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KNOWLEDGE, ATTITUDE, AND PRACTICES TOWARDS ORAL HEALTHCARE AMONG PATIENTS AGED 18 YEARS AND ABOVE ATTENDING THE DENTAL CLINIC AT ENTEBBEGENERAL REFERRAL HOSPITAL; A CROSS-SECTIONAL STUDY.

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ABSTRACT.

Introduction:
Oral healthcare is maintaining the cleanliness of the mouth and taking care of the teeth and gum. The purpose of the study was to assess the knowledge, attitude, and practices toward oral healthcare among patients aged 18 years in Entebbe General Referral Hospital.

Methodology:
The study employed a cross cross-sectional study design to address the specific objectives of the study on a sample of 30 respondents using the simple random technique. A semi-structured questionnaire was designed and used as a data collection tool.

Results:
From the study findings, 86% of the respondents knew about oral healthcare, 40% of the respondents reported dentists as their source of information about oral healthcare 92% went for dental checkups to dentists, 86% knew about dental caries and 68.9%gave correct responses about what the dental caries are, 92% reported that they knew the causes of dental caries and more than 60% gave the correct response about the cause of dental caries.

Conclusion:
Even though the respondents had good knowledge and positive attitudes toward oral healthcare, surprisingly they were at risk of contracting dental caries and other periodontal conditions because their oral healthcare practices were below the global recommendations and most of them used only toothbrushes to clean their teeth.

Recommendations:
The Ministry of Health should emphasize oral healthcare and dental care health education in health facilities; hospitals, camps, and community outreaches. This would at least ensure that the general public gets access to basic knowledge about oral healthcare; attitudes and practices can identify the signs and symptoms of oral health conditions as well as prevent them.

Keywords: *Knowledge, Attitude, Practices, Oral Healthcare, Entebbe General Referral Hospital*
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BACKGROUND OF THE STUDY.

According to WHO (2016), Oral health refers to the practice of keeping one's mouth clean and free of disease and other problems by regular brushing of the teeth and cleaning between the teeth. Hescot (2017) also defined oral health as multifaceted and includes the ability to speak, smell, taste, chew, and swallow. It is therefore important that oral hygiene be carried out regularly to enable the prevention of dental disease and bad breath.

However, in Uganda majority of 76% of the people were less concerned about issues surrounding the oral health status which gave room for complications like gum diseases, dental caries, gum bleeding, and plaque accumulation. (MoH, 2014).

There were efforts made to enhance oral health practices through training people in outreaches, media, and health education sessions. This was steered up by the government through the Ministry of Health like the implementation of oral health policy also the Non-Government Organizations like Rotaract clubs, in conjunction with institutions of learning have done activities like provision of education, food, health packages like carrying out medical outreaches, oral screening and treatment of oral diseases and others to improve oral health and general health.

Despite interventions to improve oral health care, oral health challenges persist among many people in Uganda especially those who visit Entebbe Regional Referral Hospital, whereby people who report oral health issues have been on the rise from 11% in 2019 to 15% in

2020 to 17% in 2021 and 27.1% in 2022. The commonest challenges include; dental caries, gum diseases, halitosis, and tooth loss. Such cases would not be in place if the knowledge, attitude, and practices toward oral health care were positive and adequate. This prompted the study to establish the knowledge, attitude, and practices towards oral health care among patients 18 years and above attending a dental clinic at Entebbe General Hospital. The study aims to establish the knowledge, attitude, and practices towards oral health care among patients 18 years and above attending a dental clinic at Entebbe General Referral Hospital.

METHODOLOGY.

Study design and rationale.

The study used a cross-sectional descriptive study design employing quantitative methods of data collection. The study preferred this design because it was less time-consuming and in addition, the study collected data at once without follow-up of respondents.

Study setting and rationale.

The study was carried out in Entebbe General Referral Hospital.

Study population.

The study involved adults aged 18 years and above.

