THE KNOWLEDGE, ATTITUDE AND ORAL HEALTH BEHAVIOR OF ADULTS ATTENDING BIR HOSPITAL DENTAL DEPARTMENT

Research Report
Submitted to
Nepal Health Research Council

Submitted by:
Dr. Madhurima Bhadra, BDS

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EXECUTIVE SUMMARY

1. The objective of the survey was to study the knowledge, attitude and oral health behavior of adult patients who come to Bir Hospital Dental Department for treatment in order to find out if there is any association of education to their knowledge, attitude and oral health behavior, so that recommendations can be made to oral health promoters, professionals, policy makers and stakeholders.

2. The study was carried out in adults who came to Bir Hospital Dental Department, Kathmandu, Nepal. The population studied was the adults who came for treatment. The sample identified was the first 10 males and females (five each) who came to the dental department. Purposive sampling was used along with the quantitative method of research. Data was collected for a period of 30 working days by two enumerators who filled out a questionnaire while interviewing the adults.

3. The limitations of this survey would be that Bir Hospital is not representative of the country or Kathmandu in terms of ethnic, economic and geographic distribution.

4. Data analysis was done using the SPSS package, where simple descriptive frequency statistics were used to describe the sample. To analyze the association of education to knowledge, attitude and behavior and the association of sex to consumption behavior cross-tabulation statistic was used. A Chi-square test was used to test the significance.

5. People mostly visit the hospital only if they have tooth ache. Most people are happy with the state of their teeth despite high incidence of toothache. People are unaware of what advice the dentist would give them no matter what their educational level is.
6. Cleaning of the teeth with a toothbrush is common but there is a lack in awareness about fluoridated toothpastes. The current consumption of sugar containing foods was not very high but, their childhood sugar consumption also needs to be taken into consideration.

7. Majority of the respondents have reported not to use harmful substances like tobacco, areca nut and alcohol. There was no significant association between education and frequency of consumption of these products but a significant association was seen between the sex of the respondent and their consumption habits with males having higher frequency of consumption.

8. There was a general consensus that it is not necessary to visit a dentist unless there is a major problem. No significant association was seen between the respondents’ educational levels and their knowledge, attitude and oral health behavior.

9. For a more holistic research, the survey should be augmented by a clinical examination of the oral cavity and observation of the patients’ habits.

10. Rigorous effort has to be made in the direction of oral health education for the general public and special target groups as well. Active campaigning and a strong advocacy are called for against the effects of tobacco containing products and their promotion and unrestricted marketing.
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</tr>
</tbody>
</table>
CHAPTER I  INTRODUCTION

Oral disease is the most prevalent disease in the world. Nepal is no exception. Oral health has been recognized as an integral part of general human health especially since studies have revealed that lot of diseases manifest in the mouth.

As one of the prominent dentists Federation Dentaire Internationale (FDI) President Dato Dr.A.Ratnanesan says,

"There exists a documented link between oral health and diabetes and cardiovascular disease. Since prevention is the base of controlling disease, education materials should be developed by incorporating the importance of oral health preferably from the primary level." (The Himalayan Times, 16 February 2003).

The current literacy level in Nepal is 65.1% in males and 42.5% in females. Only 39.3% of males and 45.9% females have Primary School level education. With such statistics it is clear that it is necessary to concentrate on educating the populace by either formal or informal channels. Awareness depends on access to knowledge, which influences one's attitude that in turn shapes the behavior of an individual.

After centuries of isolation from the outside world the rapid urban growth in Nepal is changing the people from hill farmers to low land dwellers employed in the emerging industries. Such change has both drawbacks and benefits on health. Oral health is also impacted but this is yet to be quantified in Nepal where data is scarce.

Statement of the Problem
What level of awareness do the Nepalese have about causes of Oral disease? Do patients who seek treatment for oral disease have the knowledge about what causes their teeth to get cavities? What causes their gums to bleed? Or why they suffer from non-healing ulcerations in their mouths?

Dental caries is a disease wherein the tooth structure is destroyed by acids produced by bacteria, which feed on refined carbohydrates, and sugars stagnated in the mouth. Too much destruction of tooth causes loss of tooth that in turn will affect the masticatory efficiency of the person. Tooth loss is also caused by periodontal disease, which is caused by bacteria lodged in calculus that deposits around the gingival margins of the teeth. Loss of teeth can lead to temporomandibular disorders and trauma from occlusion in adults while the loss of primary teeth prematurely causes malocclusion of permanent teeth. Often when teeth are missing there is danger of cheek bite and trauma to other oral structures. When trauma becomes chronic it can lead to oral cancer. The main cause of oral cancer is the use of tobacco and its products, areca nut and alcohol consumption. Are people in general aware about the oral diseases or the causes of oral diseases? What factors contribute to peoples’ awareness or lack of it which influence their behavior and the oral health status?

**Objectives**

The objectives of the study are as follows:

**General Objective**

To assess the knowledge, attitude and oral health behavior of adult patients attending the Bir Hospital Dental Department.

**Specific Objectives**

1. To examine the association of education to knowledge, attitude and oral health behavior.
2. To make recommendations to the dentists, policy makers and other stakeholders.

**Rationale/Justification**
Nepal is one of the world's least urbanized countries (Sharma, 1989). However, in one generation (by 2011) Nepal may be transformed from a society with a miniscule urban population to one in which more than a third of its people live in urban areas (Goldstein, 1993). Currently 86% of Nepalese live in rural areas where lack of accessibility to education is a big problem and media reach is also very low. But, the urbanization that is taking place is causing the rural immigrants to adopt a 'modern society' behavior and change their dietary habits. There is disappearance of traditional foods and an increase in sugar consumption and refined foods. There is easy availability of tobacco products and alcohol as well as the traditional use of areca nut but little knowledge about their harmfulness. So, this research will assess peoples’ awareness levels affecting their food habits leading to oral health problems. Based on these findings awareness campaigns can be formulated. This will help in making of oral health policies regarding policy analysis in preventive and curative dentistry and in creating awareness through oral health education. The benefits would be enormous as once preventive measures are adopted there will be a reduction in the cost for curative dentistry which is beyond the financial capabilities of a developing nation like Nepal. In order to prevent a disease there should be awareness of the causes of the disease and also from where to get the treatment and from whom to get the treatment.
A nation's economy is commonly a yardstick of a nation's health. Nepal is one of the least developed countries in the world. However, in one generation Nepal is leaping from a country with a miniscule urban population to one in which more than a third of its people will be living in urban areas by 2011 (Goldstein 1993).

