

KNOWLEDGE, ATTITUDE AND PRACTICE TOWARDS ORAL HEALTH AMONG THE TIBETAN REFUGEES LIVING IN THE UDAIPUR CITY, RAJASTHAN, INDIA

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ABSTRACT

Purpose: To assess the knowledge, attitude and practice towards oral Health among the Tibetan refugees living in the Udaipur city, Rajasthan, India. **Methodology:** It is a cross-sectional questionnaire study to assess knowledge, attitude and practice towards oral health among the Tibetan refugees who are the residents of Udaipur city. In the present study interview schedule survey was organized on 304 Tibetan refugees for 7 days. A self-administered close ended structured questionnaire consisting of 18 items, including 10 question to assess the knowledge, 3 questions regarding their attitude and 5 questions to determine their practice towards oral health. **Results:** Majority of refugees had low knowledge regarding oral health. Only 32% of all the refugees had the knowledge of effect of fluoride on teeth. Overall, a large number 208 (68%) of Tibetan refugees in all the age groups does not avail regular dental Visits. About 61% of refugees visited dentist only when they were suffering from dental pain. Among all the refugees Knowledge score of oral health among females were less than males. **Conclusion:** In conclusion, the oral health knowledge, attitude and practice among the Tibetan refugees in Udaipur city is below the satisfactory level.

KEYWORDS: Knowledge; attitude; practice; oral health; Tibetan refugees; Udaipur

INTRODUCTION

Caries and periodontal diseases are most common oral diseases effects all type of populations. In India a large proportion of population is affected by various dental diseases both the residents and immigrant population.^[1] People crossing national and cultural frontiers often originate from populations with disease patterns, health behaviors and health care measures different from those at their destination. Indigenous poor, immigrants, racial and ethnic minorities, and medically compromised populations, are often those who suffer the worst oral health.^[1, 2] Upon entering a "Western" society, immigrants commonly experience a social "culture shock", which involves social, cultural, environmental, and psychological determinants. The stress of migration can lead to depression, sadness, lack of self-confidence, personal and family crises, low utilization of health services and unfavorable health behavior.^[3-7] Following in the footsteps of the 14th Dalai Lama more than 150,000 Tibetan refugees have fled to India during the past 50 years. He left with his initial entourage in 1959, following an abortive uprising of disputed motivations.^[8] Udaipur, one of the famous touristcity in India. There are large number of immigrants from the neighboring countries in search of job opportunities and better living conditions. Since their exodus in 1959, a few Tibetans have made Udaipur city their home. Karten Tsering has been coming to Udaipur from the last 24 years; he is the leader of this subgroup which consists of 55 Tibetan families.^[9] Various studies were conducted to assess the oral health status among various immigrant

Table 1: Knowledge score of oral health in various age groups. (N=304)

