Dental Caries Experience and it is Relation to Dentalknowledge and behavior among a Group of Lawyers working in Baghdad City Courts.

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ABSRACT
Background: The legal profession considered one of the occupations that need physical health and has an impact on the intellectual ability during the defense in the court, and as we know, the dental health is a major and important part of physical health, this study done on a group of lawyers working in different courts in Baghdad city, to measure the dental behavior and knowledge, and it is relation to occurrence of dental caries.
Materials and methods: by distributed a questioner to 122 lawyers and after excluding 8 response format, the study sample consist from 114 (50 female, 64 male), 55 of them with age group of 33-42 and more than four years of working, and 59 with ag group of 23-32 with less than four years of working, the caries experience was calculated by using WHO 1997 .
Result: in this study the result show a higher mean of caries experience in age group of 33-42 than 23-32, in male than female, and in group (1) than group (2) lawyers, the DMFT was higher in group (1) than group (2) in both anterior and posterior teeth, in about knowledge the mean value of anterior teeth and posterior teeth was higher in group (1)than group (2) in both positive answers and negative answers, and about behavior the mean value was higher in anterior and posterior teeth in group (1) than group (2) lawyers also in two answers the positive and negative.**Conclusion**: increasing the dental education by using the help of social media, schools, and national educational programs will improve the dental knowledge and behavior, which affect positively on the oral hygiene
Key words: behavior, dental caries, knowledge.

INTRODUCTION

Throughout childhood, bad oral hygiene itis directly related to poor oral health outcomes and this continues through adulthood, by the ability of having dental caries during their lives (Kawashita et al., 2011). Therefore, good oral health is important for their overall well-being, and good oral health behaviors are essential to start from a young age to assure long and positive oral hygiene (Mathur and Gupta, 2011). Regarding several oral diseases have serious side effects on general health, while systemic diseases may reveal a mutual impact on oral health, the oral and general health are interrelated with evidence which requires efforts of both medical and dental health professionals, (Baseer et al., 2012; Mumtaz, 2009). There are numerous oral manifestations for general disease conditions, which increased the risk of oral disease and thus considered a risk factor to numeral general health situations, (rabiei2012)

The population of the developed countries have a reduction in the severity and prevalence of oral disease, this development resulted in more adultsbeing able to keep their natural dentition functional into a later age, dental care has been systematically organized to improve dental health behaviors (8,9Al-Ansari J et al., 2003; Taani2002). Unfortunately, this is not the case in the Middle East, the oral health system is in a transitional developmental stage, and systemic data collection is need to plan oral health care for the public, little is known about the oral health

knowledge and behavior of children from developing countries such as Iraq(Taani, 2002; Tanni, 2003). Behavior was defined by Steptoe et al. as the activities undertaken by people in order to protect, promote or maintain health and to prevent disease, so it is the rang of action of people with their environment. The personal health behavior is important in individual for the maintenance of general health of the body, which depends to some extent on the oral health behavior (neamtollahi 2010). While knowledge defined as the facts, information, and skills acquired through experience or education. Besides, it may refers to the practical understanding of a subject (Harman, 2015).Tt is important to know the level of knowledge and behavior of the dental health professionals toward oral health because they can play an important role in the oral health education of their patients, families, and friends; and also at the community levels (Neamtollahi, 2010; Bhat et al , 2014). The present study carried out among a group of lawyers working in courts of Baghdad city to assess the experience of dental caries (DMFT) and the level of oral health knowledge and behavior, and the relation between the severity of oral hygiene with the behavior and knowledge.

MATERIAL AND METHODS

In this cross-sectional study, 122lawyers (53 female and 69 male) was randomly selected, from different courts in Baghdad city, after excluding 8 response format the sample became 114 (50 female and 64 male), 55 of them having more than four years in the legal professional work with age range from 33-42 years, and the other 59 have less than four years with age range from 23-32 years. A questionnaire consisting from three partsof questions used to collect the data, which adopted from different articles and research (Al Omiri, 2006; Mani et al., 2010; Tangade et al., 2011; Rustvold, 2012;Wai, 2012; 2014; Yarbrough et al., 2015),the first part of question was for general information related to the name, age, gender, level of education, and the general health if there is any systemic disease, the second two parts consisting from twenty questions the first ten of them aboutbehavior which are:-

Q1 eating fruit and vegetables before sleep keeping the tooth in a healthy condition. Q2 better time for eating sweet after meal. Q3 better time for eating sweet before meal. Q4 no more than two minutes the time for cleaning my teeth.Q5 Clean my teeth twice daily.Q6 did you learn the tooth cleaning from parents or social media? Q7 did you used siwak and dental floss as an aide for brushing. Q8is any relation between heavy smocking and gingivitis. Q9 better time for tooth brushing is before sleeping. Q10 mouthwash is an oral hygiene aids,and the second ten questions aboutknowledge which are:-

