



The Interplay of Oral Health Literacy (OH), OH Behaviours and OH Status Among Older Persons in Surulere, Lagos, Nigeria.



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AFFILIATION
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BACKGROUND

Older persons are a vulnerable group with a higher risk of oral health problems such as periodontitis and oral cancer due to factors like comorbidities, reduced salivary flow, and cognitive impairments.^{1,2} These issues, along with decreased sight and mobility, often necessitate assistance with daily activities.²

Oral health literacy (OHL) is crucial as it involves the ability to obtain, understand, and process information to make appropriate decisions about one's oral health.^{3,4} Limited OHL is linked to poor use of preventive services, delayed diagnoses, and poor oral health outcomes.¹

Good oral health behaviours, including proper tooth brushing, flossing, and routine dental checkups, significantly reduce the burden of oral diseases, enhancing the quality of life among the elderly.⁵ Despite evidence of poor oral health among the elderly, few studies have focused on the relationship between OHL, oral health behaviours, and status in Lagos, Nigeria.

AIM

This study aims to evaluate the relationship between Oral Health literacy, OH behaviour and OH status among elderly individuals in Surulere, Lagos state, Nigeria.

OBJECTIVES

- To assess the OH literacy, OH behaviours and OH status of elderly persons in Lagos, Nigeria
- To determine the relationship between OH literacy, OH behaviours and OH status in elderly persons in Lagos, Nigeria

ANALYSIS

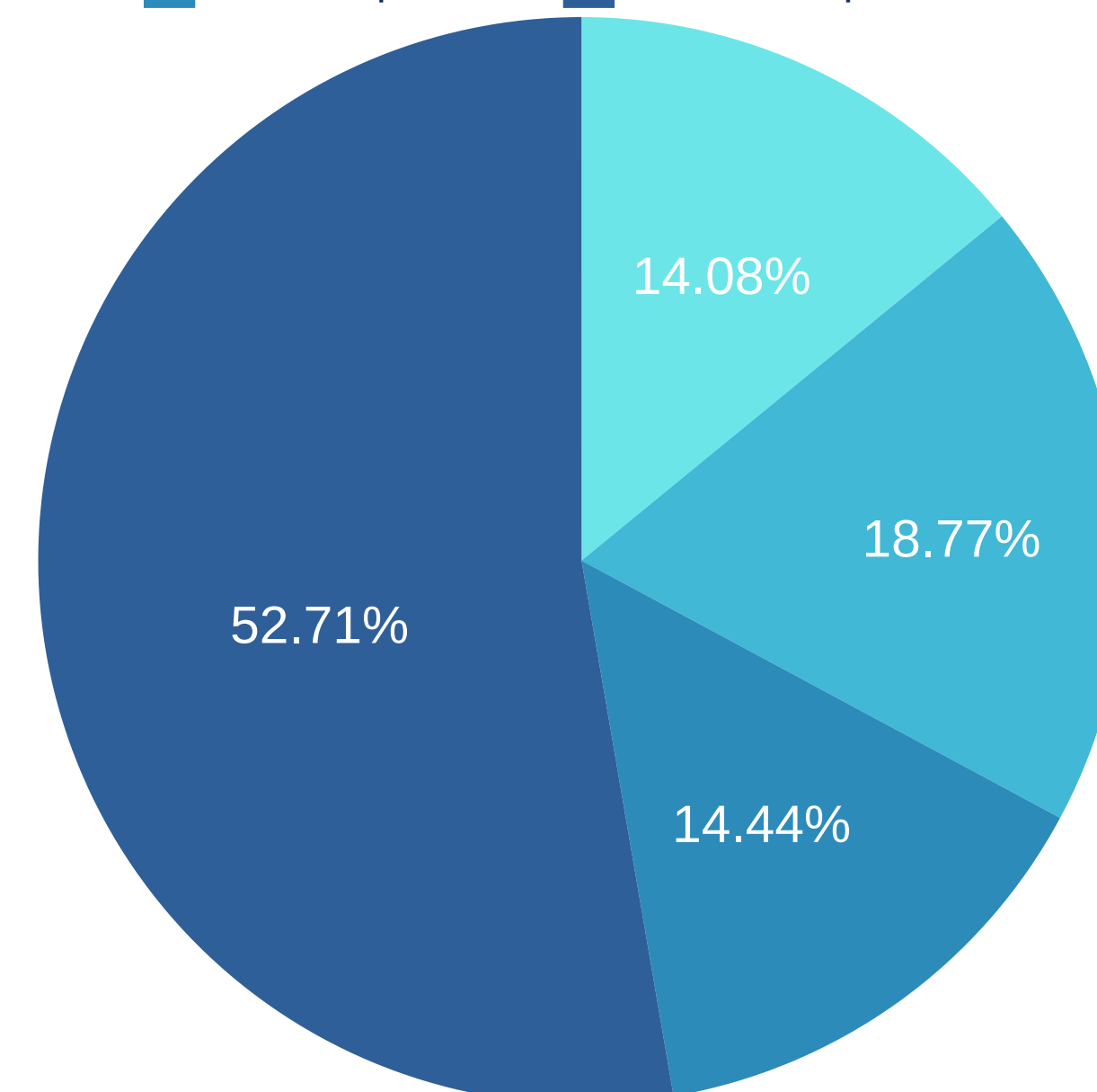
Data obtained from fully completed questionnaires were analyzed using Epi-Info version 7 software. The frequencies, percentages and cross-tabulations were calculated and presented in charts and tables. Relationships between associated factors and prevalence were determined using chi-square such that $p < 0.05$ (5%) is considered statistically significant.

