

PREVALENCE OF SOCIAL MYTHS AND TABOOS RELATED TO DENTAL HEALTH AMONG GENERAL POPULATION OF RAWALPINDI - PAKISTAN

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ABSTRACT

It was a descriptive cross-sectional study conducted in 2010 to explore various misconceptions and taboos about dental health to see their prevalence in the community and to assess their effects on general dental health. The survey was carried out using convenient sampling technique of 300 adults. A Questionnaire in Urdu language consisting of ten close-ended questions regarding most common myths related to dental health in the community was used. SPSS version 16 was used for data analysis. Most of the respondents were found strong believers of various myths irrespective of their qualification level. The results of this study shows that general population of Rawalpindi believes in various myths regarding teeth and their health which results in poor dental health. This might be due to lack of knowledge about the dentition, dental health and its importance.

Key Words: Myths, taboos, dental.

INTRODUCTION

Myth originates from “mythos” a Greek word meaning speech, thought or story of unknown origin. It is a traditional story usually concerning some being, hero or event with or without a determinable basis, facts or a natural explanation.¹ Taboo comes from a Tongan word “tabu”, means set apart or forbidden. No taboo is known to be universal but some occur in majority of societies. Taboos may serve many functions and often in effect after original reason behind them has expired.²

Why, when and how myths came into existence is still a mystery but it is a fact that no portion of the earth is free from superstitious beliefs.³ Most of the time we

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 or in children, milk teeth don't need care.⁴

In spite of development of science and technology to challenge the difficulties in life, still there are many people who are very superstitious and credulous in their beliefs. They trust the absurd phenomenon, believing that disease and disorders are curse of supernatural power on the victim.⁵

Medical science today is far more advanced than it was a couple of centuries ago. Man has developed ways and means to treat the body, mind and soul. Mass media is much more effective and up to date than it was ever before. Still in this scientific era, a large proportion of the world population, despite having health and education within access, is psychologically and spiritually not mature enough. They talk about people and incidents and not about concepts. They enjoy telling and listening to stories and believe what they are being told. Most of the individuals do not bother to, or perhaps do not have the ability to go into the facts and logics. In many countries of the world, the old traditions of the ancestors are being followed whole-heartedly and some even believe in their traditions, customs and traditional stories more than their religions. This attitude has

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led to a high level of ignorance and illiteracy among common man about different aspects and components of life including human health and dental health is no exception to it.

We find lack of knowledge among common man regarding dental health or we should say lack of “correct knowledge” about teeth and their health. This factor has resulted in poor state of dental health among the individuals. Quackery in Dentistry has further worsened the situation; hence, today “blind is leading blinds” in our country, compromising the oral as well as overall health of the people. It also indicates the requirement of formal and informal health guidelines for Pakistani population. Complete and proper education regarding oral health and knowledge of the facts regarding teeth and their importance will also change people’s attitude towards oral hygiene and treatment of common dental diseases. This is the high time and the need of the hour to update the knowledge and to make the community realize the importance and benefits of proper dental treatment extended by qualified dental health workers.

The analysis and findings of this survey will show beliefs of the community, which are indirect indices of their knowledge, methods of treatment and health seeking behaviors. Information given in this study and the results obtained will help to see the magnitude of this problem in a developing country like Pakistan.

METHODOLOGY

A descriptive cross-sectional survey was carried out in Rawalpindi from September 2010 to November 2010 using convenient sampling. Sample consisted of 300 respondents from adult general population. A questionnaire containing ten close-ended questions in Urdu language was used as a data collecting tool to obtain knowledge and beliefs about various myths and taboos. Every respondent was given marks according to preformed criteria as Yes equals to 2 marks, No equals to 1 mark and don’t know equals to 0 mark. All the participants were informed and briefed regarding study and permission was obtained before data collection. Identity of the participants has been kept confidential. Informed written and verbal consent was taken from the participants of the study after explaining them the purpose of the study. The data analysis was carried out using SPSS Version 16.

RESULTS

The purpose of this study was to find out various myths prevalent among the general population of Rawalpindi regarding dental health. It is seen that most of the people strongly believe in myths and taboos relating to dental health and have misconceptions

about the teeth and their treatment. Study population comprised of 300 respondents, both males and females and in an age segment of 18 years and above. Out of the 300 respondents, 250 (83.3%) were males and 50 (16.6%) were females. Educational status of 150 (50%) respondents was “Matric and below” whereas 117 (39%) respondents were from “Above Matric to graduate” level and 33 (11%) were of “Masters and Postgraduate” level.

The tool used to observe various myths was a questionnaire comprising of ten close-ended questions having options “yes”, “no” and “do not know”. Questions were regarding the most commonly observed myths and taboos regarding Dental Health.

The results clearly show that a lot of misconceptions and false beliefs are prevalent in the community regarding teeth and their health.

Among the 150 Matric and below category respondents, (50% of the total sample size), 47 (31.33%) were found to be strong believers of myths as compared to 16.23% in above Matric to graduate level category who believed in myths. It shows that educational status does play a role in misconceptions and spread of various mythical beliefs.

Among the no myth-believers 57.33% of Matric and below as compared to the 69.2% among intermediate and graduate and 66.6% in post graduate/ master level respondents.

Surprisingly, the range of non-believers of myths is more in the above Matric to graduation category 69.23% than 66.6% of the post graduate and master level.

Myths were most common among the respondents in Matric and below category (31.33%) depicting their lower educational status.

