

# ORAL HEALTH AWARENESS: A STUDY

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## ABSTRACT

**Objective:** To find out if there is any association between education and knowledge, attitude and oral health behavior of adult patient's attending Bir Hospital.

**Methods:** Sample population was adult patients of Bir Hospital Dental Department. A purposive sampling was done and quantitative research method used. Data collection was done for a period of 30 days. The tool used for data collection was a questionnaire. Data analysis was done using SPSS package.

**Findings:** People feel the need to go to a doctor only if they have severe problems or toothache. Despite complaints of toothache patients thought the oral health status was okay. There was no significant relation between the educational level of the patient and their oral health awareness in terms of knowledge, attitude and behavior. A significant relation was found between the gender and consumption of products containing tobacco and alcohol.

**Conclusion:** The knowledge, attitude and oral health behavior is not related to the educational level of the patient. There should be rigorous campaigning to create oral health awareness among the masses. A conscientious effort must be made towards oral health promotion.

## INTRODUCTION

Oral disease is the most prevalent disease in the world. Nepal is no exception. Oral health is now recognized as an integral part of general health especially since studies reveal a lot of diseases have their manifestations in the mouth as well. For centuries Nepal was isolated from the outside world, but the more recent rapid urban growth here is changing the people from hill farmers to low land dwellers employed in the emerging industries. Such changes have benefits as well as drawbacks on health. Oral health is also impacted but this is yet to be quantified in Nepal where data is scarce. The literacy level in Nepal is 65.1% in males and 42.5% in females. Only 39.3% of males and 45.9% females have primary school level education. With such

statistics it is clear that it is necessary to concentrate on educating the public through formal or informal channels. Awareness depends on access to knowledge, which influences one's attitude that in turn shapes the behavior of an individual.

## OBJECTIVE

The survey was done with the objective to study the knowledge, attitude and oral health behavior of adult patients who come to Bir Hospital Dental Department for treatment in order to find out if there is any association of education to their knowledge, attitude and oral health behavior, so that recommendations can be made to oral health promoters, professionals, policy makers and stakeholders.

## METHODOLOGY

The study was carried out in adults who came to Bir Hospital Dental Department, Kathmandu, Nepal. The population studied was the adults who came for treatment. The sample identified was the first 10 males and females (five each) who came to the dental department. Purposive sampling was used along with the quantitative method of research. Data was collected for a period of 30 working days by two enumerators who filled out a questionnaire while interviewing the adults.

The limitations of this survey are that Bir Hospital is not representative of the country or Kathmandu in terms of ethnic, economic and geographic distribution.

## DATA ANALYSIS

Data entry and data analysis was done using the SPSS package, where simple descriptive frequency statistics were used to describe the sample. To analyze the association of education to knowledge, attitude and behavior and the association of sex to consumption behavior cross-tabulation statistic was used. A Chi-square test was used to test the significance.

## FINDINGS OF THE SURVEY

The total number of respondents were 282 out of which 50.4% were women and 49.6% were men. So the respondents consisted of almost equal sex proportion. As the study was of adult population the minimum age sampled was 18 years of age. The maximum age of the respondents was 82 years and the mean age was 35 years. Majority (63%) resided in the city or town. Nineteen percent commuted to the hospital from the outskirts of town and 18% came from villages. The majority of the respondents (57%) belonged to the Bhramin/Chhetri caste. Only about a fourth (24%) belonged to the Newar community, who are the majority of residents in the Kathmandu valley. Other ethnic and caste groups formed less than one fifth of the respondents.

People mostly visit the hospital only if they have toothache and are happy with the state of their teeth despite high incidence of toothache. The current reported consumption of sugar containing foods was not very high but, the childhood sugar consumption also needs to be taken into consideration. There was no significant association of the level of education of the respondents and their awareness about what a dentist would advise to them if they were to visit one. The majority of the respondents answered "don't know" to most of the treatments that might be advised to them by a dentist regardless of the level of their education. There was however a higher response to "Yes" when they were asked if they would be advised extraction. This is probably due to the fact that people only visit a dentist when they are in pain and it is too late to salvage a tooth.

There was no significance noticed in the level of a person's education and their tooth brushing habits. Neither was there any significant difference between those who used fluoridated toothpaste based on the level of education. Despite the common practice of brushing with a toothbrush and paste there is a lack in awareness about fluoridated toothpastes.

The level of the respondent's education and the consumption of various sugar containing foods and consumption of fresh fruit have no significant correlation to each other.

The consumption of harmful products like tobacco containing stuff (like cigarettes, *surti*, *bidi* etc) and other products like *paan* and *supari* and also alcohol consumption shows no significant association to the level of the respondent's education.

Likewise the reasons for visiting a dentist are all the same i.e. if there is a problem with their teeth regardless of the education level.

