

# Knowledge of Dental patients on Smokeless Tobacco attending Dental College in Darbhanga, India

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## Abstract

**Aim and Objectives:** To assess the knowledge of Dental Patients on Smokeless Tobacco. **Methodology:** A questionnaire-based survey was carried out to assess the knowledge among the patients consuming Smokeless Tobacco attending the Outside Patient Department (O.P.D.) of Sarjug Dental College and Hospital, Darbhanga, India. **Results:** A total number of 2659 participated in this study. It was observed that majority of males 899(53%) consumed it due to addiction followed by workload 343 (20%). Whereas among females it was observed that majority 401(42%) consumed it due to addiction followed by boredom 383 (40%). The source of knowledge on Smokeless Tobacco was obtained from TV, Radio among 24% patients and only 6% got knowledge on smokeless tobacco from Dental Practitioner. **Conclusion:** The patients in this study had less knowledge about the ill effects about tobacco on Oral and General Health. It is vital for a Dental Practitioner to educate his patients towards the ill effects of tobacco.

## Key Words

Tobacco; smokeless tobacco; oral cancer; knowledge; dental patients

## INTRODUCTION

Of the 1.1 billion people who smoke worldwide, 182 million (16.6%) live in India. In 2004, in an estimated population of 1065 million, 800,000–900,000 Indians die annually from diseases associated with tobacco use—some 2500 a day.<sup>[1]</sup> By 2020, it is predicted that tobacco will account for 13% of all deaths in India.<sup>[2]</sup> India's tobacco problem is more complex than probably that of any other country in the world, with a large consequential burden of tobacco related disease and death.<sup>[3]</sup> The prevalence of tobacco use among men has been reported to be high (generally exceeding 50%) from almost all parts of India (more in rural than in urban areas). Women from most parts of India report smokeless tobacco use and the prevalence varies between 15% and 60%.<sup>[4]</sup> Smokeless tobacco is consumed predominantly by chewing in form of pan (piper betel leaf filled with sliced areca nut, lime, catechu, and other spices chewed with or without tobacco), pan-masala or gutkha (a chewable tobacco containing areca nut), and mishri, gul, bajjar (a powdered tobacco rubbed on the gums as toothpaste).<sup>[5,6]</sup> Use of smokeless tobacco is a socially acceptable addiction especially

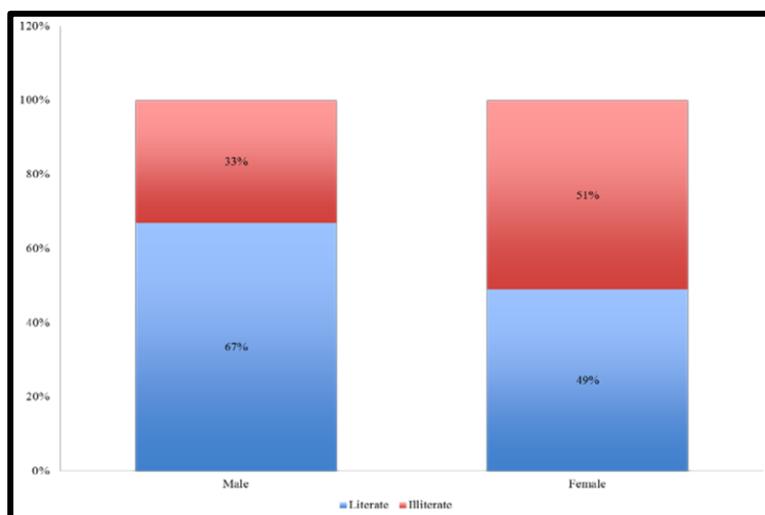
in Eastern, Northern and North-eastern parts of the country.<sup>[7]</sup> In some parts of India, such as the states of Bihar and Maharashtra, smokeless tobacco use is more common than smoking. Apart from regional preferences due to differing socio-cultural norms, the preference for smokeless tobacco is inversely related to education and income.<sup>[8]</sup> Patients who usually consume tobacco are unaware of its ill effects therefore it becomes necessary to educate them after obtaining their knowledge. The need of the study was to observe knowledge of smokeless tobacco consumers attending the Outside Patient Department (OPD) of Sarjug Dental College and Hospital, Darbhanga, India.

