

## BACKGROUND

- Oral health is an important but often neglected topic of Global Health<sup>1</sup>
- Little is known about oral health among urban poor populations in Uganda and the association between socioeconomic status and poor oral hygiene is unknown

## METHODS

- We used systematic random sampling to identify households from which to collect data including socioeconomic status, demographics, general health, and oral health practices and status.
- We defined poor oral health as a validated Oral Health Evaluation Questionnaire score >11.
- We used logistic regression to identify associations with poor oral health in Soroti.

**Table 2. Dental Health Condition Factors**

Dentist consultation, n (%)	Never	508 (65)
Reason for Dentist, n (%)	Tooth extraction	140 (62)
Self-Report Use of Mouthwash, n (%)	Never	523 (67)
Frequency of Brushing Teeth, n (%)	1 to 2 times a day	639 (81)
Has >1 Missing Tooth, n (%)	Yes	275 (36)
Gum Bleeding, n (%)	Yes	112 (14)
Experience Pain While Eating Frequency, n (%)	Yes	155 (20)
Has Received Dental Counseling n, (%)	No	366 (47)
Has Received Dental Education n, (%)	No	384 (49)
Self-Reported Grade of Dental Knowledge Mean, (SD) <sup>β</sup>		5.11, (5)
Oral Health Status n,(%)		107 (14)
Average UGX Spent on Dental Care, Median(IQR)		\$20,000 (5,000-40,000)

<sup>β</sup>Self Reported Grade of Dental Knowledge was measured on a scale of 1-10 (1 being the least educated and 10 being the most educated)

**Table 4. Associations with Poor Oral Health**

		Adjusted Odds Ratio (95% CI)	P-Value
Gender	Women	---	---
	Men	0.88 (0.435, -0.782)	0.84
Age	< 30	---	---
	30 - 44	0.99 (.49, 2.04)	0.99
	45 - 65	2.32 (1.02, 5.25)	0.04
	> 65	4.85(1.38,17.01)	0.01
Chronic Disease <sup>®</sup>		---	---
	Yes	5.31 (1.91,14.75)	0.001
Self-Reported Psychological Distress	No	---	---
	Yes	2.34 (1.25,4.36)	0.008
Water Source	Piped Water	---	---
	Borehole	1.02 (.52,1.99)	0.06

<sup>®</sup> Chronic disease refers to anyone with Asthma, HIV, AIDS, Hypertension, Rheumatoid Arthritis, Heart Attack, Liver Disease, Kidney Disease or Stroke.

**Table 3. Characteristics of Oral Health in Children**

Frequency of Brushing Teeth, n (%)	Twice a day	551 (79)
Frequency of Dental Visit n, (%)	Never visited the dentist	576 (82)
Reason Child Dental Visit n, (%) <sup>*</sup>	Tooth extraction	85 (53)
Child Pain While Eating, n (%)	Never	706 (90)
	Sometimes	56 (7)
	Very Often	14 (2)
	Always	9 (1)

<sup>\*</sup>Total number of children who have gone to the dentist = 161

## CONCLUSION

- Poor oral hygiene is common (13.63 %) with associated factors being increasing age (>45 years), psychological distress and coexisting chronic illness. There is a lack of preventative education, both in children and adults, as extractions are the most sought reason for dental care. Integration of oral care into psychological counseling and chronic disease management among aging populations is warranted in urban settings in sub-Saharan Africa.

