

To Assess the Oral Health Status among Adolescent Ghutkha Chewers of Selected Schools

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Abstract: *Background:* Oral health is a critical part of general health and every individual's valuable asset. Oral diseases are among the most common non communicable diseases that affect a number of populations. Ghutkha behaviors that coexist in a large proportion of male adolescents will have a major impact on oral diseases. *Objectives:* 1) To assess the oral health status among adolescent ghutkha chewers of selected schools. 2) To associate oral health status among adolescent ghutkha chewers of selected schools with selected demographic variable. *Method - Research approach:* Exploratory approach. *Setting of the study:* Study conducted in primary school Wardha *Sample:* In this study the sample adolescent Sampling technique: - by using non probability purposive sampling technique, *Sample size:* 150 *Results:* In this study purposive sample of 150 adolescents according to the level oral health status among adolescent ghutkha chewers of were seen into 5 categories, poor, average, good, Very Good and excellent. Majority of ghutkha chewer adolescents 15.33% (23) had average, 63.33% (95) had good, 21.33% (32) had very good level of health status score. Mean score was health status 50.37 ± 9.45 . *Conclusion:* In this study the level of oral health adolescent ghutkha chewers status, association of oral health status levels with adolescent ghutkha chewers' demographic characteristics. The table values are significantly higher than the measured values at a significance rate of 5%. Also the p values calculated that were much higher than the acceptable meaning level, i. e. 'p'=0.05.

Keywords: Assess, ghutkha chewers, oral health, adolescent, selected school

1. Introduction

Oral disease can lead to pain and tooth loss, which affects the appearance, quality of life, food intake and ultimately children's growth and development. The burden of oral illness is high. In some nations, tooth decay and gum disease are among the most common diseases for human populations, affecting over 80% of school children. many oral health problems can be avoided and reversed early on.1

It was launched in India in the early 1970 as a commercial product and was quickly sold and used widely. It is primarily used by young people and adults under 40 years of age, predominantly males. This was also seen as being used by women, particularly pregnant women. Many adults are using ghutkha to cope with frequent meals, to remain awake during shift work. Others use ghutkha to stop smoking, but ghutkha may be difficult to give up.2

Hypothesis

H1: - There will be significant difference in oral health status among ghutkha chewers adolescent in selected schools.

H0: - There will be no significant difference in oral health status among ghutkha chewers adolescent in selected schools.

2. Material and Method

Research approach exploratory approach study was used. Method - non probability purposive sampling method was used. Inclusion criteria where adolescents in the age group of 12 - 19 years, who have attended same type of study, those who have serious health problems. Who are willing to participate in the study, who are present at the time of data collection. Exclusion criteria who have attended same type of study, Those who have serious health problems, 150

sample participated in the study according to above criteria.

3. Results

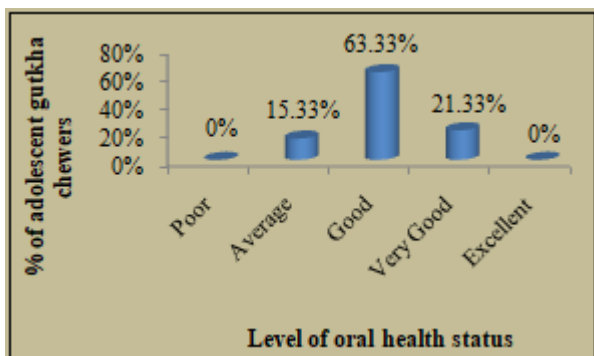
Table 1: Percentage wise distribution of ghutkha chewers adolescent according to their demographic characteristics, n=150

Demographic Variables	No. of preadolescents	Percentage (%)
Age (yrs)		
9 - 10yrs	23	23
11 - 12yrs	39	39
13 - 14yrs	28	28
>14yrs	0	0
Gender		
Male	43	43
Female	57	57
Type of family		
Nuclear	21	21
Joint	75	75
Extended	4	4
Educational Standard		
4 - 5 th std	32	32
6 - 7 th std	51	51
8 - 9 th std	15	15
10 - 11 th std	2	2
Occupation of parents		
Homemaker	34	34
Labourer	54	54
Self Employed	6	6
Service	6	6
Family income per month		
Rs.3000 - 8000	57	57
Rs.9000 - 14000	26	26
Rs.15000 - 20000	13	13
Rs.21000&more	4	4
Religion		
Hindu	74	74
Muslim	16	16

Christian	1	1
Buddhist	9	9
Residential Area		
Urban	21	21
Rural	79	79
Type of food		
Vegetarian	46	46
Non Vegetarian	54	54

Table 2: Distribution of adolescent ghutkha chewers with regards to oral health status, n=150

Level of or Oral health status	Percentage score	Level of Oral Health Status	
		Frequency	Percentage
Poor	0 - 20%	0	0
A average	21 - 40%	23	15.33
Good	41 - 60%	95	63.33
Ver very Good	61 - 80%	32	21.33
excellence	81 - 100%	0	0
Mean±SD		9.06 ± 1.70	
Mean %		50.37 ± 9.45	
Range		5 to 13	



Graph 1: Assessment with knowledge score

The above graph shows that 2% of the adolescents 15.33% of the adolescent ghutkha chewers had average level of oral health status, 63.33% had good and 21.33% had very good level of oral health status.

Mean oral health status score of the adolescent ghutkha chewers was 9.06 ± 1.70 and mean percentage score was 50.37 ± 9.45 .

Association of knowledge score with selected demographic variables

There were no significant association between demographic variables in age in years, gender, residential area, type of family, monthly family income, educational level, person using ghutkha, relationship and frequency of using ghutkha respectively.

4. Discussion

The finding of the study were discussed with reference to the objectives stated in chapter - I and with the findings of the other studies in this section. The present study was under taken "To assess the oral health status among adolescent ghutkha chewers of selected schools."

Periodic estimation of periodontal disease burden is essential for formulating new treatment strategies, for evaluating preventive strategies, and for framing of new policies. The

previous national - level survey among adolescents was held 15 years ago. The objective of this study was to estimate the prevalence of periodontal disease among older adolescent students and to analyze its predictors as part of an oral health assessment survey conducted in Kerala. A multistage cluster sampling was employed among five districts of Kerala to examine 1065 students in the age group of 15–18 years from government and private schools of selected urban and rural areas. All on knowledge about oral health status among secondary school students in Bangladesh looked at the causes of poor dental conditions among secondary school children. It investigated the main causes of developing dental diseases, including improper tooth brushing and poor socio-economic status. This was a cross-sectional study, which used a structured questionnaire.

5. Nursing Implication

Nursing practice

The findings of the study have implications in nursing practice, nursing education, nursing administration and research.

Nursing research

The findings of the study have added to the existing body of the knowledge in the nursing profession. Other researchers may utilize the suggestions and recommendations for conducting further study. The tool and technique used has added to the body of knowledge and can be used for further references.

6. Recommendation

- A similar study can be undertaken for large sample to generalize the findings.
- A comparative study can be carried out on the knowledge regarding oral health status urban and rural community.
- A similar study can be conducted on the cross sectional regarding Ghutkha chewers.

7. Conclusion

For adolescent schools that are not aware of the side effects, there is a higher prevalence of ghutkha chewing habit. Adolescent they buy ghutkha and betal nut sachets, which is why the government should prohibit adolescent sales and purchases.

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