

Periodontal health awareness and behavior among Iraqi university lecturers in non medical colleges (original study)

Kadhim. J. Hanau.

Al - Mustansyria University - College Of Dentistry

Department of Periodontology and oral surgery

Abstract :

***Background:** A positive correlation between periodontal health and the level of education have been documented, however, the relationship between education level and periodontal health awareness and related health behavior have not been thoroughly considered.*

***Aim of the study:** aim of the present study is to estimate the periodontal health awareness and behavior among Iraqi university lecturers in non medical colleges. and to correlate the findings in the light of their level of education.*

***Materials and methods:** a population Sample of 352 university lecturers (176 females & 176 males) from*

different non medical colleges in Baghdad city has been randomly selected for this research. They were asked to complete a self assessment questionnaire designed for the estimation of periodontal health awareness and behavior . this questionnaire has three domains with 19 questions.

Results: *one of the most important finding of this study is the low percentage (27%) of the sample whom attribute periodontal diseases to bacteria , the results also showed that (47.4%) of them consider the bleeding on brushing as an indication of presence of periodontal disease, (47.7%) of the participants brush their teeth twice a day, (24.2%) of them have use the Floss & picks as an additional daily measures, only (26.1%) of them regularly visit their dentists, about half of the participants (52.8%) were satisfied by the dental health services provided by public and private clinics in Iraq and (82.4%) of them think that the cost of dental treatment in Iraq is too high.*

Conclusions: *Results of this research revealed that acceptable percentages of the sample for both*

genders have the basic knowledge required for maintaining proper periodontal health, but these percentages are still far from that expected for this high social class. On the other hand, most of the participants seem to be satisfied with the dental health services that was provided by public and private sectors in Iraq . However, the majority of them think that the cost of dental treatment in Iraq is too high.

Keywords: Education. Periodontal. Awareness. Lecturer. behavior

Introduction

Positive correlations between periodontal health and both demographic and socio-economic factors have been documented [1-4]. Level of education as one of these factors was recognized to have an influence on periodontal health status and oral hygiene behavior. Numerous studies have shown that individuals with high levels of education have a better periodontal health in comparison to those with lower education levels [5-7]. It is accepted that Acquiring periodontal knowledge almost creates an attitude that ultimately translated into a positive health behavior [8-11]. On the other hand, practicing a self performed plaque control measures on regular daily basis was found to be the key factor in acquirement and promoting good periodontal health despite other factors including the level of education [12]. Earlier global and local studies attribute the improved oral health status primarily to the

correct oral health behavior [13,14]. These findings may suggest that increased level of education did not necessarily mean increasing in periodontal health awareness.

An important point needs to be considered in this aspect, which the great differences between information and education. Individuals who are informed about dental health are aware of the consequences of specific health practice, but they may be involved in an unsound course of action. In contrast educated individuals are not only well informed, but also use this information in their daily life ideally. However, the short-term effect of dental education should be considered. It is a well known problem of in dental health education, which is the fact that the provided information was always being forgotten by most of recipients after a short period of time. More time elapsed more gradually there will be loss of attitude toward performing periodontal health control on regular and continuous bases [15].

In our country, Iraq as well as in other countries, the subject of oral and periodontal health status and its relation to different socio-economic groups has been extensively studied [16 -21]. Nevertheless, it seems that periodontal health awareness and behavior among university teaching staff has not been covered.

The aim of the present study is to evaluate the periodontal health awareness and behavior among Iraqi university lecturers in non medical colleges in relation their level of education.