Urban growth is occurring via reduction in the crude infant and child mortality; reclassification of areas from rural to urban; migration from hills to lowlands; migration from rural hills to rural terai and 'GATEWAY' model of urban development where there is establishment of settlements along the trading posts of Indo-Nepal border. Dental health is commonly adversely affected by urbanization with gradual replacement of traditional foods by processed and sugared alternatives leading to increase in caries. Lennon and Olojuba (1986) suggest that urbanization has lead to increase in dental caries on account of a decrease in available farmland, increase in food processing factories and easier distribution of cariogenic food stuff. Periodontal disease is similar but often worse in rural and lower socio-economic urban groups because of poorer oral hygiene procedures and malnutrition. Oral cancer is the 6th most common cancer that occurs. In Nepal the incidence ranges from 29.69-36.32% of all the cancers and it seems to be growing especially in the younger populace.

The Himalayan Times of Feb 16th 2003 quotes Dr. A. Ratnanesan as having said "Lack of awareness and appreciation of its importance and financial constraints, have given oral health a low priority in developing countries. A primary health care approach must be considered and adapted to meet the community needs and demands to commensurate with the availability of resources."

In a study of the oral health profile of school children, mothers and school teachers in Zanzibar done to analyze oral health status and practices to assess oral health knowledge, attitudes and practices of mothers and knowledge of teachers, it was concluded that training in oral health topics is needed for school teachers to provide for school-based
health education of children. The interview method was chosen for the mothers and
structured questionnaires were made for the children and teachers. Caries examination
was done in daylight. The study indicated that the need for health education showed that
mothers could be reached through several formal or informal channels of communication.
Another way to improve oral health practices would be to give accurate information to
the parents.

In China a study was conducted to evaluate the changes of oral health knowledge and
behavior among Wuhan citizens after six years of 'Love Tooth Day' (LTD) campaigns
(1987-95) the findings showed significantly higher improvements in oral health
knowledge and tooth brushing behavior. The interview method was used to collect the
data as many people were not familiar with questionnaire surveys. The study concludes
that positive changes in oral health related attitudes and practices were observed. This
development was attributed to a multitude of factors among which the health education
campaign LTD may be one part.
CHAPTER III METODOLOGY

The study of "The Knowledge, Attitude and Oral Health behavior of Adults attending the Bir Hospital Dental Department" was held in the Bir Hospital Dental Department, Kathmandu, Nepal, in September-October 2003.

Selection of Sample

The population studied was the adults who came for curative and restorative treatment to Bir Hospital Dental Department. The sample was identified as the first five adult female and first five adult male totaling ten adults a day, who came to visit the department. The technique used for sample selection was Purposive sampling. The quantitative method of research was used for this survey wherein the inclusion criterion was that the respondent had to be an adult i.e. 18 years of age.

Collection of Data

Data was collected in September-October 2003 for 30 working days. Two enumerators were hired to collect the data for 30 working days.

Instrument/Tool for Data Collection

The data collection was done by a questionnaire (see ANNEX 1).

Limitations of the Study

1. There are certain limitations of the study, one being that Bir Hospital is not representative of the entire country or Kathmandu in terms of caste, economic background or geographical distribution of the population.
2. The study is only representative of those patients who attended Bir Hospital Dental Department during the month of September-October 2003.
Use of Statistics for Data Analysis

1. In order to describe the sample and to analyze the knowledge, attitude and oral health behavior of the respondents, simple descriptive and frequency statistics were used.
2. To analyze the relation of education to the knowledge, attitude and oral health behavior, cross-tabulation statistic was used.
3. To analyze the relation of sex of the respondents to their consumption behavior, cross-tabulation statistic was used.
4. In order to perform the test of significance Chi-square tests were done.
CHAPTER IV RESULTS / FINDINGS

4.1 Description of the Sample

Sex of the respondent

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>male</td>
<td>140</td>
<td>49.6</td>
<td>49.6</td>
</tr>
<tr>
<td>female</td>
<td>142</td>
<td>50.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>282</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Out of 282 respondents 50.4% were women and 49.6% were men. So the respondents consisted of almost equal sex proportion.

Age of the respondent

<table>
<thead>
<tr>
<th>Age of the respondent</th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of the respondent</td>
<td>281</td>
<td>18</td>
<td>82</td>
<td>35.00</td>
<td>13.90</td>
</tr>
</tbody>
</table>

As the study is of adult population the minimum age sampled is 18 years of age. The maximum age of the respondents was 82 years and the mean age was 35 years.

Address of respondent

<table>
<thead>
<tr>
<th>Address of respondent</th>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/town</td>
<td>177</td>
<td>63.2</td>
<td>63.2</td>
</tr>
<tr>
<td>Outskirts of town</td>
<td>53</td>
<td>18.9</td>
<td>82.1</td>
</tr>
<tr>
<td>Village</td>
<td>50</td>
<td>17.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>280</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Out of the 280 who responded about their address of residence, majority (63%) resided in the city or town. Nineteen percent commuted to the hospital from the outskirts of town and 18% came from villages.

