



Dent-O-Myths Amid Young Community: A Cross-Sectional Study

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INTRODUCTION: The word 'Myth' is derived from the Greek word "Mythos", meaning the stories passed by a group of certain population having a strong impact on seeking general and dental treatment even during illness.

AIM: The aim of this study was to access the prevalence of dental myths among the young population and to interpret their level of knowledge, awareness and perception.

MATERIALS AND METHOD: A cross-sectional questionnaire survey was conducted amongst 500 young population of age between 18-28 years between May to August 2020, COVID-19 pandemic period. A pretested validated questionnaire was formatted on Google forms and circulated in various social media platforms. The collected data was subjected to statistical analysis.

RESULTS: The mean age of the study population was 22.66±2.38 years, and 59% were females and 41% were males. About 65% (325) and 56% (280) of the study subjects believed correctly that mouthwash alone will not maintain oral health and chewing gum will not clean their teeth, respectively. When asked about their responses in case of pain in oral cavity, most people 46% (230) reported they would visit a dentist and major segment of study subjects 56% (281) believed that there can be more methods for treating oral pain other than the extraction of the tooth itself.

CONCLUSION: The result of this study revealed that the younger population are more aware and didn't believe much regarding various dental myths.

KEYWORDS: Beliefs, Population, Community

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INTRODUCTION

India has a wide cultural, ethnic, geographical and religious diversity which plays an integral role in shaping the system of individual's beliefs. Culture is represented by the beliefs, values shared by the people and it has its own influence on a person's general perspective of things.¹ Unfortunately, false beliefs, i.e., myths were handed down to generations to believe and are still held in high esteems in certain population.²

The word 'Myth' was derived from the Greek word "Mythos", meaning the stories passed by a group of certain population having a strong impact on seeking general and dental treatment even during illness.³ According to Merriam Webster online dictionary, Myth is defined as a popular belief or tradition which has grown up around someone or something.² Dental myths are very common in India. Generally, one's actions are preceded by perceptions. Perception is a process, through which an individual becomes aware, conscious and can process, interpret the information regarding the situation. But this is subjective in nature and can differ from person to person based on different

factors. Thus, the same information of a particular situation can be processed differently by two different individuals.⁴ Factors that leads to the evolution of dental myths are socio-cultural factors, blind traditional beliefs, lack of basic education, lack of awareness and non-scientific knowledge.⁵

One's strong belief in myths can turn a simple problem into a chronic disease that may end upon high financial cost treatment because of the lack of knowledge to treat it at an initial stage.³ The faith on myths should be eradicated at the bud stage by providing proper education, health care awareness and through advertisements in television, social media and other media outlets etc. The aim of this study was to access the prevalence of dental myths among the present young population to interpret their level of knowledge, awareness and perception.

MATERIALS AND METHOD

A cross-sectional questionnaire survey was conducted to access the prevalence of various dental-myths



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believed among young population of age between 18-28 years. The study was conducted during the COVID-19 lockdown period. A pretested and validated electronic questionnaire assessing the knowledge, awareness and perception of young adults regarding prevalent dental myths was framed on online filling format using Google forms. Then the link was circulated on various social media platforms such as WhatsApp, Messenger and Instagram, with a note explaining the purpose of the study.

The questionnaire was designed in accordance with the factors believed by people traditionally, mostly with the close-ended questions and a few open-ended questions to offer the subject the opportunity to express his/her views. The study was conducted between 21st May 2020, and 7th August 2020. The participants were asked to complete and submit the responses. It took about 5-7 minutes to complete the survey. Form limiter was used to limit multiple responses from same participant and to limit the data collection up to 500 responses.

The questions were framed to access the knowledge, awareness and perception of dental myths among the young population. Data was analyzed by the t-test using SPSS version 16.0

RESULT

A descriptive cross-sectional survey was conducted to evaluate the prevalence of dental myths among the young population. The age of the study population ranged from 18-28years (Mean- 22.66; SD+2.38, Figure 1) and 295 (59%) were females and 205 (41%) were males (Figure 2).