Sample size and sample size determination.

The sample size was determined using the Kish and Leslie (1965) formula for cross-sectional study;
Sample size, n= (Z2pq)
n=number of respondents
p=estimated prevalence of the problem from the previous study=10%
z=standard deviation at 95% confidence interval=1.96
d=the precision or maximum acceptable error the investigator is willing to accommodate (5% in my study because of the limitation of finance including time for the study)
q=1_p
Therefore; n= (1.96*1.96*0.1*(1-0.1)/ (0.05*0.05)
n=30respondents
The study involved 30 respondents.

Sampling procedure.

A simple random sampling procedure was used by the study to obtain a sample of 50 respondents. This was done by forming some papers written on “YES” and others written on “NO”. This was done among adults aged 18 years and above. The respondents who picked “YES” were included in the study. On each day of data collection, 10 respondents were selected daily and data collection took days to come up with a total of 30 respondents. This sampling procedure was considered because it gave everyone a chance to be selected.

Inclusion criteria.

The study included adults 18 years and above attending a dental clinic at Entebbe General Referral Hospital.

Definition of variables.

Variables are challenges or characteristics of interest that a study would like to handle in the research. The study had two variables and these are:

Independent variables.

The independent variables included; knowledge, attitude, and practices.

Dependent variable.

The dependent variable was oral health care.

Research Instrument.

A semi-structured questionnaire was used to obtain information because it was easy to fill, saved time, and had a high chance of getting valid information. Questions were formulated according to the specific objectives.

Data collection method.

The study made an informal visit to the study area. The questionnaire was presented. The purpose of pretesting was to check for the validity and reliability of questions in the tool. As a result of pretesting some questions were rephrased, rearranged, added, and deleted.The study was the data collector; this reduced the burden and time of data collection. In the past study, the sample size was small and manageable. The study collected data. Therefore, this eliminated the need to train and have the research assistant.

Data Management and Presentation.

Data Storage: At the start of data collection, all empty (unfilled) questionnaires were stored and controlled by the study in a box labeled “empty questionnaires”. At the start of each day, the study recorded the number of questionnaires dispatched for the field. All the filled

questionnaires were on the evening of each day is stored in a file labeled "filled questionnaires".

Data Entry: Each of the filled questionnaires was entered in a constructed template. The codes per question aided data entry into a Microsoft Excel program.

Data Cleaning: Once data was entered; it was subjected to cleaning. This was the process of checking that there were no missing or repeated entries. It ensured that the entered data was appropriate. Data cleaning prepared the data for analysis and presentation.

Data Presentation:

The data from Excel was used to make outputs from which data was presented in the forms of tables, graphs, charts, and narratives to ease analysis.

Data Analysis.

Once the data presentation was done, it was then ready for analysis. Data analysis involved summarizing and making meaningful interpretations to aid discussion. The data was presented in tables, graphs, and pie charts.

Ethical considerations

The research report was handed over to my supervisor and the Principal of St. Francis School of Health Sciences for approval. The introductory letter from the school was presented to the in-charge of Entebbe General Referral Hospital for permission to carry out a research study.

An informed consent was obtained from the respondents. However, the respondents reserved the right to withdraw from the research program at any time. During the research, the respondent's participation was voluntary, with the right to participate or refuse a right to protection from discomfort. All respondents were treated fairly and autonomy was ensured by explaining the aims and objectives of the study to them and informing them that if they do not want to take part in the study their non-participation would not have negative implications. No identifiers like names of participants were recorded. Anonymity was further kept by reporting the research as group data. Participants who did not have interest were allowed to withdraw from the study because it would not affect their health. The questionnaires were confidential to each individual and the information that was obtained was strictly confidential and for only academic purposes not any other reason.

RESULTS.