Q1 brushing teeth prevent bad odor. Q2 Is food remnant and bacteria together causing dental caries? Q3mouth wash is very enough to prevent dental caries and there is no need for tooth brushing. Q4 the healthy brushing done by moving the brush irregularly. Q5the better tooth paste how have strong flavor. Q6 eating a fibrous food help in increasing the gingival health. Q7 gingival bleeding during tooth brushing meaning gingivitis. Q8 the better tooth paste how have impressive taste. Q9 vitamin c can help in reducing or prevention of gingival bleeding. Q10 dental caries is the presence of black cavitation. The format was scored in a specific manner by giving a numerical value for each statement or question to assess the degree of oral health educational level. The response format provided included (Yes) the +Veor (No) the –Veanswers, in which the lawyers instructed to choose one of them, by explaining to them the way of how to fill and answer the questionnaire. Taking in to consideration excluding criteria, which include the uncooperative and the lawyers with systemic disease, and inclusion criteria, which include all the

lawyers working in the courts. An oral health examination including dental caries experience performed for the consumption of the study requirements. The clinical examinationcarried out following the recommendations of WHO (1987) basic methods for oral health survey. By using a portable light and plane mouth mirror with sickle shaped explorer the examination done.DMFT index used for calculating the carious lesion (diccay-missing-filled teeth). Data analysis used Statistical package for social science (SPSS-21) (Chicago, In Press) with descriptive statistics as frequency, percentage, mean and standard error (SE) while the inferential statistics is Independent sample T test. The level of significance is 0.05.

RESULT

In this study a sample consisted from two groups of lawyers, first group (group 1) have more than four years of professional working with age range (33-42) of both gender (male and female), the second group (group 2) with less than four years of lawyer work with age range (23-32) of both gender (male and female), the distribution of occurrence of dental caries according to the age, gender, and the time of years of working, the percent of occurrence of dental caries was higher in age group of (33-42) than the age group of (23-32) which is 94.55%, while the percent of dental caries occurrence according to the gender was higher in male than female which is 79.69%, and the percent of 94.55% for the lawyers of more than four years of working (group 1) which was higher than the lawyers with less than four years (group 2).

Table (2) demonstrates caries experience (DMFT) in anterior teeth and posterior teeth among lawyers according to the time of years of working, lawyers with more than four years work found with higher mean value of DMFT in anterior teeth than lawyers with less years of work with statistical significant differences, and the same thing about the mean value of DMFT in posterior teeth but with a highly significant differences.

Table (3) reveals the relation between dental knowledge and (DMFT) the caries experience of anterior teeth between the two groups of lawyers, the mean value of the DMFT of anterior teeth of the lawyers (group 1) was higher than (group 2) in both +Ve and –Ve answers,with a highly statistical significant differences in all questions between the two groups with +Ve answers, while the two group with –Ve answer show no significant differences in question 3 (mouth washing), question 5 (about better tooth paste), question 7 (gingival bleeding), and question 10 (blackness of the cavity of dental caries). And a significant differences were shown in questions 1 (brushing and bad odor), 8 (taste and better tooth paste), and question 9 (vit C and gingival bleeding), while question 2 (Is food remnant and bacteria together causing dental caries), question 4 (the healthy brushing done by moving the brush irregularly), question 6 (eating a fibrous food help in increasing the gingival health) a highly significant differences found.

Table (4) reveals the relation between dental knowledge and (DMFT) thecaries experience of posterior teeth between the two groups of lawyers, the mean value of the DMFT of the posterior teeth as the anterior was higher in lawyers (group 1) than (group 2) in both +Ve and –Ve answers, and the same of anterior teeth show a highly statistical significant differences in all questions between the two groups with +Ve answers, while the two groups with –Ve answers show a no significant differences in question 3 (mouth wash is very enough to prevent dental caries and there is no need for tooth brushing), and question 5(the better tooth paste how have strong flavor) but a significant differences between them shown in question 2 (food and bacteria causing dental caries), with a highly significant differences shown in questions 1 (brushing and bad odor), 4 (movement of dental brush), 6 (fibrous food increasing gingival health), 7 (gingival

bleeding), 8 (taste and better tooth paste),9 (vit C and gingival bleeding), 10 (blackness of the cavity of dental caries).