Subjects and methods

This research was carried out in Baghdad city during first semester of academic year 2012-2013. It based on data collected by a self assessment questionnaires (appendix 1) designed to estimate periodontal health awareness and behavior of a senior teaching staff in a number of non medical Iraqi colleges. The questionnaire included three domains; the periodontal knowledge & believes (Q 1

– 10) , periodontal health behavior (Q 11 – 16) and patient opinion in the periodontal health services provided by public and private sectors in Iraq (Q 17 – 19). The sample included 352 university lecturers (176 females & 176 males). The age range of the participants was (30-55 years). This population sample was randomly selected from previously prepared names' lists of teaching staff in these colleges. All of them agree to participate in this study. The questionnaires were given to the participants after taking permission from the authorities of the involved colleges. Only fully answered questionnaires were submitted to the statistical analysis and any questionable or incompletely filled ones were excluded. The collected data were analyzed using the statistical software SPSS for Windows version 15.0. The Chi square test was used to examine the association between two categorical variables.. Analysis of variance (ANOVA) and Pearson correlation were used for evaluation of the statistical significance. A p-value of 0.05 was considered for the level of statistical significance [22].

Results

1. Regarding knowledge and believes (domain 1):

Table (1) presents the percentage of participants by their belief about the cause of periodontal diseases. Most of the participants (61.1%) attributed the periodontal diseases to inadequate cleaning, whereas (27%) attributed the cause to bacteria which is the real cause. Among those who believe that bacteria is the main cause of periodontal disease, percentage of males (35.2%) was significantly greater than females (18.8%). It is also demonstrates that most of the participants (61.1%) did not believe that periodontal disease has a hereditary basis and (66.8%) of the participants believe in periodic visits to their dentists compared to (24.4%) who believe that dental visits should be mandatory on need only. Results also demonstrates that (47.4%) of the participants

consider the bleeding on brushing during routine oral health practice as an indication of presence of periodontal disease in comparison to (33.8%) who considered that event as normal. Other findings in this domain is that most of the participants of both genders believe that ideal brushing frequency is twice (41.2%) and thrice (46.3%) a day with only least percentages for both extremities, once a day (04.8) and more than three times a day (04.3). it is also notable that (50.3%) of the participants believe that five minutes is quite for performing an efficient tooth brushing in comparison to those who believe in shorter (34.9%) and longer (05.4%) times, and (84.1%) of the participants believe that daily brushing is a preventive rather than therapeutic practice in comparison to those who did not have this believe (11.9%), this believe was greater in males (88.6%) than in females (79.5%). Other findings in this aspect show that (63.4%) of the participants believe that brush and dentifrice alone is not enough to keep good periodontal health, (60.8%) of them believe that traditional MISWAK is not a better mean than tooth brush and dentifrice and (67.3%) of them believe that herbal or alternative medicine is not better than traditional one in dental management.

Table (1) participant’s response to the questions in domain 1

| | Females No. (%) | Males No. (%) | Total No. (%) |
|---|----------------------------|--------------------------|--------------------------|
| Q.1 "What is The main cause of periodontal disease in your opinion?" | | | |
| Bacteria | 033 (18.8) | 62 (35.2)* | 095 (27.0) # |
| Inadequate cleaning | 133 (75.6) | 82 (46.6) | 215 (61.1) |
| Others | 010 (05.6) | 32 (18.2) | 042 (11.9) |

| Q.2 "Do you think that periodontal disease is hereditary?" | | | |
|--|------------------------|------------|---------------------------|
| Yes | 89 (50.5) | 048 (27.3) | 137 (38.9) |
| No | 87 (49.4) [#] | 128 (72.7) | 215 (61.1) [*] |
| Q.3 " When it should be mandatory to visit your dentist in your believe?" | | | |
| On need only | 046 (26.1) | 040 (22.7) | 086 (24.4) |
| On periodic bases | 115 (65.4) | 120 (68.2) | 235 (66.8) ^{**§} |
| Others | 015 (08.5) | 016 (09.1) | 031 (08.8) |
| Q.4 " Bleeding on brushing during routine oral health practice means:" | | | |
| Normal event | 52 (29.5) | 67 (38.1) | 119 (33.8) |
| Sign of periodontal disease | 81 (46.0) | 86 (48.8) | 167 (47.4) [§] |
| Don't know | 43 (24.5) | 23 (13.1) | 066 (18.8) |
| Q.5 " The ideal frequency of tooth brushing in your opinion is:" | | | |
| Once a day | 07 (04.0) | 10 (05.7) | 017 (04.8) |
| Twice a day | 67 (38.0) | 78 (44.3) | 145 (41.2) [*] |
| Thrice a day | 89 (50.6) | 74 (42.0) | 163 (46.3) [*] |
| Less than that | 07 (04.0) | 05 (02.8) | 012 (03.4) |
| More than that | 06 (03.4) | 09 (05.2) | 015 (04.3) |
| Q.6 " the ideal time required for perfect brushing in your believe is:" | | | |
| Five minute | 85 (48.2) | 92 (52.3) | 177 (50.3) [*] |
| More than that | 11 (06.3) | 08 (04.5) | 019 (05.4) |
| Less than that | 63 (35.8) | 60 (34.1) | 123 (34.9) |
| Not specified | 17 (09.7) | 16 (09.1) | 033 (09.4) [#] |