## SOROTI DISTRICT COMMUNITY



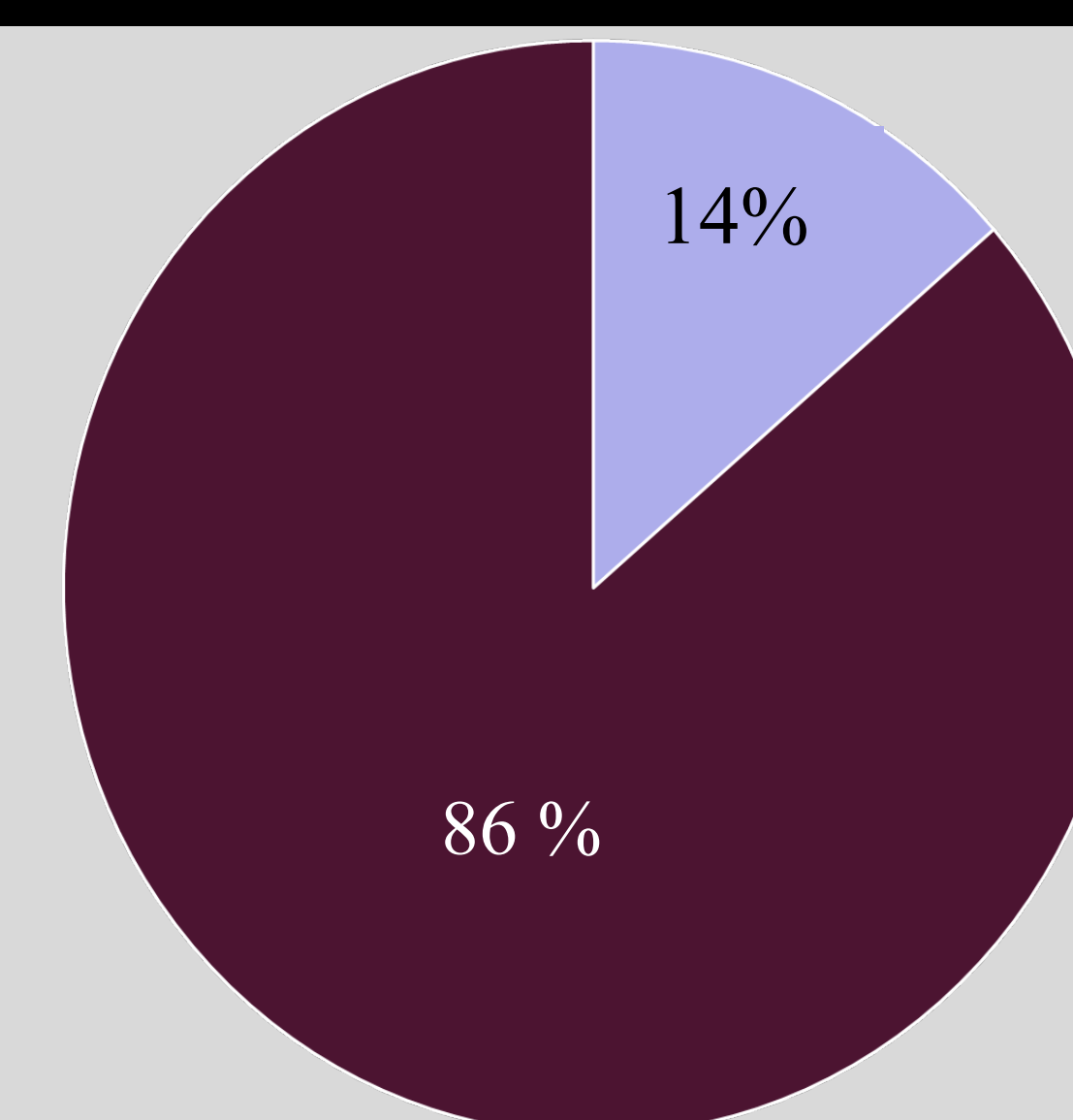
## RESULTS

**Table 1. Study Participant Characteristics**

N=785

Age, median (IQR)		30 (25, 39)
Female, n (%)		556 (71)
Education level, n (%)	Secondary	297(38)
	Tertiary	211 (27)
	Primary	204 (26)
	None	73 (9)
Marital Status, n (%)	Married or cohabit	507 (65)
Water Source, n (%)	Piped Water	517 (66)
Ever smoked, n (%)		42 (5)
Drinking Alcohol, n (%)		130 (17)
Self-Reported Psychological distress <sup>‡</sup> , n (%)		336 (43)
Main Health Facility Attending, n (%)	Public Hospital	368 (47)
	Public Health Center	262 (33)

**FIGURE 2. PREVALENCE OF POOR ORAL HEALTH**



■ Poor Oral Health ■ Good Oral Health

## ACKNOWLEDGEMENTS

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<sup>‡</sup> Psychological distress refers to any person who has experienced stress, depression or problem with emotions consecutively within the past 30 days