

ABSTRACT

Background:

Dental caries and periodontal diseases have historically been considered the most important global oral health burdens. Worldwide, 60–90% of school children and nearly 100% of adults have dental cavities (WHO, 2012). National surveys and smaller studies have shown the prevalence of dental caries (decayed, missing, or filled teeth—DMFT) in Africa, to be quite low, but with substantial regional variations. Also, oral health problems are significant cause of morbidity particularly in sub-Saharan Africa (Samuel et al, 2006), and recent studies on dental caries prevalence are limited, with most focusing on specific subpopulations. Therefore, various factors, including practitioner attitudes, low public awareness in improving oral hygiene practices, low priority for dental health, and cost, have much contributed to the increase of dental health problems.

Objective:

The research aimed at assessing the factors influencing oral hygiene practices among adults in Burera District, Rwanda.

Methodology:

Qualitative and quantitative research approach were used with descriptive cross sectional research design to describe factors influencing oral hygiene practices, and to determine relationship between oral diseases and poor oral hygiene practices among adults attending health centers in Burera district. Random sampling was used to select these health centers representing 26.3% of all health centers of Burera district to obtain a sampled population distributed in different area of the district to minimize sampling bias. Quantitative data was entered and analysed in using SPSS and presented in form of tables.

Results:

The association between age and brushing frequency were statistically significant ($p \leq 0.001$). Association was also found gender and brushing frequency ($p = 0.046$). There was no association found between the marital status, occupation and brushing frequency with $p = 0.076$ and $p = 0.057$ respectively. Among the participants who had primary or no formal education, majority of them never brush their teeth or brush them sporadically. There was strong association between education level, wealth quintile and brushing frequency with $p < 0.001$ respectively. There was significance association between brushing frequency and tobacco use ($p = 0.017$), perception on dental visit ($p = 0.044$), self-assessed oral hygiene ($p < 0.001$), and how far is the nearest health facility with dental care ($p = 0.048$). But there was no significance association between brushing frequency and Satisfaction of services received during dental visit ($p = 0.074$) as well as eating and drinking sweet things behavior ($p = 0.077$)

Conclusions and Recommendations:

Majority adults in Burera district assess their oral hygiene status positively but a small number report using toothbrushes for maintaining good oral hygiene and display poor dental visiting habits. This study confirms low rates of tooth brushing and dental attendance among adults in different socio-economic and demographic strata across Burera district. The study found that although age, sex, educational status, wealth quintile are important determinants of oral hygiene practice among adults in Burera district, other factors play an important role as well. Various factors identified, such as poor knowledge of brushing frequency, techniques and duration, poor self-assessed oral hygiene, poor accessibility and poor satisfaction of dental services, and weak beliefs in the importance of regular tooth brushing as well as dental visit and co-occurrence of general health risk behavior can be used to guide interventions to improve oral health hygiene practice among adults. The government should consider measures to provide affordable fluoridated toothpaste targeting people from low income families. Health care

providers at Health Center level should be trained on basic skills in oral hygiene in order for them to appropriately implement the integrated oral health education content in the community.