| Q.7 "Do you agree that Daily brushing is a preventive rather than therapeutic practice?" | | | |
|--|------------|------------|--------------------------|
| Yes | 140 (79.5) | 156 (88.6) | 296 (84.1) ^{\$} |
| No | 026 (14.8) | 016 (09.1) | 042 (11.9) |
| Don't know | 010 (05.7) | 004 (02.3) | 014 (04.0) |
| Q.8 " Do you think that brush and dentifrice alone is enough to keep good oral health?" | | | |
| Yes | 052 (29.5) | 77 (43.7) | 129 (36.6) |
| No | 124 (71.5) | 99 (56.3) | 223 (63.4)* |
| Q.9 " Do you think that traditional MISWAK is a better mean than tooth brush and dentifrice?" | | | |
| Yes | 074 (42.1) | 064 (36.4) | 138 (39.2) |
| No | 102 (57.9) | 112 (63.6) | 214 (60.8)* |
| Q.10 " Do you think that herbal or alternative medicine is better than traditional one in dental management?" | | | |
| Yes | 063 (35.8) | 052 (29.5) | 115 (32.7) |
| No | 113 (64.2) | 124 (70.5) | 237 (67.3)* |
| Total | 176 | 176 | 352 |

(* = $p \leq 0.05$) (# = weak correlation) (\$ = strong correlation)

2. Regarding periodontal health behavior (domain 2):

Table 2 shows that (47.7%) of the participants brush their teeth twice a day compared to (29.8%) who brush their teeth thrice a day and (12.2%) once a day. It also shows that (29.8%) of the sample have use the Floss & picks as an additional daily measures in cleaning of their teeth in comparison to those who make use of Miswak (31 %) and Mouth washes (22.5 %). Results also show that

(29.3%) of the sample usually change their tooth brushes twice a year compared to (46.0%) of them more than that and (17.6%) on need. Among other findings, only (26.1%) of the sample have practiced a regular dental visits despite their needs in comparison to (73.9%) who did not practiced that behavior, (52.8%) of the sample have a special dentist and (55.7%) of them have trusted their dentists completely.

Table (2) participant's response to the questions in domain 2

| | Females No (%) | Males No (%) | Total No (%) |
|---|---------------------------|-------------------------|-------------------------|
| Q.1 " How many times do you brush your teeth daily?" | | | |
| Once a day | 15 (08.5) | 28 (15.9)* | 043 (12.2) |
| Twice a day | 78 (44.3) | 90 (51.1) | 168 (47.7)* |
| Thrice a day | 77 (43.7)* | 28 (15.9) | 105 (29.8) |
| Less than that | 02 (01.2) | 20 (11.4) | 022 (06.3) |
| More than that | 04 (02.3) | 10 (05.7) | 014 (04.0) |
| Q.2 " What are the Means other than tooth brush that you are use in daily cleaning?" | | | |
| Nothing | 23 (13.0) | 36 (20.5) | 059 (16.7) |
| Floss & picks | 55 (31.4) | 50 (28.4) | 105 (29.8) |
| Miswak | 49 (27.8) | 60 (34.1) | 109 (31.0) |
| Mouth wash | 49 (27.8) | 30 (17.0) | 079 (22.5) |
| Q.3 " When you change your tooth brush?" | | | |
| Twice a year | 63 (35.8)* | 40 (22.7) | 103 (29.3) |
| More than that | 80 (45.4) | 82 (46.6) | 162 (46.0)* |
| Less than that | 11 (06.3) | 14 (08.0) | 025 (07.1) |