The result of table (5) which reveals the relation between dental behavior and (DMFT)the caries experience of anterior teeth betweenthe two groups of lawyers, the mean value of the DMFT of the anterior teeth of the lawyers (group 1) was higher than (group 2) in both +Ve and –Ve answers,the two groups with +Ve answers show a highly statistical significant differences in questions 1 (about eating fruit and vegetables before sleep keeping the tooth in a healthy condition), question 5 (Clean my teeth twice daily), question 6 (did you learn the tooth cleaning from parents or social media?), and question8 (better time for eating sweet before meal), while questions 2 (better time for eating sweet after meal), 3 (is any relation between heavy smocking and gingivitis), 4 (no more than two minutes the time for cleaning my teeth), 7 (did you used siwak and dental floss as an aide for brushing), 9 (better time for tooth brushing is before sleeping), and question 10 (mouthwash is an oral hygiene aids)show a significant differences, while the tow groups of lawyers with -Ve answers about the behavior and DMFT in anterior teeth show no significant differences in questions 1 (about eating fruit and vegetables before sleep keeping the tooth in a healthy condition),5 (Clean my teeth twice daily), question 8 (better time for eating sweet before meal), and a significant differences shown in question4 (no more than two minutes the time for cleaning my teeth), question 6 (did you learn the tooth cleaning from parents or social media?), question 7 (did you used siwak and dental floss as an aide for brushing), question 9 (better time fortooth brushing is before sleeping), and question 10 (mouthwash is an oral hygiene aids). While question 2 (better time for eating sweet after meal), and question 3 (is any relation between heavy smocking and gingivitis) show a highly statistical significant differences.

Table (6) demonstrate the relation between the dental behavior and caries experience (DMFT) of posterior teeth between the two groups of lawyers, as the result which shown in the previous table in about the mean value of the DMFT, the mean was higher in the first group of lawyers than the second group, and a highly statistical significant differences was shown between two groups with +Ve answers, while the two groups with –Ve answers the question 1 (about eating fruit and vegetables before sleep keeping the tooth in a healthy condition) show no significant differences, and questions 5 (Clean my teeth twice daily), 9 (better time for tooth brushing is before sleeping) show a significant differences between two groups, and a highly significant differences was found in questions 2 (better time for eating sweet aftermeal), 3 (is any relation between heavy smocking and gingivitis), 4 (no more than two minutes the time for cleaning my teeth), 6 (did you learn the tooth cleaning from parents or social media), 7 (did you used siwak and dental floss as an aide for brushing), 8 (better time for eating sweet before meal), 10 (mouthwash is an oral hygiene aids).

Table 1: distribution of the sample according to the age, gender, years of work, and occurrence of dental caries.

Variables			Caries				Total	
			Free		with			
			N.	%	N.	%	N.	%
Age (years)		23-32	24	88.89	35	40.23	59	51.75
		33-42	3	11.11	52	59.77	55	48.25
	Total		27	100.00	87	100.00	114	100.00

Gender		M	13	48.15	51	58.62	64	56.14
		F	14	51.85	36	41.38	50	43.86
	Total		27	100.00	87	100.00	114	100.00
Groups	More than 4 years (group 1)		3	11.11	52	59.77	55	48.25
	Less than 4 years (group 2)		24	88.89	35	40.23	59	51.75
	Total		27	100.00	87	100.00	114	100.00
Total			27	23.68	87	76.32	114	100

Table 2: Mean and standard deviation of the DMFT for anterior and posterior teeth for group (1) and group (2) lawyers in relation to each other.

Variables	GROUPS							
	Group (1) lawyers			Group (2) lawyers				
	N	Mean	SE	N	Mean	SE	T	P
DT	55	.073	.035	59	.000	.000	2.058	.044
MT	55	.109	.050	59	.000	.000	2.194	.033
FT	55	.255	.059	59	.068	.033	2.752	.007
DMFT for anterior teeth	55	.436	.077	59	.068	.033	4.408	.000
DT	55	.545	.113	59	.102	.040	3.718	.000
MT	55	.709	.115	59	.254	.057	3.539	.001
FT	55	1.545	.142	59	.525	.081	6.241	.000
DMFT for posterior teeth	55	2.800	.211	59	.881	.114	7.993	.000
DMFTTOTAL	55	3.236	.232	59	.949	.127	8.653	.000

Table 3: The relation of dental knowledge with DMFT of anterior teeth of the two groups of lawyers.

Questions	Variables	Dental knowledge						
	For anterior teeth	+Ve			-Ve			
		Groups			Groups			

