

PREVALENCE OF ORAL AND DENTAL DISEASES AMONG DOMESTIC EMPLOYEES WORKING IN SECTOR F-7, ISLAMABAD

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ABSTRACT

The aim of this study was to determine the oral health status of domestic employees working in Sector F-7 of Islamabad and to provide them oral health related information and motivation. To the best of our knowledge, no such study has been done before concerning this section of society. 30 subjects (24 males and 6 females) with age range from 15 years to 65 years participated. They were examined in a private dental clinic using standard protocol. 15(50%) hailed from Khyber Pakhtunkhwa, 14(46%) came from Punjab and one from Kashmir. 15 of the subjects needed oral prophylaxis, 3 required Periodontal treatment, 19 needed fillings and 2 required extractions. The present study fulfills the purpose to provide them information about the presence of the disease and to motivate them to adopt prophylactic measures. They were also provided guidance for the access of the treatment.

Key words: Domestic employees, Prevalence of Oral diseases

INTRODUCTION

There are numerous diseases which are either peculiar to the oral cavity (dental caries, gingivitis) or maybe manifestations of systemic diseases such as glossitis which is frequently seen in iron deficiency anemia.² Mucosal and gingival ulcers may also occur. In certain diseases of the blood, the bleeding and coagulation time is prolonged. There may be excessive bleeding after dental extractions, if condition is not diagnosed in time or necessary precautionary steps are not taken in advance. These disorders lower the resistance of the patient. Severe infection may follow dental surgical procedures.

Dental caries and gum infections are very common.^{3,4,5} Most common cause of pain in the mouth is a diseased tooth but there are many other conditions which give rise to pain in the oral cavity. Some time pain is referred from teeth to other areas namely ear, nose, throat or vice versa. Occasionally very severe pain may be referred to the left arm and the teeth of lower jaw on the left side. This pain may be a referred pain from the heart. Thus there is considerable interdependence of physician and the dentist.

METHODOLOGY

Islamabad is the capital city of Pakistan where people belonging to all provinces of Pakistan reside.

Generally speaking these people belonging to different provinces bring domestic workers from their areas of origin. Thus, the employees selected for this study belonged to different ethnic groups. Permission of the employers and the consent of the employees was obtained. Subjects of the study were explained the nature of the oral examination and they happily agreed to be a part of the study.

The researcher examined all the subjects in a private dental clinic using the standard examination procedures. The examiner was calibrated with a senior faculty member. The reliability was determined.

All subjects were assessed with regard to frequency of brushing, oral hygiene status, and decayed, filled and missing teeth. Dental caries was only diagnosed when lesion had reached cavitations level and radiographs were not used. The information about oral hygiene practices was obtained through interview. The data obtained through the examination were recorded on a form specially designed for the study. The data were then entered and analysed using the SPSS software (statistical programme for social sciences (SPSS-17)).

Assessment of treatment needs of each subject was recorded according to four categories as follows;

- 0 No treatment needed
- 1 Needs treatment but not urgent

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2 Needs urgent treatment

3 Needs orthodontic treatment

The urgency of the treatment was based on the presence of abscess and multiple carious lesions or presence of acute gingivitis.

RESULTS

No pallor of oral mucosa or gingiva was noticed. Oral mucosa did not show any ulceration, candidiosis, frictional keratosis, angular cheilitis, hyposalivation

TABLE 1: DEMOGRAPHICS OF THE SUBJECTS

Khyber Pakhtunkhwa		
• Peshawar	06	
• Mansehra	06	
• Lucky Marwat	01	
• D.I Khan	01	
• Abbottabad	01	
Punjab		
• Faisalabad	03	
• Talagang	02	
• Narowall	01	
• Sanglahill	01	
• Rawalpindi	01	
• Bahawalpur	01	
• Vihari	01	
• Murree	01	
Kashmir	01	
Total	Male: 24	
	Female: 06	
	30	

TABLE 2: FREQUENCY OF CLEANING (BRUSHING) HABITS

Frequency	Number (n)
Once daily	14
Twice daily	04
Alternate day	03
Twice weekly	08
Never	01

TABLE 3: MALOCCLUSION

	Frequency	Percent
Class I	18	60.0
Class II	11	36.7
Class III	1	3.3
Total	30	100.0

TABLE 4: YEAR WISE DISTRIBUTION OF DMFT

Age (Years)	Decayed	Missing	Filled
15	01	00	00
17	00	02	00
18	00	03	00
19	02	01	01
20	05	01	00
20	01	00	00
20	00	00	00
21	03	01	00
22	00	00	00
23	01	00	00
24	00	02	03
24	14	00	00
25	00	02	00
25	02	00	00
26	02	00	00
32	04	03	02
34	01	06	00
35	00	00	00
36	02	00	00
37	00	14	00
37	02	01	00
38	02	00	00
39	00	01	00
40	00	02	00
41	03	05	01
45	00	11	00
45	06	11	00
55	03	07	00
55	00	00	00
65	01	22	00

etc in any of the study subjects. No significant extra oral abnormalities were detected on examination of the temporomandibular joint, salivary glands or cervico-facial lymph nodes.

TABLE 5: FREQUENCY OF GINGIVITIS AND PERIODONTITIS

	No. of subjects
Generalised Gingivitis	27
Periodontitis	03
Total	30

30 subjects participated in the study. 24 males (80%) and 6 females (20%) as shown in Fig 1. 15 study subjects came from Khyber Pakhtunkhwa, 14 hailed from Punjab, while one came from Kashmir (Demographics are shown in Table 1). Cleaning (brushing) habits varied among the subjects (Table 2). Table 3 and Fig 2 provide details of malocclusion. Year wise details of DMFT and frequency of gingivitis/periodontitis are given in Table 4 and Table 5 respectively.

