



## **EXTENSIVE EXAMINATION OF THE PREVALENCE OF HALITOSIS AMONG FEMALE COLLEGE STUDENTS AT SELECTED COLLEGES IN INDORE.**

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### **1. INTRODUCTION**

Most people suffer from some degree of bad breath, which is known as halitosis. There's been an increase in the public's awareness of halitosis as a result of an increase in media coverage. In spite of this, it's still a tabu 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 mouth rinse are the most commonly used anti-halitosis products. 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.

Halitosis clinic patients are more likely than not to have already been to a general practitioner or medical specialist prior to their appointment. Patients often have a long history of halitosis, which can lead to a great deal of social and psychological distress. Periodontal disease, tongue coating, caries, and decreased salivary flow are all common causes of bad breath. When it comes to halitosis, the social and emotional toll it takes is a major factor. Anger, anxiety, and depression have all been linked to people who have bad breath. These symptoms can have a negative impact on a person's self-esteem and confidence, as well as their ability to engage in social activities.

### **COMPONENTS AND PROCEDURES**

A cross-sectional study was conducted using a random sample. 200 students from different colleges in Indore were given anonymous self-administered questionnaires. Asked and answered questions about the study's purpose were provided. A total of 197 of the 200 young women who received the questionnaire completed it, while three withdrew from the study due to time constraints. The survey was conducted using a structured questionnaire that had been pilot-tested and found to be error-free.

There were demographic questions, as well as questions about respondents' perceptions and awareness of halitosis, as well as their knowledge of the causes and management of oral malodour.

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

### **2. RESULTS**

There was an 88.1 percent response rate. Participants' ages ranged from 18 to 25 years, with a mean of 21 and a standard deviation of 1.9 years. Academically, they were divided into three groups: health sciences (50 students), science colleges (50 students), and humanities (100 students). More than seventy-six percent of those polled (78.6 percent) said they had no problem with bad breath. One-eighth of those who said they had halitosis (18.9%) said they had discovered 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 most common cause of bad breath (27.9 percent). Halitosis has been linked to the following illnesses: gastrointestinal tract disorders account for 89.4 percent of the cases, respiratory diseases account for 15.6 percent, and diabetes accounts for 12.5% of the cases.

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. In fact, 32.1% of those polled said they would visit their dentist if they were having this problem.

Participants with SPH had a significantly higher likelihood of visiting a dentist than those without SPH ( $p=0.020$ ) and a significantly lower likelihood of believing that brushing is the cause ( $p=0.011$ ). As a result, people with SPH were less likely to brush their teeth or visit their dentist to deal with halitosis. Bad breath self-perception varied significantly among age groups, according to the results of a statistical analysis ( $p=0.032$ ). According to a post-hoc Tukey test, those between the ages of 18 and 20 reported significantly higher levels of halitosis than those older than 22 ( $p=0.027$ ). Respondents between the ages of 21 and 23 were more likely than those between the ages of 18 and 20 to attribute their halitosis to digestive issues

( $p=0.033$ ). Younger adults (18–20 years old) were less likely than older adults ( $p=0.031$ ) to believe that ear, nose, and throat (ENT) disorders cause bad breath. The 21–22 year old age group was significantly more opposed than the other respondents ( $p=0.004$ ) to seeing an ENT specialist for treatment of halitosis.

### 3. DISCUSSION

Bad breath is a common issue that affects people of all ages, both personally and professionally. It has even been shown to have an adverse effect on romantic relationships. According to the findings of this study, stomach problems are the most common cause of bad breath, followed by periodontal disease and tongue coating. The 21–23-year-old age group was the most likely to hold this opinion, which could be attributed to age differences. People who majored in health sciences were more likely to choose the tongue as the primary source, which suggests that their level of knowledge may have something to do with it.

Other than gastrointestinal tract disorders, little is known about the extraoral causes of halitosis, according to our findings. Chronic sinusitis and other upper respiratory tract infections, diabetes, advanced age, being a woman, and lower educational attainment and socioeconomic status have all been linked to or proven to cause halitosis. Mouth dryness can also be caused by insufficient airflow in the lungs. Some medications can cause halitosis as well as a variety of other conditions, such as throat and sinus infections.

The vast majority of those polled said they would never tell a friend or coworker they had bad breath, and even fewer said they would suggest that a friend visit the dentist if they became aware of another's bad breath. Halitosis may have psychological effects that are reflected in these responses. Professionals who have the opportunity to identify and address this issue in their patients face an increased level of responsibility as a result. Also, they point out the importance of dental training curricula in addressing these issues.

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