Among the males, 24.8% were found to be strong myth believers having score between 15-20 as compared to 20% of the female respondents who strongly believed in myths.

Among the non-believers, the percentage in males and females was equal (both 62%).

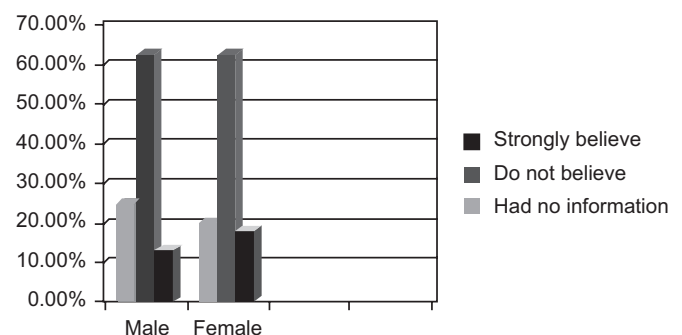


Fig 1: Prevalence of myths in males and females

	Frequency	Percentage
Yes	120	40%
No	143	47.6%
Don't Know	37	12.3%

	Frequency	Percentage
Yes	130	43.3%
No	114	38%
DNK	56	18.6%

Myth that extraction of tooth affects vision

Myth that scaling loosens the teeth

33% of the respondents believed this, whereas 62% believed that it is not true.

Myth that getting treatment done by the dentist will result in jaundice (Hepatitis)

22.3% of the respondents believe that going to the dentist is dangerous as it can lead to Hepatitis C and Hepatitis B.

Myth that space between the maxillary central incisors is an indication of good luck

Myth that extraction of one tooth deteriorates the whole dentition

24% of the respondents believe that it is true while 67.6% went against it.

Myth that teething in young children results in Diarrhea and fever

65% of the respondents believe that it is true while 24.6% respondents went against it.

Myth that teeth should be buried after extraction

30% of the respondents ticked 'yes' in answer to this myth while 57% believed that it was not true.

Myth that milk teeth if diseased need no treatment as they will be replaced by permanent teeth

43.6% of the respondents responded in favor of this myth while 47.6% respondents were against this concept.

Myth that wisdom tooth is related to human intelligence

66% of the respondents have no such concept still 25.5% of the respondents believe that it is true.

Myth that the only treatment of carious teeth is

“Extraction”

15.6% of the respondents believe in this myth while 80% do not.

DISCUSSION

Results of this study depict lack of knowledge about dental health on part of the general community. Prevalence of a large number of myths and taboos has adversely affected the community dental health.

Literacy level of people plays a very important role in development of health sector of a country. Proper education makes an individual more realistic and practical. In this study it was noted that the percentage of people strongly believing in myths was higher among the people who were Matric and below including the illiterates depicting their low educational status.

In the present study, 43% of the total respondents believed in the myth that milk teeth if get diseased do not require treatment as permanent teeth will eventually replace them. No matter how poor the condition of the teeth, the parents try to avoid dentists and try different home remedies or seek Dam Durood (prayers) to relieve the symptoms.

To answer the myth that teething in young children results in GIT problems like diarrhea, 65% of the respondents ticked “yes”. This result is comparable to the study conducted by Arwa I Owais in which 71% of the parents incorrectly associated diarrhea with teething in their children.⁶ Furthermore Barlow et al reported that 74.6% and 56.7 % of parents in IOWA, USA, believe that fever and diarrhea were associated with the teething respectively.⁷

There was no relation of fever and diarrhea with the teething process and no scientific study provides any evidence to it. When the teething process starts, the child is usually in crawling stage and contaminates his hands and takes the same contaminated hands to the mouth. This process is repeated due to irritation in gums at the eruption site which leads to infection of the throat as well as the GIT. People need to be educated about oral hygiene and dental health. The deciduous teeth need as much care as the permanent teeth do and should be treated accordingly. They are maintained in the mouth until shed at their usual time by their permanent successors.

Low level of knowledge regarding teeth and importance of oral hygiene gives way to the myths and their spread from person to person and from one generation to the next. If not discouraged, these false beliefs will keep on deteriorating the dental health status of the general population.

The results of the study clearly reveal that many people in this city still believe in outdated false stories and myths regarding teeth and their health. Even the recent advancements in the field of health and education haven't worked effectively.

CONCLUSION

In developing countries like Pakistan, poverty and illiteracy has deteriorated the health system. Prevalence of myths and taboos regarding dental health is common not only among the poor and illiterate people but also among elite and literate class. Lack of education in a community gives way to darkness in the form of misconceptions and myths.

Myths and taboos regarding the teeth and their health have a very poor effect on the attitude, concepts and health seeking behavior of the people. People either use home remedies for the diseased teeth and gums or visit the dentists very late, when the disease process has made the teeth untreatable and the only option left behind remains extraction of the teeth. If community is educated for proper prevention and cure, the myths relating dental concepts will vanish from the society and over all dental health status of the community will improve.

It is strongly recommended that basic principles and concepts regarding oral health and hygiene of teeth should be a part of the education curriculum right from the primary classes. Over all dental health education campaign is needed to eradicate outdated old mythical beliefs from the community so that people start caring for their dental health and change their health seeking behavior. It is the duty of the government, managers and healthcare providers to assess this problem and educate the people regarding dental health and discourage various myths and taboos in the community by disseminating proper information to masses.

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