

ORIGINAL RESEARCH

Knowledge, Attitude, and Practice of Patients about White Lesions of Oral Cavity

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ABSTRACT

Background: Cancer is the non-communicable disease of public health importance. Oropharyngeal cancer is more common in developing than in developed countries. In India, oral cavity cancer is among the top five most common cancers in both the sexes. Oral cancer is multifactorial in nature; most of these risk factors can be prevented. The survival rate in oral cancer is directly related to the stage of diagnosis. Early diagnosis increases the probability of cure and minimizes the deformity. This study intends to find out the knowledge, awareness, and practice of risk factors of white lesions among rural population and to provide them health education about the prevention and early diagnosis.

Methodology: The cross-sectional descriptive study was conducted in the Department of Dentistry, Chhattisgarh Institute of Medical Sciences, Bilaspur, Chhattisgarh, among 311 adults.

Results: Majority, 195 (62.8%) of the population did not know the site of white lesion, 248 (79.8%) did not know any clinical features of the white lesion, and 117 (37.6%) did not know about any risk factors of white lesions. About 177 (56.90%) people agreed that there is a need for screening and regular oral examination to detect the white lesions early. Only 42 (13.5%) had undergone oral examination done in the past 1 year.

Conclusion: There is a need to generate awareness regarding the risk factors of white lesion and about the good and harmful practices in the community.

Keywords: Early-diagnosis, Knowledge, Oral cancer, Practices, Risk factors.

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INTRODUCTION

Cancer is the non-communicable disease of public health importance. It is the second most common cause of mortality in developed countries. Oropharyngeal cancer is highly prevalent in developing countries such as India than in developed countries.^[1] According to the National Cancer Registry Program of Indian Council of Medical Research, in India, oral cavity cancer is among the top five most common cancers in both the sexes.^[2] Oral cancer attributes to 30% of all cancers in India.^[3] Retromolar trigone, floor of the mouth, cheek linings, gingiva, palate, tongue, and lips are the most common sites of occurrence of the oral cancers.^[4] The risk factors for the occurrence of the oral cancer can be modifiable or non-modifiable. Habits such as tobacco smoking and chewing, alcohol consumption, spicy diet, poor oral hygiene, infections such as human papillomavirus (HPV), herpes simplex virus Type 1, candidiasis, and other factors such as irradiation, dental plaque, sharp teeth, ill-fitting dentures, and poor socioeconomic status were the modifiable or the preventable causes of the oral cancer.^[5,6] The age >40 years, male gender, previous history of oral cancer, and family history of oral cancer can also be the pre-disposing factors for the occurrence of the oral cancer. Green leafy vegetables and HPV vaccines are considered to have a protective effect on oral cancer. The survival rate in oral cancer is directly related to the stage at diagnosis. To increase the survival rates and probability of cure, early diagnosis is needed.^[6] In India, majority (60–80%) of the people with oral cancer are diagnosed at an advanced stage.^[7,8] Lack of knowledge about early signs and symptoms, lack of regular screening, the limited and inadequate access to trained information providers, and limited health services lead to late diagnosis of oral cancer. The increase in disease incidence is mainly due to the lack of knowledge about the risk factors.^[7,8] Hence, this study was conducted to assess the knowledge, attitude, and practices regarding white lesions among the adult population of Chhattisgarh and to provide health education to them regarding the same.

Objectives

The objectives of this study were to assess the knowledge, attitude, and practices regarding oral cancer among the adult population of Chhattisgarh.

METHODOLOGY

Study area and study population The cross sectional descriptive study was conducted in the Department of Dentistry, Chhattisgarh Institute of Medical Sciences, Bilaspur, Chhattisgarh, during the period August–October 2018, among the adult population (>18 years) who were the permanent residents (residing for >1 year) of Chhattisgarh. Inclusion criteria were adult population (>18 years) in rural field practice area of Chhattisgarh and permanent residents (residing for >1 year) of Chhattisgarh. Exclusion criteria were adults who did not give consent. After the Institutional Ethical clearance, data collection took place. Consent was taken from each individual and those who did not give consent were excluded from the study. Interview-based pre-tested and semi-structured questionnaire was used. Data regarding demographic details, the knowledge about the oral cancer and its risk factors, and the attitude and practices related to oral cancer were collected. Data were entered into MS Excel sheet and analyzed in SPSS version 16 Statistical software by descriptive statistics and are presented in terms of tables and figures.

