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LETTER

Thoughts about "Oral Health Knowledge, Attitude, and Behavior Among Health Professions' Students at Kabul University of Medical Sciences" [Letter]

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Dear editor

We congratulate Ehsan et al[1] on their insightful study on oral health knowledge, attitude and behaviour among healthcare students at Kabul University in Afghanistan. We commend them for their invaluable contribution, and as medical students, we would like to offer our perspectives on the findings of this study.

Firstly, the study showed the disparity between healthcare students who may have a higher level of knowledge about oral hygiene (such as dental students) than other students. Showcasing the need to educate the global population about the importance of oral hygiene through interventions such as workshops. The findings suggested that healthcare students with more education and awareness in the field of oral health had a better understanding of oral health. From this study, the conclusion showed a difference in the findings between dental and non-dental students, which could be due to factors such as dental students answering based on what is expected to be done. Additionally, dental students should not have participated in this study as they may have seen it as an exam rather than a study, which raises concerns about bias and authenticity of self-reported behaviours, as they may feel judged or self-conscious.

Another limitation of this research is that students younger than 18 could not participate in this study. If they are healthcare students, it would be essential to allow them to participate as results may have differed and enabled a better representation of the student population.

In addition, the study showed that female students were more concerned about their oral health. This aligns with other research suggesting that women demonstrated better oral hygiene habits than males;[2] however, in this study, this could be due to the more significant number of females (64%)[1] participating in the research. Therefore, there is a greater need for further research expanding this population's sample to allow generalisable results. This could be achieved through involving students from other institutions.[3]

The questionnaire's focus on oral health risk factors was narrow, mainly focussing on sweets and fizzy drinks, but it should have taken into consideration other factors that contribute towards oral health. WHO recognises that risk factors for oral diseases should also include tobacco use, alcohol consumption and unhealthy diet.[4] To account for this, it may be useful to use an international screening tool to give a holistic and standardised view of students' perception of oral health. Additionally, it allows for the reproducibility of the results for future studies. It would be beneficial if the study were held at multiple institutions, which would aid with identifying national trends rather than the attitude towards dental health at Kabul University.

We commend Ehsan et al for their pioneering research and suggest these areas for enhancements, including carrying out a physical finding assessment similar to the tool used by the American Academy of Paediatrics,[5] as this can give a better understanding to the researchers about individuals' oral health.

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Disclosure

The authors report no conflicts of interest in this communication.

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