

ORAL HEALTH STATUS AMONG CONVENIENT SAMPLE OF PALESTINIAN ADULTS.

Elham Kateeb, Mohammad Sarhan, Ibrahim Ghannam.

BACKGROUND:

The Occupied Palestinian Territories (OPT) is the term used by the UN for those parts of historical Palestine occupied by Israel after the Arab–Israeli war of 1967. (1) Because of the political situation and its consequences, most of the areas in the West Bank has little infrastructure in health, education and social services.(2) Ramallah, a city located in the middle of the West Bank, is considered the commercial and governmental capital of the Palestinian Territories. Palestinians from all over the West Bank seek jobs and business in Ramallah which makes its people very diverse.

Little data is available about the oral health in the Palestinian territories. The Ministry of Health National Oral Health Survey is limited to school children in grades three and six (3). In addition, few published research investigated oral health among Palestinians and the available ones assessed dental caries experience among pre-school and school children in northern Palestine only. (4-6) Dental caries experience data available for preschoolers and school children show high dental caries experience in both primary teeth (dmft of 2.5) and permanent teeth (DMFT of 6.5).

No data is available about oral health of Palestinian adults in any geographic area of the West Bank. One reason is the difficulty in finding a suitable and an adequate sampling frame for this population. (7) However, before strategies or protocols for oral health care among adults can be advised at population level, epidemiological information on dental caries and gingival health for this group should be available.

OBJECTIVES:

To assess dental and periodontal health status of a convenience sample of 370 Palestinian adults, and to investigate the influences of some socio-demographic variables on the prevalence of decayed, missing, filled (DMFT) index of adults working or living in Ramallah, the most urban area in the Palestinian territories.

METHODS:

The Palestinian Dental Association (PDA)/ Ramallah section organized a national oral health awareness campaign on April 8th 2015 as part of the FDI celebration of the World Oral Health Day.

A team of six calibrated dentists who were trained by a dental public health specialist to assess DMFT, Gingival (GI), Plaque (PI) and Calculus(CAL) indices participated in this event and screened subjects for oral health disease and conditions.

Subjects in the commercial center of Ramallah were invited to participate in the oral health awareness campaign and were surveyed for some demographic data and screened in a mobile clinic for DMFT, GI, PI and CAL indices using artificial light and disposable mirrors.

Data on Age, Gender, Place of residence, Occupation, Educational attainment and Smoking frequency were collected to investigate any associations between oral health and demographic data using linear regression models.

RESULTS:

Three hundred and ten subjects completed the screening exams and the questionnaire.

Among our sample:

83.7% were males

59% were village residents

26.5 % had a level of education that is lower than high school

11% were economically inactive

40% had elementary or low levels of skills needed to perform a job

63% were cigarettes smokers with an average of 19.5 (± 13.2) cigarettes daily

22% were nargile smokers with an average of 5.5 (± 5.9) times weekly

Our Sample had a DMFT score of 9 (± 6) with the D, M, F components were 4.7 (± 4), 2.4 (± 4.3), 2.2 (± 3.2) respectively.

Mean Gingival index was 1.7 (± 1.4)

Mean Plaque index was 1.6 (± 0.9)

Mean Calculus index was 1.6 (± 1.4)

Linear regression models for the dependent variables;

DMFT score [$R^2=0.236$] had significant association with:

Age [$\beta=.264$, $p<0.01$],

Number of cigarettes smoked daily [$\beta=-.200$, $p=0.001$]

Skills needed to perform a job [$\beta= -.214$, $p=0.002$]

Plaque index [$R^2=0.214$] had significant association with:

Gender [$\beta=.361$, $p<0.01$]

Being economically inactive [$\beta= -.217$, $p=0.01$]

Number of cigarettes smoked daily [$\beta=.200$, $p=0.002$]

CONCLUSIONS:

Our sample consisted mainly of male subjects with type of jobs that need low skills, who had low education attainment, and smokers. Results of this study demonstrate that older subjects with jobs need lower skills and who are heavily smokers had higher DMFT and Plaque scores. This suggests that this population may benefit from oral health awareness and smoking cessation campaigns.

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