Question	OPTIONS	21-30 years	31-40 years	41-50 years	51-60 years	Total	P-Value
Q1. Consuming too much sweet food causes tooth decay/dental caries	Correct	40 (28%)	64 (44%)	16 (11%)	24 (17%)	144 (48%)	0.01*
	Incorrect	24 (15%)	72(45%)	32 (20%)	32 (20%)	160 (52%)	
	Total	64 (21%)	136 (45%)	48 (16%)	56 (18%)	304 (100%)	
Q2. Gum bleeding means inflamed gum	Correct	16 (13%)	48 (40%)	40 (33%)	16 (14%)	120 (40%)	0.00**
	Incorrect	48 (26%)	88 (48%)	8 (4%)	40 (22%)	184 (60%)	
	Total	64 (21%)	136 (45%)	48 (16%)	56 (18%)	304 (100%)	
Q3. Regular brushing of teeth can protect oneself from gum bleeding.	Correct	48 (40%)	48(40%)	8 (6%)	16 (14%)	120 (40%)	0.00**
	Incorrect	16 (8%)	88 (48%)	40(22%)	40 (22%)	184 (60%)	
	Total	64 (21%)	136 (45%)	48 (16%)	56 (18%)	304 (100%)	
Q4. Dental plaque means soft debris on teeth.	Correct	24 (30%)	24 (30%)	16 (20%)	16(20%)	80 (26%)	0.01*
	Incorrect	40 (18%)	112 (50%)	32 (14%)	40 (18%)	224 (76%)	
	Total	64 (21%)	136 (45%)	48 (16%)	56 (18%)	304 (100%)	
Q5. Dental plaque can lead to dental caries.	Correct	16 (14%)	56 (50%)	24 (22%)	16 (14%)	112 (37%)	0.01*
	Incorrect	48 (25%)	80 (42%)	24 (12%)	40(21%)	192 (63%)	
	Total	64 (21%)	136 (45%)	48 (16%)	56 (18%)	304 (100%)	
Q6. Carious or decayed teeth can affect teeth appearance.	Correct	32 (24%)	56 (41%)	16 (12%)	32(23%)	136 (45%)	0.06
	Incorrect	32 (19%)	80 (48%)	32 (19%)	24 (14%)	168 (55%)	
	Total	64 (21%)	136 (45%)	48 (16%)	56 (18%)	304 (100%)	
Q7. Sweets affect the teeth adversely.	Correct	8 (20%)	16 (40%)	0	16 (40%)	40 (13%)	0.00**
	Incorrect	56 (21%)	120 (45%)	48 (18%)	40 (16%)	264 (87%)	
	Total	64 (21%)	136 (45%)	48 (16%)	56 (18%)	304 (100%)	
Q8. Fizzy drinks affect the teeth adversely	Correct	24 (18%)	56 (41%)	32 (23%)	24 (18%)	136 (45%)	0.00**
	Incorrect	40 (23%)	80 (48%)	16 (10%)	32 (19%)	168 (55%)	
	Total	64 (21%)	136 (45%)	48 (16%)	56 (18%)	304 (100%)	
Q9. Using fluoride strengthens the teeth	Correct	24 (25%)	32 (33%)	24 (25%)	16 (17%)	96 (32%)	0.00**
	Incorrect	40 (19%)	104 (50%)	24 (12%)	40 (19%)	208 (68%)	
	Total	64 (21%)	136 (45%)	48 (16%)	56 (18%)	304 (100%)	
Q10. General body health has a relationship to oral health and dental diseases.	Correct	8 (25%)	0	8 (25%)	16 (50%)	32 (11%)	0.00*
	Incorrect	56 (22%)	136 (50%)	40 (14%)	40 (14%)	272 (89%)	
	Total	64 (21%)	136 (45%)	48 (16%)	56 (18%)	304 (100%)	

Table 2: Attitude and practice towards oral health in various age groups. (N=304)

Question	OPTIONS	21-30 years	31-40 years	41-50 years	51-60 years	Total	P-Value
Attitude							
Q1. Are you availing regular dental Visits?	Yes	24(25%)	40 (41%)	16 (17%)	16 (17%)	96 (32%)	0.65
	No	40 (19%)	96 (46%)	32 (16%)	40 (19%)	208 (68%)	
	Total	64 (21%)	136 (45%)	48 (16%)	56 (18%)	304 (100%)	
Q2. Frequency of dental visits.	Regularly every 6 to 12 months.	40 (33%)	40 (33%)	8 (6%)	32 (28%)	120 (39%)	0.00**
	When I have dental pain	24 (13%)	96 (52%)	40 (22%)	24 (13%)	184 (61%)	
	Total	64 (21%)	136 (45%)	48 (16%)	56 (18%)	304 (100%)	
Q3. History of last dental visit	Less than 6 months ago.	24 (25%)	32 (33%)	24 (25%)	16 (17%)	96 (32%)	0.00**
	More than 6 months ago.	40 (19%)	104 (50%)	24 (12%)	40 (19%)	208 (68%)	
	Total	64 (21%)	136 (45%)	48 (16%)	56 (18%)	304 (100%)	
Practice							
Frequency of Tooth brushing	Once per day	32 (17%)	72 (24%)	40 (22%)	40 (22%)	184 (61%)	0.00**
	Twice per day	16 (18%)	56 (64%)	8 (9%)	8 (9%)	88 (28%)	
	More than twice per day	16 (50%)	8 (25%)	0	8 (25%)	32 (11%)	
	Total	64 (21%)	136 (45%)	48 (16%)	56 (18%)	304 (100%)	
Time spent for brushing.	Less than 1 minute	8 (9%)	40 (41%)	8 (9%)	40 (41%)	96 (32%)	0.00**
	More than 1 minute	56 (27%)	96 (46%)	40 (19%)	16 (8%)	208 (68%)	
	Total	64 (21%)	136 (45%)	48 (16%)	56 (18%)	304 (100%)	
Frequency of eating sweet food.	Once per day	48 (25%)	88 (46%)	40 (21%)	16 (8%)	192 (63%)	0.00**
	More than once per day	16 (14%)	48 (43%)	8 (7%)	40 (36%)	112 (27%)	
	Total	64 (21%)	136 (45%)	48 (16%)	56 (18%)	304 (100%)	
Frequency of taking candy/chocolat e/ sweets.	Never/once in a while	0	0	0	8 (100%)	8 (3%)	0.00**
	1 time/ week	0	16(33%)	16 (34%)	16 (33%)	48 (16%)	
	2 times / week	24(21%)	56 (50%)	8 (8%)	24 (21%)	112 (37%)	
	Everyday	40 (29%)	64 (47%)	24 (18%)	8 (6%)	136 (44%)	
Frequency of taking soft drinks	Never/once in a while	16 (50%)	8 (25%)	8(25%)	0	32 (11%)	0.00**
	1 time/ week	16 (29%)	24 (43%)	8 (14%)	8 (14%)	56 (18%)	
	2 times / week	24 (20%)	56 (47%)	16 (13%)	24 (20%)	120 (39%)	
	Everyday	8 (8%)	48 (50%)	16 (17%)	24 (25%)	96 (32%)	
	Total	64 (21%)	136 (45%)	48 (16%)	56 (18%)	304 (100%)	

