

Dental Care: Social Myths and Taboos

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ABSTRACT

Dentists have faced many myths and other unproven beliefs which passed from one generation to another. Some of these myths had a significant impact on oral health of the population. Cross sectional questionnaire study was done to ascertain the current prevalence of these cultural taboos and beliefs regarding dentistry among the patients attending the OPD of a dental college. The subjects were recruited from the patients attending the OPD of a dental college and surveyed using a self administered structured questionnaire. Student's t and One-way ANOVA test was employed to find the effect of variables affecting belief of subjects toward oral health. The prevalence of myths about dentistry was high among study population. The deficit was greater in the rural areas. There was statistically significant difference according to age and education.

KEY WORDS: culture, dental beliefs, myths

INTRODUCTION:

Health cannot be isolated from its social context. The social and economic factors have as much influence on health as medical interventions^[1]. In old times, well being and disease were deciphered in a cosmological and anthropological viewpoint. Medicine was commanded by supernatural and religious convictions, which were a vital piece of antiquated societies and civilizations^[2]. The concept of disease, in which ancient man believed is known as the 'supernatural theory of disease'. Due to the lack of knowledge, the primitive man attributed disease and, in fact, all human sufferings and other calamities to the wrath of Gods, such as the invasion of body by 'evil spirits'^[3].

Myths are defined as stories shared by a group of people which are a 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^[4]. All people, whether rustic or urban,

have their own beliefs and practices concerning well being and disease^[5]. This diversity equally applies to oral diseases and treatments. Most of the time people inherit these myths and hand them over to the next generation e.g. small group of people who think that too much brushing can harm the teeth in children, milk teeth don't need care^[4].

In Indian viewpoint, a dental myth regularly emerges from conventional belief of non-exploratory base^[6]. Communities 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^[7]. Indian population consists of people from different cultural backgrounds and there is an exceptionally solid impact of the various myths on health seeking behaviour in our population. People believe in spiritual treatment and alternative forms of medicine, as opposed to going to a doctor they visit a hakim (local traditional practitioner)^[8]. Their thinking is influenced by the prevailing beliefs about causes of illness and proper methods of cure.^[9]

Myths are part and parcel of everyone's lives. Gradually with the development of education, these taboos and beliefs are disappearing, but still they persist and are commonly encountered. Traditional

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Indian beliefs and taboos have been found to correlate inversely with preventive dental health behaviour in the population^[10]. Thus the purpose of the present survey was to ascertain the current prevalence of these cultural taboos and beliefs regarding dentistry among the Indian population and to assess the impact of various socio-demographic factors on the prevalence of myths in the study population. The intent is that this assessment will be helpful in shaping the future health programs and creating dental awareness.

MATERIALS AND METHODS:

The present cross-sectional study was carried out for a period of one month in the Department of Public Health Dentistry, People's College of Dental Sciences and Research Centre, Bhopal from 15th July, 2015 to 14th August, 2015. The project was approved by the Institutional ethics committee. Study subjects were recruited from one of satellite centres of department of public health dentistry of a private dental institution in Bhopal city.

A convenient sample of 150 study subjects who visited the satellite centre during the study period and agreed to participate in the study constituted the final sample. The study subjects were assured of the confidentiality of the gathered data. The data was collected using a pre validated, structured, self-administered, close ended questionnaire, consisting of 20 questions seeking information about traditional beliefs, myths and misconceptions regarding oral health and dental care practices^[11]. The questionnaire was translated to their local dialect (Hindi) due to colloquial differences between two languages. It was demystified for the convenience of the participants. Three point Likert scale was used to assess the prevalence of myths in dentistry. The questionnaire comprised socio-demographic details of the participants such as their age, gender, education level and employment status, followed by questions regarding common myths and perceptions of participants towards dental treatment, oral health and their oral hygiene practices.

The patients were requested to fill and return the questionnaire then and there itself in order to avoid bias. For illiterate subjects, information was collected through face to face interviews. The collected data was subjected to statistical analysis. SPSS 22.0 was used for statistical analysis. Descriptive statistics were obtained and percentage distributions of responses to questions were calculated. Student's t and One-way ANOVA test were used to determine if there were any

associations found between demographics and the myths and perceptions amongst the community. For all tests a p-value of 0.05 or less was used for statistical significance.

RESULTS:

The subjects included in the study comprised of 53% male and 47 % female participants and 74.7% of population belonged to urban population. Each had one or the other myths regarding dentistry. The study population was analyzed based on their age, literacy, level of education and economic status.

38.0% of the study subjects believed that milk teeth need not be cared for because they last only for a few years, and these teeth will anyway be replaced by permanent teeth. 42.7% believe that removal of upper teeth affects vision. With regard to professional cleaning of teeth, 46.7% reported a belief that it causes loosening of teeth and 38.7 % people thought that Keeping tobacco beside a painful tooth reduces tooth pain. On the other hand, 42.32% were aware of root canal treatment as an alternative to extraction. But, lacuna in their information among subjects (42.06%), whether to take dental treatment procedures during pregnancy was observed (Figure 1).

A greater portion of rural people have cultural beliefs and taboos related to dentistry as compared to urban people ($p < 0.05$). It was found that education has a significant effect on myths related to dental problems ($p < 0.01$) (Table 1). Highly educated patients had lower mean scores regarding cultural beliefs and taboos in dentistry compared to illiterate one. Older age groups have more taboos regarding oral health than younger ones ($p < 0.05$) (Table 2).