		Group (1)		Group (2)				Group (1)		Group (2)			
		Mean	SE	Mean	SE	t	P	Mean	SE	Mean	SE	T	p
Q1	DT	.050	.035	.000	.000	1.433	.160	.133	.091	.000	.000	1.468	.164
	MT	.125	.064	.000	.000	1.955	.058	.067	.067	.000	.000	1.000	.334
	FT	.250	.069	.068	.038	2.293	.025	.267	.118	.067	.067	1.474	.155
	DMFT	.425	.094	.068	.038	3.515	.001	.467	.133	.067	.067	2.683	.014
	DMFTT TOTAL	3.025	.276	1.045	.149	6.310	.000	3.800	.405	.667	.232	6.714	.000
Q2	DT	.045	.032	.000	.000	1.431	.160	.182	.122	.000	.000	1.491	.167
	MT	.091	.055	.000	.000	1.666	.103	.182	.122	.000	.000	1.491	.167
	FT	.205	.062	.063	.035	2.003	.049	.455	.157	.091	.091	2.000	.063
	DMFT	.341	.086	.063	.035	3.005	.004	.818	.122	.091	.091	4.781	.000
	DMFTT TOTAL	3.227	.272	.833	.138	7.860	.000	3.273	.428	1.455	.282	3.547	.002
Q3	DT	.077	.037	.000	.000	2.062	.044	.000	.000	.000	.000		
	MT	.115	.052	.000	.000	2.198	.033	.000	.000	.000	.000		
	FT	.250	.061	.082	.040	2.326	.022	.333	.333	.000	.000	1.000	.423
	DMFT	.442	.080	.082	.040	4.056	.000	.333	.333	.000	.000	1.000	.423
	DMFTT TOTAL	3.212	.242	.898	.141	8.279	.000	3.667	.882	1.200	.291	2.656	.095
Q4	DT	.121	.058	.000	.000	2.101	.044	.000	.000	.000	.000		
	MT	.061	.042	.000	.000	1.437	.160	.182	.107	.000	.000	1.702	.104
	FT	.152	.063	.047	.032	1.474	.147	.409	.107	.125	.085	2.072	.046
	DMFT	.333	.083	.047	.032	3.207	.003	.591	.142	.125	.085	2.812	.008
	DMFTT TOTAL	3.091	.276	.837	.133	7.347	.000	3.455	.409	1.250	.296	4.364	.000
Q5	DT	.087	.042	.000	.000	2.070	.044	.000	.000	.000	.000		
	MT	.109	.056	.000	.000	1.946	.058	.111	.111	.000	.000	1.000	.347
	FT	.239	.064	.077	.037	2.200	.031	.333	.167	.000	.000	2.000	.081
	DMFT	.435	.080	.077	.037	4.047	.000	.444	.242	.000	.000	1.835	.104
	DMFTT TOTAL	3.413	.252	.981	.139	8.464	.000	2.333	.527	.714	.286	2.701	.019
Q6	DT	.031	.031	.000	.000	1.000	.325	.130	.072	.000	.000	1.817	.083
	MT	.063	.043	.000	.000	1.438	.161	.174	.102	.000	.000	1.699	.103
	FT	.188	.070	.057	.040	1.617	.112	.348	.102	.083	.058	2.265	.030
	DMFT	.281	.081	.057	.040	2.489	.017	.652	.135	.083	.058	3.876	.001
	DMFTT TOTAL	3.156	.321	1.000	.174	5.906	.000	3.348	.336	.875	.184	6.454	.000

Q7	DT	.070	.039	.000	.000	1.775	.083	.083	.083	.000	.000	1.000	.339
	MT	.140	.063	.000	.000	2.216	.032	.000	.000	.000	.000		
	FT	.233	.065	.065	.037	2.235	.029	.333	.142	.077	.077	1.587	.131
	DMFT	.442	.090	.065	.037	3.876	.000	.417	.149	.077	.077	2.030	.059
	DMFTT TOTAL	3.256	.258	.957	.142	7.804	.000	3.167	.548	.923	.288	3.624	.002
Q8	DT	.064	.036	.000	.000	1.771	.083	.125	.125	.000	.000	1.000	.351
	MT	.128	.058	.000	.000	2.207	.032	.000	.000	.000	.000		
	FT	.213	.060	.077	.037	1.915	.059	.500	.189	.000	.000	2.646	.033
	DMFT	.404	.084	.077	.037	3.555	.001	.625	.183	.000	.000	3.416	.011
	DMFTT TOTAL	3.106	.257	.981	.136	7.318	.000	4.000	.463	.714	.360	5.606	.000
Q9	DT	.093	.045	.000	.000	2.075	.044	.000	.000	.000	.000		
	MT	.093	.045	.000	.000	2.075	.044	.167	.167	.000	.000	1.000	.339
	FT	.233	.065	.079	.044	1.949	.055	.333	.142	.048	.048	1.906	.078
	DMFT	.419	.083	.079	.044	3.607	.001	.500	.195	.048	.048	2.258	.043
	DMFTT TOTAL	3.116	.258	.947	.164	7.088	.000	3.667	.527	.952	.201	4.812	.000
Q10	DT	.029	.029	.000	.000	1.000	.325	.143	.078	.000	.000	1.826	.083
	MT	.176	.079	.000	.000	2.244	.032	.000	.000	.000	.000		
	FT	.324	.081	.047	.032	3.159	.003	.143	.078	.125	.085	.154	.878
	DMFT	.529	.105	.047	.032	4.377	.000	.286	.101	.125	.085	1.215	.232
	DMFTT TOTAL	3.294	.317	.977	.151	6.595	.000	3.143	.333	.875	.239	5.530	.000

Table 4: The relation of dental knowledge with DMFT of posterior teeth of the two groups of lawyers

