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Prevalance Of Myths And Misconception Regarding Oral Health

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Abstract

Throughout the years, dental practice has conferred numerous legends taught in the psyches of patients which go starting with one age then onto the next. In the present advancing scenario of proof based dentistry these episodic perceptions don't withstand present day examination.

The aim of the study is to find out the various myths and superstitions related to the dental practice in the city of Aligarh in Uttar Pradesh.

A cross sectional study was conducted among various patients attending the OPD of various private dental practitioners and the government dental college in Aligarh. All the patients who attended the private dental clinics were in the age group of 17 to 65, were mentally sound and were willing to participate in the questionnaire based survey. The study was carried out for the period of two weeks wherein 60 samples were collected. A self-administered, pre tested questionnaire was hand delivered to the patients which was duly filled by them and collected on the same day. Total of 16 questions, divided into four parts were asked which were related to dental myths and superstitions apart from their demographic profile which included name, age, sex, religion, and qualification.

The maximum numbers of respondents were strong believers of the myths and superstitions in spite of them being well educated.

The study concluded that generally the people are strong believers of myths and superstitions which leads to poor oral health and hygiene and oral diseases. This may be due to ignorance, lack of knowledge and awareness regarding the oral health and its importance.

Key words: Oral health, myths, superstition, awareness.

INTRODUCTION

More than 15 years after the widespread adoption of the sustainable development goal no. 3, the strategy of Health for All through primary health has not been implemented to the full extent. In many developing countries, national resources namely human, financial and material capacities do not ensure the sufficient availability and access to essential health services especially to deprived areas. One more important factor that

plays an important role in availing the health services is the myths and misconception regarding the health, be it the general health or the oral health.

Throughout the years and around the globe, even the dentists are facing many myths and other unproven beliefs, which have been passed over the generations. In current scenario of evidence based medicine and dentistry, these age old observations do not withstand testing. Especially a developing nation like India faces many challenges in rendering oral health needs. Myths are the part and parcel of everyone's lives. However the practitioner has to be aware of the myths that are floating around on the issues related to health including the oral health because it could result in dangerous results if followed without understanding the real principles behind it. These myths can be child or adult related or in general.

As the health system is advancing with the inventions of new technology, the people's expectation of the health care is increasing dramatically, understanding these myths and misconception about oral health is important to provide excellent care and health education to the patient as well as the healthy individual. The high prevalence of these myths can be due to various reasons like poor or no education, cultural beliefs or social misconception. At times it become difficult to break this chain as it is deep rooted in the society and understanding this becomes even more important to provide a good health care.

Oral health not only means healthy teeth but overall healthy oral cavity. Despite a remarkable progress in the field of medicine, there are people who still live in isolation away from the civilization, immersed in their own traditional beliefs, customs and myth. These culture and traditional values play an important role on the health and illness, which in turn have an influence on them seeking the treatment. A good oral health is a major source for socio-economic and personal development of an individual.

In scientific terms a myth is referred to an extensive and unquestioned false perspective and misconception is defined as a conclusion that is wrong because it is based on faulty thinking or wrong fact. The concept of dental myth and misconception usually emerges from the false traditional beliefs which gets firmly fixed in the minds of the people and gets passed on from one generation to another.

As everyone knows that a myth is a false belief that is commonly held misconception or a fictitious or imaginary understanding of a thing or a person that has no relevance with reality. Innumerable myths are associated with many things and persons all around the world. Myth is based on human ignorance, superstition, and imagination about what he or she does not know. Reasons for harbouring a myth vary from an individual's ignorance to a society's cultural, quasi-religious, educational and overall set up. Myths are generally deep rooted and invariably form the part and parcel of a society's life for a longer period and often are very difficult to be separated apart; thus inflicting predominant effect on their attitude, behaviour and practice followed in a population.

As the health system is advancing and people's expectation from the health system is increasing day by day, understanding these myths and misconception about the oral health and oral diseases has become important in providing better health education and health to both diseased and healthy individuals. If these myths and misconceptions are not understood properly and solved, a good number of populations cannot be treated even if excellent health care system is present. Hence, a questionnaire based study was conducted among the out patients who came to seek the treatment from Ziauddin Ahmad Dental College, Aligarh and also from the patients who came to seek treatment from private practitioners.