DISCUSSION

This study is the first study to present information about the oral health status of the domestic employees. Therefore, no previous data to compare with the findings of the study are available.

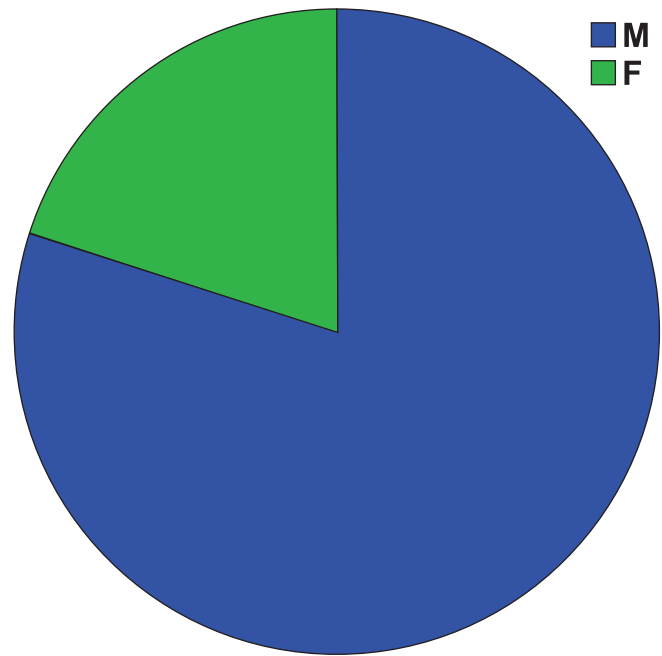


Fig 1: Gender Distribution

In technically advanced countries domestic/household employees are not seen. There is need for more effective oral health promotion among this section of

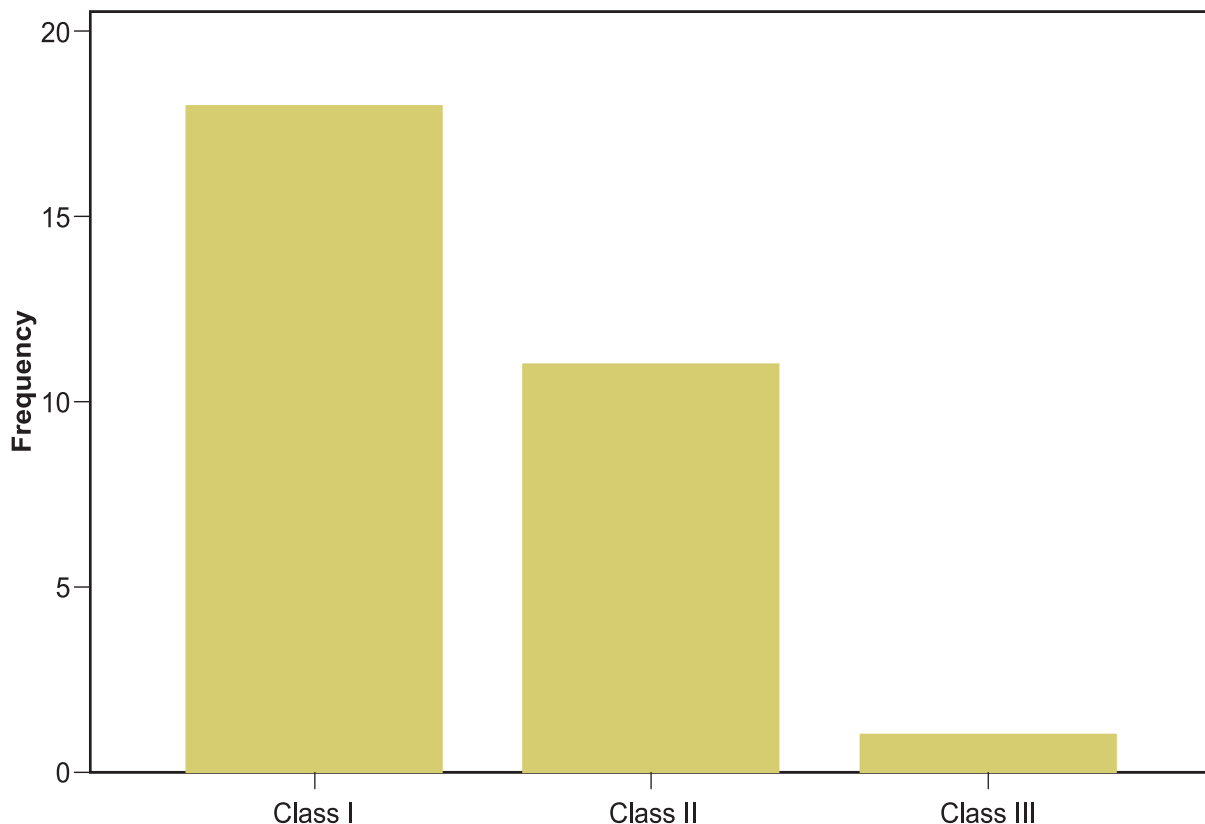


Fig 2: Prevalence of Malocclusion

society and to care for them and to ensure easy access to treatment.

Oral health is defined as the standard of 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. One can say that oral health is very important to general health and well being.

Results of this study show that all the subjects needed treatment. According to some previous studies⁶⁻¹², any disease should be considered a public health problem if it has an impact on the quality of health and cost to individual and society is great. All the subjects of this study needed treatment which is costly and salaries of domestic employees are very low. They cannot afford the treatment. The present study fulfils the purpose to provide them information about the presence of the disease and to motivate them to adopt prophylactic measures. They were also provided guidance for the access of the treatment.

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