METHODOLOGY

Ethical approval was obtained from Lagos University Teaching Hospital, Health Research Ethics Committee.

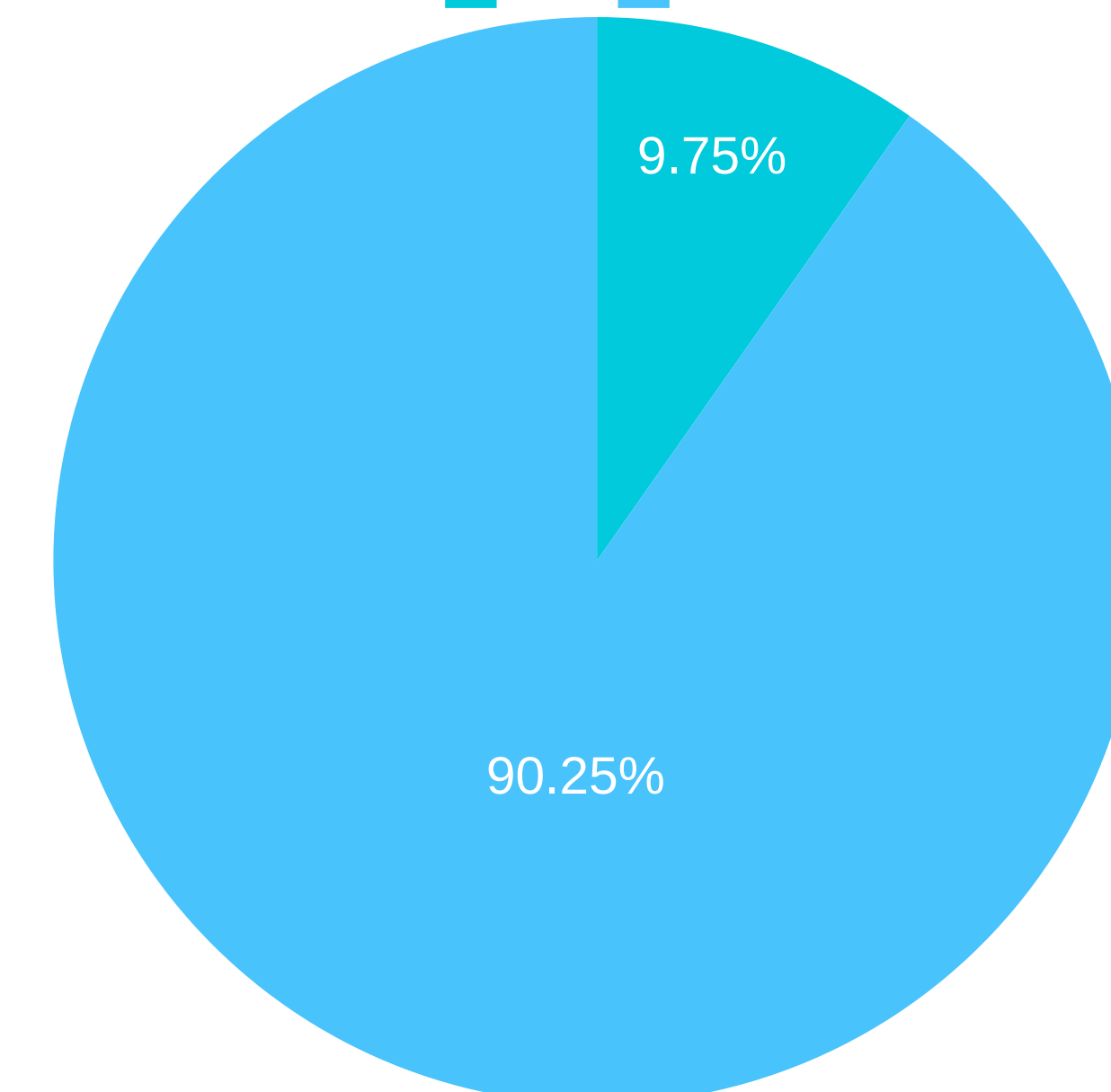
The study adopted a cross-sectional design employing a multistage sampling technique. Data was collected from 277 elderly individuals residing in Surulere LGA, utilizing interviewer-administered questionnaires. Health literacy pertaining to oral health (OH) was evaluated using the Health Literacy in Dentistry-14, comprising 14 questions across seven dimensions.⁶ Responses were rated on a 5-point scale, with higher scores indicating superior oral health literacy.⁶ Oral health behaviour was assessed through a 12-item questionnaire, scoring positively for correct responses. Scores ranged from 0 (poorest behaviour) to 12 (best behaviour), categorized as poor (≤ 5), fair (5 to 10), or good (≥ 11).⁷ Self-perceived oral health assessment utilized seven questions, with positive responses earning 1 point. Oral health belief was evaluated with ten questions, categorizing beliefs as poor (< 4), fair (5-7), or good (> 7). Oral health status was measured using the Oral Hygiene Index, DMFT index, Community Index of Treatment Needs (CPITN), Mobility Index, and Teeth present.