Caste of the respondents

<table>
<thead>
<tr>
<th>Caste of the respondents</th>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brahmin</td>
<td>91</td>
<td>33.8</td>
<td>33.8</td>
</tr>
<tr>
<td>Chhetri</td>
<td>62</td>
<td>23.0</td>
<td>56.9</td>
</tr>
<tr>
<td>Newar</td>
<td>65</td>
<td>24.2</td>
<td>81.0</td>
</tr>
<tr>
<td>Gurung</td>
<td>6</td>
<td>2.2</td>
<td>83.3</td>
</tr>
<tr>
<td>Rai</td>
<td>5</td>
<td>1.9</td>
<td>85.1</td>
</tr>
<tr>
<td>Magar</td>
<td>6</td>
<td>2.2</td>
<td>87.4</td>
</tr>
<tr>
<td>Limbu</td>
<td>1</td>
<td>0.4</td>
<td>87.7</td>
</tr>
<tr>
<td>Others</td>
<td>33</td>
<td>12.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>269</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Only 269 respondents volunteered their caste, out of which a majority (57%) belonged to the Bhramin/Chhetri caste. They belong to the so called Upper caste group. Only about a fourth (24%) belonged to the Newar community, who are the majority of residents in the
Kathmandu valley. Other ethnic and caste groups formed less than one fifth of the respondents.

<table>
<thead>
<tr>
<th>Marital status of respondents</th>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>married</td>
<td>211</td>
<td>77.9</td>
<td>77.9</td>
</tr>
<tr>
<td>unmarried</td>
<td>60</td>
<td>22.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>271</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Of the 271 respondents who stated their marital status 78% were married and 22% unmarried.

### 4.2 General Findings

#### Pain in last 12 months

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>183</td>
<td>65.1</td>
</tr>
<tr>
<td>no</td>
<td>93</td>
<td>33.1</td>
</tr>
<tr>
<td>don't know</td>
<td>2</td>
<td>.7</td>
</tr>
<tr>
<td>Don't want to answer</td>
<td>3</td>
<td>1.1</td>
</tr>
<tr>
<td>Total</td>
<td>281</td>
<td>100.0</td>
</tr>
</tbody>
</table>

About 2/3rds of the respondents reported having toothache in the past one year. About a third did not report of pain while two respondents did not recall having pain, three respondents chose not to answer the question.

#### Smile or laugh less due to bad teeth

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>lots of times/mostly</td>
<td>3</td>
<td>1.1</td>
<td>1.1</td>
</tr>
<tr>
<td>usually</td>
<td>25</td>
<td>8.9</td>
<td>8.9</td>
</tr>
<tr>
<td>sometimes</td>
<td>47</td>
<td>16.7</td>
<td>26.6</td>
</tr>
<tr>
<td>not at all</td>
<td>207</td>
<td>73.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>282</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Quite a high percentage of respondents (73.4%) report no reduction in smiling or laughing owing to the bad condition of their teeth. Those who sometimes smile or laugh less comprised 16.7% of the respondents while 8.9% usually do reduce their frequency of laughing and smiling at people because of the bad condition of their teeth. Only 1.1% of the respondents reported to usually/mostly smile and laugh less due to their bad teeth.
Less talk due to bad teeth or bad breath

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>lots of times/mostly</td>
<td>6</td>
<td>2.1</td>
<td>2.1</td>
</tr>
<tr>
<td>usually</td>
<td>30</td>
<td>10.6</td>
<td>12.8</td>
</tr>
<tr>
<td>sometimes</td>
<td>54</td>
<td>19.1</td>
<td>31.9</td>
</tr>
<tr>
<td>not at all</td>
<td>192</td>
<td>68.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>282</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Even when it came to reducing their talking to others due to bad teeth or bad breath, majority (68.1%) reported no change, followed by 19% who sometimes talk less with others due to bad breath. A very less percent of about 11% reported to usually talking less with others if they thought they had bad breath and only 2% said they talked less with others mostly when they had bad breath.

Can you chew apple or roti

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>194</td>
<td>68.8</td>
<td>68.8</td>
</tr>
<tr>
<td>no</td>
<td>88</td>
<td>31.2</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>282</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

More than 2/3rds of the respondents said that they can chew roti and apples and the remaining 1/3rd reported not being able to chew these foods.

Happy with the state of their teeth

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>very happy</td>
<td>27</td>
<td>9.6</td>
<td>9.6</td>
</tr>
<tr>
<td>happy</td>
<td>189</td>
<td>67.0</td>
<td>76.6</td>
</tr>
<tr>
<td>Others say they are good</td>
<td>4</td>
<td>1.4</td>
<td>78.0</td>
</tr>
<tr>
<td>not very happy</td>
<td>43</td>
<td>15.2</td>
<td>93.3</td>
</tr>
<tr>
<td>not happy</td>
<td>19</td>
<td>6.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>282</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Most of the respondents (67%) report to being happy with the state of their teeth despite the high percentage (65%) of toothache in the past one year being reported. About 15% are not very happy with the state of their teeth and about 10% are very happy with their teeth. Approximately 7% of the respondents are not happy with their teeth and 1.4% says that others think their teeth are good.
**Respondent's feeling on the health of their teeth**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>excellent</td>
<td>2</td>
<td>.7</td>
<td>.7</td>
<td>.7</td>
</tr>
<tr>
<td>very good</td>
<td>8</td>
<td>2.8</td>
<td>2.8</td>
<td>3.5</td>
</tr>
<tr>
<td>good</td>
<td>49</td>
<td>17.4</td>
<td>17.4</td>
<td>20.9</td>
</tr>
<tr>
<td>okay</td>
<td>113</td>
<td>40.1</td>
<td>40.1</td>
<td>61.0</td>
</tr>
<tr>
<td>bad</td>
<td>92</td>
<td>32.6</td>
<td>32.6</td>
<td>93.6</td>
</tr>
<tr>
<td>very bad</td>
<td>15</td>
<td>5.3</td>
<td>5.3</td>
<td>98.9</td>
</tr>
<tr>
<td>don't know</td>
<td>3</td>
<td>1.1</td>
<td>1.1</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>282</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
<td></td>
</tr>
</tbody>
</table>

Of the 282 respondents 113 (40%) feel the health of their teeth is okay, while a third say the health of their teeth is bad and 5% think the health of their teeth is very bad. Seventeen percent feel their teeth are of good health. Of the respondents three don't know what the health of their teeth is and only 2 feel they have excellently healthy teeth.

