

# A STUDY TO ASSESS THE ORAL HEALTH STATUS AMONG CONSTRUCTION WORKERS IN GONDA DIST, UTTAR PRADESH

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## INTRODUCTION

A joint committee of the World Health Organization and the International Labor Organization defines occupational health as the "promotion and maintenance of the highest degree of physical, mental, and social well-being of workers in all jobs." India bears almost 20% of the global burden of occupational illnesses. The fundamental cause of occupational diseases is the individual's pathologic adaptation to his or her working environment. Workers' health is directly affected by elements such as job type, time spent at work, working environment, and mental demands. The construction industry, like any other, is characterised by its particular set of circumstances.

Construction employees' working and living situations expose them to a wide range of dangers, including physical, chemical, biological, ergonomic, and environmental threats, as well as psychological ones. Workers were often forced to live in improvised camps on construction sites, exposing them to health risks even when they were not at work. Because of the filthy working environment, they are more susceptible to the health dangers of poor sanitation and polluted drinking water on the job. Poorly built ladders, improper material handling, unsafe walking surfaces, elevated platforms, badly shored trenches, inadequate lighting, and poorly maintained tools and equipment are all elements that contribute to construction site safety hazards. According to Dong et al., working in the construction industry is associated with a considerable risk of accidents that might lead to death. Accidents on construction sites account for 16.4 percent of all job fatalities worldwide. In the Indian construction industry, the fatal accident rate was 16.9 occurrences per 1000 employees per year, a relative risk of 8 when compared to other manufacturing sectors.

Construction workers encounter oral health issues in addition to general health problems due to low literacy rates and a lack of awareness about healthy living options. The oral health of immigrant construction workers has been proven to be poor as a result of their exposure to tobacco products and Sam et al.'s disease burden research. Because there is a scarcity of data on the oral health status of immigrant construction workers in Gonda, this study was designed to assess the oral health status and treatment needs of immigrant construction workers in Gonda.

The goal of this study was to investigate the oral health conditions and treatment needs of immigrant construction workers in Gonda, Uttar Pradesh.

## Methodology

A cross-sectional descriptive study of 500 immigrant construction workers in Gonda, Uttar Pradesh, was conducted to establish their oral health status and treatment needs. The study participants were chosen using a random selection approach. The World Health Organization's (WHO) Oral Health Surveys and a survey proforma were utilised to collect data for this investigation. A Proforma for Simple Approaches (2013). The acquired data was statistically analysed.

The study was carried out using the Software for the Social Sciences (SPSS) version 21.

## The Results of the study were

All of the immigrant construction workers that participated in the study were men. Almost 92.8 percent of workers used tobacco products, and 56.7 percent drank alcohol. Almost half of the employees used toothpaste and a toothbrush to brush their teeth. Approximately 69.5 percent of workers have never visited a dentist. Back

pain is the most prevalent work-related health concern, with 23% of employees reporting it. 43.5 percent of construction workers have periodontal disease. It was revealed that 22.4 percent of the population suffers from dental trauma. The frequency of dental caries in the study population was 87.8 percent, with an average of 6.11 decayed, missing, or filled teeth (DMFT). "Only 2.08 percent of workers had upper/lower partial dentures." Immigrant construction workers had a significant prevalence of dental caries and periodontal disease. By delivering health education, nurses and primary health care practitioners can help fill in the gaps in their knowledge regarding oral health awareness.

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