Table 1: showing demographic characteristics of respondents. N=30

		Frequency	Percentage (%)
Sex	Male	15	50
	Female	15	50
Age	18-2	12	40
	30-3	6	20
	40+	12	40
Religion	Moslem	7	23
	Pentecostal	1	3
	Anglican	4	13
	Catholic	18	60
Education	Primary	12	40
	Secondary	15	50
	Tertiary	3	10
	None	0	0
Marital status	Single	10	33
	Married	16	53
	Widowed	4	13

Source; field data, 2023

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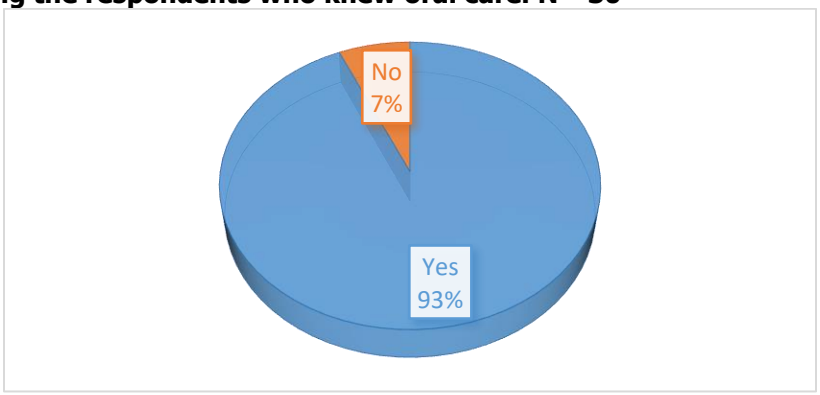
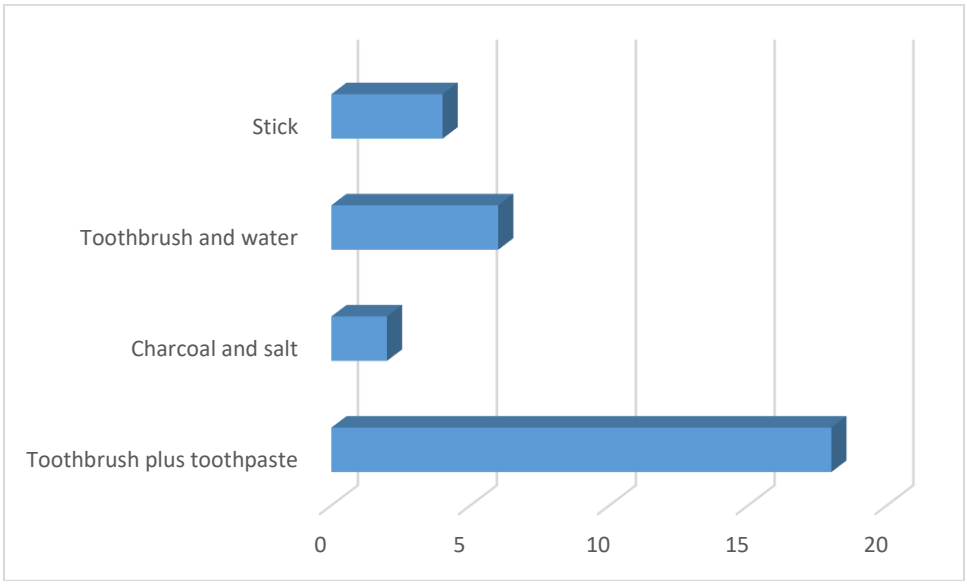
Figure 1: showing the respondents who knew oral care. N =30



Source; field data 2023

Figure 1 shows that 28(93%) knew what oral care is and only 2(7%) didn't know what oral care is. 21(70%) said it is the cleaning of the mouth, teeth, and tongue with paste, toothbrush, and water, 8(27%) said it's cleaning of the mouth with water and 3% said it's the cleaning of the tongue.