**Respondent's feelings on the health of their gums**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>excellent</td>
<td>3</td>
<td>1.1</td>
<td>1.1</td>
</tr>
<tr>
<td>very good</td>
<td>8</td>
<td>2.8</td>
<td>3.9</td>
</tr>
<tr>
<td>good</td>
<td>76</td>
<td>27.0</td>
<td>31.0</td>
</tr>
<tr>
<td>okay</td>
<td>133</td>
<td>47.3</td>
<td>78.3</td>
</tr>
<tr>
<td>bad</td>
<td>50</td>
<td>17.8</td>
<td>96.1</td>
</tr>
<tr>
<td>Very bad</td>
<td>8</td>
<td>2.8</td>
<td>98.9</td>
</tr>
<tr>
<td>don't know</td>
<td>3</td>
<td>1.1</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>281</strong></td>
<td><strong>100.0</strong></td>
<td></td>
</tr>
</tbody>
</table>

Of the 281 respondents who answered the question about the health of their gums almost half i.e. 47% think their gums are in an okay state of health. Twenty seven percent feel their gums are in good health while about 18% report to having bad gums. Each of the categories of very bad and very good represent about 3% each of the respondent's feelings on the health of their gums. One percent of the respondents felt their gums were in excellent condition and another 1% don't know how healthy their gums are.
### Dentist will advise to brush teeth better

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>86</td>
<td>30.5</td>
<td>30.5</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>1.4</td>
<td>1.4</td>
</tr>
<tr>
<td>Don’t know</td>
<td>192</td>
<td>68.1</td>
<td>68.1</td>
</tr>
<tr>
<td>Total</td>
<td>282</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

More than 2/3rds of the respondents reported that they did not know whether the dentist would advise them to brush their teeth better. This is probably due to the fact that they seldom visit a dentist and when they do it is only to address their problem and not for a general oral health check up. About 30% were quite sure that the dentist would ask them to brush their teeth better and about a percent felt that they would not be advised to brush better.

### Dentist will advise scaling

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>2.5</td>
<td>2.5</td>
</tr>
<tr>
<td>No</td>
<td>2.8</td>
<td>5.3</td>
</tr>
<tr>
<td>Don’t know</td>
<td>94.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

An amazingly high percentage i.e. 95% of the respondents answered to not knowing whether the dentist would advise them to get scaling done. Again this can be attributed to their seldom visiting a dentist and to the lack of any oral health education or awareness. Seven of the 281 respondents who answered this question were sure that they would be advised to scale their teeth and another eight felt they would not be advised scaling.

### Dentist will advise filling

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>63</td>
<td>22.3</td>
<td>22.3</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>2.1</td>
<td>2.1</td>
</tr>
<tr>
<td>Don’t know</td>
<td>213</td>
<td>75.5</td>
<td>75.5</td>
</tr>
<tr>
<td>Total</td>
<td>282</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Seventy five percent of the respondents reported they did not know whether the dentist would advise them to get their tooth filled. Twenty two percent were sure they would be advised to get a filling done while six of the respondents were certain they required no fillings.
Dentist will advise extraction of teeth

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>114</td>
<td>40.4</td>
<td>40.4</td>
<td>40.4</td>
</tr>
<tr>
<td>No</td>
<td>9</td>
<td>3.2</td>
<td>3.2</td>
<td>43.6</td>
</tr>
<tr>
<td>Don’t know</td>
<td>159</td>
<td>56.4</td>
<td>56.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>282</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Out of the 282 respondents about 40% of the respondents think that the dentist will advise them to extract their teeth while 56% don't know whether their dentist will advise extraction and about 3% feel that they will not be advised extraction.

Dentist will advise orthodontic treatment

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13</td>
<td>4.6</td>
<td>4.6</td>
<td>4.6</td>
</tr>
<tr>
<td>No</td>
<td>15</td>
<td>5.3</td>
<td>5.3</td>
<td>9.9</td>
</tr>
<tr>
<td>Don’t know</td>
<td>254</td>
<td>90.1</td>
<td>90.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>282</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

There was a very high percent of respondents i.e. 90% who report to not knowing whether they will be advised orthodontic treatment by the dentist. About 5% think they will be advised to get orthodontic treatment done and another 5% think that the dentist will not advise orthodontic treatment to them. The high percentage of don't knows can probably be attributed to the scarcity of information about various dental treatments that are available.

Dentist will say teeth are fine

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>32</td>
<td>11.3</td>
<td>11.3</td>
<td>11.3</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>1.8</td>
<td>1.8</td>
<td>13.1</td>
</tr>
<tr>
<td>Don’t know</td>
<td>245</td>
<td>86.9</td>
<td>86.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>282</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Eighty seven percent of the respondents do not know whether the dentist will tell them their teeth are fine while 11% feel they will be told they have fine teeth and about 2% report that they will not be told their teeth are fine.
Teeth cleaning device used

<table>
<thead>
<tr>
<th>Device</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>own brush</td>
<td>243</td>
<td>86.2</td>
<td>86.2</td>
<td>86.2</td>
</tr>
<tr>
<td>tooth pick</td>
<td>1</td>
<td>.4</td>
<td>.4</td>
<td>86.5</td>
</tr>
<tr>
<td>fingers</td>
<td>1</td>
<td>.4</td>
<td>.4</td>
<td>86.9</td>
</tr>
<tr>
<td>coal</td>
<td>2</td>
<td>.7</td>
<td>.7</td>
<td>87.6</td>
</tr>
<tr>
<td>salt</td>
<td>2</td>
<td>.7</td>
<td>.7</td>
<td>88.3</td>
</tr>
<tr>
<td>daatiwan</td>
<td>1</td>
<td>.4</td>
<td>.4</td>
<td>88.7</td>
</tr>
<tr>
<td>more than 2</td>
<td>26</td>
<td>9.2</td>
<td>9.2</td>
<td>97.9</td>
</tr>
<tr>
<td>More than 3</td>
<td>6</td>
<td>2.1</td>
<td>2.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>282</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

The majority of the respondents (86%) use their own brushes to brush their teeth. One person reported using a toothpick and another used fingers to clean their teeth. Two use coal to clean their teeth and another two use salt. Daatiwan was used by one person for cleaning. About 9% use more than two devices to clean their teeth and 2% use more than three of the above listed devices in tooth cleaning.