| Q.4 " Do you visit your dentist on regular basis despite your need?" | | | |
|---|------------|------------|-------------|
| Yes | 052 (29.5) | 040 (22.7) | 092 (26.1) |
| No | 124 (70.5) | 136 (77.3) | 260 (73.9)* |
| Q. 5 " Do you have a special dentist ?" | | | |
| Yes | 102 (57.9) | 84 (47.7) | 186 (52.8) |
| No | 074 (42.1) | 92 (52.3) | 166 (47.2) |
| Q.6 " Do you have complete trust in dentist?" | | | |
| Yes | 102 (57.9) | 94 (53.4) | 196 (55.7) |
| No | 074 (42.1) | 82 (46.6) | 156 (44.3) |
| Total | 176 | 176 | 352 |

(* = $p \leq 0.05$) (# = weak correlation) (\$ = strong correlation)

3. Regarding patient opinion in the provided periodontal health services (domain 3):

Results of this research have revealed that (52.8%) of the participants were satisfied by the dental health services that was provided by public and private clinics in Iraq , (82.4%) of them think that the cost of dental treatment in Iraq is too high and (41.2%) think that costly dental treatment is better than the cheaper one (Tables 3).

One of most important results of this study is the weak correlation between stated and proposed answers of the participants regarding the cause of periodontal disease, periodic dental visits and time required for perfect teeth cleaning. Other results of significance and correlation were presented underneath each table separately.

Table (3) participant 's response to the questions in domain 3

| | Females No (%) | Males No (%) | Total No (%) |
|--|---------------------------|-------------------------|-------------------------|
| Q.1 " Are you satisfied about dental services that are available in Iraq?" | | | |
| Yes | 104 (59) | 82 (46.6) | 186 (52.8) |
| No | 072 (41) | 94 (53.4) | 166 (47.2) |
| Q.2 " Do you think that the cost of dental treatment in Iraq is too high?" | | | |
| Yes | 148 (84.1) | 142 (80.7) | 290 (82.4)* |
| No | 028 (15.9) | 034 (19.3) | 062(17.6) |
| Q.3 " Do you think that costly dental treatment is better than the cheaper one ?" | | | |
| Yes | 81 (46) | 064 (36.4) | 145 (41.2) |
| No | 95 (54) | 112 (63.6) | 207 (58.8) |
| Total | 176 | 176 | 352 |

(* = $p \leq 0.05$) (# = weak correlation) (\$ = strong correlation)

Discussion

It is a logical assumption that educated individuals seem to be closer to undertake correct health behaviors than others based on their level of education , However, an increasing data that argue this statement were published [23-25]. This controversy can best be explained in the focus of different social and environmental factors as financial crisis and security situations that impede life normality aspects including health behaviors. Results of this study seems to have both sides of this controversy. On one hand, some results came to support that logical assumption as the results of items related to periodontal health behavior including daily brushing and using of interdental cleaning measures which yield a positive

indicator in this direction. On the other hand, the results related to basic knowledge seems to be in disharmony with high level of education held by the population sample of this study. As an example on the last observation is the response to the questions related to the real cause of periodontal disease and importance of bleeding on brushing as an indication of presence of periodontal disease rather than normal event. In this aspect, the present research may be the first in its subject in Iraq . An acceptable explanation for this finding may lie in the abnormal longstanding situations that impress all life aspects in Iraq during the last few decades. During this period, no educational programs directed for a specific groups or pan population were undertaken. That matter led to a well known problem for all health educators "short term effect of health education" which need continuous repetition of provided health information for a successful program to yield a positive results.