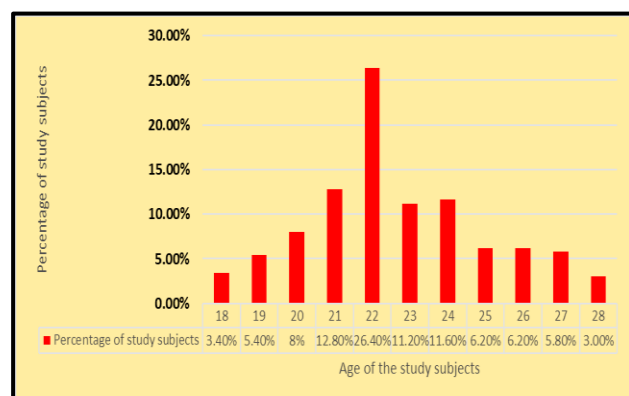


Figure 1. Distribution of study subjects according to age

When questioned about 'brushing pattern and techniques', 67% (335) considered erroneously that

bleeding while brushing was not a important sign for poor gingival health and almost 68% (343) reported that they would stop brushing if their gums started bleeding.

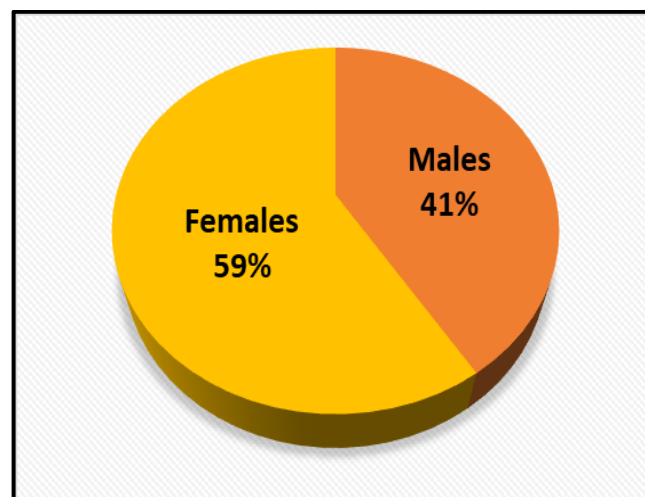


Figure 2. Distribution of study subjects according to gender

About 65% (325) and 56% (280) of the study subjects believed correctly that mouthwash alone will not maintain oral health and chewing gum will not clean their teeth, respectively. When asked about their responses in case of pain in oral cavity, most people 46% (230) reported they would visit a dentist and major segment of study subjects 56% (281) believed that there can be more methods for treating oral pain other than the extraction of the tooth itself. When questioned that

"Is it okay to have a decayed tooth if it doesn't cause any pain?", 61% (305) of the study subjects agreed that it was not okay, also 58% (292) acknowledged that teeth will not always regrow in place of the extracted decayed teeth and about 62% (314) of study subjects admitted that extraction of wisdom teeth will not lead to loss of wisdom. Additionally, most of the study subjects, 65% (326), denied the generally dispersed myths regarding the malalignment of teeth that irregularly placed tooth was fortunate. When questioned about the artificial tooth replacements, 68% (344) didn't agree with the shared myth that artificial tooth was extracted from another human. Regarding the relationship between the oral health and overall health, 59.6% (298) were in agreement.

According to the study subjects, the food items causing tooth stains ranged from tea/coffee(28%), chocolate(15%), beverages(8%), banana stem(5%), and

