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Tobacco Use and Oral Health Status among Adolescents in an Urban Slum, Gurugram

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INTRODUCTION: Tobacco use is one of the main risk factors for number of chronic diseases including cardiovascular diseases, lung cancer and oral cancer. Tobacco epidemic is one of the public health threats killing nearly six million people yearly. Tobacco use also contributes to poor oral health causing staining, bad breath and tooth decay. Different studies in India are suggestive of upward trend in use of tobacco even in adolescents.

OBJECTIVES: To find the prevalence of tobacco use among adolescents in an urban slum and to assess the oral health status among them.

METHODOLOGY: This cross sectional study was done as a part of oral health assessment camp conducted in an urban slum. All adolescents attending the camp were recruited in the study after due informed consent, the final sample size being 130.

RESULTS: The overall tobacco use among adolescents was found to be 95.8% adolescent boys and 27.6% among adolescent girls. The most common reasons cited for tobacco use were peer pressure followed by parent's influence. Smokeless tobacco (dry tobacco, lime, guthka) was consumed by 39.13% boys and 19% girls. Smoking was prevalent among 16.7% boys and 8.6% girls. However 41.7% adolescent boys consumed both forms of tobacco. Prevalence of dental caries was high in both boys (77.7%) and girls (55.2%). The presence of tartar was found in 47.3% boys and 22.4% girls. Bleeding gums was found in more no. of girls (29.3%) as compared to boys (25%). The other morbidities found on examination were ulcer (16.7% boys and 3.5% girls), Oral submucous fibrosis was seen in 27.8% boys and 3.5% girls.

CONCLUSION: Appropriate intervention is required as adolescence is a tender period where these risk factors like tobacco consumption and oral hygiene could be modified by awareness and counselling.

KEYWORDS: Tobacco, Adolescents, Oral Hygiene

INTRODUCTION

Tobacco is the most usually manhandled sedate on the planet. Tobacco smoking and chewing are the second major causes of death in the world. The tobacco loss of life is relied upon to twofold by 2025 from the present 5 million passing (approx). At each 6.5th second, a man bites the dust on account of a tobacco related ailment, all around.¹ The topic for 'World No Tobacco Day-2008'-Tobacco Free Youth centres around young people and required the development of youth gatherings and mindfulness building.² The most powerless time for commencement of tobacco use in India is amid youthfulness and early adulthood i.e., in the age gathering of 15-24 years.³ Centring the essential counteractive action among youths is fundamental. Adolescence is the stage of transition when they are involved in experimenting with various risk behaviors such as smoking, risky sexual behavior and tobacco, alcohol and drug use. In the meantime, it might be less demanding to incorporate solid practices at a youthful age as opposed to change the conduct at later ages or after the beginning of a sickness.⁴ Maintaining oral hygiene is shockingly a standout amongst the most disregarded practice among youth particularly in the underprivileged provincial and urban ghetto networks. The present study was led to discover the

predominance of tobacco utilization among young people in urban slum and to assess oral health status among them.

MATERIALS AND METHOD

The present cross sectional examination was directed among the young people residing in urban slum Basai which is catered by the urban health training centre, SGT Medical College, Gurugram. All adolescents (10-19 years) attending the dental camps organized at urban slum were approached for participation in the study. Those adolescents who gave written informed consent for participation were recruited. In case of adolescents below 18 years, consent was acquired from the accompanying guardian. A total of 130 adolescents were recruited. A predesigned pretested organized poll was utilized for information accumulation. The information which was identified with their socio-statistic qualities and tobacco utilization was gathered from the adolescents. The socioeconomic status of the investigation subjects was resolved according to the modified B.G. Prasad's classification. All participant were subjected to dental examination in a well-lit area. The statistical analysis was completed by using percentage and the Chi square test.

RESULTS AND DISCUSSION

Table 1 demonstrates the socio demographic distribution of study participants. About 55.38% adolescents were boys and rest 44.6% were girls. Around 49.23% adolescents were 14-16 years age i.e mid adolescence. Majority 43% adolescents were illiterate. About 75.4% resided in a nuclear family and rest 24.6% belonged to joint family. The greater part of the adolescents belonged to class III and class IV socioeconomic status.

Table 2 demonstrates the prevalence of tobacco utilization among adolescents. In the study area, 95.8% adolescent boys and 27.6% adolescent girls consumed tobacco. Smokeless tobacco (dry tobacco, lime, guthka) was consumed by 39.13% boys and 19% girls. Smoking was prevalent among 16.7% boys and 8.6% girls. However 41.7% adolescent boys expended both forms of tobacco. The prevalence of tobacco utilization in teenagers was 65.3%, which is high. Similar results were found in study conducted by Surekha Kishore et al.⁵ and Dongare AR et al.⁶ Sinha DN et al⁷ detailed that 75.3% of the understudies who were matured 13 to 15 years in Mizoram were tobacco clients. Youthful young men devoured both smokeless and smoke type of tobacco, though the young ladies expended the smokeless structures as it were.

Table 3 demonstrates the relationship between tobacco consumption and gender. The prevalence of tobacco utilization was higher among adolescent boys (95.8%) as compared to adolescent girls (27.8%). This difference was observed to be factually significant ($p < 0.0001$). This finding is practically identical with different investigations.^{8,9,10,11} The prevalence found in our study was significantly higher than the rates of the nationwide survey conducted in 2009 which reported prevalence of 9.5 percent,¹² and a Kerala study in 2011 announcing 9.8 for every penny prevalence.¹³ Further, the prevalence was much lower than discoveries from examines from Western nations which indicated changing predominance in the vicinity of 20 and 67 for each penny.^{14,15}

Table 4 shows the oral wellbeing status of adolescents. On examination, it was found that

the prevalence of dental caries was high in both boys(77.7%) and girls(55.2%). The presence of tartar was found in 47.3% boys and 22.4% girls. Bleeding gums was found in more no. of girls (29.3%) as compared to boys (25%). The other morbidities found on examination were ulcer (16.7% boys and 3.5% girls), Oral submucous fibrosis was seen in 27.8% boys and 3.5% girls. Most extreme oral wellbeing and dental issues were seen among male as contrast with the female youths.