MATERIALS AND METHODS

A cross- sectional study was conducted among the outpatients in one central government college (AMU, Aligarh) and five private running dental clinics. Necessary clearance and approval was taken from the respective authorities. All the patients who participated in the survey were in the age group of 15 to 65 years, mentally sound and willing to participate in this questionnaire based survey. This study was carried out for around three week's period with samples of total 60 subjects. A self administered, pre tested questionnaire was hand delivered to the subjects and duly filled same questionnaire was collected from them on the same day. The sixteen questions which were divided into five categories were related to the prevalent myths in dentistry, in addition to the demographic data like age, gender, and qualification of the respondent. The questionnaire was designed based on the most common prevalent myths among the general population. The questions were framed in English as well as in Hindi (local language) for easy understanding of the subject. The collected data was subjected to the statistical analysis.

RESULTS

The study was conducted for a period of 3 weeks among 60 subjects who reported in the OPD of Central Government hospital and 5 well known private dental clinics who participated voluntarily in this survey. Out of the total 60 subjects 39 were males and 21 were female participants. Age group varied from 15 to 65 years. The educational qualification of the participants ranged from being illiterate to post graduate. The frequency of the subjects as per their responses for all questions is showed in the table. For all the questions, the difference between subjects saying "Yes" to those saying "No" was found to be statistically significant.

Questions	Yes	No	DK
MYTHS RELATED TO TOOTH DECAY			
1)The only cause of tooth decay is eating chocolate	23	22	15
2)The tooth decay in milk teeth need not be treated as they will be lost gradually	38	17	5
3)Tooth ache due to the decay of tooth, is better to get extracted than	27	23	10

going for root canal treatment			
4)When there is no pain after the tooth is treated with root canal treatment, then why to get the capping done	16	22	22
MYTHS RELATED TO ORAL HYGIENE HABITS			
5)The harder you brush your teeth, the whiter they become	12	21	17
6)Brushing the teeth with salt makes them white	21	23	16
7)The teeth gets better cleaned with brick powder and charcoal than toothpaste	25	11	24
8)It is better not to brush the teeth if there is bleeding from the gums	17	19	24
9)The only cause of bad breath is the poor brushing	18	24	18
MYTHS RELATED TO ORAL CANCER			
10)Chewing tobacco helps in maintaining good oral hygiene	11	34	15
11)Smokeless tobacco is less harmful and a safe alternative to smoking	30	17	13
12)Any relative of mine is having oral cancer, than even I am at the risk of having the same	23	21	16
GENERAL MYTHS			
13) If I do not have the pain in my teeth than I don't need to visit the dentist	9	31	20
14)During pregnancy it is better to avoid the dental treatment	17	19	24
15)Extraction of any upper teeth causes the loss of vision	21	11	28
16)Teeth gets loosened if they are cleaned professionally	25	8	27

DISCUSSION

Myth is a conviction among individuals which has no relevance with the reality. These myths exist due to various reasons like the lack of information and perception of the knowledge, social convictions and social error. These myths are generally passed on from one generation to another generation and they become difficult to be broken as they are usually deep rooted in the people. There is the need to break this chain and this chain can be broken only by bringing about the change in the mentality, thinking, and conduct of the individual person. This can only be conceived by understanding these myths and misconceptions, so that better care as well as the health education can be provided both at the individual level as well as at the community level.

In the present advancing condition of the evidence based medicine and dentistry, these unreliable perceptions do not withstand the examination. Particularly the developing nation like India faces numerous difficulties in

rendering the oral well being. These myths are related to either children or adult or are simply superstition. India is a developing country with large population and limited resources. Less part of the budget is spent on the health and even less is spent on the oral health, either treatment or oral education which leads to high disease burden. All these act as the predisposing factor on the population which leads to the poor oral healthcare, negative treatment needs and negative beliefs.