Figure 2 shows what should be used to brush the mouth. N=30



Source; field data, 2023

Figure 2 shows that the majority of the respondents 18(60%) believed toothbrushes and toothpaste should be used for brushing, 2(7%) said charcoal and salt, 6(20%) said toothbrush and water, and 4(13%) said a stick should be used for brushing.

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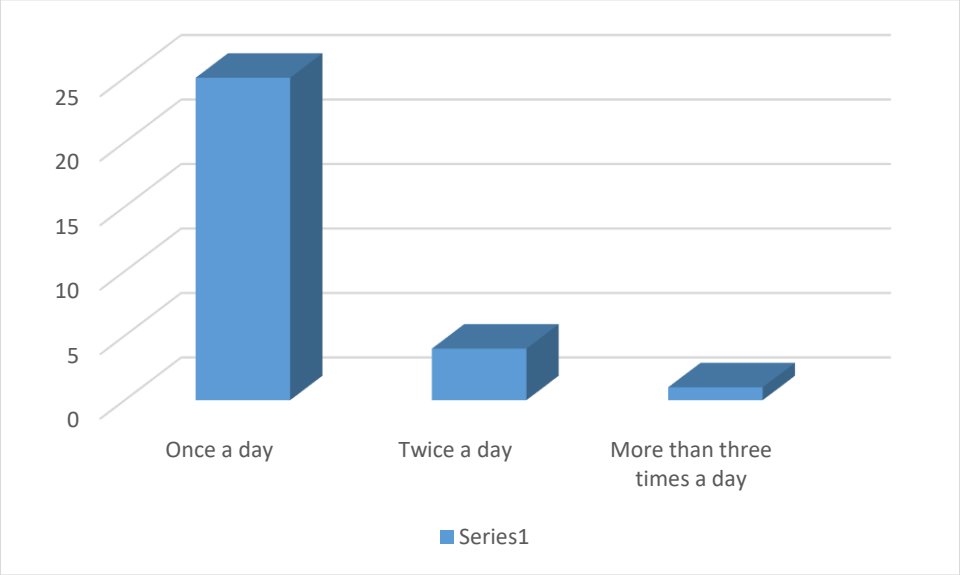
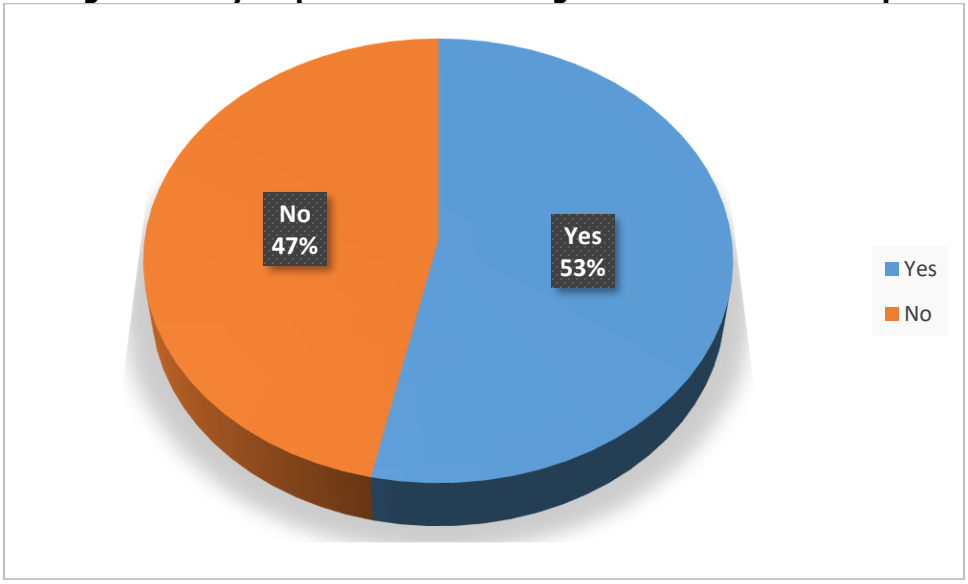
Figure 3: showing how many times a person should brush their teeth. N=30



Source; field data, 2023

Figure 3 shows that 25(83%) said that teeth should be brushed once a day, 4(14%) said teeth should be brushed twice a day and only 1(3%) said teeth should be brushed more than three times a day.