There was no significant association of the level of education of the respondents and their awareness about what a dentist would advise to them if they were to visit one.

Interestingly enough the sex of the respondents was significantly associated to the increased consumption of alcohol and tobacco products with more males using these harmful products than females. This can be attributed to the cultural freedom which is

enjoyed by male gender.

There was an increase in percentage of the awareness about AIDS along with the increase in the educational levels of the respondents.

**Tables**  
**Association of Gender and Habits**  
**Sex \* Frequency of smoking cigarette**

		Frequency of smoking cigarette					Total
		Many times a day	daily	2-3/week	1/week	don't take	
Sex of the respondent	male	17	17	2	3	93	132
	Female	5	4			124	133
<b>Total</b>		22	21	2	3	217	265

**Sex \* Frequency of having Surti**

		Frequency of having Surti					Total
		Many times a day	daily	1/week	2-3/month	don't take	
Sex of the respondent	male	6	5		4	111	126
	Female			1		130	131
<b>Total</b>		6	5	1	4	241	257

**Sex \* Frequency of drinking raksi**

		Frequency of drinking raksi				Total
		Many times a day	1/week	2-3/month	don't take	
Sex of the respondent	male	5	2	28	97	132
	Female	1		4	127	132
<b>Total</b>		6	2	32	224	264

## DISCUSSION

The study shows that there is no significant relation between the level of education of the patients and their oral health attitudes and behavior. This might be because the patients who do come to the Bir Hospital belong to the lower middle class. Majority of the respondents have reported not to use harmful substances like tobacco, areca nut and alcohol but, this may be due to the social stigma attached to the consumption of such substances by society. The study points out the lack of awareness in the people regarding oral health. The lack of awareness was also quite obvious as majority did not know about what

their dentist would advise them in terms of treatment such as filling, scaling, and orthodontic treatment or if the dentist would say their teeth were fine. However, more patients were sure about the dentist advising extraction. This is probably due to the fact that people don't visit the dentist unless they have severe pain and it is too late to salvage the tooth. Generally people do not visit a dentist because they perceive no need for it. They seem to visit the dentist only when they experience toothache or some other related problems. This shows that people generally feel that visiting a dentist is only for curative purpose. The toothbrush is quite commonly used to clean the teeth, but most of the people do not have

knowledge about fluoridated toothpastes. The use of toothbrushes may be due to the ready availability of toothbrushes in the market and the proximity of the respondents to a market. Though majority of the patients have reported not to use or chosen not to answer the questions about consumption of harmful substances like tobacco, *paan*, *supari*, alcohol, etc., it may be so because of them being questioned in a hospital atmosphere or due to the social stigmas attached to the consumption of these substances. It implies that mere administering of questionnaires do not yield the precise information, therefore along with the questionnaire some sensitive behavioral information can only be obtained through close observation. The high awareness about AIDS can be attributed to the rigorous and widespread awareness campaigns about AIDS. However the knowledge about the risk of transmission during dental treatment is lacking. This study points out that there is no association between the education of the patients and their attitudes, knowledge and oral health behavior despite about 40% having education secondary level and above. This maybe so because there is no oral health awareness in the school curriculum

## RECOMMENDATIONS

Conscientious efforts have to be made towards oral health promotion.

Rigorous effort has to be made in the direction of oral health education for the general public and special target groups as well. Active campaigning and a strong advocacy are called for against the effects of tobacco containing products and their promotion and unrestricted marketing. Awareness should also be campaigned about AIDS and Hepatitis-B and their risk of transmission during dental treatment.

For a more holistic research, the survey should be augmented by a clinical examination of the oral cavity and observation of the patients' habits.

## REFERENCES

1. Petersen P. E., Mzee O. M.: Oral Health Profile of school children, mothers and teachers in Zanzibar. *Community Dental Health*, 15:256-262, 1998.
2. Bin P, Petersen P. E.: Changes in oral health knowledge and behavior 1987-95 among inhabitants of Wuhan City, PR China. *Int. Dent. J.* 47: 142-147, 1997.
3. Bin P, Petersen P. E, Ming W. F., Bao J. T.: Oral health status and oral health behavior of 12-yr old urban school children in the People's Republic of China *Community Dental Health*,14:238-244, 1997.
4. Petersen P. E, Zhou E.: Dental caries and oral health behavior situation of children, mothers and school teachers in Wuhan, People's Republic of China. *Int. Dent. J.* 48: 210-216, 1998.
5. Yee R., Sheiham A.: The burden of restorative dental treatment for children in Third World countries. *Int. Dent. J.* 52:1-9, 2002.
6. Johnson N. W.: Oral Cancer. FDI World Dental Press Ltd. 7 Carlisle Street, London W1V 5RG, UK,7-8, 1999.
7. McDonald N.: Nepal's Oral Health. Abbey Bookbinding Co., Cardiff, South Wales.1996.

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