Frequency of tooth cleaning

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>never</td>
<td>3</td>
<td>1.1</td>
<td>1.1</td>
</tr>
<tr>
<td>1/month</td>
<td>1</td>
<td>.4</td>
<td>.4</td>
</tr>
<tr>
<td>2-3/month</td>
<td>6</td>
<td>2.1</td>
<td>2.1</td>
</tr>
<tr>
<td>1/week</td>
<td>1</td>
<td>.4</td>
<td>.4</td>
</tr>
<tr>
<td>2-3/week</td>
<td>5</td>
<td>1.8</td>
<td>1.8</td>
</tr>
<tr>
<td>1/day</td>
<td>142</td>
<td>50.4</td>
<td>50.4</td>
</tr>
<tr>
<td>2 or more/d</td>
<td>124</td>
<td>44.0</td>
<td>44.0</td>
</tr>
<tr>
<td>Total</td>
<td>282</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The reported frequency for brushing once a day was 50% and 44% reported to brushing twice or more a day. Six respondents said that they brush 2-3 times a month and five persons brush 2-3 times a week. One person had never brushed before and another reported to brushing once a week.
Use of fluoridated toothpaste

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>38</td>
<td>13.9</td>
<td>13.9</td>
</tr>
<tr>
<td>no</td>
<td>8</td>
<td>2.9</td>
<td>16.8</td>
</tr>
<tr>
<td>Don't know</td>
<td>222</td>
<td>81.3</td>
<td>98.2</td>
</tr>
<tr>
<td>don't use toothpaste</td>
<td>5</td>
<td>1.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>273</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Out of the 273 who responded to the question about which tooth paste they use 81% don't know if the paste has fluoride in it. Only about 14% know if they use fluoridated toothpaste and three percent say there is no fluoride in the toothpaste they use. Five people reported to not use toothpaste at all.

Type of toothpaste used

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>colgate</td>
<td>71</td>
<td>25.2</td>
<td>25.6</td>
<td>25.6</td>
</tr>
<tr>
<td>pepsodent</td>
<td>49</td>
<td>17.4</td>
<td>17.7</td>
<td>43.3</td>
</tr>
<tr>
<td>close-up</td>
<td>54</td>
<td>19.1</td>
<td>19.5</td>
<td>62.8</td>
</tr>
<tr>
<td>dabur lal</td>
<td>47</td>
<td>16.7</td>
<td>17.0</td>
<td>79.8</td>
</tr>
<tr>
<td>brighter</td>
<td>11</td>
<td>3.9</td>
<td>4.0</td>
<td>83.8</td>
</tr>
<tr>
<td>anchor</td>
<td>1</td>
<td>.4</td>
<td>.4</td>
<td>84.1</td>
</tr>
<tr>
<td>cibaka</td>
<td>2</td>
<td>.7</td>
<td>.7</td>
<td>84.8</td>
</tr>
<tr>
<td>flura</td>
<td>1</td>
<td>.4</td>
<td>.4</td>
<td>85.2</td>
</tr>
<tr>
<td>everest</td>
<td>3</td>
<td>1.1</td>
<td>1.1</td>
<td>86.3</td>
</tr>
<tr>
<td>others</td>
<td>38</td>
<td>13.5</td>
<td>13.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>277</td>
<td>98.2</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

The most popular brand of toothpaste was reported to be colgate with a little more than 25% followed by close up which is closely followed by dabur lal and pepsodent.

Having any false teeth

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>22</td>
<td>7.8</td>
<td>9.6</td>
<td>9.6</td>
</tr>
<tr>
<td>no</td>
<td>206</td>
<td>73.0</td>
<td>90.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>228</td>
<td>80.9</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Out of the 228 who answered the question of having false teeth about 10% had false teeth.
Frequency of eating fresh fruits

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>many times a day</td>
<td>2</td>
<td>.7</td>
<td>.7</td>
<td>.7</td>
</tr>
<tr>
<td>daily</td>
<td>55</td>
<td>19.5</td>
<td>19.5</td>
<td>20.2</td>
</tr>
<tr>
<td>2-3/week</td>
<td>100</td>
<td>35.5</td>
<td>35.5</td>
<td>55.7</td>
</tr>
<tr>
<td>1/week</td>
<td>19</td>
<td>6.7</td>
<td>6.7</td>
<td>62.4</td>
</tr>
<tr>
<td>2-3/month</td>
<td>90</td>
<td>31.9</td>
<td>31.9</td>
<td>94.3</td>
</tr>
<tr>
<td>don't take</td>
<td>16</td>
<td>5.7</td>
<td>5.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>282</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Only two of the 282 respondents reported to eating fresh fruit many times a day. Highest percentage (36%) reported of eating fresh fruit was 2-3 times a week i.e. 36% closely followed by 2-3 times a month contributing to 32%. About 20% consume fresh fruit daily and 6% don't take fresh fruit at all.

Frequency of eating biscuits

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>many times a day</td>
<td>4</td>
<td>1.4</td>
<td>1.4</td>
<td>1.4</td>
</tr>
<tr>
<td>daily</td>
<td>53</td>
<td>18.8</td>
<td>18.8</td>
<td>20.2</td>
</tr>
<tr>
<td>2-3/week</td>
<td>28</td>
<td>9.9</td>
<td>9.9</td>
<td>30.1</td>
</tr>
<tr>
<td>1/week</td>
<td>10</td>
<td>3.5</td>
<td>3.5</td>
<td>33.7</td>
</tr>
<tr>
<td>2-3/month</td>
<td>103</td>
<td>36.5</td>
<td>36.5</td>
<td>70.2</td>
</tr>
<tr>
<td>don't take</td>
<td>84</td>
<td>29.8</td>
<td>29.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>282</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Biscuits were reported to be consumed 2-3 times a month by 37% while another 30% do not take biscuits at all. About 19% of the respondents reported daily intake of biscuits. Ten percent take biscuits 2-3 times a week and 4% eat biscuits at least once a week with daily intake by only 1% of the respondents.
The frequency of drinking sodas was not very high with only two of the respondents consuming sodas more than one time a day and only 9% having it daily. The highest percentage of respondents report to having sodas 2-3 times a month and 29% say they don't take sodas at all. Fifteen percent take sodas at least 2-3 times a week, with 6% having sodas at least once a week.