In this study, 41.6% of the respondents believed that if the teeth are cleaned professionally by dentist they get loosened. This may be due to the fact that dental calculus would have been filling the gaps, masking the mobility of the teeth and preventing the exposure of the dentine for its sensitivity and after the removal of calculus professionally the patients have the erroneous feeling of the tooth getting loosened. This response was in accordance with the previous studies that many respondents believed that professional scaling leads to the mobility, sensitivity and gap creation in between the teeth. About 35% of the respondents believed that the tooth extraction under the LA (local anaesthesia) may cause vision impairment. This kind of misconception was promulgated by those patients who thought of the past personal negative dental experiences in the clinic. This misconception was attributed to the misconception was attributed to the low education level, lack of the awareness, anxiety, apprehension and myths about the dental treatment that are entrenched in their mind. These myths are in contrary to what was proposed by the World Health Organisation who has mentioned that the masses have to be made aware of the relationship between oral and general health. In our study, about 41.6% of the respondents preferred using age old practises like coal, brick powder, tree sticks as dentifrices for cleaning their teeth while 18.3% of were using toothpaste for cleaning their teeth. The disadvantages using these methods include occlusal wear and gingival trauma but the extracts of many plant sticks yielded potent antimicrobial and antiplaque substances but coarse chemical powder could abrade the enamel and damage the periodontal ligament. Majority of 38.3% respondents believed that they would not become victim of the oral cancer as the people who smoke more than them were still healthy. This is due to the belief of the general population that if nothing happens to their close ones, it will not happen to them either. This misconception shows the ignorance of the general population regarding the general susceptibility and risk of oral cancer. A high percentage of 63.3% of respondents believed that milk teeth don’t need any treatment or care as they are temporary and are going to fall anyways. This belief is due to the fact that milk teeth would be replaced by the permanent teeth and they will last for few years, so their care is not necessary. In reality this is not true because early loss of milk teeth will interfere with the chewing thus affecting the child’s nutrition. It also leads to the drifting of the adjacent tooth thus causing the malaligment. Due to some closure of space the succeeding permanent teeth will erupt elsewhere. This will lead to irregularly placed permanent teeth and thus may result in crowding. Therefore milk teeth need to be cared as much as the permanent teeth. So we should clean the infant teeth as soon as they appear in the mouth as well as the gum pads of the child should be messaged and cleaned every day before the teeth erupts. Majority of the respondents that is around 35% believed that the

extraction of the upper teeth leads to vision impairment. Around 50% of the respondents believed that the smoking can be replaced safely by smokeless tobacco. Quite majority of the respondents believed that smokeless tobacco is a better alternative than the smoking cigarettes and it can be safely replaced. But in reality people are unaware of the ill effects of the smokeless tobacco. Due to the traditional betel nut chewing in our country, many respondents believed that good oral health can be achieved by chewing tobacco. This type of myth is more prevalent in the rural India where many people believe a cleaner oral cavity by chewing tobacco being unaware of its harmful effects which may lead to abrasion of tooth enamel and oral cancer.

CONCLUSION

The research study concluded that the majority of the respondents believe in the various myths and misconception that are associated with the dental practises and the oral cancer related habits. No matter to whichever sex, caste, religion and education the person belongs to, there are certain myths and misconceptions that are incorporated into the minds of the people which gets passed on from one generation to another. Hence it becomes the duty of the public health dentist along with the dental surgeons (general/specialists) and the social workers to counsel the people about the consequences of adhering to such myths.

RECOMMENDATIONS

The various recommendations that can be put forth to avoid the various myths are:-

1. Comprehensive public health awareness especially about the myths and misconceptions related to oral diseases, their prevention and treatment strategies at the individual and the community level as well.
2. For effective and long lasting prevention of the oral diseases, co ordination among the dental surgeons, public health specialist's social workers and the NGO's must be taken indispensably so that proper education forms an integral oral health development programmes.
3. Best evidence based dentistry is required to dispel various myths and misconceptions regarding oral health in addition to the research based evidences in dental practise which improves the dental specialists knowledge regarding patient counselling which in turn helps to clear misconception towards various oral health issues.
4. The dentists' needs to teach the patient so extensively and in closeness with his thinking to such an extent that no apprehension is left with him. Patient must open his/her psyche to the dental specialist fearlessly so that misguided judgments are effectively and completely corrected at the chair side.
5. One of the very effective tools for the health education is that of approaching the mass with easy words but precise pamphlets must be used to educate them regarding myths and misconceptions and dispelling them with facts.

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