

Assessment of Oral Hygiene Following Use of Various Nicotinic Acid Products Among Young Adult Attending Diagnostic Camp in Jorpati Area, Kathmandu Nepal-A Cross Sectional Survey

Karnika Yadav¹, Vivek Kumar Sharma^{2*}, Ankita Bansal³, Rachuru S. Y⁴, Ragini Gupta⁵, Pramod Yadav⁶

¹Department of Public Health and Community Dentistry, Nepal Medical College Teaching Hospital, Kathmandu Nepal.

²Professor, Department of Periodontics and Community Dentistry, Dr. Z. A. Dental College, AMU, Aligarh, Uttar-Pradesh, India.

³Department of Public Health Dentistry, R. R. Dental College & Hospital, Udaipur, Rajasthan, India.

⁴Department of Public Health and Community Dentistry, Anil Neerukonda Institute of Dental Sciences, Visakhapatnam, India.

⁵MDS (Oral Medicine & Radiology).

⁶Department of Periodontics & Community Dentistry, Dr. Z. A. Dental College, AMU, Aligarh, Uttar-Pradesh, India.

ABSTRACT

Background: An observational study was carried out in young adult attending diagnostic camp in Jorpati Area.

Materials & Method: A total of 341 subjects between 18-50 years of age were selected for the study. It contains the demographic profile, which includes age, gender, qualification, employment, residence, and oral adverse habits. Descriptive statistics like mean and percentages were used for the analysis.

Result: When compared with literacy level and adverse oral habits results were significant as compared to the residence address.

Conclusion: The present study shows oral habits were more among the population with a higher education group in our study.

Keywords: Oral Hygiene, Acid Products, Cross-sectional Survey, Nicotinic, Tobacco.

Address for Correspondence Author

Professor, Vivek Kumar Sharma; Department of Periodontics and Community Dentistry, Dr. Z. A. Dental College, AMU, Aligarh, Uttar-Pradesh, India.

E-mail: yeahlifehai@gmail.com

Crossref Doi: <https://doi.org/10.36437/irmhs.2020.3.1.F>

Introduction

Tobacco is one of the most common causes of cancers and around four million deaths occur annually and are related to 30% of all cancers.¹

The most common etiology of oral cancer are habits related to tobacco and alcohol.² Oral habit refers to overindulgence in and dependence on

various chemical substances mainly the use of tobacco & alcohol will cause an adverse effect on their overall health. Consumption of these alcoholic beverages is more common in several parts of our country.³ These products have been available in thousands of decades among populations in South America and Southeast Asia. It was discovered by Christopher Columbus among the treasures of the New World. Spanish and Portuguese sailors carried tobacco to the other parts of the world and later it became popular in Europe.⁴ According to various studies, the prevalence of oral lesions is more in urban areas and tobacco plays a major role to causes these oral problems.⁵ It will cause many gingival diseases which lead to inflammation of the gingiva, teeth loss and so many various problems. Tooth loss has been shown to be 2 to 3 times higher in smokers than in nonsmokers.⁶ Excessive consumption of alcohol has been associated with various deteriorating effect on health which hampers the general as well oral health which will lead to disability of life.⁷ The consumption of nicotinic products will alter the behaviors of the person and also affects the mental illness of the person.^{8,9} Consumption of alcoholic products are commonly seen among the general population and they are very common in young adults.^{10,11} Hence, the aim of the present study to assess the Oral hygiene use of various nicotinic acid products among young Adults attending diagnostic camps in the Jorpati Area.

Materials and Methods

An observational study was conducted in the Jorpati area, Kathmandu to know the status of oral hygiene in a rural area from 5th July 2018 to 7th July 2018 during diagnostic camp. A Nepali version questionnaire Performa was used for a collection of data after pretesting it. All the people who attended the camp between the age of 18-50 yrs had been considered for study purposes. A

total of 341 subjects (male and female) aged were selected for the study. It includes the demographic profile, which included age, gender, qualification, employment, residence, and oral adverse habits. The inclusion criteria comprised of those were willing to participate in the study and had a pre-signed consent form. Subjects who were physically/mentally disabled and those who were not willing to participate, or did not receive permission from their parents/guardians were excluded from the study. Descriptive statistics like mean and percentages were used for the analysis by using spss software version 16.

Results

Table1. Depicts 163(76.62%) male and 117 (92.07%) females who were urban population. However, 52 (23.37%) males and 9 (7.89%) females were from rural areas.

Residence	Male	Female
Urban	163(76.62%)	117 (92.07%)
Rural	52(23.37%)	9(7.89%)
Total	215	126

Non- significant p value=0.717

Table1. Distribution of Study subjects based on their permanent residence

Table2. As far as the literacy level is concerned, 133(63.06%) were male and 87(67.48%) were female who contributed as a major group and was only educated up to primary standard. Only 37(16.37%) males and 16(14.26%) females had education up to the secondary level as minor contributions up to the secondary level.

Literacy level	Male	Female
Less than primary	133(63.08%)	87(67.46%)
Less than secondary	44 (20.56%)	23(18.25%)
Up to secondary	38 (16.37%)	16 (14.26%)
Total	215	126

Significant p value=0.000

Table2. Distribution of Study subjects based on their on Literacy level

Table3. The distribution of male and female populations revealed oral habits in the form of smoking, Alcohol, smokeless, and various types of habits associated with smoking and smokeless adoption. However only smoking contributed 38(16.84%) males and 18(15.06%) in females as one of the commonest oral habits. Smoking, smokeless, and alcohol habits have been observed in only 14 (6.54%) and 13(10.31%) female workers.