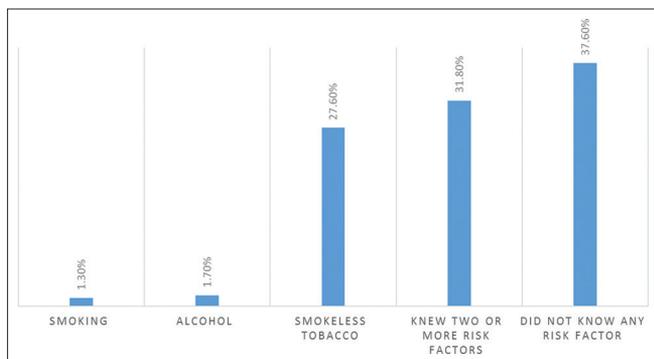
RESULTS

Of 311 people, 233 (74.9%) were females and 78 (25.1%) were males. Majority 159 (51.1%) belonged to a nuclear family followed by three-generation family 118 (38%) and joint family 34 (10.9%). Majority 258 (83%) were literates and 53 (17%) were illiterates. Majority (50.2%) of the population were in the age group of 21–40 years. Modified BG Prasad classification was used to find out the socioeconomic status of the study participants. Majority, 36 (11.6%) told buccal mucosa as the most common site of occurrence of the oral cancer. None of the participants knew that the lesions can arise over palate and lip. Non-healing wound was the most common symptom known by 21 (6.8%) by the study participants. Smokeless tobacco 86 (27.6%) was considered the most common risk factor as shown in Graph 1. Only half of the population, 162 (52.10%), knew that oral cancer is a preventable cancer. Majority agreed that oral cancer is non-contagious. About 177 (56.90%) people agreed that there is a need for screening and regular oral examination to detect the lesions early and 240 (77.20%) agreed that early detection and diagnosis will help in better outcome. 239 (77%) told that doctor or dentist was consulted in case of any oral lesions, 59 (19%) told self-medication, and 10 (3.20%) told that they ignore it. Majority, 237 (76.2%) were willing to participate in the oral cancer screening camp if conducted in the rural field practice area. Among those who were not willing to participate, i.e., 74 (23.8%) of the people, about 42 (13.5%) told

that they are not at risk of developing cancer, 13 (4.2%) were having fear of examination, and 19 (6.1%) told that they do not have proper transport to the facility. Regarding the practices, only 42 (13.5%) had undergone oral examination done in the past 1 year; among them, only 12 (4%) had undergone the oral examination as a part of routine health (dental + physical) examination. 269 people did not undergo any examination of the oral cavity in the past 1 year, and majority, 157 (58.4%) told that they are not at risk of development of oral cancer so do not need the screening. Among the protective practices, 308 (99%) of them were using green leafy vegetables in their diet, but none had received HPV vaccination. Among those who had harmful practices, which was followed by 269 individuals, majority 126 (46.84%) were using very spicy diet followed by chewing tobacco among 85 (31.59%) of people and none had sharp tooth or the ill-fitting dentures. For the better approach in health education, health information seeking pattern of the people was asked and it was found that health professionals and hospitals were the main source (69.4%) than television, newspapers, radio, and neighbors.