Questions	Variables for posterior teeth	Dental knowledge											
		+Ve						-Ve					
		Groups				t	p	Groups				t	p
		group (1)		Group (2)				Group (1)		Group (2)			
		Mean	SE	Mean	SE			Mean	SE	Mean	SE		
Q1	DT	.450	.124	.091	.044	2.735	.009	.800	.243	.133	.091	2.570	.019
	MT	.575	.123	.318	.071	1.803	.076	1.067	.248	.067	.067	3.892	.001
	FT	1.575	.164	.568	.094	5.332	.000	1.467	.291	.400	.163	3.200	.004

	DMFT	2.600	.253	.977	.136	5.655	.000	3.333	.361	.600	.190	6.702	.000
Q2	DT	.591	.131	.104	.045	3.510	.001	.364	.203	.091	.091	1.225	.241
	MT	.659	.126	.188	.057	3.418	.001	.909	.285	.545	.157	1.118	.280
	FT	1.636	.163	.479	.089	6.231	.000	1.182	.263	.727	.195	1.387	.182
	DMFT	2.886	.248	.771	.120	7.677	.000	2.455	.366	1.364	.279	2.372	.029
Q3	DT	.538	.115	.102	.044	3.554	.001	.667	.667	.100	.100	.841	.486
	MT	.750	.119	.265	.064	3.583	.001	.000	.000	.200	.133	1.500	.168
	FT	1.481	.144	.449	.083	6.212	.000	2.667	.333	.900	.233	4.342	.011
	DMFT	2.769	.219	.816	.123	7.780	.000	3.333	.882	1.200	.291	2.297	.125
Q4	DT	.455	.124	.140	.053	2.336	.024	.682	.212	.000	.000	3.215	.004
	MT	.758	.163	.163	.057	3.444	.001	.636	.155	.500	.129	.676	.503
	FT	1.545	.195	.488	.096	4.859	.000	1.545	.205	.625	.155	3.581	.001
	DMFT	2.758	.250	.791	.123	7.062	.000	2.864	.380	1.125	.256	3.796	.001
Q5	DT	.587	.127	.115	.045	3.513	.001	.333	.236	.000	.000	1.414	.195
	MT	.783	.120	.269	.062	3.798	.000	.333	.333	.143	.143	.525	.610
	FT	1.609	.163	.519	.089	5.869	.000	1.222	.222	.571	.202	2.167	.048
	DMFT	2.978	.225	.904	.124	8.075	.000	1.889	.512	.714	.286	2.003	.068
Q6	DT	.656	.166	.057	.040	3.517	.001	.391	.137	.167	.078	1.427	.162
	MT	.719	.157	.286	.077	2.473	.017	.696	.171	.208	.085	2.549	.016

	FT	1.500	.201	.600	.110	3.931	.000	1.609	.196	.417	.119	5.193	.000
	DMFT	2.875	.300	.943	.153	5.731	.000	2.696	.291	.792	.170	5.648	.000
Q7	DT	.488	.117	.109	.046	3.015	.004	.750	.305	.077	.077	2.142	.053
	MT	.837	.137	.239	.064	3.962	.000	.250	.131	.308	.133	.309	.760
	FT	1.488	.171	.543	.092	4.872	.000	1.750	.218	.462	.183	4.531	.000
	DMFT	2.814	.238	.891	.125	7.143	.000	2.750	.479	.846	.274	3.452	.003
Q8	DT	.532	.125	.115	.045	3.141	.003	.625	.263	.000	.000	2.376	.049
	MT	.638	.119	.250	.061	2.899	.005	1.125	.350	.286	.184	2.120	.059
	FT	1.532	.155	.538	.089	5.571	.000	1.625	.375	.429	.202	2.809	.018
	DMFT	2.702	.233	.904	.121	6.845	.000	3.375	.460	.714	.360	4.554	.001
Q9	DT	.558	.134	.053	.037	3.629	.001	.500	.195	.190	.088	1.450	.167
	MT	.674	.128	.237	.070	3.006	.004	.833	.271	.286	.101	1.896	.079
	FT	1.465	.157	.579	.104	4.696	.000	1.833	.322	.429	.130	4.046	.001
	DMFT	2.698	.241	.868	.142	6.536	.000	3.167	.441	.905	.194	4.695	.000
Q10	DT	.647	.152	.116	.049	3.330	.002	.381	.161	.063	.062	1.839	.077
	MT	.618	.140	.279	.069	2.166	.035	.857	.199	.188	.101	3.006	.005
	FT	1.500	.180	.535	.096	4.722	.000	1.619	.234	.500	.158	3.965	.000
	DMFT	2.765	.287	.930	.139	5.762	.000	2.857	.311	.750	.194	5.754	.000

Table 5: The relation of dental behavior with DMFT of anterior teeth of the two groups of lawyers