Below Expectation Meets Basic Expectation
Meets Expectation Exceeds Expectation



Health Literacy in Dentistry-14

Good Fair



Oral Health Behaviour Among Elderly

RESULTS

Demographics

The study included individuals aged 65-85 years, with 47% aged between 65-70. Females represented 52% of the sample. Educational attainment was as follows: 38% completed secondary education, while 28% attained tertiary education.

Health Literacy in Dentistry-14 (HELD-14) Scores

The mean HELD-14 score was 38.2, indicating moderate health literacy.

Participants found understanding dental information most challenging, while access to oral health care posed the least difficulty. The level of literacy increased with increasing level of education and was highest in people in the ages of 65-70yrs and lowest in people >80yrs. These relationships were found to be statistically significant with a $p < 0.001$.

Oral Hygiene

Good oral hygiene was observed in 51.4% of participants, whereas 20.2% exhibited poor oral hygiene. Higher literacy levels correlated with better hygiene, particularly among those aged 65-70, and declined in individuals over 80. This trend was statistically significant ($p < 0.001$).

Oral Health Behaviors

The majority (85.56%) had fair oral health behaviour scores (6-10). However, 76% did not brush twice daily, and 85.2% neglected routine dental visits and flossing. A higher Oral Health Literacy (OHL) was significantly associated with improved behaviours ($p < 0.001$) and OHI (Oral Hygiene Index) scores

IMPLICATION AND RECOMMENDATIONS

The study underscores the importance of oral health literacy (OHL) for the elderly in Surulere, Lagos, revealing that higher OHL leads to better oral hygiene and health behaviours. Key findings show that educational attainment and age significantly influence OHL, with a notable gap between knowledge and practice. To address this, recommendations include developing community-based educational programs, distributing easy-to-understand materials, and training caregivers. Local healthcare services can play a pivotal role in providing accessible care, while policy advocacy is essential to integrate oral health into public health initiatives for the elderly. These efforts aim to enhance the quality of life and reduce healthcare demands.

