**Assessment of Oral Hygiene Following Use of Various Nicotinic Acid Products Among Young Adult Attending Diagnostic Camp in Jorpati Area, Kathmandu Nepal-A Cross Sectional Survey**

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**ABSTRACT**

**Background:** An observational study was carried out in young adult attending diagnostic camp in Jorpati Area.

**Materials & Method:** A total of 341 subjects between 18-50 years of age were selected for the study. It contains the demographic profile, which includes age, gender, qualification, employment, residence, and oral adverse habits. Descriptive statistics like mean and percentages were used for the analysis.

**Result:** When compared with literacy level and adverse oral habits results were significant as compared to the residence address.

**Conclusion:** The present study shows oral habits were more among the population with a higher education group in our study.

**Keywords:** Oral Hygiene, Acid Products, Cross-sectional Survey, Nicotinic, Tobacco.

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**Introduction**

Tobacco is one of the most common causes of cancers and around four million deaths occur annually and are related to 30% of all cancers.¹ The most common etiology of oral cancer are habits related to tobacco and alcohol.² Oral habit refers to overindulgence in and dependence on
various chemical substances mainly the use of tobacco & alcohol will cause an adverse effect on their overall health. Consumption of these alcoholic beverages is more common in several parts of our country. These products have been available in thousands of decades among populations in South America and Southeast Asia. It was discovered by Christopher Columbus among the treasures of the New World. Spanish and Portuguese sailors carried tobacco to the other parts of the world and later it became popular in Europe. According to various studies, the prevalence of oral lesions is more in urban areas and tobacco plays a major role to causes these oral problems. It will cause many gingival diseases which lead to inflammation of the gingiva, teeth loss and so many various problems. Tooth loss has been shown to be 2 to 3 times higher in smokers than in nonsmokers. Excessive consumption of alcohol has been associated with various detoriating effect on health which hampers the general as well oral health which will lead to disability of life. The consumption of nicotinic products will alter the behaviors of the person and also affects the mental illness of the person. Consumption of alcoholic products are commonly seen among the general population and they are very common in young adults. Hence, the aim of the present study to assess the Oral hygiene use of various nicotinic acid products among young Adults attending diagnostic camps in the Jorpati Area.

Materials and Methods
An observational study was conducted in the Jorpati area, Kathmandu to know the status of oral hygiene in a rural area from 5th July 2018 to 7th July 2018 during diagnostic camp. A Nepali version questionnaire Performa was used for a collection of data after pretesting it. All the people who attended the camp between the age of 18-50 yrs had been considered for study purposes. A total of 341 subjects (male and female) aged were selected for the study. It includes the demographic profile, which included age, gender, qualification, employment, residence, and oral adverse habits. The inclusion criteria comprised of those were willing to participate in the study and had a pre-signed consent form. Subjects who were physically/mentally disabled and those who were not willing to participate, or did not receive permission from their parents/guardians were excluded from the study. Descriptive statistics like mean and percentages were used for the analysis by using spss software version 16.

Results

Table 1. Depicts 163(76.62%) male and 117 (92.07%) females who were urban population. However, 52 (23.37%) males and 9 (7.89%) females were from rural areas.

<table>
<thead>
<tr>
<th>Residence</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>163(76.62%)</td>
<td>117 (92.07%)</td>
</tr>
<tr>
<td>Rural</td>
<td>52(23.37%)</td>
<td>9(7.89%)</td>
</tr>
<tr>
<td>Total</td>
<td>215</td>
<td>126</td>
</tr>
</tbody>
</table>

Non- significant p value=0.717

Table 2. As far as the literacy level is concerned, 133(63.06%) were male and 87(67.48%) were female who contributed as a major group and was only educated up to primary standard. Only 37(16.37%) males and 16(14.26%) females had education up to the secondary level as minor contributions up to the secondary level.
Table 2. Distribution of Study subjects based on their on Literacy level

<table>
<thead>
<tr>
<th>Literacy level</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than primary</td>
<td>133 (63.08%)</td>
<td>87 (67.46%)</td>
</tr>
<tr>
<td>Less than secondary</td>
<td>44 (20.56%)</td>
<td>23 (18.25%)</td>
</tr>
<tr>
<td>Up to secondary</td>
<td>38 (16.37%)</td>
<td>16 (14.26%)</td>
</tr>
<tr>
<td>Total</td>
<td>215</td>
<td>126</td>
</tr>
</tbody>
</table>

Significant p value = 0.000

Table 3. Distribution of study subjects based on type of oral adverse habits

<table>
<thead>
<tr>
<th>Habits</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking</td>
<td>38 (16.84%)</td>
<td>18 (15.06%)</td>
</tr>
<tr>
<td>Smokeless</td>
<td>17 (7.94%)</td>
<td>31 (24.60%)</td>
</tr>
<tr>
<td>Alcohol</td>
<td>23 (9.83%)</td>
<td>11 (7.16%)</td>
</tr>
<tr>
<td>Smoking + smokeless</td>
<td>49 (22.89%)</td>
<td>22 (17.46%)</td>
</tr>
<tr>
<td>Smoking + Alcohol</td>
<td>51 (25.23%)</td>
<td>14 (11.11%)</td>
</tr>
<tr>
<td>Smokeless + Alcohol</td>
<td>23 (10.74%)</td>
<td>17 (14.28%)</td>
</tr>
<tr>
<td>Smokeless + Alcohol +</td>
<td>14 (6.54%)</td>
<td>13 (10.31%)</td>
</tr>
<tr>
<td>Smoking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>215</td>
<td>126</td>
</tr>
</tbody>
</table>

Significant p = 0.00

Discussion

Rural population contributes as a major laborer group due to low finical and less availability in a rural area. Hence they were compiled to migrate for seeking livelihood thorough job and getting adopting these various types of habits following tiresome work. While comparing rural and urban populations involved was significant.

It reveals the literacy was low in 133 (63.08%) male and 87 (67.46%) female who adopted for various oral habits. This is a major contributory factor from a rural area where the jobs are rarely available for earning purpose and maintenance of the whole family.

Among various oral habits found to be very significant while comparing the male and female. Whereas males had more prone to oral asocial habits as compared to females which are highly significant. The results of this study are in concordance to the study done in Hubuli, India\textsuperscript{12}. In our studies, smoking had also reported the same as more common in southern states of India however in one of the studies conducted seen more nicotinic products are found and associated habits. Many studies have shown a higher rate of tobacco products among the younger population due to the growing trend among the younger generation in the use of attractive packets of flavored areca products and attractive photographs which are widely marketed in India.

Conclusion:
The prevalence of oral habits was more among the population with higher education groups in our study. However, this was not true in many other previous studies with the increase in the prevalence of habits in the educated population the worst is yet to come.
References

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