Figure 4: showing how many respondents had ever gone for a dental checkup. N=30



Source; field data, 2023.

Figure 4 shows that 16(53%) of the respondents had ever gone for a dental checkup and 14(47%) of the respondents had never gone for a dental checkup.

The majority 16(53%) went for a dental checkup once a year, 6(20%) said they went twice a year, 3(10%) went thrice a year, and 5(17%) were not sure.

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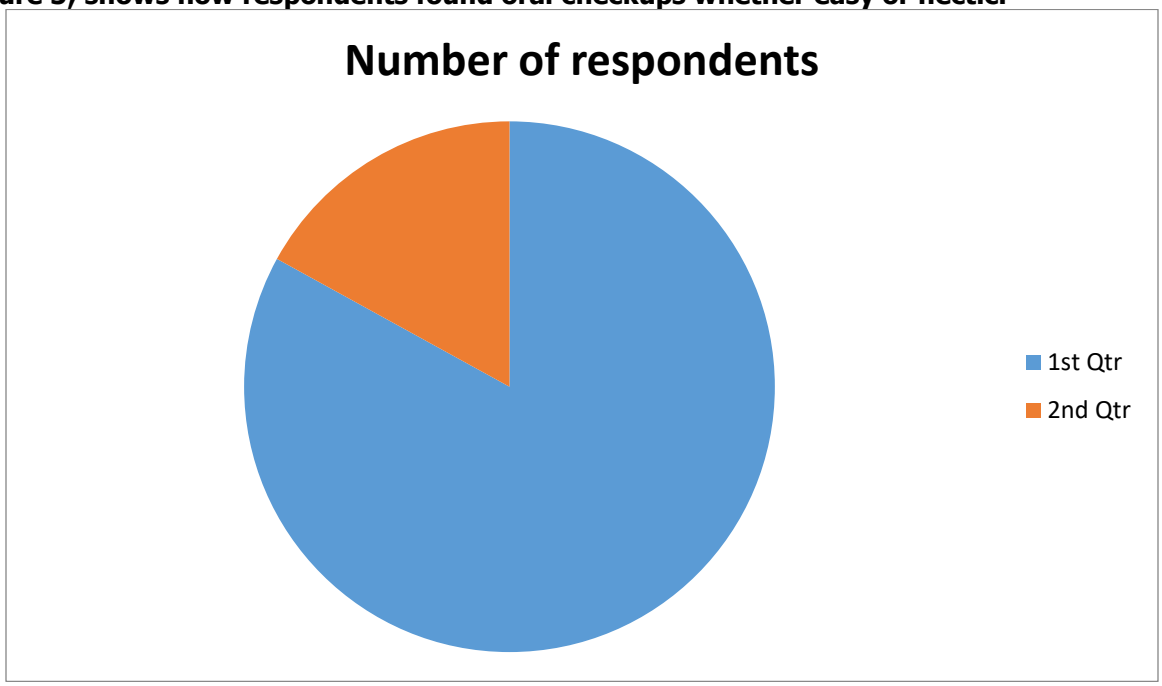
Figure 5; shows how respondents found oral checkups whether easy or hectic.

