Attitudes of Auto-rickshaw Drivers Towards Oral Health Care, Barriers of Dental Service Utilization in Vikarabad, Telangana, India

1Yadav Kopula, 2Monica Mocherrla, 3Parthasarthi Peddireddy, 4Shakeel Anjum, 5Irram Hameed, 6Manisha Pandit

ABSTRACT

Introduction: Regular home oral care and yearly dental checkup are the best means for saving one’s teeth, but it appears that in spite of information on adequate dental care provided by the dental professional and the mass media, people fail to take this precautions.2 India is one of the largest democracies in the world, with a population of over one billion. It is a rapidly developing nation and is making great progress in IT, finance and living standard. In spite of these, it is hard to understand that very few people believe in regular dental care.3 The dental health of the general population in developed countries has improved over the past few decades, but people from developing countries continue to have a high level of dental disease. Evidence shows the suboptimal utilization of dental services has been repeatedly reported for the population from developing countries. However, socioeconomic differences in the utilization of dental services still exist in many countries.4

The oral health of an individual depends upon awareness and attitude.5 Attitude reflect individual experiences, familial beliefs, cultural perceptions and other life situations and these have a strong influence on oral health behavior.6 Many oral diseases can be prevented if proper education or awareness is provided. Knowledge about oral health is considered to be an important requirement for health-related practices.7 Those who have assimilated the knowledge and feel a sense of personal control over their oral health are more likely to adopt self-care practices.

Work is a central element of an individual’s life and is the main reference for determining patterns of identity and sociability, political activities, family life, access to economic resources and opportunities for achieving good health and well-being.7 The challenges of occupational environment are one of the major social determinants of health.8 There are some working classes such as road transport drivers who work tirelessly behind the wheels, commuting to different places without adequate food, rest and sleep.1 These people work in unfavorable climatic conditions compounded by delays and breakdown. Due to the hectic schedule, they commonly use tobacco as smoking and chewing form to relieve stress and to keep them alert during travel.9

In addition, only a few studies exploring the prevalence of oral diseases have been conducted among the Indian population, especially among people employed

INTRODUCTION

Since the dawn of times, Adam attempted to taste the first fruit; tooth has played a primary role which has special importance of its own.1 Regular home oral care and a yearly dental checkup are the best means for saving one’s teeth, but it appears that in spite of information on adequate dental care provided by the dental professional and the mass media, people fail to take this precautions.2

India is one of the largest democracies in the world, with a population of over one billion. It is a rapidly developing nation and is making great progress in IT, finance and living standard. In spite of these, it is hard to understand that very few people believe in regular dental care.3 The dental health of the general population in developed countries has improved over the past few decades, but people from developing countries continue to have a high level of dental disease. Evidence shows the suboptimal utilization of dental services has been repeatedly reported for the population from developing countries. However, socioeconomic differences in the utilization of dental services still exist in many countries.4

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In addition, only a few studies exploring the prevalence of oral diseases have been conducted among the Indian population, especially among people employed

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79
in specific occupational groups like that of Omoigberai et al. which showed their poor pattern of dental visits. Soni et al. which concluded that the knowledge of the study participant was poor.

As these people are usually from a low class; they are economically weak; less educated, they experience a lot of stress. To overcome these stresses they use various forms of psychoactive substances like smokeless and smoking forms of tobacco along with alcohol, and sometimes go to work even without doing their daily oral hygiene practices. As a result, it may lead to their compromised oral health causing increased risk to dental caries and gingival diseases.

Till date, there is no literature available worldwide and in India concerning about the oral health behavior, barriers of dental service utilization among population employed in the specific occupational group. Little literature is available on occupational groups like bus drivers, conductors, coal mine factory workers, stone mine workers, green marble mine, etc, but none on autorickshaw drivers. Therefore this study was undertaken to know the knowledge, attitude regarding oral health care and practices, their tobacco habits and the barriers they face in the dental service utilization.

METHODOLOGY

A cross-sectional study was conducted for 3 months from 1st January to 1st April 2017, on auto-rickshaw drivers. The ethical clearance was taken from Institutional Review Board of Sri Sai College of Dental Surgery, Vikarabad, Telangana, India. Subjects who were willing to participate and who pass by Sri Sai College of Dental Surgery at least once in 8 to 10 days were included in the study whereas subjects who were not willing to participate in the study were excluded from the study. The questionnaire used was in local language, Telugu. A pilot study was undertaken on 30 persons to pretest the questionnaire, to determine the feasibility of the study and assess the sample size.

