The Role of Social Economic Status on Dental Caries and its Prevention among Outpatients Visiting Private Dental College Hospital

R.A Devishreea
aGraduate Student, Department of Public Health Dentistry, Saveetha Dental College and Hospital, Saveetha University, Chennai, India.

Meignana Arumughamb
bReader, Department of Public Health Dentistry, Saveetha Dental College and Hospitals, Saveetha University, Chennai, India.

Ashish.R.Jainc
cResearch Scholar, Reader, Department of Prosthodontics, Saveetha Dental College and Hospitals, Saveetha University, Chennai, India.

INTRODUCTION
The preservation of healthy teeth is one of the key health issues. Dental caries is one of the main oral diseases in childhood and adolescence. Numerous studies carried out in different countries over the world have shown that the application of preventive measures and improvement of social environment considerably reduce dental caries rates. Therefore, the aim of this study was to disclose preventive measures used for dental caries as well as to evaluate their associations with socioeconomic status.

Aim: The aim of the present study was to assess the dental caries experience and its relationship with occupation and socioeconomic status among adults.

Materials and method: A total sample of 250 subjects were included in the study. Socioeconomic status of adults was obtained through a questionnaire, while the prevalence of dental caries among adults was assessed by clinical examination following DMFT index.

RESULTS: In our study 125 subjects were males and 125 subjects were females. The social economic status was 11 subject were in upper class, 21 subject were under status of upper middle class, 92 subject were in lower middle class, In upper lower class there were 95 subject, and in Lower class there were 31 subjects. The mean DMFT value which was greater than 2.9 was found in upper middle, lower middle, upper lower, lower and the value less than 2.9 is in upper class.

Conclusion: The study concluded that the prevalence of DMFT was found more in lower economic status when compared to upper economic status. There is a relationship between existence person's socio-economic status and the oral health condition.

Keywords: Dental, Caries, Economic, College, DMFT.
The Mean DMFT value which is greater than 2.9 was found in upper middle, lower middle, upper lower, lower and the value less than 2.9 is in upper class (Table III).

The mean value of DMFT score among female study subject in which the mean DMFT value was greater than 2.9 was in lower middle, upper lower class and in upper class, upper middle class the mean DMFT value was less than 2.9 (Table IV).

The most common source of information on dental care for a adults was 69% of them were aware from television and the Internet and 18% of subjects were aware from print media and 13% aware from other sources (Figure 1). 63% don't know that fluoride will prevent dental carries, 30% of the population are fair about fluoridation will prevent dental carries. 7% has good knowledge that fluoride will prevent dental carries.

### Table II: Social Economic Status among Study Subject

<table>
<thead>
<tr>
<th>Social Economic Status</th>
<th>Male</th>
<th>Male</th>
<th>Female</th>
<th>Female</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper</td>
<td>09</td>
<td>7.2</td>
<td>02</td>
<td>1.6</td>
<td>11</td>
<td>44</td>
</tr>
<tr>
<td>Upper Middle</td>
<td>14</td>
<td>11.2</td>
<td>07</td>
<td>5.6</td>
<td>21</td>
<td>8.4</td>
</tr>
<tr>
<td>Lower Middle</td>
<td>57</td>
<td>45.6</td>
<td>35</td>
<td>28</td>
<td>92</td>
<td>36.8</td>
</tr>
<tr>
<td>Upper lower</td>
<td>42</td>
<td>33.6</td>
<td>53</td>
<td>42.4</td>
<td>95</td>
<td>38</td>
</tr>
<tr>
<td>Lower</td>
<td>03</td>
<td>2.4</td>
<td>28</td>
<td>22.4</td>
<td>31</td>
<td>12.4</td>
</tr>
</tbody>
</table>

### Table III: The Table Shows the Mean Value of DMFT Score among Male Study Subject

<table>
<thead>
<tr>
<th>Social Economic Status</th>
<th>No Of Study Subject</th>
<th>Mean Value Of DMFT &lt;2.9</th>
<th>Mean Value Of DMFT &gt;2.9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper</td>
<td>09</td>
<td>1.9</td>
<td></td>
</tr>
<tr>
<td>Upper middle</td>
<td>14</td>
<td>-</td>
<td>3.3</td>
</tr>
<tr>
<td>Lower middle</td>
<td>57</td>
<td>-</td>
<td>3.6</td>
</tr>
<tr>
<td>Upper lower</td>
<td>42</td>
<td>-</td>
<td>4.9</td>
</tr>
<tr>
<td>Lower</td>
<td>3</td>
<td>-</td>
<td>3.1</td>
</tr>
</tbody>
</table>

### Table IV: The Mean Value of DMFT Score among FEMALE Study Subject

<table>
<thead>
<tr>
<th>Social Economic Status</th>
<th>No of Study</th>
<th>Mean Value Of DMFT &lt;2.9</th>
<th>Mean Value Of DMFT &gt;2.9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper</td>
<td>02</td>
<td>1.8</td>
<td></td>
</tr>
<tr>
<td>Upper middle</td>
<td>07</td>
<td>2.6</td>
<td></td>
</tr>
<tr>
<td>Lower middle</td>
<td>35</td>
<td>-</td>
<td>6.2</td>
</tr>
<tr>
<td>Upper lower</td>
<td>53</td>
<td>-</td>
<td>6.8</td>
</tr>
<tr>
<td>Lower</td>
<td>28</td>
<td>-</td>
<td>4.1</td>
</tr>
</tbody>
</table>

Figure 1: Knowledge about oral health care

13% Others

18% Print media (newspaper, magazine)

69% Media (TV, radio, Internet)

### Discussion

Attitudes toward oral health depend on their social economic status. In the presence of high-socio economic status, better oral health is experienced, and lower dental caries rates are achieved. Susan et al in 2001 state that SES and caries risk in the United States are needed, particularly among adults, in order to assess how SES influences the incidence of disease. Interestingly, the effects of SES on caries risk seem to be reduced in fluoridated communities. Low SES may serve as a marker for increased risk of caries. Moreover, oral health was better in those adults who had regular dental check-ups. The dental visits are important as oral diseases can be diagnosed, managed, and even avoided on time, and personal oral hygiene guidelines can be constantly reminded to dental practice visitors [7-14]. Some studies have highlighted that low-socioeconomic status families visit a dentist more frequently due to pain or discomfort [15-18]. This is confirmed by the finding of our study as well. Adult from lower social status have worse oral hygiene habits [19-20]. This is confirmed by the results of our questionnaire-based survey, which showed that adults with a higher educational level and higher income knew more about the preventive dental caries program aiming to keep one's teeth healthy. It has been reported that from low-income families were less likely to have dental visits to a dental care specialist [21-23]. Topaloglu-Ak et al. state that a first step to prevent dental carries is the implementation of a national health program involving promotional, preventive, and minimally intervention approaches [24]. The present Study has shown that socioeconomic status play an important role in dental care, therefore, the priority should be given to low-socioeconomic status families.

### Conclusion

The study concluded that the prevalence of DMFT was found more in lower economic status when compared to upper economic status. There is a relationship between existence person's socio-economic status and the oral health condition. The application of preventive dental caries programs should be focused on their oral hygiene habits, and lifestyles, and complex prevention programs being implemented and being targeted at lower socio-economic status families could achieve this.

### Reference