

# AN EXPLORATION OF MISCONCEPTIONS & BELIEFS RELATED TO ORAL HEALTH IN INDIA

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## ABSTRACT

To know the prevalence of misconceptions and cultural beliefs related to oral health among the patients visiting the out-patient department (OPD) at Era Lucknow Medical College, Lucknow. In this cross-sectional study 500 volunteering subjects, who belonged to the age group of 18 yrs and above, were selected randomly. They were provided with a self administered structured questionnaire which included twenty two dichotomous questions which were already pretested through a pilot study. The study reveals that there is still actual presence of various myths and misconceptions among our population. Such beliefs and practices were seen more common in people with poor educational background and low socioeconomic status. The data collected in our study also reveals that various misconceptions has been successfully eradicated through education and various health awareness programmes, thus emphasizes the role of our health providers in spreading awareness and knowledge among the local population. Overall the study reveals the presence of various false beliefs and myths in our population, but along with this the study also highlights the importance and success of various health awareness programmes and educational modules in eradicating these misconceptions.

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## INTRODUCTION

Indian civilization is influenced and dominated by innumerable religious beliefs since time immemorial. Various types of magical practices beliefs have been part of our lives since generations. Since health is a major entity or factor governing our social well being, it is also not left untouched by such superstitious beliefs. Apart from the social and financial factors, that affected medical interventions, there was again plethora of magical myths and religious practices that influenced medical treatment (1-2)

Since there was meager data and insufficient knowledge, the concept of "Supernatural Theory" was prevalent in ancient civilisation (3). People had their own set of beliefs and practices regarding disease or health (4). These practices or beliefs were also followed for oral health and disease. Since ancient period, the human face, oral cavity and dentition are subject of interest and intrigue for mankind and therefore are part of many habit, norms, customs, tradition and taboos (5-6).

Human population has been influenced by various taboos and beliefs since long and continue to do so even now (7). These are considered as negative

practices and traditions which is not good or fruitful for social wellbeing (8).

In modern world with increasing emphasis on education and the resultant evolution of more reasonable approach, gradually such practices are declining, but are not completely eradicated from society. Many superstitious beliefs and practices are still reported and encountered. Dentistry is also not spared from such beliefs. Tooth and problems related to it have been many times related with numerous false beliefs and practices, common ones are attended in this study. Current study mainly aims at providing an insight of the prevailing myths regarding oral care and dental diseases in the north Indian population. Identification and analysis of the same will aid in improving the oral health and awareness programme in masses and in a more constructive shaping of various ambitious government aided health programmes.

## MATERIAL AND METHODS

This prospective cross-sectional study was completed in Department of Dentistry, Era's Lucknow Medical College, Lucknow. All patients above eighteen years visiting dental OPD, who gave their consent and participated willingly, were included in the study. Ethical

approval was taken from the ethical committee and. Study sample consisted of five hundred subjects. Initially a pilot study was conducted using a self administered, structured questionnaire among fifty patients to check the validity and relevance of the questionnaire which

could be later modified depending on the results if needed. Finally a reviewed questionnaire written in both Hindi English and urdu consisting of twenty two questions, was published and utilized in the study. Questions included are listed in Table 1.

Questions	Yes	No	Do Not Know
1. Do you think brushing once a day is more than enough?			
2. Do you think that caries can spread from deciduous to permanent teeth?			
3. Do you think that tooth decay is a hereditary process?			
4. Do you think dental treatment is painful?			
5. Do you think there is a worm inside a decayed tooth?			
6. Do you believe that removal of upper teeth affects vision?			
7. Do you feel Professional cleaning/scaling/removal of tartar loosens the teeth?			
8. Do you think that when gums bleed, it is better not to brush the teeth?			
9. Do you think hard brush cleans teeth better than soft brush?			
10. Do you think cleaning teeth with fingers is better than using a tooth brush?			
11. Do you think Charcoal, salt, rice husk, tobacco, etc. in powder form is better than toothpaste in cleaning teeth?			
12. Do you think keeping any medicament / tobacco/clove beside a painful tooth reduces the tooth pain?			
13. Do you use /know /have been advised about use of dental floss?			
14. Do you believe milk teeth need not be cared for as these teeth will anyway be replaced by permanent teeth?			
15. Do you believe that teething causes fever/ diarrhea?			
16. Is there a need of regular dental check up even if there is no problem			
17. Do you think it is better to have artificial teeth than to repair one's original teeth?			
18. According to you diseases of oral cavity like oral cancer is mainly caused by:			
a. Tobacco chewing & Smoking, Alcohol			
b. God's punishment/ Past sins.			
19. Do you think that caries can spread from deciduous to permanent teeth?			
20. Do you think that decayed deciduous teeth would shed on its own?			
21. Do you think tooth decay is a hereditary process?			
22. Do you think microorganism can spread from mother to child?			
23. Is there any relation between general body health and oral health			