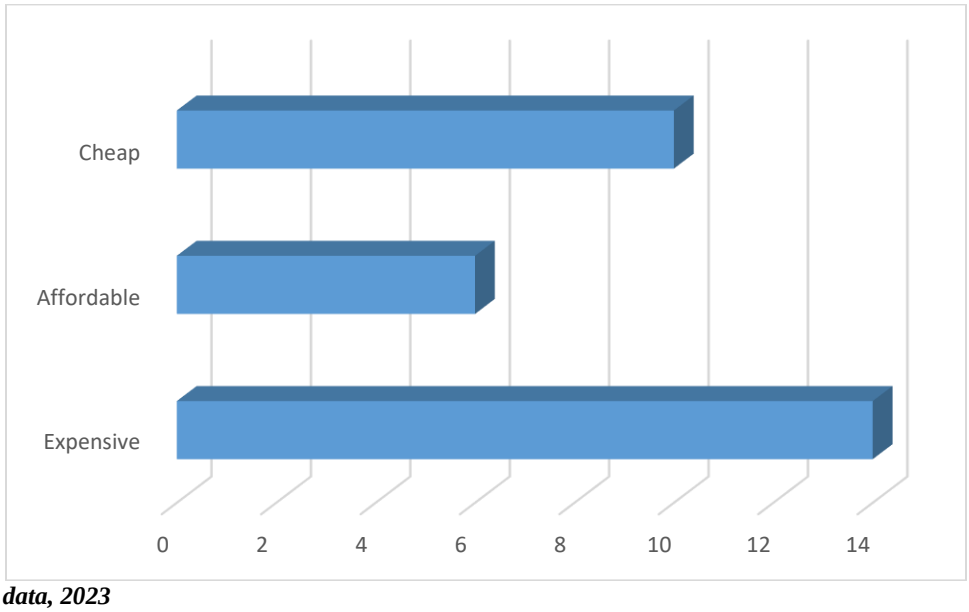


Source; field data, 2023

Figure 5 shows that 25(83%) of the respondents found oral health care easy and 5(17%) found it hectic.

The majority of the respondents 26(87%) went for dental checkups because they will know how their teeth are and 4(13%) went for dental checkups because it is necessary.

Figure 6: shows how affordable oral care was. N=30



Source; field data, 2023

Figure 6 shows that 14(47%) found oral care expensive, 10(33%) found it cheap and 6(20%) found oral care affordable.

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Table 2: showing whether respondents thought oral care was part of general health. N=50

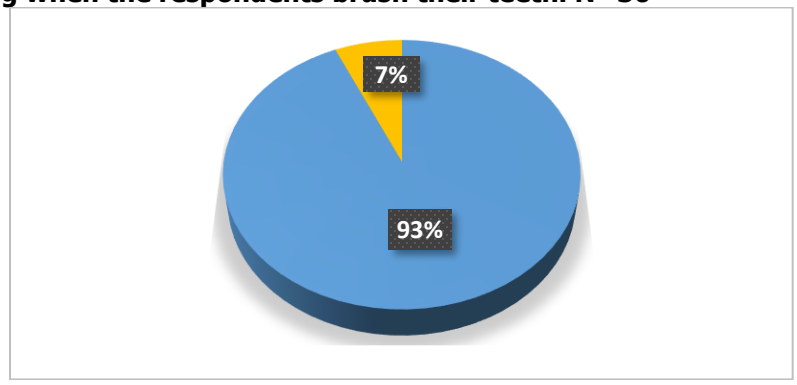
	Frequency	Percentage
Agree	18	60
Disagree	4	13
I don't know	8	27
Total	30	100

Source; field data, 2023

Table 2 shows that 18(60%) agreed that oral health was part of general health, 4(13%) disagreed and 8(27%) were not sure.

Practices towards oral health care.

Figure 7: showing when the respondents brush their teeth. N=30



Source; field data, 2023

Figure 7 shows that 28(93%) brushed their teeth in the morning and 2(7%) brushed their teeth both in the morning and in the evening. None of the respondents brushed their teeth at noon or before bed.