## MATERIALS & METHODS

This is a cross-sectional study, which was carried out during the month of February 2015 and involved patients attending Outside Patient Department of Sarjug Dental College and Hospital in Darbhanga, India. All the patients who consumed smokeless tobacco attending the Dental College in one month were asked to participate in the study. The questionnaire was written in Hindi. It includes information about demographic data of participants and their knowledge. In order to achieve the highest

**Table 1: Knowledge of patient on Smokeless Tobacco**

Question	Male			Female		
	Yes	No	Don't Know	Yes	No	Don't Know
Are you aware about different forms of tobacco	214 (13%)	1488 (87%)	0	67 (7%)	890 (93%)	0
Is Smokeless Tobacco usage Harmful	715 (42%)	153 (9%)	834 (49%)	345 (36%)	163 (17%)	450 (47%)
Is Smokeless Tobacco Safer than Smoking form	510 (30%)	68 (4%)	1123 (66%)	383 (40%)	77 (8%)	498 (52%)
Smokeless Tobacco is less addictive than Smoking	221 (13%)	153 (9%)	1328 (78%)	19 (2%)	153 (16%)	785 (82%)
Do you think smokeless tobacco causes Dental caries	187 (11%)	374 (22%)	1140 (67%)	38 (4%)	163 (17%)	756(79%)
Do you think smokeless tobacco causes Gum disease	255 (15%)	545 (32%)	902 (53%)	191 (20%)	124 (13%)	641 (67%)
Are you aware of any precancerous changes in mouth	17 (1%)	119 (7%)	1566 (92%)	134 (14%)	77 (8%)	747 (78%)
Do you think smokeless tobacco causes Oral cancer	953 (56%)	204 (12%)	545 (32%)	641 (67%)	220 (23%)	96 (10%)
Can quitting smokeless tobacco reduce the risk of oral cancer	119 (7%)	85 (5%)	1498 (88%)	67 (7%)	48 (5%)	842 (88%)
Do you think smokeless tobacco causes Respiratory or Digestive cancers	68 (4%)	34 (2%)	1600 (94%)	19 (2%)	10 (1%)	928 (97%)
Do you think smokeless tobacco results in cardiac disease	153 (9%)	119 (7%)	1430 (84%)	124 (13%)	57 (6%)	775 (81%)
Do you think smokeless tobacco affects pregnancy	17 (1%)	528 (31%)	1157 (68%)	29 (3%)	546 (57%)	383 (40%)

**Fig. 1: Distribution of patients according to Education**

possible accuracy, participation in this study was voluntary and the questionnaire was anonymous and self-administered. Only smokeless tobacco users were included in the study. Data was coded, entered and analyzed using the Statistical Package for Social Sciences (SPSS), version 21. Descriptive analyses were done to summarize information by calculating the number and percent for categorical variables. The proposal of this study had been revised and approved by the ethical committee of

Sarjug Dental College and Hospital in Darbhanga, India.

## RESULTS

A total number of 2659 out of 4500 patients attending the Dental OPD of Sarjug Dental College and Hospital, Darbhanga, India participated in this study. All these patients were consuming Smokeless Tobacco. The mean age of the participants was 36 years (s.d. = 3). Male patients represented 64%. It was observed that 82% of patients were married and

