

## **An Extensive Survey on Halitosis Among Female College Students At Selected Colleges in Lucknow**

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### **Introduction**

Halitosis is a problem that affects a large percentage of the population. Patients and dentists have become more aware of halitosis as a result of increased media coverage in recent years. Despite this, it remains a taboo topic. A nurse should be the first person to call because halitosis is usually caused by an issue in the mouth. The majority of halitosis sufferers attempt to treat their condition on their own before seeking professional help. Chewing gum, candies, and mouthwash are the most popular anti-halitosis remedies. However, it is well-known that these products only serve to temporarily cover up bad breath and cannot be used to combat its underlying causes.

More than half of patients have seen at least one general practitioner or medical specialist prior to their appointment at a halitosis clinic. Patients who have suffered from halitosis for a long period of time often face a great deal of social and psychological stress as a result. Decreased salivary flow and periodontal (gum) disease are other common causes of bad breath. The psychological and social impact of halitosis play a major role in the significance of halitosis. One study found an association between chronic bad breath and mental health issues such as social withdrawal and mood swings such as anxiety, phobias, and depression, as well as behavioural changes and a decline in self-esteem and confidence.

### **Methodology**

A cross-sectional study was conducted using a random sample. Students from various colleges in Lucknow were given anonymous questionnaires to fill out on their own.. The study's goals and methodology were discussed in detail, as well as any concerns raised. Only 197 of the 200 young women who received the survey completed it, and three dropped out due to time constraints. To conduct the survey, we used a structured questionnaire that had been pilot-tested, and no changes were necessary.

There were demographic questions as well as in-depth inquiries into the respondents' perceptions of and familiarity with halitosis and their knowledge of its aetiology and treatment options.

Statistical Package for the Social Sciences (SPSS) Version 22 was used to analyse the data.

## **Results**

There was a response rate of 88.1 percent. From 18 to 25 years of age, participants had a mean age of 211.9 years. Health sciences (50), science (50), and humanities (100) were the three most popular majors among the students who attended. According to 78.6 percent of the participants, halitosis was not an issue in their lives. When it comes to halitosis, 18.9 percent of those who reported having it admitted to discovering it on their own.

Some 44.5 percent said the stomach was the primary cause, followed by periodontal pockets (36.5%), and the tongue (36.5%). (34.7 percent). Not brushing one's teeth (78.9 percent), followed by dry mouth (32.3%), smoking (20.5%), and ENT (ear, nose, and throat) diseases, was the leading cause of bad breath (27.9 percent). With the following frequency: 91.4 percent of gastrointestinal tract; 15.6 percent of respiratory diseases; and 12.5 percent of diabetes.

Sixty eight percent of the participants in the study believe that bad breath can be alleviated by using products like mouthwash on a regular basis. 32.1 percent of those surveyed said they would seek help from their dentist for this issue.

When it comes to their belief that brushing is not the cause of bad breath ( $p=0.011$ ) and their willingness to seek help from a dentist ( $p=0.020$ ), respondents with SPH were significantly different from those without SPH. SPH patients were less likely to brush their teeth or seek treatment for bad breath at the dentist. A statistical analysis of variance ( $p=0.032$ ) found a significant difference in self-perception of bad breath between age groups. This age group had significantly more perceptions of halitosis than those over 22 ( $p=0.027$ ), according to the post-hoc Tukey test. Those ages 21–23 were significantly more likely to attribute halitosis to stomach issues than those ages 18–20 ( $p=0.033$ ). Those between the ages of 18 and 20 were less likely than those older than 22 ( $p=0.031$ ) to believe that ENT diseases are to blame for bad breath. The 21–22-year-old age group was significantly more likely to oppose the use of an ENT specialist to treat halitosis than the rest of the population ( $p=0.004$ ).

## **Discussion**

There are many psychological and social consequences to bad breath, including a negative effect on marital relationships, which is common worldwide. Bad breath is most often caused by stomach problems, followed by periodontal diseases and tongue coating, according to the findings of this study. The 21–23-year-old age group was the most likely to hold this opinion, which could be attributed to age differences. Individuals who majored in health sciences may have a greater understanding of this phenomenon, which could explain their preference for the tongue as a primary source.

Our investigation revealed a lack of understanding of the non-gastrointestinal causes of halitosis. Some studies show that chronic sinusitis, upper respiratory tract infections, diabetes, older age, being female, and lower education and socioeconomic status can all cause or contribute to halitosis. In addition to mouth dryness, poor breathing could also be a contributing factor. Normal causes of halitosis such as ENT and pulmonary pathology metabolic disorders, as well as some medications, need to be given more attention.

Only a small percentage of respondents would recommend to their friends and colleagues that they see a dentist if they were experiencing bad breath. Halitosis may have psychological effects that are reflected

in these responses. On the other hand, they raise the stakes for health care providers who have the opportunity to identify and address this issue in their patients. As a result, dental school curricula should include such topics.

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