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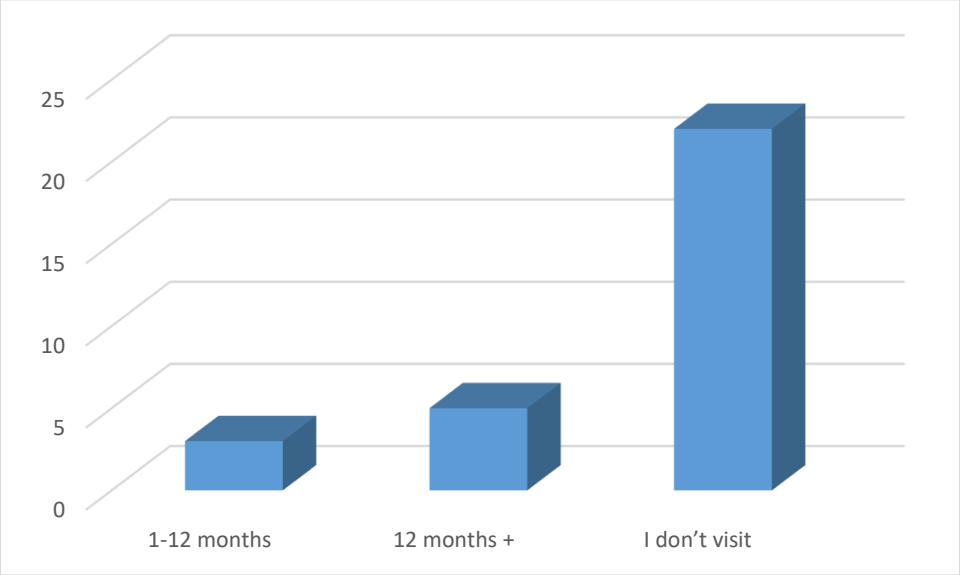
Figure 8: showing when the respondents had last visited a dentist. N=30



Source; field data, 2023

Figure 8 shows that 22(73%) had never visited a dentist, 5(17%) had visited a dentist more than a year ago and 3(10%) had visited a dentist in the past 12 months.

DISCUSSION.

Knowledge of oral care.

The majority of the respondents 28(93%) knew what oral care was and only 2(7%) didn't know what oral care was. 21(70%) said it is the cleaning of the mouth, teeth, and tongue with paste, toothbrush, and water, 8(27%) said it's cleaning of the mouth with water and 3% said it's the cleaning of the tongue. This was likely because most of the respondents had ever gone to school and it is taught there. This study is in agreement with a study to find out the knowledge, attitudes practices towards oral health care in India which also found that the majority 82% could define oral care and the rest defined it wrongly. (Moda et al, 2019).

The majority of the respondents 18(60%) believed toothbrushes and toothpaste should be used for brushing, 2(7%) said charcoal and salt, 6(20%) said toothbrush and water, and 4(13%) said a stick should be used for brushing. This trend could be due to the widespread marketing of toothpaste and toothbrushes hence they are the globally accepted oral care tool. This is in agreement with a study conducted in China among patients aged 18 years and above which indicated that knowledge greatly influenced oral hygiene and most respondents that toothbrushes and toothpaste are the ideal tools for oral care and only 10% said sticks and salt can be used for brushing teeth. (Liu et al, 2017).

The study found that 25(83%) said that teeth should be brushed once a day, 4(13%) said teeth should be brushed twice a day and only 1(3%) said teeth should be brushed more than three times a day. This can be because when the respondents brush one time a day and get good results they take that as the accepted normal. These results do not correlate with results from a study in Australia which revealed that the majority 64% of these respondents reported said that teeth should be brushed at least two times a day and 21% said teeth should be brushed three plus times daily and only 15% said teeth should be brushed once daily. (Marino 2014). This could be due to the differences in literacy levels of the populations.

Majority of the respondents 16(53%) said it's recommended to go for a dental checkup once a year, 6(20%) said they twice a year, 3(10%) thrice a year, and 5(17%) were not sure. This explained the general tendency of the respondents to seek care only when they have an illness so they believed in minimizing dentist visits.