QUESTION	RESPONSE	N	%
Do you think bleeding while brushing is normal?	Yes	99	19.8
	No	335	67
	May be	66	13.2
If your gums are bleeding, will you still brush your teeth?	Yes	157	31.4
	No	343	68.6
Do you think scaling (Tooth Cleaning) will make your teeth weak?	Yes	116	23.2
	No	204	40.8
	May be	126	25.2
	Don't know	56	11.2
Do you think cleaning with salt water or gargling makes your teeth white or shiny?	Yes	145	29
	No	201	40.2
	May be	119	23.8
	Don't know	35	7
Do you think using mouth wash alone is enough to maintain good oral health?	Yes	137	27.4
	No	325	65
	Don't know	38	7.6
Do you think retention of milk tooth (deciduous tooth) is normal?	Yes	149	29.8
	No	225	45
	Don't know	126	25.2
Do you think treating milk tooth is not necessary as they will exfoliate?	Yes	140	28
	No	171	34.2
	May be	92	18.4
	Don't know	97	19.4
Do you think placing the exfoliated upper deciduous teeth in cow-dung and lower teeth in roof top will make the permanent tooth to erupt straight?	Yes	69	13.8
	No	228	45.6
	May be	81	16.2
	Don't know	122	24.4
How do you prefer to treat a painful teeth?	Salt with hot water	156	31.2
	Clove oil	87	17.4
	Camphor	27	5.4
	Visit dentist	230	46
Do you think that any of the following will reduce pain?	Alcohol	34	6.8
	Tobacco	25	5
	Aspirin	168	33.6
	None of the above	273	54.6
Do you think dental treatments are always painful?	Yes	120	24
	No	202	40.4
	May be	142	28.4
	Don't know	36	7.2
Do you think extraction of teeth is the only way for immediate relief of pain?	Yes	91	18.2
	No	281	56.2

	May be	75	15
	Don't know	53	10.6
Do you think removal of upper teeth will cause loss of vision?	Yes	56	11.2
	No	257	51.4
	May be	75	15
	Don't know	112	22.4
Do you think teeth lost due to caries / mobility will lead to short sightedness?	Yes	69	13.8
	No	238	47.6
	May be	65	13
	Don't know	128	25.6
Do you think it is okay to have a decayed tooth if it doesn't cause any pain?	Yes	84	16.8
	No	305	61
	May be	59	11.8
	Don't know	52	10.4
Do you think irregularly placed tooth or gap between teeth is lucky?	Yes	74	14.8
	No	326	65.2
	May be	53	10.6
	Don't know	47	9.4
Do you think artificial teeth are natural teeth that are extracted from another human?	Yes	57	11.4
	No	344	68.8
	May be	40	8
	Don't know	59	11.8
Do you think removal of wisdom tooth will lead to loss of wisdom?	Yes	58	11.6
	No	314	62.8
	May be	47	9.4
	Don't know	81	16.2
Do you think all dental treatment during pregnancy should be avoided?	Yes	212	42.4
	No	102	20.4
	May be	101	20.2
	Don't know	85	17
Do you think oral health has relationship with rest of the body?	Yes	298	59.6
	No	99	19.8
	May be	53	10.6
	Don't know	50	10
Do you think chewing gum will clean your teeth?	Yes	98	19.6
	No	280	56
	May be	91	18.2
	Don't know	31	6.2
Do you know that there are two types of dentition in human beings?	Yes	243	48.6
	No	88	17.6
	May be	55	11
	Don't know	114	22.8
Do you think teeth will always regrow in the place of extracted decayed tooth?	Yes	84	16.8
	No	292	58.4
	May be	69	13.8
	Don't know	55	11

Table 1. Responses of study subjects according to their knowledge, awareness and perception of dental myths

miscellaneous included turmeric, colouring agents, pan chewing, candy etc (table 1).

The belief in myths were compared between male and female study subjects and the findings are as follows: When questioned about whether placing the exfoliated upper deciduous teeth in cow dung and lower teeth in roof top will make the permanent tooth to erupt straight, it was observed that more number of females had answered correctly when compared to males and the difference was significant statistically ($p=0.000$). Also, greater number of females has answered correctly that tooth extraction was not the solitary manner for pain relief when compared to males, and the difference was significant statistically ($p=0.000$). Similarly, more number of females believed that removal of wisdom tooth will not lead to forfeiture of wisdom and artificial teeth were not extracted teeth from another human being when compared to males and it was significant statistically ($p=0.000$, table 2).

DISCUSSION

Twentieth century had an upright revolution in both general and oral health in history. India has a lesser economical resource to meet the over-all population's oral health treatment requirements and this crunch is accompanied by an immense disease burden and a low literacy rate.⁶ Several factors prompt to false belief on oral health care and treatment. This also compels them to learn supplementary means of dismissing pain such as home remedies rather than consulting a professional dentist.⁷ Paul Broca stated that "the least questioned assumptions are often the most questionable".⁸

Many researches and studies were conducted among various population to assess their knowledge and awareness regarding dental myths. Since most of the myths and plenty of misconception stands out more than any other when it comes to oral health.⁹ The present study aimed to assess the acquaintance and mindfulness among the youngsters on numerous dental myths and oral practices which are widespread in India.