Questions	Variables for anterior teeth	Dental behavior											
		+Ve						-Ve					
		Groups				t	P	Groups				T	p
		Group (1)		Group (2)				Group (1)		Group (2)			
		Mean	SE	Mean	SE			Mean	SE	Mean	SE		
Q1	DT	.078	.038	.000	.000	2.063	.044	.000	.000	.000	.000		
	MT	.118	.053	.000	.000	2.200	.032	.000	.000	.000	.000		
	FT	.235	.060	.058	.033	2.600	.011	.500	.289	.143	.143	1.109	.323
	DMFT	.431	.080	.058	.033	4.303	.000	.500	.289	.143	.143	1.109	.323
	DMFTT TOTAL	3.294	.241	1.019	.136	8.212	.000	2.500	.866	.429	.297	2.262	.091
Q2	DT	.026	.026	.000	.000	1.000	.324	.188	.101	.000	.000	1.861	.083
	MT	.077	.043	.000	.000	1.780	.083	.188	.136	.000	.000	1.379	.188
	FT	.231	.068	.100	.048	1.565	.122	.313	.120	.000	.000	2.611	.020
	DMFT	.333	.085	.100	.048	2.393	.020	.688	.151	.000	.000	4.568	.000
	DMFTT TOTAL	3.154	.286	1.200	.161	5.957	.000	3.438	.398	.421	.139	7.160	.000
Q3	DT	.097	.054	.000	.000	1.793	.083	.042	.042	.000	.000	1.000	.328
	MT	.129	.077	.000	.000	1.680	.103	.083	.058	.000	.000	1.446	.162
	FT	.161	.067	.105	.050	.667	.507	.375	.101	.000	.000	3.715	.001
	DMFT	.387	.100	.105	.050	2.510	.016	.500	.120	.000	.000	4.153	.000
	DMFTT TOTAL	3.355	.256	1.079	.174	7.341	.000	3.083	.421	.714	.156	5.275	.000
Q4	DT	.029	.029	.000	.000	1.000	.325	.143	.078	.000	.000	1.826	.083
	MT	.147	.075	.000	.000	1.968	.058	.048	.048	.000	.000	1.000	.329
	FT	.235	.074	.081	.045	1.778	.081	.286	.101	.045	.045	2.169	.039
	DMFT	.412	.096	.081	.045	3.126	.003	.476	.131	.045	.045	3.101	.005
	DMFTT TOTAL	3.265	.299	1.054	.160	6.515	.000	3.190	.376	.773	.207	5.636	.000
Q5	DT	.051	.036	.000	.000	1.433	.160	.125	.085	.000	.000	1.464	.164
	MT	.154	.069	.000	.000	2.226	.032	.000	.000	.000	.000		
	FT	.308	.075	.049	.034	3.148	.003	.125	.085	.111	.076	.121	.904
	DMFT	.513	.096	.049	.034	4.543	.000	.250	.112	.111	.076	1.026	.314
	DMFTT TOTAL	3.564	.251	.951	.156	8.834	.000	2.438	.465	.944	.221	2.899	.008
Q6	DT	.108	.052	.000	.000	2.089	.044	.000	.000	.000	.000		

		Mean	SE	Mean	SE	t	p	Mean	SE	Mean	SE	T	P
	MT	.081	.045	.000	.000	1.782	.083	.167	.121	.000	.000	1.374	.187
	FT	.270	.074	.088	.049	2.046	.045	.222	.101	.040	.040	1.680	.107
	DMFT	.459	.092	.088	.049	3.566	.001	.389	.143	.040	.040	2.346	.030
	DMFTT TOTAL	3.297	.265	1.029	.149	7.452	.000	3.111	.464	.840	.221	4.421	.000
Q7	DT	.027	.027	.000	.000	1.000	.324	.167	.090	.000	.000	1.844	.083
	MT	.054	.038	.000	.000	1.434	.160	.222	.129	.000	.000	1.719	.104
	FT	.270	.074	.049	.034	2.718	.009	.222	.101	.111	.076	.879	.386
	DMFT	.351	.088	.049	.034	3.191	.003	.611	.143	.111	.076	3.082	.005
	DMFTT TOTAL	3.027	.309	.951	.156	6.001	.000	3.667	.302	.944	.221	7.267	.000
Q8	DT	.048	.033	.000	.000	1.432	.160	.154	.104	.000	.000	1.477	.165
	MT	.143	.064	.000	.000	2.218	.032	.000	.000	.000	.000		
	FT	.262	.069	.070	.039	2.428	.018	.231	.122	.063	.062	1.231	.234
	DMFT	.452	.091	.070	.039	3.843	.000	.385	.140	.063	.062	2.095	.052
	DMFTT TOTAL	3.214	.259	1.116	.153	6.981	.000	3.308	.536	.500	.183	4.961	.000
Q9	DT	.065	.045	.000	.000	1.438	.161	.083	.058	.000	.000	1.446	.162
	MT	.129	.077	.000	.000	1.680	.103	.083	.058	.000	.000	1.446	.162
	FT	.258	.080	.050	.035	2.387	.022	.250	.090	.105	.072	1.251	.218
	DMFT	.452	.112	.050	.035	3.422	.002	.417	.103	.105	.072	2.477	.018
	DMFTT TOTAL	3.710	.301	.825	.156	8.508	.000	2.625	.329	1.211	.211	3.624	.001
Q10	DT	.053	.037	.000	.000	1.434	.160	.118	.081	.000	.000	1.461	.163
	MT	.079	.044	.000	.000	1.781	.083	.176	.128	.000	.000	1.376	.188
	FT	.263	.072	.095	.046	1.960	.054	.235	.106	.000	.000	2.219	.041
	DMFT	.395	.089	.095	.046	2.998	.004	.529	.151	.000	.000	3.497	.003
	DMFTT TOTAL	3.000	.277	1.143	.158	5.819	.000	3.765	.407	.471	.151	7.586	.000