Attitude toward oral care

The study found that 25(83%) of the respondents found oral health care easy and 5(17%) found it hectic. This is likely not because it is easy but because the respondents do little dental care such as brushing so they say it is easy. This is in disagreement with a study carried out in Zambia where it was reported that 52% of these participants perceived difficulty in oral health care services in time, citing a shortage of income to spend during the oral health care services. (Alkhalifa et al., 2016). The disparity in the two studies could be due to different perceptions of difficulty among the two different populations.

The majority of the respondents 26(87%) said they could go for a dental checkup because they will know how their teeth are and 4(13%) said they could go for a dental checkup

because it is necessary. This could be because they only associate dental checkups with teeth alone. These findings are in disagreement with a study carried out in Benin which revealed that 54.6% of the participants believed it was important to go for dental services even in the absence of any dental illness (Omorogbe, Orhue&Udogadi, 2022).

The study revealed that 14(47%) found oral care expensive, 10(33%) found it cheap and 6(20%) found oral care affordable. This could be related to the employment status and incomes of the respondents as what can be expensive to one isn't for the other. This is in agreement with results from a study conducted in Australia by Liana & Spencer, (2018) which revealed that 45% of the participants said brushing materials like toothbrushes and toothpaste were expensive for them to buy (Liana &Spencer, 2018).

Practices towards oral health care.

The study found that 28(93%) brushed their teeth in the morning and 2(7%) brushed their teeth both in the morning and in the evening. None of the respondents brushed their teeth at noon or before bed. This trend can be explained as a stereotype for most Africans to only brush in the morning and no other time of the day. This isn't in agreement with a study done on oral hygiene practices among adults accommodated in homes in the Uasni-Gichu district of Kenya where 92% claimed to brush their teeth once and about 48% brushed their teeth at least twice daily. (Okemah, 2016)

The study revealed that 16(53%) of the respondents had ever gone for a dental checkup and 14(47%) of the respondents had never gone for a dental checkup. This is in agreement with a study in Nigeria which indicated that 64.8% of adults performed regular checking of mouth, avoiding taking very sugary foods regularly brushing their teeth twice daily plus going to dentists for dental checkups to know their oral health. (Oredugba et al., 2018).

The study also found that the majority of the respondents 22(73%) had never visited a dentist, 5(17%) had visited a dentist more than a year ago and 3(10%) had visited a dentist in the past 12 months. This could be attributed to the poor attitudes to oral checkups hence respondents did not turn up for dental checkups more often.

CONCLUSION.

The study found good levels of knowledge among the respondents. The majority of the respondents (93%) knew what oral care is and 60% knew toothbrushes and toothpaste should be used for brushing teeth. However, 83% said that teeth should be brushed only once a day.

There were poor attitudes among the respondents as the majority, 87% said they could go for dental checkups only because they would know how their teeth are, and 47% found oral care expensive. On the contrary, the majority of 83% of the respondents found oral health care easy.

The practices of oral care were fair as the majority 93% brushed their teeth in the morning only and 73% had never visited a dentist.

RECOMMENDATIONS.

The local government of Entebbe should institute programs to spread health information regarding oral health promotion among the residents. This will improve the knowledge of the residents of Entebbe regarding oral health.

Ministry of Health should regulate the pricing of dental services as this will help improve the attitudes of people. This is because the expense of dental visits and oral care hinders people from seeking dental care services.

ACKNOWLEDGMENT.

I thank the almighty God for bringing me this far in my academics

I wish to extend my appreciation to my parents, my family, and friends for all the time and cooperation throughout the nursing course

LIST OF ABBREVIATIONS/ ACRONYMS.

MOH: Ministry of Health
NGOS: Non-Governmental Organizations
UNMEB: Uganda Nurses Examinations Board
WOHR: World Oral Health Report
WHO: World Health Organization

SOURCE OF FUNDING.

The study was not funded.

CONFLICT OF INTEREST.

The author declares no conflict of interest.

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