populations^[10-12] in various parts of world shows poor oral health status of refugees, but very little data is available on knowledge, attitude and practice towards oral health among the refugees as this data is needed planning and evaluation of health promotion program and systemic analysis of oral health behavior may help the specification of oral health messages as well as development of behavior modification strategies relevant to refugee population. Therefore the aim of the study is to assess the knowledge, attitude and practice towards oral health among the Tibetan refugees.

MATERIALS AND METHODS

It is a cross-sectional questionnaire study to assess knowledge, attitude and practice towards oral health among the Tibetan refugees who are the residents of Udaipur city. In Udaipur city there is only one settlement of Tibetan refuge at Samorbhag area of the city. In the present study

interview schedule survey was organized on 304 Tibetan refugees for 7 days. An ethical clearance was obtained from Ethical committee of Darshan Dental College & Hospital, Udaipur. Permission for survey is taken prior from the main authority in the refugee camp. Only those refugees who had given the written informed consent and present at the day of survey were included in the study. A self-administered close ended structured questionnaire consisting of 18 items, including 10 question to assess the knowledge, 3 questions regarding their attitude and 5 questions to determine their practice towards oral health. The questionnaire was pre validated by pilot study on 10% of the sample size. Reliability of the Questionnaire was assessed by using Test-Retest and the values of measured Kappa (k) =0.86 Weighted Kappa (k_w) = 0.9. Internal consistency of questionnaires was assessed by applying Chronbachs-Alpha (α) and the value of α=0.78

Table 3: Knowledge score of oral health among males and females. (N=304)

Question	OPTIONS	Males	Females	TOTAL	P-Value
Q1. Consuming too much sweet food causes tooth decay/dental caries	Correct	80 (50%)	80 (50%)	160(53%)	0.33
	Incorrect	64 (44%)	80 (56%)	144 (47%)	
	Total	144 (47%)	160 (53%)	304 (100%)	
Q2. Gum bleeding means inflamed gum	Correct	80 (67%)	40 (33%)	120 (39%)	0.00**
	Incorrect	64 (35%)	120 (65%)	184 (61%)	
	Total	144 (47%)	160 (53%)	304 (100%)	
Q3. Regular brushing of teeth can protect oneself from gum bleeding.	Correct	104 (57%)	80 (43%)	184 (61%)	0.00**
	Incorrect	80 (67%)	40 (33%)	120 (39%)	
	Total	144 (47%)	160 (53%)	304 (100%)	
Q4. Dental plaque means soft debris on teeth.	Correct	112 (50%)	112 (50%)	224 (74%)	0.12
	Incorrect	32 (40%)	48 (60%)	80 (26%)	
	Total	144 (47%)	160 (53%)	304 (100%)	
Q5. Dental plaque can lead to dental caries.	Correct	72 (64%)	40 (36%)	112 (37%)	0.00**
	Incorrect	72 (37%)	120 (63%)	192 (63%)	
	Total	144 (47%)	160 (53%)	304 (100%)	
Q6. Carious or decayed teeth can affect teeth appearance.	Correct	112 (67%)	56 (33%)	168 (55%)	0.00**
	Incorrect	32 (24%)	104 (66%)	136 (45%)	
	Total	144 (47%)	160 (53%)	304 (100%)	
Q7. Sweets affect the teeth adversely.	Correct	24 (60%)	16 (40%)	40 (13%)	0.08
	Incorrect	120 (45%)	144 (55%)	264 (67%)	
	Total	144 (47%)	160 (53%)	304 (100%)	
Q8. Fizzy drinks affect the teeth adversely	Correct	72 (43%)	96 (57%)	168 (55%)	0.08
	Incorrect	72 (53%)	64 (47%)	136 (45%)	
	Total	144 (47%)	160 (53%)	304 (100%)	
Q9. Using fluoride strengthens the teeth	Correct	40 (42%)	56 (58%)	96 (32%)	0.17
	Incorrect	104 (50%)	104 (50%)	208 (68%)	
	Total	144 (47%)	160 (53%)	304 (100%)	
Q10. General body health has a relationship to oral health and dental diseases.	Correct	24 (60%)	8 (40%)	32 (11%)	0.00**
	Incorrect	120 (44%)	152(56%)	272 (89%)	
	Total	144 (47%)	160 (53%)	304 (100%)	