Table 6: The relation of dental behavior with DMFT of posterior teeth of the two groups of lawyers

Questions	Variables for posterior teeth	Dental behavior											
		+Ve						-Ve					
		Groups				t	p	Groups				T	P
		Group (1)		Group (2)				Group (1)		Group (2)			
		Mean	SE	Mean	SE			Mean	SE	Mean	SE		
Q1	DT	.569	.120	.115	.045	3.548	.001	.250	.250	.000	.000	1.000	.391

	MT	.667	.114	.269	.062	3.055	.003	1.250	.629	.143	.143	1.716	.176
	FT	1.627	.145	.577	.088	6.174	.000	.500	.289	.143	.143	1.109	.323
	DMFT	2.863	.221	.962	.123	7.533	.000	2.000	.707	.286	.184	2.346	.090
Q2	DT	.564	.141	.125	.053	2.910	.005	.500	.183	.053	.053	2.354	.030
	MT	.769	.135	.375	.078	2.535	.014	.563	.223	.000	.000	2.522	.023
	FT	1.487	.183	.600	.106	4.189	.000	1.688	.198	.368	.114	5.771	.000
	DMFT	2.821	.272	1.100	.142	5.603	.000	2.750	.310	.421	.139	6.861	.000
Q3	DT	.613	.152	.105	.050	3.178	.003	.458	.170	.095	.066	1.992	.056
	MT	.581	.111	.316	.076	1.960	.055	.875	.220	.143	.078	3.140	.004
	FT	1.774	.178	.553	.111	5.823	.000	1.250	.219	.476	.112	3.147	.003
	DMFT	2.968	.215	.974	.153	7.556	.000	2.583	.399	.714	.156	4.362	.000
Q4	DT	.500	.148	.081	.045	2.709	.010	.619	.176	.136	.075	2.528	.018
	MT	.735	.154	.270	.074	2.721	.009	.667	.174	.227	.091	2.239	.033
	FT	1.618	.179	.622	.105	4.795	.000	1.429	.235	.364	.124	4.012	.000
	DMFT	2.853	.264	.973	.137	6.319	.000	2.714	.360	.727	.199	4.833	.000
Q5	DT	.564	.141	.146	.056	2.749	.008	.500	.183	.000	.000	2.739	.015
	MT	.718	.137	.293	.072	2.745	.008	.688	.218	.167	.090	2.204	.039
	FT	1.769	.149	.463	.099	7.289	.000	1.000	.289	.667	.140	1.039	.310
	DMFT	3.051	.229	.902	.143	7.950	.000	2.188	.440	.833	.185	2.837	.010
Q6	DT	.405	.106	.059	.041	3.054	.004	.833	.259	.160	.075	2.499	.021
	MT	.784	.151	.235	.074	3.267	.002	.556	.166	.280	.092	1.452	.158
	FT	1.649	.174	.647	.102	4.956	.000	1.333	.243	.360	.128	3.552	.001
	DMFT	2.838	.250	.941	.133	6.703	.000	2.722	.403	.800	.200	4.276	.000
Q7	DT	.649	.151	.098	.047	3.482	.001	.333	.140	.111	.076	1.394	.175
	MT	.622	.125	.317	.074	2.104	.040	.889	.241	.111	.076	3.077	.006
	FT	1.405	.171	.488	.100	4.639	.000	1.833	.246	.611	.143	4.295	.000
	DMFT	2.676	.288	.902	.143	5.521	.000	3.056	.262	.833	.185	6.932	.000
Q8	DT	.452	.109	.140	.053	2.580	.012	.846	.317	.000	.000	2.668	.020
	MT	.810	.141	.349	.074	2.889	.005	.385	.140	.000	.000	2.739	.018
	FT	1.500	.171	.558	.096	4.799	.000	1.692	.237	.438	.157	4.410	.000
	DMFT	2.762	.236	1.047	.137	6.293	.000	2.923	.487	.438	.157	4.861	.000
Q9	DT	.710	.162	.050	.035	3.982	.000	.333	.143	.211	.096	.712	.481
	MT	1.000	.167	.250	.069	4.143	.000	.333	.115	.263	.104	.452	.653
	FT	1.548	.179	.475	.095	5.310	.000	1.542	.233	.632	.157	3.240	.002
	DMFT	3.258	.274	.775	.141	8.054	.000	2.208	.295	1.105	.186	3.166	.003
Q10	DT	.474	.135	.095	.046	2.661	.011	.706	.206	.118	.081	2.661	.015
	MT	.684	.126	.333	.074	2.409	.019	.765	.250	.059	.059	2.744	.013
	FT	1.447	.184	.619	.102	3.944	.000	1.765	.202	.294	.114	6.350	.000