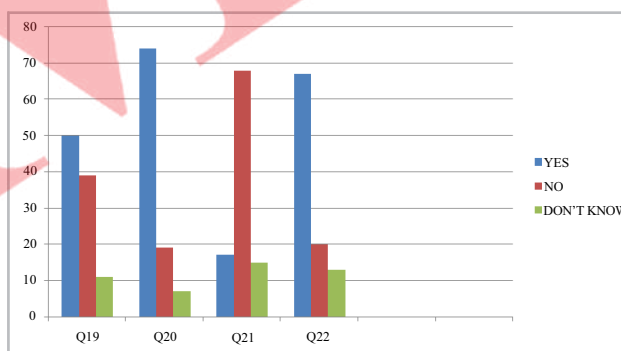
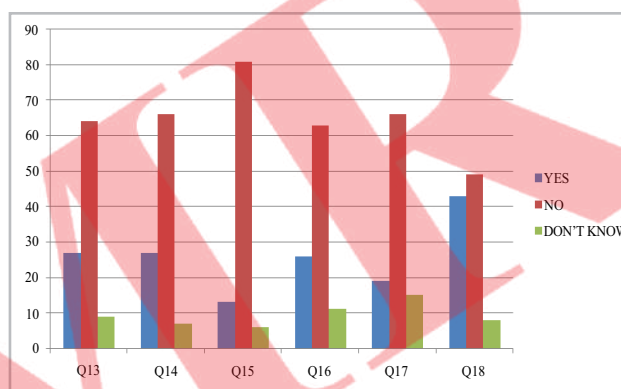
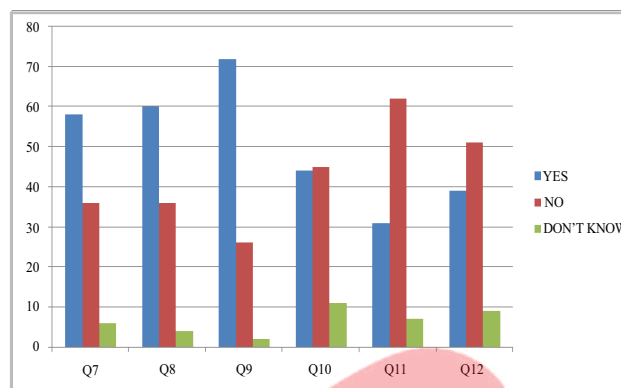
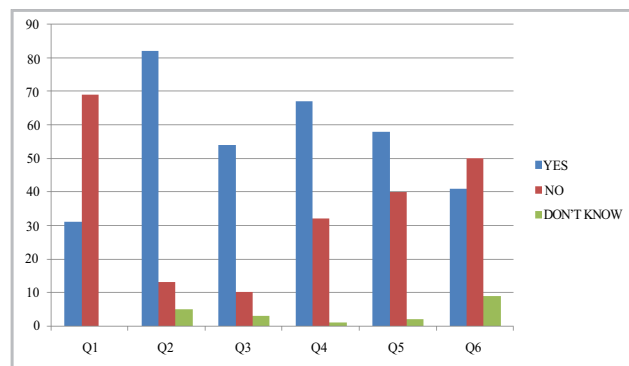
**Table 1: Questionnaire Included In This Study**

