

Knowledge and attitude of medical interns regarding mouth and tooth hygiene in Shiraz University of medical sciences

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Abstract

The physicians do not have sufficient knowledge about the prevention of dental caries and the relationship between oral health and general health. To determine the knowledge and attitude of medical interns regarding oral hygiene. This descriptive-analytical study was performed on 55 students or interns of Shiraz University of Medical Sciences. Data about demography and knowledge level of interns of Shiraz University of Medical Sciences were collected about oral and tooth health status by a standard questionnaire. The total awareness score for each person was defined as the sum of questions for each individual. In order to compare the level of knowledge between men and women and different universities, two-way ANOVA test was used. The mean of knowledge of men and women was 68.61 ± 7 and 70.14 ± 81 , respectively. Also, this score was among students of national, Azad and international campus universities 69.87 ± 7 , 73.05 ± 16 , 64.69 ± 4 , respectively. According to the statistical analysis, the mean score of total awareness among men and women was not significant. Also, no significant differences were found between the total awareness mean of different universities. Regarding the low score of knowledge of interns in Shiraz University of Medical Sciences about oral health practices, practical training in this field and the practice of referral of patients to the dentist during their education can improve their function.

Keywords: oral and tooth health, interns, knowledge

Introduction

Oral health- is customarily characterized as an oral status that is free of sicknesses, which makes individuals look excellent, yet in addition adds to the ordinary capacity of mouth [1]. Behaviors for example, day by day brushing, flushing and customary dental visits are important to forestall fast aggregation of plaque that can prompt long haul medical issues, for example, periodontitis, dental caries, or tooth misfortune, and might be a hazard factor for other foundational sicknesses like diabetes, stomach related illness, stroke, cardiovascular malady, metabolic disorder, unfriendly pregnancy results and weight that these fundamental issue may be in charge of the improvement of oral issues [2, 8].

In spite of the effortlessness of plaque control measures, most of the populace is unfit to consent viably and, accordingly, create dental caries and periodontal ailment. When all is said in done, this relies upon a few components, for example, a patient's character, demeanor, way of life, training, and other social and demographic factors [9, 13].

The comprehension and conduct of dental and restorative understudies and other oral wellbeing experts mirrors their comprehension of oral preventive measures and practices, which greatly affect their conveyance of oral human services and after that influence the oral soundness of patients [10, 14, 15]. Subsequently, therapeutic understudies are relied upon to ace ideal oral wellbeing learning and mindfulness in order to furnish patients with essential oral wellbeing guidance when

required [16, 17]. In this way, it is significant for understudies to have great oral wellbeing mindfulness as they will be the real suppliers of wellbeing administrations and be in charge of open oral wellbeing advancement later on. The improved familiarity with oral wellbeing among understudies extraordinarily dental and restorative understudies is useful to the support of patients' oral wellbeing and is instrumental in anticipating oral ailments [12, 18].

The aim of this study was to assess the oral health knowledge, behavior and status of medical interns in Shiraz.

Methodology

This study was descriptive-analytic and conducted as a cross-sectional study. The instrument for measuring knowledge and attitude was a questionnaire and for function was as observational. The target population in this study was medical interns in Shiraz Medical Schools. The samples were randomly selected from educational hospitals in Shiraz. Random sampling was done by substitution until the sample size was obtained.

Currently, 130 medical students are studying in Shiraz, so the sample size was obtained as follows:

$$n = \frac{\frac{z^2 pq}{d^2}}{1 + \frac{1}{N} \left(\frac{z^2 pq}{d^2} - 1 \right)}$$

In this formula n = sample size, N = Statistical population size, Z = the normal value of the standard unit (which is equal to 1.96 in 95% confidence level), p = the proportion of the population with a certain attribute, q = the proportion of the population without a certain attribute ($1-p$) and d = Permissible error value or error percentage.

To do this research, a questionnaire (to measure knowledge and attitude) was used to assess the knowledge and attitude of medical interns about oral health.

Common questions about oral health and related issues were asked from doctors. With a survey of experts in this regard and consultation with medical professors, four themes were chosen and their scenarios were designed.

In the validation phase, the questionnaires were examined by a population of about 30 medical professors especially clinical interns as well as dentists.

The reliability of the questionnaire was assessed by completing it by a population of 20 people from the target population.

Statistical analysis

By entering the data into SPSS version 22 and obtaining Cronbach's alpha of 0.695 (above 0.6), we were able to verify

the reliability of the questionnaire, and it was concluded that this instrument obtained the same result under the same conditions. Cronbach's alpha was calculated for the questions individually as well as for the entire questionnaire.

Results

To compare the mean of total knowledge score by gender and university, two-way variance analysis was used.