A Careful observation of the result of the present research raises an important question" why this research have not estimate the level of oral hygiene ? ". An acceptable answer for this logic question lies in the following points: first; the primary goal of this research was to estimate the periodontal health awareness and behavior rather than their effect on periodontal health status. Second: reflection of knowledge into positive health behavior had been questioned at least according to the hypothesis and results of this research. Third: "taking a look is better than none", this research represent only a quick view for this important omitted subject for a long period of time, hopefully, on it 's results the researcher may start a more detailed and comprehensive one.

Conclusion

Results of this research revealed that acceptable percentages of the sample for both sexes had realized the basic knowledge required for maintaining proper periodontal health, but these

percentages are still far from that expected for this high social class. On the other hand, the level of periodontal health behavior seems to be nearest to the expected levels. Larger proportions of the participants were satisfied by the dental health services that were provided by public and private clinics in Iraq and most of them think that the cost of dental treatment in Iraq is too high. More studies should be carried out in this field including estimation of oral hygiene level of this social class and correlate it to their level of education. More studies also required to compare these results with those obtained from university lecturers in medical colleges.

References:

- [1] Jens Waerhaug, *"Prevalence of Periodontal Disease IR Ceylon: Association with Age, Sex, Oral Hygiene, Socio-Economic Factors, Vitamin Deficiencies, Malnutrition, Betel and Tobacco Consumption and Ethnic Group Final Report"*. Acta Odontologica Scandinavica, 1967, Vol. 25, No. 2 : Pages 205-230.
- [2] J. A. Gamonal, N. J. Lopez, W. Aranda, *"Periodontal conditions and treatment needs, by CPITN, in the 35–44 and 65–74 year-old population in Santiago, Chile"*, International dental journal. 1998; 48 ;2; P 96-103.
- [3] Björn Klinge, Anders Norlund, *"A socio-economic perspective on periodontal diseases: a systematic review"*, Journal of clinical periodontology. 2005;32(6): 314–325.
- [4] W. Sabbah, R.G. Watt, A. Sheiham and G. Tsakos, *"The Role of Cognitive Ability in Socio-economic Inequalities in Oral Health"*, J Dent Res. 2009; 88(4) : 351-355.
- [5] J. Paulander, P. Axelsson, J. Lindhe, *"Association between level of education and oral health status in 35-, 50-, 65- and 75-year-olds"*, Journal of clinical periodontology. 2003; 30(8) : 697–704.

- [6] Sarlati F, Akhondi N, Jahanbakhsh N., *"Effect of general health and sociocultural variables on periodontal status of pregnant women"*. J Int Acad Periodontal. 2004; 6 (3) : 95-100.
- [7] Guillermo M, Omid K, Juan R, Carmen M. Pedro P., *"The influence of general health and socio-cultural variables on periodontal condition of pregnant women"*. Journal of Periodontology online:1999, Vol. 70, No. 7, Pages 779-785.
- [8] Gilbert GH, Duncan RP, Gandall LH, Heft HW, et al. *"Attitudinal and behavioural characteristics of older Floridans with tooth loss. Community Dent Oral Epidemiol"*, 1993;21: 384—9.
- [9] Ronis DL, Lang WP, Farghaly MM, et al., *"Preventive oral health behavior among Detroit area residents"*. J Dent Hyg 1994; 68(3):123—30.
- [10] Paul WL, Ronis DL, Farghaly MM. *"Preventive behavior as correlate of periodontal health status"*. J Public Health Dent 1995;55(1):10—7.
- [11] Chen MS, Rubinson L. *"Preventive dental behavior in families: a national survey"*. JADA 1982;105:43—6.
- [12] Jasim M. Albandar, Thomas E. Rams. *"Global epidemiology of periodontal diseases: an overview"*. (J Periodontology 2000). 2002; 29 (1): 7–10.
- [13] Hayward RA, Meetz HK, Shipiro MF, et al. *"Utilization of dental services 1986 patterns and trend"*. J Public Health Dent 1989;49:147—52.
- [14] Ronis DL, Lang WP, Farghaly MM, et al., *"Tooth brushing, flossing, and preventive dental visits by Detroit area residents in relation to demographic and socioeconomic factors"*. J Public Health Dent 1993;53(3):138—45.
- [15] Biesbrock AR, Walters PA, Bartizek RD. *"Short-term impact of a national dental education program on*