Drinking juice with sugar added to it is not common in the patients attending Bir Hospital Dental Department, 56% claim to not take juice with sugar at all. Of those who do take juice with sugar the highest frequency of consumption was reported to be 2-3 times a month representing 28% of the respondents. About 10% of the respondents report to taking juice with sugar 2-3 times a week, with daily consumption by 3% and a mere 1% having it many times daily.
Of the 279 who answered to the frequency of having chewing gum, the majority i.e. two thirds do not take chewing gum at all. The highest frequency of consumption is 2-3 times a month represented by 24%. The other frequencies being represented by 1% who take it many times a day and also one time a week. About 5% have chewing gum daily and another 5% 2-3 times a week.

<table>
<thead>
<tr>
<th>Frequency of having mithai and chocolates</th>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>many times a day</td>
<td>5</td>
<td>1.8</td>
<td>1.8</td>
</tr>
<tr>
<td>daily</td>
<td>11</td>
<td>3.9</td>
<td>5.7</td>
</tr>
<tr>
<td>2-3/week</td>
<td>17</td>
<td>6.0</td>
<td>11.7</td>
</tr>
<tr>
<td>1/week</td>
<td>5</td>
<td>1.8</td>
<td>13.5</td>
</tr>
<tr>
<td>2-3/month</td>
<td>77</td>
<td>27.4</td>
<td>40.9</td>
</tr>
<tr>
<td>don't take</td>
<td>166</td>
<td>59.1</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>281</strong></td>
<td><strong>100.0</strong></td>
<td></td>
</tr>
</tbody>
</table>

When it comes to the consumption of mithai and chocolates like the other sweet foods the percentage of people who don't take it are the majority represented by 59%. Those who consume it many times a day are a mere 2%. Another 2% have mithai and chocolates only once a week. Of those who do take sweets the highest frequency of consumption (27%) seems to be 2-3 times a month while six percent report having them 2-3 times a week.

<table>
<thead>
<tr>
<th>Frequency of drinking coffee with sugar</th>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>many times a day</td>
<td>1</td>
<td>.4</td>
<td>.4</td>
</tr>
<tr>
<td>daily</td>
<td>29</td>
<td>11.2</td>
<td>11.6</td>
</tr>
<tr>
<td>2-3/week</td>
<td>4</td>
<td>1.5</td>
<td>13.1</td>
</tr>
<tr>
<td>1/week</td>
<td>3</td>
<td>1.2</td>
<td>14.3</td>
</tr>
<tr>
<td>2-3/month</td>
<td>54</td>
<td>20.8</td>
<td>35.1</td>
</tr>
<tr>
<td>don't take</td>
<td>168</td>
<td>64.9</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>259</strong></td>
<td><strong>100.0</strong></td>
<td></td>
</tr>
</tbody>
</table>

Coffee is not a very popular drink with only 35% actually having it. Of the 259 respondents who answered the question 21% take coffee at least 2-3 times a month and 11% have it daily. Only one of the respondents had coffee many times a day. One and two percent of the respondents have coffee once a week and 2-3 times a week respectively.
Frequency of drinking tea with sugar

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>many times a day</td>
<td>21.8</td>
<td>21.8</td>
</tr>
<tr>
<td>daily</td>
<td>56.1</td>
<td>77.9</td>
</tr>
<tr>
<td>2-3/week</td>
<td>3.2</td>
<td>81.1</td>
</tr>
<tr>
<td>1/week</td>
<td>.4</td>
<td>81.4</td>
</tr>
<tr>
<td>2-3/month</td>
<td>6.4</td>
<td>87.9</td>
</tr>
<tr>
<td>don't take</td>
<td>12.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

There was high percentage of reports for consumption of tea with sugar daily i.e. 56% and 22% report to having tea with sugar many times a day. Twelve percent don't have tea at all. Six percent of the respondents have tea with sugar 2-3 times a month and one person reported to having tea once a week.

Frequency of smoking cigarettes

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>many times a day</td>
<td>8.3</td>
<td>8.3</td>
</tr>
<tr>
<td>daily</td>
<td>7.9</td>
<td>16.2</td>
</tr>
<tr>
<td>2-3/week</td>
<td>.8</td>
<td>17.0</td>
</tr>
<tr>
<td>1/week</td>
<td>1.1</td>
<td>18.1</td>
</tr>
<tr>
<td>don't take</td>
<td>81.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Seventeen respondents chose not to answer the question asked about smoking. Of the 265 that did answer the question, 82% reported to not smoke while 8% said that they smoke many times a day. About 8% said they smoke daily and the rest smoke no more than once or 2-3 times a week.

Frequency of smoking bidi

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>many times a day</td>
<td>1.2</td>
<td>1.2</td>
</tr>
<tr>
<td>daily</td>
<td>.4</td>
<td>1.6</td>
</tr>
<tr>
<td>2-3/week</td>
<td>.8</td>
<td>2.3</td>
</tr>
<tr>
<td>2-3/month</td>
<td>.4</td>
<td>2.7</td>
</tr>
<tr>
<td>don't take</td>
<td>97.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

The majority (97%) of the respondents said they don't smoke. Only 1% claimed to smoke many bidis a day.
Frequency of having *khaini*

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>many times a day</td>
<td>2.7</td>
<td>2.7</td>
</tr>
<tr>
<td>daily</td>
<td>1.2</td>
<td>3.9</td>
</tr>
<tr>
<td>2-3/week</td>
<td>4.2</td>
<td>4.2</td>
</tr>
<tr>
<td>1/week</td>
<td>4.6</td>
<td>4.6</td>
</tr>
<tr>
<td>2-3/month</td>
<td>6.2</td>
<td>6.2</td>
</tr>
<tr>
<td>don't take</td>
<td>93.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>259</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Twenty-three of the respondents did not answer to the question if they had *khaini*. Of the remaining 259 who answered the question 94% said they don't use *khaini*. Three percent reported to using *khaini* many times a day and 1% use *khaini* daily.