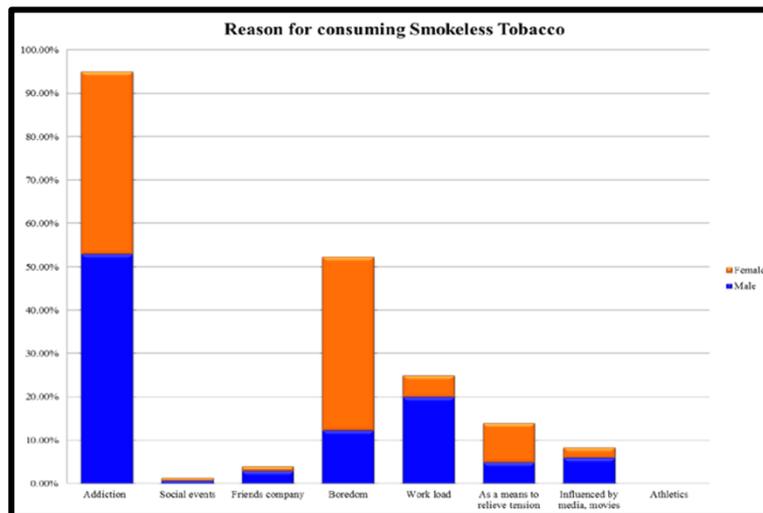


Fig. 2: Reason for consuming Smokeless Tobacco

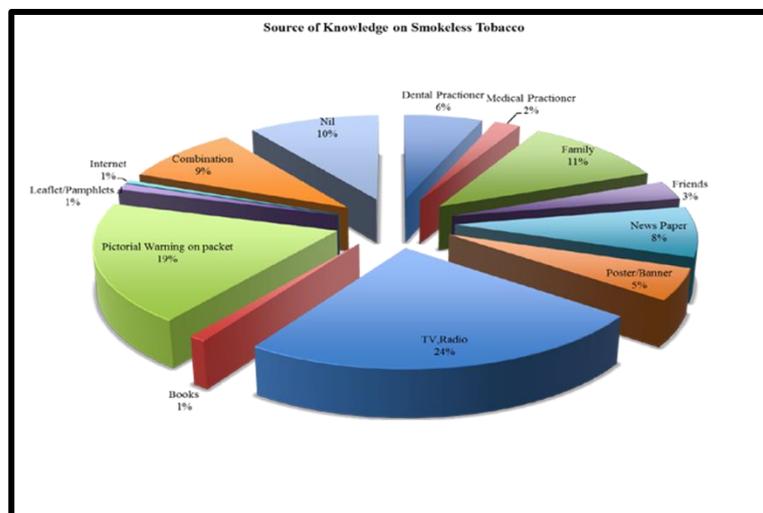


Fig. 3: Source of knowledge on Smokeless Tobacco

72% were working. The distribution of patient according to literacy is shown in Fig. 1. The reason for consuming smokeless tobacco among patients was asked (Fig. 2). It was observed that majority of males 899(53%) consumed it due to addiction followed by workload 343 (20%). Whereas among females it was observed that majority 401(42%) consumed it due to addiction followed by boredom 383 (40%). The Knowledge of patient on Smokeless Tobacco is shown in Table 1. The source of knowledge on Smokeless Tobacco (Fig. 3) was obtained from TV, Radio among 24% patients and only 6% got knowledge on smokeless tobacco from Dental Practitioner.

#### DISCUSSION

Patients attending Dental OPD and consuming Tobacco in any form is dangerous. Dentists have a leading role in combating tobacco in the community. Thus, it is of great importance to determine their knowledge towards this problem.

There are only few studies conducted in past to assess dental patient's knowledge and awareness of ill effects of tobacco on health.<sup>[9-12]</sup> In contrast to these studies, our study assessed awareness of effects of smokeless tobacco among Dental patients not only on oral health but also on general health. In a study done in Bangalore it was found that 54% of patients were aware that smokeless tobacco causes Oral cancer. In our study it was observed that 56% males and 67% females had knowledge on it. Smokeless tobacco results in cardiac disease was agreed by 9% males and 13% females however in Bangalore it was found that 39% agreed with it.<sup>[13]</sup>

#### CONCLUSION

Oral cancer is strongly associated with tobacco consumption. The patients in this study had less knowledge about the ill effects about tobacco on Oral and General health. Smokeless tobacco use is prevalent in Darbhanga. It is vital for a Dental Practitioner to educate his patients towards the ill

effects of tobacco. Dental students and staff members should be trained to detect pre-cancerous lesions and conditions. Many patients want to quit Tobacco but simply do not know how. The dentist can help them if he has studied the scientific evidence of the health consequences of Tobacco and is himself a non-tobacco user. Patients should be also made aware about the interventions to quit Tobacco.

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