was measured. The questionnaire adopted from Petersen *et al.*^[13] and Stenberg *et al.*^[14] was used for data collection. It consisted of four parts, which were:

a) Part 1, which contained 10 questions to assess the respondents' oral health knowledge included items on the effects of brushing and using fluoride on dentition, the meaning of gum bleeding and how to protect against it, the meaning of dental plaque and its effects, the

effect of sweets and soft drinks on dentition, and the effects of caries on appearance. Each correct answer will be given 1 mark and incorrect answer will be given 0 mark; b) Part 2, which consisted of 8 questions to assess the respondent's attitude and practice towards oral health, which includes dental visits (regularity, reasons), Frequency and history of dental visits. Practice towards oral health was assessed by questions related to Frequency of Tooth brushing, Time spent for

Table 4: Attitude and practice towards oral health among males and females. (N=304)

Question	OPTIONS	Male	Female	Total	P- Value
Attitude					
Q1. Are you availing regular dental Visits?	Yes	32 (33%)	64 (67%)	96 (32%)	0.00**
	No	112 (54%)	96 (46%)	208 (68%)	
	Total	144 (47%)	160 (53%)	304 (100%)	
Q2. Frequency of dental visits.	Regularly every 6 to 12 months.	88 (48%)	96 (52%)	184 (61%)	0.83
	When I have dental pain	56 (47%)	64 (53%)	120 (39%)	
	Total	144 (47%)	160 (53%)	304 (100%)	
Q3. History of last dental visit	Less than 6 months ago.	24 (25%)	72 (75%)	96 (32%)	0.00**
	More than 6 months ago.	120 (58%)	88 (42%)	208 (68%)	
	Total	144 (47%)	160 (53%)	304 (100%)	
Practice					
Q1. Frequency of Tooth brushing	Once per day	8 (40%)	24 (60%)	32 (11%)	0.00**
	Twice per day	104 (57%)	80 (43%)	184 (61%)	
	More than twice per day	32 (36%)	56 (63%)	88 (28%)	
	Total	144 (47%)	160 (53%)	304 (100%)	
Q2. Time spent for brushing.	Less than 1 minute	48 (50%)	48 (50%)	96 (32%)	0.53
	More than 1 minute	96 (46%)	112 (54%)	208 (68%)	
	Total	144 (47%)	160 (53%)	304 (100%)	
Q3. Frequency of eating sweet food.	Once per day	64 (57%)	48 (44%)	112 (37%)	0.00**
	More than once per day	80 (42%)	112 (58%)	192 (63%)	
	Total	144 (47%)	160 (53%)	304 (100%)	
Q4. Frequency of taking candy/chocolate/sweets.	Never/once in a while	56 (50%)	56 (50%)	112 (37%)	0.01*
	1 time/ week	24 (50%)	24 (50%)	48 (16%)	
	2 times / week	8 (100%)	0	8 (3%)	
	Everyday	56 (41%)	80 (59%)	136 (44%)	
	Total	144 (47%)	160 (53%)	304 (100%)	
Q5. Frequency of taking soft drinks	Never/once in a while	16 (50%)	16 (50%)	32 (11%)	0.01**
	1 time/ week	16 (29%)	40 (71%)	56 (18%)	
	2 times / week	64 (53%)	56 (47%)	120 (39%)	
	Everyday	48 (50%)	48 (50%)	96 (32%)	
	Total	144 (47%)	160 (53%)	304 (100%)	

Frequency of Tooth brushing, Time spent for brushing, Frequency of eating sweet food, Frequency of taking candy/chocolate/sweets, Frequency of taking soft drinks. Questionnaires were checked at the end of each day for omissions, incomplete answers, unclear statements or illegible writing. Responses were then carefully coded, with verification.