DISCUSSION

In the present study, majority were literates. Knowledge about the site of occurrence of cancer in the mouth was poor (62.8% did not know) in our study population, as compared with awareness among the rural community in Mandya (50.3% did not know), in a study by Vishma *et al.*^[9] However, this knowledge was similar to the knowledge of the rural population of Belagavi (60.5% did not know), in a study by Kadammanavar *et al.*^[5] In a study by Agrawal *et al.* about the oral cancer awareness among the general public in Gorakhpur city, abnormal tissue growth, non-healing oral ulcers/sores, and reduced mouth opening were the symptoms known by most (>60% respondents) and only 39.8% subjects knew the presence of red/white spots and 23.2% knew undue loss of teeth as an early symptom, as compared to our study, where 79.8% did not know any symptoms of oral cancer.^[10-12] In a study by Elango *et al.*, among the high-risk population of India, it was found that 77% knew smoking, 64% knew alcohol, and 70% knew pan chewing as the risk factors, but, among them, 21% smoked (82% knew that it was a risk factor), 11% used pan with tobacco (71% knew that it was a risk factor), 21% used pan without tobacco (75% knew it was a risk factor), and 81% used alcohol (66% knew that it was a risk factor).^[11] As compared to this, in our study population, the knowledge was low, 60.1% knew tobacco chewing, 34% knew smoking tobacco and 10% knew alcohol as risk factors, but the major risk factor practiced was spicy



Graph 1: Known risk factors of occurrence of white lesions

diet intake in 46.84%, but the knowledge about that was found nil. By improving the knowledge, changing the attitude, and causing the behavior change, especially for tobacco cessation, primary prevention of oral cancer can be achieved. Visual examination of the oral cavity with adequate light is considered as effective screening method for early detection of oral mucosal lesions and can be done as a part of routine oral examination or by conducting screening camps.^[12] Willingness to participate in such camps is also crucial. In our study population, around 76.2% were willing to participate in such camps.

CONCLUSION

Knowledge about possible prevention, risk factors, and belief of "early diagnosis can cure oral cancer" is essential for primordial, primary, and secondary prevention interventions to become successful. If this knowledge is less, further the negligence from the population side will increase, the incidence of cancer will increase, and the stage at diagnosis will also be late. Since people are not aware off and have many obstacles to reach the health facilities for screening, it can be planned at the peripheral levels through conducting regular camps. Health education about the risk factors, early diagnosis, prevention, and early detection and screening to make

them take initiatives and participate actively and to reduce the burden of the disease and to achieve a better health.

REFERENCES

1. World Health Organization. Strengthening the Prevention of Oral Cancer: The WHO Perspective; 2005. Available from: http://www.who.int/oral_health/publications/CDOE05_vol33_397_9/en/. [Last accessed on 2017 Aug 15].
2. Park K. Park's Textbook of Preventive and Social Medicine. 23rd ed., Vol. 1-6. Jabalpur: Banarasidas Bhanot Publishers; 2015. p. 32-46.
3. Coelho KR. Challenges of the oral cancer burden in India. *J Cancer Epidemiol* 2012;2012:1-17.
4. Dhage D, Patil S, Narlwar U, Ughade S, Adikane H. Case control study for risk factors associated with oral cancer in central India. *Int J Community Med Public Health* 2017;4:1022-7.
5. Kadammanavar M, Angolkar M, Hirachand AD, Sah JK, Karkati S. Awareness about oral cancer and its risk factors among rural adult population of Belagavi City, India. *Int J Health Sci Res* 2015;5:295-300.
6. Okoh M, Enabulele J. Knowledge and practices regarding oral cancer among graduating dental students. *Indian J Oral Sci* 2015;6:14-8.
7. Varshitha A. Prevalence of oral cancer in India. *J Pharm Sci Res* 2015;7:845-8.
8. Thilak GP, D'leema R, Kamath V. Oral cancer awareness in rural Karnataka-are they aware. *Nitte Univ J Health Sci* 2015;5:19-23.
9. Vishma BK, Shashikantha SK, Sheethal MP, Muniyal A. Awareness of oral cancer and its risk factors in a rural community in Mandya, Karnataka, India. *Int J Community Med Public Health* 2016;3:347-52.
10. Agrawal M, Pandey S, Jain S, Maitin S. Oral cancer awareness of the general public in Gorakhpur City, India. *Asian Pac J Cancer* 2012;13:5195-9.
11. Elango KJ, Anandkrishnan N, Suresh A, Iyer SK, Ramaiyer SK, Kuriakose MA, et al. Mouth self-examination to improve oral cancer awareness and early detection in a high-risk population. *Oral Oncol* 2011;47:620-4.
12. Sridharan G. Epidemiology, control and prevention of tobacco induced oral mucosal lesions in India. *Indian J Cancer* 2014;51:80.