

MYTHS ASSOCIATED WITH DENTAL DECAY AND TOBACCO CONSUMPTION AMONG THE PATIENTS REPORTING TO BURDWAN DENTAL COLLEGE AND HOSPITAL, WEST BENGAL, INDIA

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Abstract

Introduction:

It is important to know about the myths and misconceptions, especially in India, where general and oral health is embroiled in various myths and ritualistic practices.

Materials and Method:

A cross-sectional study was conducted by the out-patients attending dental institute, in Burdwan, West Bengal. A total of 1157 individuals were included, data were collected using a pretested and validated three-part questionnaire including demographic data, questions regarding dental decay, and Tobacco consumption.

Results:

Around 81.34% of the participants believed that Dental decay occurs because the teeth are soft while 89.11% of the participants had a misconception that placing cloves on the carious tooth relieved pain.

Conclusion:

It was concluded that majority of the respondents believe in various myths associated to dentistry and oral cancer related habits.

Keywords: Myths, Tobacco consumption, Dental decay, Oral health

INTRODUCTION

Indian population consists of people from different cultural backgrounds and there is a very strong influence of the various myths on health seeking behaviour in our population. People believe in spiritual treatment and alternative forms of medicine, instead of coming to a doctor they visit a hakim (local traditional practitioner).¹

The word 'myth' comes from the Greek word "MYTHOS" which means the stories shared by a group of people which are a part of cultural identity, having a strong influence in seeking treatment during illness. In scientific terms they are extensive and unquestioned false perspective.²

Knowledge of Oral health is considered to be an essential prerequisite for health-related behavior.³ The health care industry, including dentistry, has developed from a traditional practice based on folk cures to an organized medical discipline that relies on science and technology. Although modern dentistry has come a long way, still many dental myths that are passed on by word of mouth through many decades.

In most cases, such myths are attempts to explain a variety of phenomena for which there are no available supporting data. These myths have become too deeply-rooted in our culture, and we sometimes find it difficult to differentiate between fact and fiction.⁴ However, they are considered truthful and often shared by the societies that told them earlier.

Socio-cultural factors, false traditional beliefs, lack of proper education, non-scientific knowledge are responsible for seeding myths in the mind of people.^{2,5}

The present study was an attempt to evaluate various dental myths among the patients visiting to the outpatient department (OPD) of Burdwan Dental College & Hospital, Burdwan West Bengal.

MATERIALS AND METHOD

A cross-sectional questionnaire based survey was conducted on the patients visiting the outpatient department (OPD) of the Burdwan Dental College & Hospital, Burdwan, West Bengal. The survey was conducted for a period of 3 months inside the Department of Oral Medicine and Radiology. Participants were chosen for inclusion in the survey using the criteria of being at least 18 years of age. All the patients attending the outpatient department (OPD) and who voluntarily agree to participate were included in the study. Ethical clearance was obtained from the institutional ethical committee.

The questionnaire consisted of 14 close-ended questions related to demographic information and myths related to dental decay and tobacco consumption. The identity of the persons participating in the study was kept anonymous. The questions were in English then translated into Bengali language by the dentists to the patients. The questionnaire was tested on 30 participants from the same sample population for content validation before it was administered.

The collected data was subjected to statistical analysis. The responses to the questionnaire items were reported as percentages. Data was entered and analysed using SPSS 20.0. Descriptive statistics were obtained and percentage distributions of responses to questions were calculated.

Chi square (χ^2) test was employed for inter group comparison of variables. For all tests a p-value of 0.05 or less was used for statistical significance.

RESULTS

A study was conducted for 3 months among 1157 subjects who reported to the OPD of Burdwan Dental College & Hospital, Burdwan. Out of the total 953 subjects; 639 (55.23%) were male participants and 518 (44.78%) were female participants (Graph 1). The frequency of subjects as per their responses for all the questions is shown in Table 1.