The questionnaire developed consisted of three parts. First part was related to oral health knowledge including oral hygiene practices and their tobacco-related habits. Second part dealt with barriers in dental service utilization. A simple random sampling technique was used to select the participants for the study.

For the collection of data, a prior appointment was fixed with the union head of the auto-rickshaw drivers. Complete information, the methods and the purpose of the study being conducted, was explained to them. After the consent, of the union head of the auto-rickshaw, was given, the auto drivers who were available were called up and explained the same. The place, date and time was then decided by the union head, according to the feasibility of the auto drivers, which was preferably the auto stand at different areas of Vikarabad where all the auto drivers gathered. The investigator distributed questionnaire to all the participants present at the auto stands and ample time was given for filling the questionnaire. While filling the questionnaire by the participants, investigator waited at the auto-stands itself, to collect the questionnaire on the same day. Majority of the people were able to read Telugu, so they answered on their own. For some, for whom the words were not clear, doubts regarding the questions were clarified at the same point. After collection of the questionnaire, small health education was given to all the auto drivers regarding oral hygiene habits, diet and hazardous effects of tobacco. The same procedure was repeated on the appointed dates of data collection.

The data collected was compiled and was checked for completeness. The findings obtained were coded and entered into Microsoft Excel (2010). The analysis was done using Statistical Package for Social Sciences (SPSS 21.0 version). Chi-square test was used to find the association of oral health-related knowledge, attitude, and practices. Continuous data were presented as percentages and mean. The significant value was set at \( p < 0.05 \).

RESULTS

The present study was conducted among auto-rickshaw drivers at the auto stands of Vikarabad to assess their oral health knowledge including oral hygiene practices, tobacco-related habit, barriers in dental service utilization. A total of 200 male participants was included in the study. The subjects age group ranged from 20 to 60 years (Table 1). The mean age was found to be 32.41 years. 30% (60) of the subjects were in the age group of 31 to 40 years. Socio-economic status as determined by Kuppuswamy's scale showed 68% (136) of them belonged to a lower middle class, 17% (34) belonged to lower class, and 14% (28) of them were of middle-class status (Table 1).

When oral health was assessed among 200 auto-rickshaw drivers, the majority of the subjects 89.5% (179) believed that regular visit to dentist keeps teeth in a healthy state. About 60.5% (121) felt that despite regular cleaning of teeth dental caries could not be prevented. Another finding in this study was that 79.5% (159) subjects knew that consumption of tobacco causes cancer, whereas 18.5% of the subjects agreed that tobacco consumption did not cause cancer and 2% of them did not know tobacco habit and oral cancer (Table 2).

Overall, 76% (152) subjects cleaned their teeth with toothbrush and toothpaste, followed by neem stick 13% (26), coal 9% (18) and finger in 2% (4). Out of those who used a toothbrush, 75% used to brush once a day and
25% (50) brush twice daily (Table 3). Nearly 56.5% (113) had a tobacco-related habit, whereas 43.5% (87) did not have any tobacco-related habit in any form, 54.8% (62) of the subjects had quit their habit; self-interest is the most common reason (45.1%) for quitting followed by 22.5% (14) due to pressure from family whereas 45.1% (51) were not willing to quit the habit (Table 4).

Of the respondents, 45% (90) subjects have visited the dental hospital, whereas 55% (110) have never visited a dental hospital. The most common reason cited for the visit was the pain (46.6%), next was bleeding gums (31.1%), prosthesis (10.0%), and swelling (12.2%). 55% (110) subjects did not visit the dental hospital, as they did not experience any dental problem (52.7%) (Table 5).

**DISCUSSION**

Although dental decay has been significantly reduced over the past 30 years, the dental disease continues to be a substantial health problem for many low-income countries and developing countries. Several studies examining dental care utilization have been conducted focussing on children and older people. There is little
information about these occupational group. The main intention of the study was to assess the oral health-related knowledge, practices, tobacco-related habits, barriers in dental service utilization of auto-rickshaw drivers that would aid in the planning and evaluation of oral health promotion programs.  

It is evident that there exists a strong association between the socioeconomic status of individuals and the dental service utilization. This situation is evident because individuals earning less are less likely to afford and gain access to a good quality of health services. This was similar to a study conducted by Manski et al. where income was significantly associated with the dental visit of the respondents.