- children's oral health and knowledge"*. J Clin Dent. 2004; 15(4):93-7.
- [16] Kadhim Jawad. Raed Azeez. *"Impact of dental study on oral health behavior, oral hygiene and gingival health status of Iraqi dental students"*. M D J: 2006; 3 (3): 277-282.
- [17] Dr. Ayser N. Mohammed. *"Gender-specific oral health attitude and behavior among dental students"*, MDJ: 2009 : 6 (1) : 48-54
- [18] May Gh Al-Ajrab, *"Oral hygiene and gingival health status among teenagers population lived in Al-Rashidiya"*, Ninevah Al-Rafidain Dent J Vol. 5, No. 2, 2005: 121-126.
- [19] Dr.Yousif A. Al-Rahim. Dr.Mohammed A. Hamid., *"The knowledge and practices of oral hygiene methods in a sample of college students"*; Baghdad. MDJ: 2005:5(1): 88-92.
- [20] Raed Al-Huwaizi, *"Oral health status in Najaf City"*, MDJ: 2011:8(3): 262-268.
- [21] Muhammed k. mahmoud. Rand Salih. AL- Ubaidi, *"Gingival health status among students in AL-Mustansiria University – College of Dentistry"*, MDJ: 2011:8(2): 158-163.
- [22] Cohn, ME., *"Analysis of ordinal data: evaluation of conflicting recommendation"*, J. Dent. Res. 2001; 80: 309-313.
- [23] Widyahening IS, van der Heijden GJ, Moy FM, van der Graaf Y, sastroasmoro S, bulgiba A., *"Direct short-term effects of EBP teaching: change in knowledge, not in attitude; a cross-cultural comparison among students from european and asian medical schools"*. Med Educ Online. 2012 Oct 31;17:1-6.
- [24] Kharkar M, Bowalekar S., *"Knowledge, attitude and perception / practices (KAP) of medical practitioners in*

india towards adverse drug reaction (ADR) reporting''.
Perspect Clin Res. 2012 Jul;3(3):90-4.

- [25] Al-Thaqafy MS, Balkhy HH, Meimsh Z, Makhdom YZ, Ibrahim A, Al-Amri A, Al-Thaqafi A., ***"Improvement of the low knowledge, attitude and practice of hepatitis B virus infection among Saudi national guard personnel after educational intervention"***, BMC res notes. 2012 Oct 30;5(1):597.

Appendix (1) the questionnaire

| | | | | |
|--|-----------------------------|----------------|----------------|----------------|
| Q.1 "What is The main cause of periodontal disease in your opinion? | | | | |
| Bacteria | Inadequate cleaning | Others | | |
| Q.2 "Do you think that periodontal disease is hereditary?" | | | | |
| Yes | | No | | |
| Q.3 " When it should be mandatory to visit your dentist in your believe?" | | | | |
| On need only | On periodic bases | Others | | |
| Q.4 " Bleeding on brushing during routine oral health practice means: | | | | |
| Normal event | Sign of periodontal disease | Don't know | | |
| Q.5 " The ideal frequency of tooth brushing in your opinion is: | | | | |
| Once a day | Twice a day | Thrice a day | Less than that | More than that |
| Q.6 " the ideal time required for perfect brushing in your believe is: | | | | |
| Five minute | More than that | Less than that | Not specified | |
| Q.7 " Do you agree that Daily brushing is a preventive rather than therapeutic practice?" | | | | |
| Yes | No | Don't know | | |
| Q.8 " Do you think that brush and dentifrice alone is enough to keep good oral health?" | | | | |
| Yes | | No | | |
| Q.9 " Do you think that traditional MISWAK is a better mean than tooth brush and dentifrice?" | | | | |
| Yes | | No | | |
| Q.10 " Do you think that herbal or alternative medicine is better than traditional one in dental management?" | | | | |
| Yes | | No | | |
| Q.11 " How many times do you brush your teeth daily?" | | | | |
| Once a day | Twice a day | Thrice a day | Less than that | More than that |