DMFT	2.605	.268	1.048	.140	5.147	.000	3.235	.315	.471	.151	7.902	.000

DISCUSSION

The relation of dental caries experience with knowledge and behavior to a group of lawyers working in some courts of Baghdad city assessed in this study.The knowledge and behavior data were collected by means of self-administeredquestionnaires,the selected lawyers were obligated to fill the questionnaire format at the time of visit, this method of data collection had been tested previously and shown to be adequate and reliable (Petersen and Esheng, 1998).In this study, caries experience for lawyers were estimated according to (DMFT) decay-missing-filled-teeth index, it considered one of the most common methods used in oral epidemiology for assessing dental caries experience among populations from different age groups. The DMFT mean value according to age group found to increase with increasing age,these results, which are increased decay withincreasing age, may be due to the temporal andcumulative effect of decay. Male mean value of DMFT higher than females, thesemay be because women are more interested in their looks than men are.

The mean value of DMFT of lawyers group (2) was higher than group (1) with significant difference in anterior teeth and highly significant difference in posterior teeth.

The survey in this study found that the relationship of both behavior and knowledge with DMFT of both anterior and posterior teeth has a higher rate of mean value in the first group of lawyers who have more than four years of work than the second group who have less than four years of work, the first group, the younger age, have more health knowledge than the first group to follow their health permanently, perhaps because they are not involved in hard work yet.

all questions with positive answer have a high and obvious significant differences between the two groups, while the negative answers regarding the results of a knowledge relationship with DMFT, the study result show that, there are obvious statistical differences between the two groups in both the anterior and posterior teeth in aboutthe healthy brushing which done irregularly and the importance of brushing to prevent bad odor.

While the study found that, there were no statistical differences between the two groups of lawyers regarding the belief that a good toothpaste is the one who possesses a strong flavor, while there were clear statistical differences between them when the belief that a toothpaste with an impressive taste have a good quality.

The presence of the black cavity in the tooth means the presence of caries, this concept does not exist for statistical differences between the two groups of lawyers in the anterior teeth while there were high statistical differences between them in the posterior teeth, and the fact that food residues and bacteria are the main causes of caries, there were high statistical differences between them

There were no statistical differences between the two groups in both the anterior and posterior teeth regarding the importance of mouth wash in preventing caries.

The study found high statistical differences regarding gingival health in terms of the importance of eating fibrous food, as well as the importance of taking vitamin C to reduce gingival bleeding.

Negative answersrelated to the results of the relationship between behavior and DMFT, the study found that there were no statistical differences between the two groups for both anterior and posterior teeth regarding the importance of eating vegetables and fruits before bed to maintain health, while high statistical differences were observed between the two groups with respect to the best period for eating sweets before or after eating the main meal.

As for the results of the study with regard to the period of brushing, which is twenty minutes and the best time for it, which is before bed, the study showed high and clear statistical differences between the two groups. The same results were shown with regard to the party from which they learned the importance of brushing and perseverance, whether it is the parents or the social media, but the study showed no significant statistical differences in the process of repeated brushing which is twice a day. As for the importance of using assistive methods for cleaning teeth, such as dental floss andmouthwashthe results showed that there are statistical differences between the two groups of lawyers.

From the results of this study, we note that lawyers with younger ages and less years of work have better knowledge and behaviors than the older and more years of work, perhaps due to their lack of hard work and because they are younger, they are more interested in the aesthetics of their appearance, and sometimes we notice that lawyers from both groups have high knowledge, but their dental health is not at the level What is required is because they have knowledge, but they do not convert that knowledge into practice

These misconceptions may be go back to the wrong knowledge acquired by family or society on both groups.

From this study the result showed the important of family, school, social media, and the friends on the dental attitude of the workers, the failure of the parents to organize and support their children's tooth brushing and keeping periodontal health because the parents themselves lack the acceptable levels of dental knowledge, lacking of a comprehensive oral health educational programs which directed toward the public and targeting the adult as well as the young, also the link between oral health and well-being of the rest of the body might help promote oral health care among school children till they grow.

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