No.	Question	Yes %	No%
1.	Dental decay occurs because the teeth are soft	941(81.34%)	216(18.67%)
2.	Placing clove in a decayed tooth relieves pain	1031(89.11%)	126(10.89%)
3.	Calcium should be taken to prevent tooth decay	412(35.61%)	745(64.39%)
4.	Decay in the teeth is a hereditary process	436(37.68%)	721(62.32%)
5.	Tooth decay is caused by god for sins committed	79(6.83%)	1078(93.17%)
6.	Worms surface are responsible for tooth decay	1073(92.74%)	84(7.26%)
7.	Keeping a "pain killer" tablet near the painful tooth relieves pain	814(70.35%)	343(29.65%)
8.	Chewing tobacco is safer than smoking tobacco	613(52.98%)	544(47.02%)
9.	Betel quid chewing with slaked lime can keep gum problems away	411(35.52%)	746(64.48%)
10.	Chewing 'paan' is good for oral health	889(76.84%)	268(23.16%)
11.	Only aged people get cancer of the mouth because of tobacco consumption	1009(87.21%)	148(12.79%)
12.	Chewing betel quid helps to remove foul odour from mouth	876(75.71%)	281(24.29%)
13.	Chewing 'paan' after heavy meals helps in digestion	1021(88.25%)	136(11.75%)
14.	Cleaning the teeth with 'mishri' is effective in maintaining oral hygiene	103(8.91%)	1054(91.09%)

Table 1 Response of the participants regarding Dental decay and Tobacco Consumption

Table 1 shows responses for the questions on myths dental decay and tobacco consumption. Around 81.34% of the participants believed that Dental decay occurs because the teeth are soft while 89.11% of the participants had a misconception that placing cloves on the carious tooth relieved pain, Almost 92.74% of participants believed that worms surface are responsible for tooth decay. Majority of the participants, 87.21% believed that oral cancer is commonly found in older age group. More than half of the study subjects, 52.98% Chewing tobacco is safer than smoking tobacco. Around 88.25% of them believed chewing 'paan' after heavy meals helps in digestion, while 75.71% participants agreed that chewing betel quid helps to remove foul odour from, 76.84% believed that chewing 'paan' is good for oral health.

DISCUSSION

The deep rooted irrational myths and beliefs among the masses of rural community, makes them less privileged and unfortunate to appreciate the advancements in dental profession.

Majority of subjects believed that "Worms surface are responsible for tooth decay," whereas studied have shown that dental caries considered multifactorial results carried out by Praveen et al⁶ in multan, while a study among school children of North Jordan reported that subjects were aware that sweets and soft drinks have negative impact on dental health⁷.

The subjects in present study had a belief that placing a clove or a pain killer tablet around a painful tooth helps to relieve pain. This is the form of self-medication practiced⁸. placing clove or using clove oil to reduce pain is a very common practice⁹. In our study 89.11% of the participants had a misconception that placing cloves on the carious tooth relieved pain.

In a study carried out by Roberts-Thomson KF et¹⁰ al in Australian population, 85% of the study population believed that calcium helps in preventing dental caries, which is higher than the result found in our study(35.61%)

In present study only 6.83% participants believed that "dental decay is caused by God for sins committed" whereas majority of study subjects 87.21% believed that oral cancer is commonly found in older age group.

In the present study, 52.98% of population believed that smokeless tobacco is safer than smoking tobacco that is approximately similar to the study carried out by Vignesh and Priyadarshani¹¹

Studies have shown that smokeless tobacco use can cause oral cancer and oesophageal cancer and contributes to cardiovascular diseases^{7, 8}.

Chewing "paan" after meals is a very common practice in India, in present study 88.25% participants believed that it aids digestion. The main ingredients of "paan" are betel leaf, areca nut, slaked lime and catechu with or without tobacco. According to traditional Ayurveda medicine, chewing areca nut is a good remedy for deworming, and along with betel leaf, it prevents halitosis¹². But arecanut,

in particular, is responsible for development of a potentially malignant disorder called oral sub mucosa fibrosis¹³.the nicotine in tobacco in 'paan' increase the production of gastric juice, which raise the acidity level and erode the stomach lining¹⁴.

CONCLUSION

It was concluded that majority of the respondents believe in various myths associated to dentistry and oral cancer related habits. Hence, it becomes the role of public health dentist as well as all the dental surgeons (specialized/general) to counsel the people about the consequences of adhering to such myths.

RECOMMENDATIONS

As most of the respondents agree with many of the myths related to dental decay and tobacco consumption thus continuous oral health education programmes are the need of time to be carried out for imparting them with the correct knowledge

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How to cite this article:Yadav P, Ghosh S, Jain A, Shavi GR, Agrawal M. Myths Associated with Dental Decayand Tobacco Consumption among the Patients Reporting to Burdwan Dental College And Hospital, West Bengal, India. *TMU J DENT* 2018;5(3):7-9