The present study reveals that awareness on oral cancer (79.5%) was better compared to previous studies. Raja Pandian et al. who conducted similar study on drivers reported that 62.5% participants were aware of oral cancer. The result of the present study was in contrast with the study conducted by Soni et al. conducted on bus drivers and conductors in Jaipur where 92.8% of the participant had awareness regarding tobacco causing cancer. Increase in awareness of oral cancer might be due to increasing anti-tobacco programmes and publicity and pictorial warnings about the ill effects of tobacco products.

Total of 56.5% of the participant had the tobacco-related habit. Out of which 45.1% were not willing to quit the habit. 54.8% of the participant had quit their tobacco-related habit, the most common reason being self-interest (45.1%), followed by pressure from family (22.5%) and friends (14.5%). The finding of the present study was similar to a study conducted by Haddad et al. among university students in Jordan which also showed 50.8% of tobacco-related habit among students. The finding of the present study was also in contrast to a study conducted by Gambhir et al. on public transport workers in Chandigarh where only 20% of the participants had a tobacco-related habit. There is an urgent need to promote multidisciplinary health education activities at different age groups to prevent young age students from smoking and to help smokers to quit.

Regarding oral hygiene practices, 76% of the participants cleaned their teeth with toothbrush and toothpaste. In a similar study in India, conducted by Gambhir et al. 85.7% of transport workers used toothbrush and toothpaste for cleaning their teeth. The result of the present study was entirely in contrast to a study conducted by Solanki et al. conducted on stone mine workers in Jodhpur, where none of the participants used toothbrush and toothpaste as the cleaning aid. The high use of toothbrush and toothpaste may be attributed to increased availability and affordability of cleaning aids.

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<th>Table 4: Tobacco-related habit</th>
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<td>Do you have a tobacco-related habit</td>
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<td>Did you quit habit anytime</td>
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<td>Reason for quitting the tobacco habit</td>
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<th>Table 5: Hygiene practice questionss</th>
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<td><strong>Variable</strong></td>
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The constant mobility of these categories of individuals may affect their compliance with regular oral hygiene practices. The participants in this study were males, and men are known to have poorer oral health knowledge, negative attitude to oral health, suboptimal oral hygiene practices and attach less importance to oral and general health as shown by studies conducted by Al-Ansari et al. on health science college students, Peter et al. on Turkish dental students.

Fouty-five percent of the subjects visited the dentist because of pain (46.6%), followed by bleeding gum (31.11%), swelling (12.2%). This was similar to a study conducted by Bommireddy et al. on rural adults in Southern India. Another contrast finding was found in a study conducted by Gill et al. where only 32% had visited the dental hospital. As pain is considered an emergency condition, it might have forced them to visit a dentist and may be indicative of a negative attitude and less importance attached to oral health by participants. Dental pain adversely affects the quality of life, normal functioning, and daily living of people and dental visits are aimed at immediate relief of pain. Patients often present themselves for dental care at the later stages of the dental disease, and when overt symptoms appear such as pain and extreme discomfort, that is a problem-oriented visit rather than prevention oriented one. In the present study, none of them said they had visited the dentist for a routine oral examination. This result was similar to a study conducted by Devaraj et al. in the outpatient department in Jaipur. Though the most dentist recommends 6-monthly visits, only a few individuals comply with this recommendation. This shows that people do not believe in the value of the regular dental visit, and they have poor preventive practices.

This study has focussed on a particular group of people that are the auto rickshaw drivers. Very little focus has been given on this group in the literature. 55% of the participants did not visit the dental hospital. The most frequently cited reason was no experience of a dental problem (52.7%) that can initiate a dental visit, and they have poor preventive practices.

The result of this study concludes that though a majority of the subjects were aware of oral cancer and their reasons, they were not willing to quit their tobacco habit. The data also suggest that health professionals should continue emphasizing the negative health consequences of smoking to motivate cessation attempts. Our finding suggests that a major portion of the auto-drivers had not visited the dentist for regular dental check up. Thus, it becomes important to conduct sustained awareness programs about good oral health and motivate them to use the services available at the dental college in an economical way.

CONCLUSION

The result of this study concludes that though a majority of the subjects were aware of oral cancer and their reasons, they were not willing to quit their tobacco habit. The data also suggest that health professionals should continue emphasizing the negative health consequences of smoking to motivate cessation attempts. Our finding suggests that a major portion of the auto-drivers had not visited the dentist for regular dental check up. Thus, it becomes important to conduct sustained awareness programs about good oral health and motivate them to use the services available at the dental college in an economical way.

REFERENCES