## RESULT

Higher percentage of patients giving negative response towards questions relating to various myths which can promote the concept of use of local harmful products like charcoal, rice husk etc as means of dentifrice or myths that convey non brushing the teeth as best measure to prevent bleeding gums, usage of hard brush being best to achieve oral cleanliness or if having artificial teeth is better than maintaining a caries free dentition points towards changing perception and increasing awareness among patients towards dental problems and its prevention. Response in affirmation to questions related to weakening eyesight being associated with extraction of teeth, single time brushing being sufficient for oral hygiene maintenance, dental treatments are painful always, presence of worms inside carious teeth n lack of knowledge regarding use of floss, again highlights towards the prevalence of fear and superstitious beliefs and also lack of knowledge towards advance procedures which has revolutionized dental treatment both in procedural techniques and also patient experience and treatment outcome. These responses again reinforce the need for spreading awareness and educating the patient to avail more positive treatment approach and outcome from dental treatment protocols.

Positive response, even though within very small population regarding the concept of using very hard brushes for better outcome, or single time brushing being sufficient for oral hygiene maintenance, or questions regarding the persistent fear of weakening eyesight as a result of upper teeth extraction, points towards the need for routine counseling of each and every patient by dental health provider irrespective of type of treatment rendered.

Increased awareness towards role of tobacco causing cancer among patients is depicted in an overwhelming positive response towards question hinting that oral cancer being caused by tobacco usage. This is a ray of hope and shows the success of the campaigns launched to spread awareness among population for the role of tobacco and its deleterious effects on oral and general health. (Figure 1).



**Fig 1: Graphical Representation Of The Data**

## DISCUSSION

Myths or superstitious beliefs are considered as stories by a group of people, which are part of their cultural identity. They have a strong influence in the life of individuals and their way of living including seeking treatment during illness. Various myths related to dental treatment such as professional cleaning causes loosening of teeth and extraction of upper teeth leads to loss of vision were significantly observed in uneducated females. This kind of misconception is inherited due to false exaggerated information promulgated by those who had previous personal negative dental experiences.

The credit for record reduction in the prevalence and intensity of dental problems and oral diseases in the native population of developed countries over the last

fifty years goes to informational and educational programmes focusing on oral hygiene maintenance, following correct dietary practices and spreading awareness for the acceptance of timely preventive dental care rendered by qualified professionals. Sadly, in India along with other underdeveloped and developing countries, provisions for making oral health needs available in public is challenging, mostly in villages and rural settings. Awareness among parents regarding dental care and disease process, its causes and prevention along with cultural beliefs and attitude, understanding the importance of regular preventive dental visits, care of deciduous teeth and correct feeding and weaning protocol for kids are important determinants of oral health of children.

Behavioral changes pertaining to oral health maintenance and disease prevention depends primarily on awareness and information.

Communities and countries with inappropriate exposure to oral health care delivery systems are at higher risk of oral diseases, when socio-cultural determinants such as poor living conditions; low education; lack of traditions, beliefs, culture & myths related to oral health are more prevalent. Moreover presence of such misconceptions is a major setback to the fund releases by governing bodies for building of infrastructure for the oral and general well being of patients. It is because, irrespective of the fact that how competent the health provider is or how advanced infrastructure is used for the prevention and treatment of disease, it can all be a failure if patient is not convinced with the treatment modality or he and she is not ready to practice the prescription or procedures prescribed by health worker. Moreover with the absence of correct knowledge and presence of various misconceptions, patients indulge themselves into practices that can further cause damage or interfere with the treatment procedure itself e.g. use of charcoal for cleaning teeth results into further abrasion and loss of tooth structure resulting into sensitivity and pulpal reactions.

## CONCLUSION

To conclude Oral Health providers need to play an active role in spreading knowledge & educate people on various issues. More work should be done to create awareness. Knowledge and awareness are necessary prerequisites for changes in behavior including behavior related to health disease & prevention.

Conflict of interest: The authors declare that they have no competing interest.

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