Frequency of having *supari*

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>daily</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>2-3/week</td>
<td>2.7</td>
<td>2.7</td>
</tr>
<tr>
<td>1/week</td>
<td>5.3</td>
<td>5.3</td>
</tr>
<tr>
<td>2-3/month</td>
<td>22.4</td>
<td>22.4</td>
</tr>
<tr>
<td>don't take</td>
<td>77.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>263</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Majority of the respondents (78%) said they do not have *supari* at all. At most those of the respondents who do have *supari* report their most frequent consumption to be 2-3 times a month. About three percent take *supari* once a week and only about two percent take it daily.

Frequency of having *paan*

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>daily</td>
<td>.8</td>
<td>.8</td>
<td>.8</td>
</tr>
<tr>
<td>2-3/week</td>
<td>.4</td>
<td>.4</td>
<td>1.2</td>
</tr>
<tr>
<td>1/week</td>
<td>.4</td>
<td>.4</td>
<td>1.6</td>
</tr>
<tr>
<td>2-3/month</td>
<td>6.2</td>
<td>6.2</td>
<td>7.8</td>
</tr>
<tr>
<td>don't take</td>
<td>92.2</td>
<td>92.2</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>91.5</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Of the 258 respondents who answered the question 92% reported not to consume *paan*, followed by 6% consuming it 2-3 times a month and less than three percent are having *paan* less than 2-3 times a week.
Frequency of having *surti*

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>many times a day</td>
<td>2.3</td>
<td>2.3</td>
</tr>
<tr>
<td>daily</td>
<td>1.9</td>
<td>4.3</td>
</tr>
<tr>
<td>1/week</td>
<td>4</td>
<td>4.7</td>
</tr>
<tr>
<td>2-3/month</td>
<td>1.6</td>
<td>6.2</td>
</tr>
<tr>
<td>don't take</td>
<td>93.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>257</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Like the above cases there was a 93% report to not consuming *surti*, with two percent taking *surti* daily and also many times a day. Another two percent report to having *surti* 2/3 month while less than a percent consume it weekly.

Frequency of drinking *raksi*

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>many times a day</td>
<td>2.3</td>
<td>2.3</td>
</tr>
<tr>
<td>1/week</td>
<td>8</td>
<td>3.0</td>
</tr>
<tr>
<td>2-3/month</td>
<td>12.1</td>
<td>15.2</td>
</tr>
<tr>
<td>don't take</td>
<td>84.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>264</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Like seen with many of the products that are considered to be socially unacceptable, about 18 interviewees did not respond to the question about *raksi*. Of the 264 who did answer that question, 85% reported not to take alcohol. About 12% consume it 2-3 times monthly and two percent take it many times a day with less than one percent taking it once a week.

How long since the respondent visited a dentist

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than 6 months</td>
<td>17.4</td>
<td>17.4</td>
</tr>
<tr>
<td>6-12 months</td>
<td>7.5</td>
<td>24.9</td>
</tr>
<tr>
<td>more than 1 year less than 2 year</td>
<td>10.3</td>
<td>35.2</td>
</tr>
<tr>
<td>more than 2 year less than 5 year</td>
<td>11.4</td>
<td>46.6</td>
</tr>
<tr>
<td>more than 5 year</td>
<td>12.5</td>
<td>59.1</td>
</tr>
<tr>
<td>never been</td>
<td>40.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>281</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Forty-one percent of the respondents had never been to a dentist before. Of those who had visited a dentist before 17% had visited the dentist in less than six months and 7.5% in the past 6-12 months. Ten percent had been to the dentist more than a year but less than two years ago. Those who had visited the dentist more than two years but less than five years ago were 11% while 13% had not been to a dentist in more than 5 years.
Reason for not visiting the dentist

<table>
<thead>
<tr>
<th>Reason</th>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not enough money</td>
<td>12</td>
<td>5.7</td>
<td>5.7</td>
</tr>
<tr>
<td>don't to spend on teeth</td>
<td>2</td>
<td>.9</td>
<td>6.6</td>
</tr>
<tr>
<td>afraid</td>
<td>1</td>
<td>.5</td>
<td>7.1</td>
</tr>
<tr>
<td>bad experience</td>
<td>3</td>
<td>1.4</td>
<td>8.5</td>
</tr>
<tr>
<td>no time</td>
<td>12</td>
<td>5.7</td>
<td>14.2</td>
</tr>
<tr>
<td>no need</td>
<td>145</td>
<td>68.4</td>
<td>82.5</td>
</tr>
<tr>
<td>problem was not so bad</td>
<td>23</td>
<td>10.8</td>
<td>93.4</td>
</tr>
<tr>
<td>problem will go away on it's own</td>
<td>7</td>
<td>3.3</td>
<td>96.7</td>
</tr>
<tr>
<td>Clinic far away</td>
<td>6</td>
<td>2.8</td>
<td>99.5</td>
</tr>
<tr>
<td>others</td>
<td>1</td>
<td>.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>212</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

On being asked what reason they had for not visiting the dentist 70 interviewees chose not to answer this question. Of the 212 respondents who did answer the question, 68% felt there was no need for them to do so; another 11% felt the problem was not so bad that they had to visit a dentist. About 6% felt that they did not have enough money or did not have enough time to spend to go to dentist. There is about three percent who feel that the problem will go away on its own. While another three percent think the clinic is too far away. There was one percent who did not want to spend on teeth. About two percent said that they were either afraid or had a bad experience at the dentists before.