DISCUSSION:

India is a vast country with varied cultural, socio-economic and geographical background. Every culture has its own particular traditions and convictions some of which have a significant impact on oral health of the population. These social convictions appear to be inflexible as they have a hale affect on the population as the convictions hail from the ancestors. The explanation behind these social convictions and conventional practices are complex and multi-factorial. We tried to focus on the common myths prevalent in Bhopal city. In the present study, the individual who lives in an urban area possesses a higher educational level or who are from younger age groups are significantly more apt to take preventive dental activities paying little mind to social convictions and taboos. These discoveries were like

Table 1: Cultural beliefs and taboos in dentistry among Indian population according to geographic area and Gender.

Groups	Number	Mean	SD	t -value	p -value
Geographical Area					
Urban	112	5.81	3.29	5.26	0.005
Rural	38	9.18	3.74		
Gender					
Male	80	6.75	3.90	0.29	0.094
Female	70	6.57	3.48		

Table 2: Cultural beliefs and taboos in dentistry among Indian population according to education and age group.

Groups	Number	Mean	SD	f-value	p-value
Education					
Illiterate	14	9.78	4.54	4.64	0.004
primary school	16	7.43	2.25		
Higher school	40	6.53	3.42		
Graduate	80	6.03	3.66		
Age group (years)					
18 – 30	54	6.22	3.38	2.80	0.04
30– 45	43	6.27	3.75		
45 – 60	32	6.87	4.43		
Above 60 years	21	9.13	3.70		

study led by Kocher^[12] Chen and Stone^[13]. The younger generation had a more positive recognition compared to older population which demonstrates that they are better informed about oral health issues. Likewise, the educated participants responded more positively towards the perception in question compared to un-educated participants. The geriatric populace for the most part acquires solid social and convention convictions, which leaves a lifelong effect on their oral health behaviour. To overcome this

problem, education should be provided at all age levels which help in inner cognizance raising, strengthening furthermore modifies unfortunate conduct and practices.

The most widely believed myth was that professional cleaning or scaling loosens the teeth. This kind of misconception is inherited due to false exaggerated information promulgated by those individuals who had past individual negative dental encounters and may be attributed to the way that

numerous individuals have little knowledge about dental treatments. They tend to visit the dental specialist at advanced stages of disease, and around then, if a dentist removes calculus it may be likely that the tooth will become more mobile.^[14]

Around a portion of the respondents (44.7%) accept that extraction of upper teeth perniciously influences vision, which was in agreement with that reported by Kumar et al^[11] Kocher et al^[12] and Nagaraj et al^[15] who reported a prevalence of 35.6%, 49.6% and 52% respectively. For instance, extractions performed on older patients, leading to weakening of eye sight because of its vicinity in maxilla are mere coincidental, but still remain a taboo, consequently people relate to this.

The presence of natal teeth was related with supernatural powers, ill-luck and most of them believed that the child would bring misfortune to the family and would become a witch. These kinds of beliefs are considered to be carried out from the ancestors. It was found that still 38.0% of study subjects believe that there is no need to go to dentist until all the permanent teeth of child erupts similar to the result found in some previous studies.^[12, 16, 17] They feel that these teeth are going to shed, so treating them as wastes money and time and these teeth will anyway be supplanted by permanent teeth. This is not by any means valid as ahead of schedule loss of milk teeth will meddle with chewing and influence the kid's nourishment; prompts drifting of the adjacent teeth and closure of percentage of the space that is needed for the succeeding permanent teeth to erupt into. Such a loss of space will result in the succedaneous teeth to erupt in unpredictable position resulting in crowding. Therefore milk teeth need to be cared for as much as permanent teeth. So it is appropriate to begin the propensity for cleaning the baby's teeth not long after they erupt in the mouth.

Many subjects believe that root canal treatment as a distinct option for extraction, they have trepidation that it is always painful. The impression of root canals being painful began decades back when root canal treatment was excruciating. Now because of most recent technologies and anaesthetics, root canal treatment today is not any more painful than having a filling of teeth. Indeed, a recent study demonstrated that patients who have encountered root channel treatment are more inclined to depict it as "painless" than patients who have not had root canal treatment^[4].

Myths can be prevalent in a population due to a variety of reasons like poor education, cultural beliefs and social misconceptions. They are usually

passed on from one generation to the next. It is difficult to break this chain as it is deep seated in the society. It is important to know about these myths and misconceptions prevalent in the population as understanding them is essential to provide good care as well as health education to the people. Based upon the present study, importance should be given for oral health education at individual as well as community level regarding the myths Co-ordinated efforts by dentists, Public Health Specialists, Non Government Organisations (NGO's) and grass root level workers are needed to impart dental health education so that behavioural modification can increase the oral awareness and dental care utilization rate.

CONCLUSION:

The pervasiveness of myths about dentistry was high among study population which could be connected with poor early health seeking behaviour and poor compliance with treatment. Myths and misconceptions associated with dental treatment and custom practices were significantly among uneducated and more seasoned population. The social convictions are because of lack of education and absence of information and they act as hindrances for the utilization of dental service.

LIMITATIONS:

Limitations of the study included that only a convenient sample of study participants who visited our satellite centre which may not be true representatives of the general population for generalizability of results. Future studies are recommended in this direction using a larger, nationwide sample in order to achieve a consistency in the results and people can be aware towards myths regarding dental field.

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