



ORIGINAL ARTICLE

Gender-specific oral health beliefs and behaviors among adult patients attending King Abdulaziz Medical City in Riyadh

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Abstract *Aim:* To explore variations in males' and females' oral health beliefs and behaviors and to assess the influence of oral health beliefs on their related behaviors within each gender.

Materials and methods: A cross-sectional study was designed to obtain information from patients attending outpatient clinics of King Abdulaziz Medical City, Riyadh, Saudi Arabia. Of the 553 self-reported questionnaires, 519 were filled comprising 251 males and 268 females. The questionnaire consisted of two parts: six demographic questions and 25 questions assessing oral health beliefs and behaviors. The statistical analysis was done using frequency distribution and chi square tests.

Results: Comparing males with females, there was no significant gender difference in beliefs. However, when it comes to behaviors, females were found to act more positively than males in many assessed oral health aspects of the study. When comparing beliefs versus behaviors towards the importance of oral health styles, a gap of 12–45% was noted between those “who believe of oral health behaviors” and those “who actually practiced them”.

Conclusions: The study presented valuable information about the differences between beliefs and behaviors of Saudi population. It also indicated that females in general, acted more positively toward oral health than males. Health care providers might need to focus more on the improvement of oral health behaviors and practices especially among males. The real reasons for lack of behav-

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iors need further investigation. Furthermore, oral health campaigns should switch focus from people's education to oral health practices and actions.

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1. Introduction

Throughout the last decade, there has been plethora of studies exploring the impact of gender on oral health status (Mamai-Homata et al., 2016). However, studies comparing gender differences impact specifically on oral health beliefs and behaviors are lacking.

The scientific literature reports that patients from certain underdeveloped countries had poor oral health beliefs and practices (Mamai-Homata et al., 2016; Kateeb, 2012; Singh et al., 2014; Fukai et al., 1999; Al-Omari and Hamasha, 2005). A study done in Japan related to the impact of gender differences on oral health behaviors and general health habits in an adult population showed that females exhibited better behaviors than males. About 53% of men had not visited the dentist in the past year compared to 37% of the women in the same sample (Fukai et al., 1999).

In another study (Singh et al., 2014), half of the subject (48%) had never visited the dentist before and (47%) preferred using other cleaning aids over the tooth brush. Furthermore Singh et al. (2014) found that approximately 32% of the subject believed that there is no relation between general and oral health, while 34% thought that tooth loss is a natural phenomenon of aging. Al-Omari and Hamasha "in" 2005 assessed the gender differences in oral health knowledge, attitude and behavior among 375 undergraduate dental students using the modified Hiroshima University Dental Behavior Inventory (HU-DBI). They found that female students brush their teeth more, smoke less and visited dentists more often. Similarly, Kateeb (2012) using the same sample and methodology found that female dental students had more positive oral health attitude and behavior than male students.

Reviewing the dental literature, studies assessed gender differences in oral health behavior and attitude in the Middle East are scarce and limited to dental students (Al-Ansari and Honkala, 2007; Farsi et al., 2004; Baseer et al., 2012). Despite the increased interest in gender differences in oral health beliefs and behaviors, no study was found to address this issue among Saudi population.

Attributable to lack of understanding of the gender differences in beliefs and behaviors among Saudi population, the present study aimed at exploring male and female beliefs and behaviors toward oral health and to assess the influence of oral health beliefs on the oral health behaviors within each gender.

2. Materials and methods

This cross-sectional study was conducted in patients of King Abdulaziz Medical City of the National Guard in Riyadh. The target sample population was adult out-patients from various medical departments of the hospital. Patients under age of 18 years, mentally or physically disabled or pregnant women were excluded. The assessment tool was a self-reported questionnaire. This project was approved by the Institutional

Review Board of King Saud bin Abdulaziz University for Health Sciences and permission to conduct the study was obtained from the administration of King Fahad Hospital of National Guard Health Affairs. A small pilot study of 50 patients was conducted and participants were invited to fill the questionnaire. Their answers to the questionnaires were discussed and modified before the start of this study.

The questionnaires were prepared in Arabic language and designed to include two main sections; demographic section and beliefs and behaviors section. Demographic characteristics explored were gender, age, occupational status, smoking, income, educational level and systemic disease. The second section consisted of 25 questions assessing patients' beliefs and at the same time their behaviors toward their oral health. Such practices included: plaque control (brushing, flossing and miswaking), diet control, dental visits, and action taken about some of their oral diseases (halitosis, gingival bleeding, and malocclusion). Questions related to beliefs were asked in the yes and no format. For example: Do you think that visiting the dentist in annual basis for checkup is necessary? While questions related to behaviors were answered in numerical values. For Example: When was the last time you have visited dentist for checkup?

The questionnaires were distributed to the patients while they were sitting in the waiting area of radiology, laboratory, pharmacy, ophthalmology, oncology and employment clinics of the hospital after taking their consents. One member of the research team was with the participants while they were filling out the questionnaire in order to explain the purpose of the study and make sure that participants understood completely the questions. The patients were informed that they have the complete right not to answer any question they did not like to answer.

Data was entered, cleaned and analyzed using SPSS statistical program version 22 (IBM Inc., Chicago, IL, USA). Simple descriptive statistics as frequency distributions, means and percentages were calculated for the study variables. Chi-square tests were used to assess the relationship between the study variables and demographic variables. The p value was considered significant if it was equals or below 0.05.

3. Results

A total number of 553 questionnaires were distributed to patients. The final sample size of completely filled questionnaires comprised 519 participants with 251 males and 268 females leading to a response rate of 94%. Two-thirds of participants were under the age of 35 years. Half of them had bachelor degree or higher and their monthly income ranged between SR5000-15000. On the other hand, only 15% of the subjects were smokers or having systemic diseases (Table 1).

The males' and females' oral health beliefs and behaviors are presented in Table 2. Considering oral hygiene practices (behaviors), there were significant gender differences in

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