalence rate of periodontitis was high in 31 to 60 years age.

Conclusion: Periodontitis is a chronic inflammatory and non communicable disease that will lead to tooth loss. Attention should be given to the rural areas of Sindh as negligence may lead to periodontitis and other infections and ultimately there will be tooth loss.

Keywords: Periodontitis, Rural area, Dental health, Community

INTRODUCTION:

Today millions of rural population is needlessly affected with dental diseases and it remains the burden of public health.¹ Disease like caries and periodontitis are unequally distributed and falling poor population. Caries affecting 65 to 70% of population and considered to be the most prevalent disease in the world, periodontal diseases affecting an estimated 50 to 90% of rural population.^{1,2}

It is believed that people with low

socioeconomic status have higher caries and periodontal disease as compare to people with the high socioeconomic status. There are some factors due to which dental diseases are common in people with low socioeconomic status such as improper oral hygiene, cariogenic foods, inadequate use of fluoride products, lack of dental prevention programs and systemic infrastructure deficiencies etc that prevent screening of oral diseases.³

Not only rural population but every human will experience poor dental health in their life time.⁴

Dental health in rural villages is more susceptible to diseases because rural villages have lower access to dental disease prevention and restorative dental care. Oral health improving strategies in the community are very costly and often in efficient it may be due to low literacy rate or could be due to lack of awareness.⁵

This study was conducted during free medical and dental camp organized at SDS farms Matiari.

- * *Postgraduate Trainee in community Dentistry, LUMHS, Jamshoro.*
- ** *Assistant professor Community Dentistry, LUMHS, Jamshoro.*
- *** *Lecturer Pharmacology Department, LUMHS, Jamshoro*
- **** *Postgraduate Trainee Oral surgery department, LUMHS, Jamshoro*

Correspondence to:

Dr. Maham Shah

Postgraduate Trainee in Community Dentistry
Liaquat University of Medical & Health Sciences,
Jamshoro, Sindh. Pakistan
Email: shahmaham18@yahoo.com

GOALS & OBJECTIVES:

1. The aim of this study was to develop a strategy for better oral health into life of Matiari people.
2. Create awareness and educate families of rural population in Matiari
3. Develop dental health awareness programs to reduce oral disease like periodontal diseases.
4. Distribution of tooth pastes and brushes to the families.

MATERIAL & METHODS:

Setting: The study was carried out in medical and dental camp at SDS farms matiari.

- *Duration:* Two days, i.e; 20th and 21st June, 2015.
- *Study Design:* Observational descriptive
- *Patient Groups:*
- Group 1, comprising of patients aged between 10-30 years
- Group 2, comprising of patients aged between 31-60 years
- *Inclusion Criteria:*
 - Age ranges from 10 to 60 years.
 - All male and female subjects.

Data Collection Procedure:

Periodontal diseases were checked during oral examination of visiting patients in a camp. Performa was designed for assessment of periodontal health according to Community periodontal index treatment needs.

Data Analysis:

Data was analyzed by SPSS version 16.

RESULTS:

A total of 350 subjects were examined for oral health evaluation of periodontal diseases, who visited free medical and dental camp out of which 198 were males and 152 were females (Table-1), among them 322 (92%) were found affected with disease (Table-2)

According to community periodontal index treatment needs (CPITN) males were more commonly affected like (56.6%) and females were

(43.4%) affected (Table-1). It could be due to less number of female patients attended the camp. Early periodontitis was noticed in Group 1, while moderate periodontal and advanced periodontitis with pocket of 6mm was noticed in Group 2.

DISCUSSION:

Periodontal disease is a chronic non communicable inflammatory disease that affects adults with mild, moderate and severe forms, while older adults are more commonly affected due to bad oral hygiene they keep.

The study was conducted in rural area of Matiari shows that males with 51.4% and females with 40.6% affected of the subjects examined while 5.7% males and 2.3% females were disease free from entire subjects. This study also shows that age group of people 31 to 60 have more tendency of periodontal diseases as compare to the young adults. This could be due to lack of oral hygiene maintenance and irregular dental visits Study conducted in Denmark shows that the peoples having 35 years of age are affected 42% and 65 to 75 years were affected 82%⁶.

Another study conducted in Chicago September 4, 2012, stated that 47.3% of adults were affected with mild, moderate and severe shows prevalence rates increase to 70.1%.⁷ Slight variation is seen in above results as compare to ours it could be due to eating habits of European and American countries.

The findings of current study gives a clear thought about the situation of periodontal disease in rural areas of Sindh province where no programs on oral hygiene maintenance has taken place. It is strange reality that most of the rural population is still deprived of dental care facilities. Steps must be taken to solve this problem in order to improve oral health conditions of the patients in rural areas. Maintaining good care of periodontal health is as important as overall health and well being of our aging population.

CONCLUSION:

This data reveals that periodontal disease is a public health problem in rural areas of Matiari.

CPITN CODES:

Class	Type	Symptoms
I	Gingivitis	No attachment loss Bleeding ma or may not be present Pseudopockets may be present Only the gingival tissues have been affected by the inflammatory process
II	Early Periodontitis	Bleeding upon probing may be present in the active phase Pocket depths or attachment loss of 3 to 4 mm Localized areas of recession Possible Class I furcation invasion areas Horizontal type of bone loss in most common Slight loss of the interdental septum Alveolar bone level in 3 to 4 mm from the CEJ area
III	Moderate Periodontitis	Pocket depths or attachment loss of 4 to 6mm Bleeding upon probing Grade I and/or Grade II furcation invasion areas Tooth Mobility of Class I Horizontal or Vertical bone loss may be present Alveolar bone level is 4 to 6 mm from the CEJ area Radiographic furcations of Grade I and/or Grade II Crown to root ratio is 1:1 (loss of 1/3 of supporting alveolar bone)
IV	Advanced Periodontitis	Bleeding upon probing Pocket depths or attachment loss over 6mm Mobility of Class II or Class III Horizontal and vertical bone loss Alveolar bone level is 6mm or more from the CEJ area Radiographic furcations Crown to root ratio is 2:1 or more (loss of over 1/3 of the supporting alveolar bone)

Steps should be taken by the Government to eradicate this oral disease with appropriate prevention and treatment recommendations.

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