Habits	Male	Female
Smoking	38(16.84%)	18(15.06%)
Smokeless	17(7.94%)	31(24.60%)
Alcohol	23(9.83%)	11(7.16%)
Smoking + smokeless	49(22.89%)	22(17.46%)
Smoking + Alcohol	51(25.23%)	14(11.11%)
Smokeless + Alcohol	23(10.74%)	17(14.28%)
Smokeless + Alcohol + Smoking	14(6.54%)	13(10.31%)
Total	215	126

Significant p=0.00

Table3. Distribution of study subjects based on type of oral adverse habits

Discussion

Rural population contributes as a major laborer group due to low financial and less availability in a rural area. Hence they were compelled to migrate for seeking livelihood thorough job and getting adopting these various types of habits following tiresome work. While comparing rural and urban populations involved was significant.

It reveals the literacy was low in 133(63.08%) male and 87(67.46%) female who adopted for various oral habits. This is a major contributory factor from a rural area where the jobs are rarely available for earning purpose and maintenance of the whole family.

Among various oral habits found to be very significant while comparing the male and female. Whereas males had more prone to oral asocial habits as compared to females which are highly significant. The results of this study are in concordance to the study done in Hubuli, India¹². In our studies, smoking had also reported the same as more common in southern states of India however in one of the studies conducted seen more nicotinic products are found and associated habits. Many studies have shown a higher rate of tobacco products among the younger population due to the growing trend among the younger generation in the use of attractive packets of flavored areca products and attractive photographs which are widely marketed in India.

Conclusion: The prevalence of oral habits was more among the population with higher education groups in our study. However, this was not true in many other previous studies with the increase in the prevalence of habits in the educated population the worst is yet to come.

References

1. Hassan Suliman Halawany. Oral Cancer Awareness and Perception of Tobacco Use Cessation Counseling among Dental Students in Four Asian Countries. *Asian Pacific Journal of Cancer Prevention*, Vol 14, 2013.
2. Andre K, Schraub S, Mercier M, Bontemps P. Role of alcohol and tobacco in the aetiology of head and neck cancer: a case-control study in the Doubs region of France. *Eur J Cancer B Oral Oncol*, 31, 301-9, 1995.
3. Winn DM. Tobacco use and oral disease. *J Dent Educ* 2001; 65:306-12.
4. Ko YC, Huang YL, Lee CH, Chen MJ, Lin LM, Tsai CC. Betel quid chewing, cigarette smoking and alcohol consumption related to oral cancer in Taiwan. *J Oral Pathol Med* 1995; 24:450-3.
5. Bhowate RR, Rao SP, Hariharan KK, Chinchkhede DH, Bharambe MS. Oral mucosal lesions among tobacco chewers: A community based study. Preventive section in XVI International Cancer Congress, Abstract Book-1, New Delhi: Allied Publishers Limited; 1994.
6. Maher R, Lee AJ, Warnakulasuriya KA, Lewis JA, Johnson NW. Role of areca nut in the causation of oral submucous fibrosis: A case-control study in Pakistan. *J Oral Pathol Med* 1994; 23:65-9.
7. Wang YC, Bleich SN, Gortmaker SL. Increasing caloric contribution from sugar-sweetened beverages and 100% fruit juices among US children and adolescents, 1988–2004. *Pediatrics*. 2008; 121(6):e1604-e14.
8. McKee SA, Hinson R, Rounsaville D, Petrelli P. Survey of subjective effects of smoking while drinking among college students. *Nicotine & Tobacco Research*. 2004; 6(1):111-7.
9. Bobo JK, Husten C. Sociocultural influences on smoking and drinking. *Alcohol Research and Health*. 2000; 24(4):225-32.
10. Rehm J, Mathers C, Popova S, Thavorncharoensap M, Teerawattananon Y, Patra J. Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders. *The Lancet*. 2009; 373(9682):2223-33.
11. Consumption WECOPRtA. WHO Expert Committee on Problems Related to Alcohol Consumption. Second report. *World Health Organ Tech Rep Ser*. 2007(944):1.
12. Aruna DS, Prasad KV, Shavi GR. Retrospective study on risk habits among oral cancer patients in Karnataka Cancer Therapy and Research Institute, Hubli, India. *Asian Pacific J Cancer Prev* 2011; 12:1561-6.

How to cite this Article: Karnika Yadav¹, Vivek Kumar Sharma^{2*}, Ankita Bansal³, Rachuru S. Y.⁴, Ragini Gupta⁵, Pramod Yadav⁶; [Assessment of Oral Hygiene Following Use of Various Nicotinic Acid Products Among Young Adult Attending Diagnostic Camp in Jorpati Area, Kathmandu Nepal-A Cross Sectional Survey](#)

Int. Res. Med. Health Sci., 2020; (3-2): 1-4

Source of Support: Nil,

Conflict of Interest: None declared.

Received: 22-2-2020; **Revision:** 25-3-2020; **Accepted:** 28-04-2020