

Relationship between socio-economic inequalities and oral health among 15 years old adolescent school children in the Colombo District

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There was a significant relationship between socioeconomic inequalities and oral health among 15-years old adolescent school children in the Colombo District. Adolescents whose parents had higher levels of education, perceived not to/rarely to be materially deprived, lived in un crowded homes were more likely to have good oral hygiene status and gingival condition than adolescents whose parents had lower level of education, perceived often to be materially deprived and lived in crowded homes. In addition lower the numbers of siblings better the oral hygiene status among adolescents. There was an inverse graded relationship between perceived oral impacts assessed by OIDP scale scores and socioeconomic status among adolescents assessed by an array of socioeconomic indicators except mother's occupation Thus resembling the graded relationship of dental caries. As evident from the adjusted odds ratios gender, family affluence scale and perceived meaningful dimensions of home: "home provided a happy life" had the highest association with OIDP scores. Overall higher the socioeconomic status of adolescents they were more likely to be unaware of oral disease, perceived no oral symptoms, perceive their oral health status to be good and not to perceive a need for dental care compared to adolescents from lower socioeconomic backgrounds. The adolescents whose parents' level of education was higher, living in un crowded homes with high purchasing powers (household income and expenditure) were more likely to brush their teeth twice or more times a day than adolescents whose parents' level of education was lower, living in crowded homes with low purchasing powers. Present study provides the first empirical investigation into the relationship between socioeconomic inequalities and oral health in Sri Lanka. The findings of the present study will not only enhance the understanding of the relationship between socioeconomic inequalities and oral health but could be used for advocacy.