The descriptive statistics of total awareness included Table 1:

Table 1: Total descriptive statistics

Q. total		
N	Valid	56
	Missing	4
Mean		69.5536
Median		68.0000
Std. Deviation		11.40800
Minimum		54.00
Maximum		116.00

The average total score of knowledge in terms of gender and university was Table 2:

Table 2: The average score of knowledge based on gender and university:

		Mean	Standard Deviation	Minimum	Median	Maximum
sex	man	68.61	7.77	54.00	68.00	89.00
	women	70.81	14.42	54.00	67.00	116.00
university	Governmental	69.74	7.66	54.00	68.00	89.00
	Azad	73.05	16.63	54.00	70.00	116.00
	International campus	64.69	4.92	58.00	65.00	77.00

The mean of total knowledge of men and women is not significant (p -value = 0.534). No significant differences were found between the total awareness of different universities (p -value = 0.140) (Table 3).

Table 3: Tests Between-Subjects Effects

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	589.634 ^a	3	196.545	1.540	.215
Intercept	248829.337	1	248829.337	1949.321	.000
Sex	50.040	1	50.040	.392	.534
University	522.641	2	261.321	2.047	.140
Error	6510.111	51	127.649		
Total	274225.000	55			
Corrected Total	7099.745	54			

a. R Squared = .083 (Adjusted R Squared = .029)

Discussion

At present study, the mean of knowledge of men and women was 68.61 ± 7 and 70.14 ± 81 , respectively. Also, this score was among students of national, Azad and international campus universities 69.87 ± 7 , 73.05 ± 16 , 64.69 ± 4 , respectively. According to the statistical analysis, the mean score of total awareness among men and women was not significant.

An example of 183 dental and 75 innovation understudies at the Lithuanian University of Health Sciences, Medical Academy, Faculty of Odontology, and Kaunas University of

Technology finished the Lithuanian form the HU-DBI survey with 11 extra things. The information was examined utilizing the "SPSS 19.0 for Windows" programming bundle. The mean HU-DBI score of clinical final-year dentistry understudies was significantly higher ($p=0.001$) than the score of the preclinical gathering (6.81 (1.2) and 5.96 (1.5), individually). The mean scores of the two gatherings of dental understudies were significantly ($p<0.05$) higher than that of the innovation gathering (5.37 (1.8)). Oral wellbeing practices and learning were predominant in dental understudies^[10].

A cross-sectional review was done on 217 understudy nurture populaces at Kilimanjaro Christian Medical Center Teaching Hospital in Moshi, Tanzania. Albeit oral wellbeing information of the respondents was commonly poor, more understudies seeking after Bachelor of Science in Nursing had huge sufficient oral wellbeing learning than the individuals who were seeking after Diploma in Nursing ($p = 0.05$). Populace Oral Hygiene Index-Simplified was 0.41 importance great oral cleanliness in the present populace. By and large, caries pervasiveness was 40.2%. The mean populace DMFT was 1.34 (SD \pm 2.44). The rot segment was 0.53 (SD \pm 1.29), while the missing part was 0.67 (SD \pm 1.34) and filled segment was 0.14 (SD \pm 0.69). Altogether more understudies in the more seasoned age gathering had more absent and filled teeth than their partners in the youthful age gathering^[19].

Another examination was led to evaluate the mindfulness and disposition among dental understudies and inhabitants at King

Abdulaziz University, Faculty of Dentistry (KAUFD) toward utilizing dental amplification. The reaction rate was 69.7 % (n = 454). Of those, 78.1 % did not utilize amplification amid dental systems. Nonetheless, 81.8 % concurred that dental amplification could upgrade the precision and nature of their dental work. In this manner, 91.6 % figured it would be valuable in endodontics and 46.3 % voted in favor of medical procedure. Of the 21.9 % that utilized amplification, dental loupes were generally utilized, 55.9 %. The dominant part (59.4 %) of the members trusted that utilizing dental amplification ought to be presented by personnel starting in Year I of dental school ^[20].

Yao K, *et al* structured comparative examination in Sichuan University in Chengdu, China. The lesser dental understudies demonstrated very critical improvement than their partners, basically in the things about recurrence of brushing teeth, brushing strategies for vertical clean or Bass strategy (66.3%), use of floss or mouth wash (49.7%), reasons for caries, periodontal ailments and framework illnesses (56.9–83.4%). The rates referenced above were 36.1, 15.8%, 26.7–43.6%, individually. Regarding oral wellbeing status, noteworthy contrasts were just seen in junior understudies. In any case, just an aggregate of 17.2% junior understudies had a decent oral wellbeing, including 23.8% dental understudies and 11.4% therapeutic understudies ^[16].

A cross-sectional investigation was led on 147 dental understudies with the assistance of 30 polls in the Malabar Dental College, Kerala. The distinction in scores of oral wellbeing information, frame of mind and conduct among preclinical and clinical dental understudies was found factually exceptionally critical (Student's t-test, $P < 0.001$). The variety of scores of learning, demeanor, and conduct likewise indicated profoundly noteworthy increment with the time of study (single direction ANOVA, $P < 0.001$). While the distinction in scores among guys and females demonstrated that females have preferable oral wellbeing learning over guys, yet the thing that matters was not measurably noteworthy ^[14].

Conclusion

Regarding the low score of knowledge of interns in Shiraz University of Medical Sciences about oral health practices, practical training in this field and the practice of referral of patients to the dentist during their education can improve their function.

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