| | | | |
|---|----------------|----------------|------------|
| Q.12 " What are the Means other than tooth brush that you are use in daily cleaning? | | | |
| Nothing | Floss & picks | Miswak | Mouth wash |
| Q.13 " When you change your tooth brush? | | | |
| Twice a year | More than that | Less than that | |
| Q.14 " Do you visit your dentist on regular basis despite your need? | | | |
| Yes | No | | |
| Q. 15 " Do you have a special dentist ? | | | |
| Yes | No | | |
| Q.16 " Do you have complete trust in dentist? | | | |
| Yes | No | | |
| Q.17 " Are you satisfied about dental services that are available in Iraq? | | | |
| Yes | No | | |
| Q.18 " Do you think that the cost of dental treatment in Iraq is too high? | | | |
| Yes | No | | |
| Q.19 " Do you think that costly dental treatment is better than the cheaper one ? | | | |
| Yes | No | | |

الوعي والسلوك الصحي لما حول الاسنان بين التدريسين الجامعيين في الكليات الغير الطبية

د. كاظم جواد حنو

الجامعة المستنصرية – كلية طب الأسنان
قسم جراحة الفم واللثة

العلاقة الايجابية بين المستوى الثقافي لفئة من الناس وبين صحة الفم امر مثبت في العديد من الدراسات والأبحاث المتعلقة بهذا الموضوع غير ان علاقة المستوى الثقافي بالوعي الصحي امر لم يتم التطرق اليه بصورة مستفيضة بعد.

هدف هذه الدراسة هو قياس الوعي والسلوك الصحي لما حول الاسنان عند فئة التدريسيين الجامعيين من حملة لقب مدرس في الكليات الغير طبية في الجامعات العراقية وتحليل النتائج في ضوء المستوى الثقافي لهذه الفئة.

شملت عينة البحث 352 شخصا منهم 176 من الذكور و 176 من الاناث تم اختيارهم عشوائيا من قوائم التدريسيين في الكليات الغير طبية في بغداد . وتم جمع المعلومات عن طريق استبانة خاصة صممت لهذا الغرض شملت ثلاثة اقسام وبواقع 19 سؤالاً. القسم الاول حول الوعي الصحي لماحول الاسنان والقسم الثاني يعنى بالسلوك الصحي اليومي والقسم الثالث يبحث عن رأي العينة في العلاج المقدم في القطاعين العام والخاص

اظهرت نتائج الدراسة ان هذه الفئة تمتلك المعرفة الاساسية اللازمة للمحافظة على صحة ما حول الاسنان ولكن هذه المعرفة لا تزال بعيدة عن المتوقع لمن هم في مثل هذا المستوى الثقافي، الا ان السلوك الصحي يبدو اكثر انسجاما مع مستواهم الثقافي. كما اظهرت النتائج ان (27 %) فقط من المشاركين يعززون امراض ما حول الاسنان الى

المسبب البكتيري، (67%) يعتقدون بفائدة الزيارات الدورية لطبيب الاسنان، (47.4%) منهم يعتبرون نرف اللثة اثناء استخدام الفرشاة امرا يدل على وجود عارض في اللثة، (47.7%) منهم ينظفون اسنانهم مرتين في اليوم، (24.2%) يستخدمون الخيوط الطبية وعيان تنظيف الاسنان. فقط (26.1%) من العينة يزورون طبيب الاسنان بصورة منتظمة ، كما اظهرت النتائج ان (52.8%) من المشاركين راضين عن الخدمات الصحية المقدمة في البلد وان غالبية المشاركين (82.4%) يعتقدون ان كلفة العلاج المقدم هي كلفة عالية.