RESULTS

Majority of refugees had low knowledge regarding oral health. 52% of refugees had given incorrect answer to the question that consuming too much sweet food causes tooth decay/dental caries. While 60 % of the refugees don't know that Gum bleeding means inflamed gum. Only 13% know that sweets affect the teeth adversely. Only 32% of all the refugees had the knowledge of effect of fluoride on teeth. Answer to the question on relationship between Oral health and General health was correctly given by only 11% of total refugees. Knowledge regarding oral

health was significantly ($p < 0.00$) higher among 31-40 years age group (Table 1). Overall, a large number 208 (68%) of Tibetan refugees in all the age groups does not avail regular dental Visits. About 61% of refugees visited dentist only when they were suffering from dental pain. 68% of the all the refugees had not visited to dentists for more than 6 months. Of all the age groups significantly 184 (61%) higher number of refugees brushes their teeth once daily but time spend to brush their teeth is more than 1 minute by most 206 (68%) of the refugees. Frequency of taking candy/chocolate/sweets and soft drinks was also higher among all the Tibetan refugees, about 44% of all refugees take candy/chocolate/sweets every day while 32% of them drink soft drinks every day (Table 2). Among all the refugees Knowledge score of oral health among females were less than males. {80 (56%)} of the Tibetan females refugees were not knowing that consuming too much sweet food

causes tooth decay/dental caries. Larger number {80 (67%)} of males doesn't know the answer to the question that regular brushing of teeth can protect oneself from gum bleeding. Only 32 (11%) of the males and females Tibetan refugees had given correct answer to the question that General body health has a relationship to oral health and dental diseases (Table 3). Significantly ($p < 0.00$) Higher number of {64 (67%)} females refugees are availing regular dental visits than males. Significantly ($p < 0.00$) More female refugees {72 (75%)} were visited the dentists in less than 6 months. Significantly higher number of females {56 (63%)} brushes their teeth more than twice per day. Frequency of eating sweet food and taking candy/chocolate/sweets was higher among female refugees (Table 4).

DISCUSSION

In the present study 60% of respondents knows that Gum bleeding means inflamed gum as compared to the study by Cheah Whye Lian *et al*¹⁵ on secondary school students in Kuching, Sarawak determined that 50% of respondents gave correct answer to the question that Gum bleeding means inflamed gum. In the present study 39% of Tibetan refugees visits dentists 6 months to 1 year, while in the study done by Locker D *et al.*,^[16] on Canadian refugees in New York 72.6% of visiting the dentist at least once a year, this may be due to the better availability of dental services in developed country like USA than India. In the present study more number of females was visiting dentist regularly every 6 to 12 months but there was no significant association ($p > 0.00$) between gender and frequency of dental visit. Same results were shown in the study done by Cheah Whye Lian *et al.*,^[15] on secondary school students in Kuching in which more number of females (57%) visiting dentists regularly every 6 to 12 months. In the present study significantly less number of Tibetan refugees availing regular dental visits, same results shown by the study conducted on Chinese Adults by Lin HC.^[17] In the present study significantly ($p < 0.00$) less number of Tibetan refugees brush their teeth twice daily. As compared to the study 11 done on Tibetan immigrants residing in Bangalore City, India by G. Radha in which only 35% of Tibetan refugees brush their teeth twice daily. 18.46% of African immigrants to Philadelphia brushed twice a day in

contrast with the 61.3% immigrants to New England, 90% of Latin American migrants to Japan brushed more than twice a day^[18] and 80% of Hmong immigrants to U.S brushed twice day.^[19] In a study on Tibetan and local school children of Kushalnagar, Mysore district, India by Havaladar KS,^[10] 25% of Tibetans brush twice daily. In other study by Ling Zhu^[20] on Chinese adolescents 44% of respondents brushed twice a day.

CONCLUSION

In conclusion, the oral health knowledge, attitude and practice among the Tibetan refugees in Udaipur city is below the satisfactory level. The findings of this study suggest that awareness on the importance of oral health needs to be enhanced among the Tibetan refugees. The oral health education programs should be intensified to promote oral healthcare a lifelong practice. The incorporation of oral health education activities should be done to change the attitude of the refugees.

CONFLICT OF INTEREST & SOURCE OF FUNDING

The author declares that there is no source of funding and there is no conflict of interest among all authors.

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