ABSTRACT

Knowledge, Attitudes and Practice of Dental Health and Self-Reported Oral Health Status among the Adults (>15yrs) of Sue River, St Mary

Oral health problems though not always seen as life threatening can cause considerable suffering and adversely affect the clients' quality of life. Community health systems do not always give dental health the attention it deserves in many countries and therefore need to take more responsibility in including it as an integral component of health.

The findings of a dental health survey and DMFT assessment can provide helpful indications for the improvement in the availability of quality dental health services and the need to implement an effective community education programme.

GOAL

To determine the knowledge, attitudes and practice of dental health among adults in Sue River and to assess their oral health status as self-reported.

Methods

A cross sectional survey conducted with a quota sample of 122 residents who were available and willing. A self administered questionnaire and interviews were used together with two focus group discussions. Data was analysed with the aid of SPSS computer programme.

Results

The knowledge, attitudes and practice in dental health were judged as satisfactory for most areas tested. In knowledge the younger age groups
demonstrated significantly higher levels only in 4 of 15 areas. There was no significant difference in findings between male and female. In their practice of dental there was no significant difference between age group. Females were significantly different only in the practice of flossing.

The older age groups demonstrated a better attitude only in one area and the youngest group also in one area. In all other areas of attitudes the findings were consistently the same between age groups and sex.

In self reported oral status the youngest group’s dental health is seen as acceptable with an approximated average DMFT score of 1.2. The prevalence of dental health problems increased with age as is expected. These findings, especially in the young age group compared favourably with other studies and with WHO recommendations.

Conclusion

There is a need for continuing oral health education to reinforce the knowledge, attitude and practice of the community which, together with more acceptable quality health services would ensure the attainment and maintenance of optimal oral health for the Sue River community. Jamaica maintains an acceptable DMFT index among its younger age group compared with other countries in the region of the Americas.