The relationship between dental caries and tobacco utilization was observed to be factually significant ($p < 0.0001$) (Table 5). About 84.2% adolescents consuming tobacco had dental caries as compared to only 22.8% adolescents who did not consume tobacco. One of the principle explanations behind the relationship between smokeless tobacco and dental caries is the nearness of high measure of different sugars and sweeteners included amid the business assembling of smokeless tobacco items.¹⁶

Fig.1 shows the different reasons cited by adolescents for consuming tobacco. About 52% adolescents initiated tobacco due to peer pressure, 14.5% reported influence by relatives, 7.5% adolescents said tobacco consumption provides social status and 26% opined tobacco consumption was fashionable. Peer pressure is a vital deciding element for commencement of tobacco use among kids and young people. Companion weight is a critical deciding component for inception of tobacco use among kids and young people.

CONCLUSION

The findings in the study suggest that tobacco use is still an important risk behavior among adolescents. Influence of adolescent is multifactorial. A portion of these are peer pressure, experimentation amid young, and simple access to such items alongside identity factors. At the same time awareness about oral hygiene should be encouraged among adolescents, Though the significance of oral cleanliness and tobacco abuse is well-known, the need of awareness programs, visit screening camps ought to be underlined by public health

professionals.

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LEGENDS

AGE	ADOLESCENT BOYS(n=72)	ADOLESCENT GIRLS (n=58)	TOTAL (N=130)
10-13years	26	12	38(29.23%)
14-16years	27	37	64(49.23%)
17-19years	19	9	28(21.54%)
EDUCATION STATUS			
illiterate	35	21	56(43%)
Primary	15	17	32(24.6%)
Secondary	17	7	24(18.46%)
High school and above	05	13	18(13.8%)
FAMILY TYPE			
Nuclear	61	37	98(75.4%)
Joint	11	21	32(24.6%)
Socioeconomic status			
Class I	7	10	17(13%)
Class II	21	14	35(26.9%)
Class III	18	18	36(27.7%)
Class IV	21	6	27(20.7%)
Class V	5	10	15(11.5%)

Table 1. Sociodemographic Profile of Adolescent Participants

	Adolescent Boys(n=72)	Adolescent Girls(n=58)
Only Smokeless form tobacco	27(39.13%)	11(19%)
Only Smoking Tobacco	12(16.7%)	05(8.6%)
Both forms	30(41.7%)	0
Total	69(95.8%)	16(27.6%)

Table 2. Pattern of Tobacco Consumption among Participants

	Adolescent boys(n=72)	Adolescent girls(n=58)
Tobacco consumption	69(95.8%)	16(27.58%)
No tobacco consumption	03(4.2%)	42(72.4%)
$X^2 = 63.13, p < 0.0001$		

Table 3. Association between Tobacco Consumption and Gender

Oral Health status	Adolescent Boys(n=72)	Adolescent Girls(n=58)
Dental caries	56(77.7%)	32(55.2%)
Tartar	34(47.3%)	13(22.4%)
Plaque	12(16.7%)	03(5.17%)
Bleeding gums	18(25%)	17(29.3%)
Ulcer	12(16.7%)	02(3.5%)
Fibrosis	20(27.8%)	02(3.5%)
Other	14(19.5%)	08(13.8%)

Table 4. Oral Health Status of Adolescents

	Dental caries present	Dental caries absent
Tobacco consumption	80(84.2%)	15(15.8%)
No tobacco consumption	08(22.8%)	27(77.2%)
$X^2 = 41.26, p < 0.0001$		

Table 5. Association between tobacco consumption and dental caries

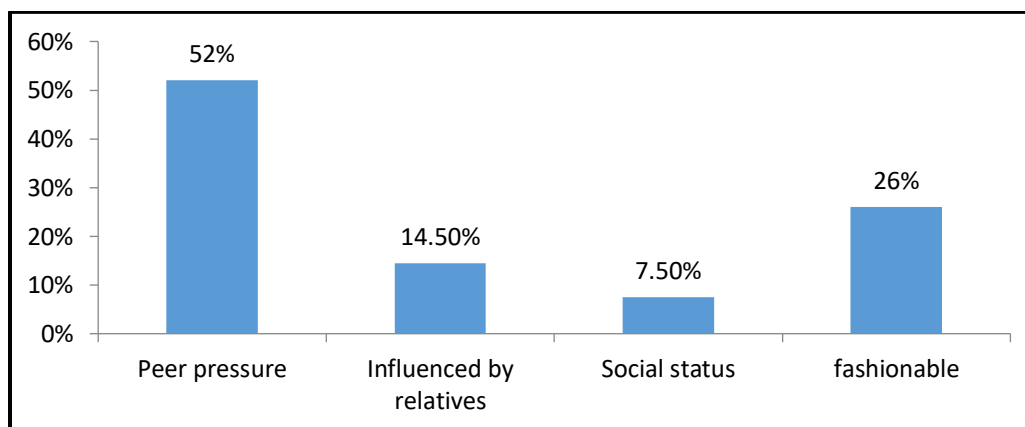


Figure 1. Reasons Cited Among Adolescents for Tobacco Consumption