In the present study, 40.4% preferred neem stick for brushing and in the study conducted by Saumyendra V. Singh et al.,^{10,11} 56.7% of participants preferred the use of datoon or tree twig. The short coming of the neem-stick includes gingival trauma and occlusal wear.⁹

According to the current study, only 23.2% of the subjects reported that scaling will make their teeth

feebler with gap formation, scraping /wear of enamel or mobility and it was similar with the earlier study conducted by Kiran et al.⁵ where 24.6% of their participants perceived similar misconceptions of scaling. In another study done by Harshada Ragunathan et al.¹² in an out-patient department of a dental college, reported that about 65.9% of participants responded that professional scaling caused sensitivity which they concluded was due to their lack of awareness. This was in contrast to the present study conducted among the younger population who were more aware about oral hygiene treatment procedures.

The present study displayed 28% of the subjects believed that the treatment of milk tooth was not necessary as they will exfoliate in the future. Whereas, in a study conducted by Sharma R et al.¹³ about 58.7% of their participants and in a study by Yadav P et al.¹⁴, 46% of their subjects felt that treatment of milk tooth was not necessary as they would be replaced by permanent teeth.

For a long time, placement of tobacco was thought to relieve pain and the same was believed for the analgesic effect. But when a question was asked, which of the following will reduce pain, 6.8% of the participants reported as alcohol, 5.0% reported as tobacco and 33.6% reported as aspirin and surprisingly almost 54.6% of the participants reported as none of the above will actually reduce pain. But in the study conducted by Sharma R et al.¹³ and Raina SA et al.¹⁵ showed around 49.4% of their participants believed in the analgesic action of cloves in decayed teeth. It was found that only 17.4% of the participants in the present study believed the same. The clove oil contains active ingredient eugenol, which helps to numb and reduce pain to ease tooth ache but it was not the permanent solution. Smaller proportion of the population believe that using clove as a permanent solution and did not consider dental treatment as a mandatory option for permanent relief.

In the present study 51.3% of participants asserted that loss of vision will not occur after the extraction of upper teeth whereas only 11.2% believed this myth, which is almost similar to the study done by Saravanan N et al.¹⁶, where 20% of their respondents believed in this myth. But it is very much contrast in the study conducted by Gambhir RS et al.¹⁷, where 72.8% of participants believed that extraction of upper teeth leads to vision loss. This might be because of the inappropriate local anaesthetic block which may lead

QUESTIONS	OPTIONS	MALE	FEMALE	p-value
Do you think placing the exfoliated upper deciduous teeth in cow-dung and lower teeth in roof top will make the permanent tooth to erupt straight?	Yes	46	23	0.000
	No	78	150	
	May be	32	49	
	Don't know	49	73	
How do you prefer to treat a painful teeth?	Salt with hot water	80	76	0.001
	Clove oil	32	55	
	Camphor	16	11	
	Visit dentist	77	153	
Do you think that any of the following will reduce pain?	Alcohol	20	14	0.003
	Tobacco	17	8	
	Aspirin	61	107	
	None of the above	107	166	
Do you think dental treatments are always painful?	Yes	32	88	0.001
	No	84	118	
	May be	68	74	
	Don't know	21	15	
Do you think extraction of teeth is the only way for immediate relief of pain?	Yes	50	41	0.000
	No	91	190	
	May be	43	32	
	Don't know	21	32	
Do you think removal of upper teeth will cause vision loss?	Yes	36	20	0.001
	No	90	167	
	May be	31	44	
	Don't know	48	64	
Do you think teeth lost due to caries / mobility will lead to short sightedness?	Yes	45	24	0.000
	No	82	156	
	May be	24	41	
	Don't know	54	74	

Do you think artificial teeth are natural teeth extracted from another human?	Yes	38	19	0.000
	No	125	219	
	May be	14	26	
	Don't know	28	31	
Do you think removal of wisdom tooth will lead to loss of wisdom?	Yes	37	21	0.000
	No	106	208	
	May be	20	27	
	Don't know	42	39	
Do you think oral health has no relationship with the rest of the body?	Yes	54	45	0.002
	No	102	196	
	May be	24	29	
	Don't know	25	25	
Do you think chewing gum will clean your teeth?	Yes	55	43	0.001
	No	94	186	
	May be	41	50	
	Don't know	15	16	
Do you know that there are two types of dentition in human beings?	Yes	77	166	0.001
	No	42	46	
	May be	30	25	
	Don't know	56	58	

Table 2. Distribution of dental myths based on gender

to minor blurring of vision until the effect of local anaesthesia wears out.

In the present study, 42.4% participants believed that dental treatments during pregnancy should be avoided. In the study conducted by Vignesh R et al.¹⁸ about 56.8% respondents consider that it was better to avoid dental treatment during pregnancy. This shows their lack of knowledge about oral health.¹⁹ Periodontal diseases in the mother may have harmful effects on the developing foetus. Pregnant women with periodontal diseases are at greater risk of having a pre-term or low birth weight babies and high levels of cariogenic bacteria in mothers can lead to increased dental caries

in the infants. Preventive oral health care facilities should be provided during pregnancy.²⁰

Dental procedures such as diagnostic radiography, periodontal treatments, restorations and extractions are safe and are best performed during the second trimester.²¹ If examination indicates a need for scaling and root planing or other periodontal treatments, the procedures can be scheduled early in the second trimester.²⁰ Because periodontitis has been associated with several poor pregnancy outcomes, although the mechanism remains unclear and the controversy exists. The most common oral disease during pregnancy is gingivitis, as it is aggravated by fluctuations of

oestrogen and progesterone with changes in oral flora and decreased immune response.²¹ The misconceptions of dental treatments during pregnancy can be overthrown by educating them with proper brushing techniques, flossing and clear communication regarding prevention, treatment and outcomes.

In this study, participants responded that tea, coffee, pan chewing, colouring agents and candies can stain teeth whereas in the study conducted by Priyanka S et al.²² declared that cut brinjals could also stain teeth.

In the present study, 56.2% of the participants denied that extraction was the only treatment to get rid of agony and around 46.0% preferred to visit a dentist for treating a painful tooth while around 49.5% of participants in the study conducted by Mythri H in rural population of Lucknow district believed extraction of teeth was healthier than saving it.²³ This suggests that the present population had more awareness which might be due to the ease in access to the internet and ease of approach to the private dental care.

On the whole for the most part, it was pleasure to perceive that present young population did not agree to believe much in myths but still smaller proportion of populations did have faith in myths as 14.8% participants believed that irregularly placed tooth or gap between tooth was lucky while 64.4% of study population of Emerald SSN et al.²⁴ believed that it was lucky. Because of the influence of models and social media about the regularly arranged tooth, younger population desires not to have crooked tooth since it may forbid their level of confidence and charm.

Myths and folklore tales seem like too far, apart from this fast-paced, metropolitan age that we live in. The younger population have access and able to update their knowledge with the availability of technology. Internet is a boon through which one can acquire and recognize how to utilise the cutting-edge technological tools that aids them to clear their misgivings and keeping them updated about information data and news.

Limitation of The Study: The study was conducted only among the younger population of age 18-28. The prevalence of myths might be much greater in the higher age groups.

CONCLUSION

The questions in the present study were unique and consisted of common myths prevailing in India. The results of this study conclude that the younger population have better knowledge and do not believe in tittle-tattle and desire to be told about others logic than look it up for self. Finest resources to encounter myths is to base out propositions on the best accessible evidence. Evidence based dentistry progress the evidence meritoriously in dental practices. Decrypting the myths by accompanying targeted scientific programmes by the dental health care professionals, non-government and government health organisations to prevent many dental problems and to provide successful treatment. Measures to achieve equal utilisation of dental services and curbing of dental myths at grass root level can be achieved through introducing the basics of oral hygiene as a part of primary education.

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