Reason for visiting the dentist now

<table>
<thead>
<tr>
<th>Reason</th>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>problem</td>
<td>203</td>
<td>75.5</td>
<td>75.5</td>
</tr>
<tr>
<td>time for check up</td>
<td>4</td>
<td>1.5</td>
<td>77.0</td>
</tr>
<tr>
<td>was called for check up</td>
<td>1</td>
<td>.4</td>
<td>77.3</td>
</tr>
<tr>
<td>during treatment</td>
<td>8</td>
<td>3.0</td>
<td>80.3</td>
</tr>
<tr>
<td>patient's companion</td>
<td>53</td>
<td>19.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>269</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

More than 75% of the respondents only visited the dentist if they had a problem. Twenty percent of the people were there primarily as patients companions. Three percent of the respondents were there during their treatment and about one percent felt it was their time for check up and less than one percent was on recall visit to the dentist.

Knowledge about AIDS

<table>
<thead>
<tr>
<th>Knowledge about AIDS</th>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>244</td>
<td>87.1</td>
<td>87.1</td>
</tr>
<tr>
<td>no</td>
<td>36</td>
<td>12.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>280</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

When questioned about their knowledge of AIDS majority 87% responded to being aware of what it is.
Way of brushing the teeth

<table>
<thead>
<tr>
<th>Method</th>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>up down</td>
<td>63</td>
<td>23.2</td>
<td>23.2</td>
</tr>
<tr>
<td>left &amp; right</td>
<td>82</td>
<td>30.3</td>
<td>53.5</td>
</tr>
<tr>
<td>circular</td>
<td>12</td>
<td>4.4</td>
<td>57.9</td>
</tr>
<tr>
<td>more than one</td>
<td>114</td>
<td>42.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>271</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Majority of the respondents (42%) used more than one method to brush their teeth. The up and down method was used by 23% and 30% brush their teeth left and right. Four percent of the respondents use circular motion to brush their teeth.

Type of work of the respondents

<table>
<thead>
<tr>
<th>Type of Work</th>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>farmer</td>
<td>25</td>
<td>9.0</td>
<td>9.0</td>
</tr>
<tr>
<td>Business</td>
<td>43</td>
<td>15.5</td>
<td>24.5</td>
</tr>
<tr>
<td>government and other service</td>
<td>58</td>
<td>20.9</td>
<td>45.5</td>
</tr>
<tr>
<td>manual laborers</td>
<td>9</td>
<td>3.2</td>
<td>48.7</td>
</tr>
<tr>
<td>student</td>
<td>32</td>
<td>11.6</td>
<td>60.3</td>
</tr>
<tr>
<td>household</td>
<td>74</td>
<td>26.7</td>
<td>87.0</td>
</tr>
<tr>
<td>others</td>
<td>29</td>
<td>10.5</td>
<td>97.5</td>
</tr>
<tr>
<td>home based product</td>
<td>7</td>
<td>2.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>277</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Of the 277 respondents 9% worked as farmers and 16% were in their own business. About 21% of the respondents work for the government services. Only three percent of the respondents were manual laborers. Eleven percent of the respondents were students. 27% of the respondents were working in their own households. Ten percent of the respondents worked in other places and two percent had a home based production for employment.

Education of the respondents

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>unfinished primary</td>
<td>77</td>
<td>28.1</td>
<td>28.1</td>
</tr>
<tr>
<td>primary finished</td>
<td>21</td>
<td>7.7</td>
<td>35.8</td>
</tr>
<tr>
<td>unfinished secondary</td>
<td>46</td>
<td>16.8</td>
<td>52.6</td>
</tr>
<tr>
<td>secondary finished</td>
<td>47</td>
<td>17.2</td>
<td>69.7</td>
</tr>
<tr>
<td>unfinished university</td>
<td>44</td>
<td>16.1</td>
<td>85.8</td>
</tr>
<tr>
<td>university finished</td>
<td>21</td>
<td>7.7</td>
<td>93.4</td>
</tr>
<tr>
<td>Uneducated</td>
<td>18</td>
<td>6.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>274</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Seven percent of the respondents were uneducated and 28% had not completed their primary level of education. About 8% had finished their primary education. Seventeen percent had finished secondary schooling and another 17% had not completed their secondary education. Sixteen percent of the respondents had attended university but not completed it, with 8% of the respondents having finished university.
<table>
<thead>
<tr>
<th>Spouse’s work</th>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>farmer</td>
<td>17</td>
<td>9.0</td>
<td>9.0</td>
</tr>
<tr>
<td>Business</td>
<td>43</td>
<td>22.8</td>
<td>31.7</td>
</tr>
<tr>
<td>Government and other service</td>
<td>50</td>
<td>26.5</td>
<td>58.2</td>
</tr>
<tr>
<td>manual laborer</td>
<td>7</td>
<td>3.7</td>
<td>61.9</td>
</tr>
<tr>
<td>student</td>
<td>2</td>
<td>1.1</td>
<td>63.0</td>
</tr>
<tr>
<td>household</td>
<td>57</td>
<td>30.2</td>
<td>93.1</td>
</tr>
<tr>
<td>others</td>
<td>10</td>
<td>5.3</td>
<td>98.4</td>
</tr>
<tr>
<td>home based product</td>
<td>3</td>
<td>1.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>189</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

### 4.3 Findings About the Association of the Education Level with Knowledge, Attitude and Oral Health Behavior

**Note:** The cross tabulation tables for this section are attached in ANNEX 2 for readers’ view.

There was no significant association of the level of education of the respondents and their awareness about what a dentist would advise to them if they were to visit one. The majority of the respondents answered "don't know" to most of the treatments that might be advised to them by a dentist regardless of the level of their education. There was however a higher response to Yes when they were asked if they would be advised extraction. This is probably due to the fact that people only visit a dentist when they are in pain and it is too late to salvage a tooth.

There was no significance noticed in the level of a person's education and their tooth brushing habits. Neither was there any significant difference between those who used fluoridated toothpaste based on the level of education.

The level of the respondent's education and the consumption of various sugar containing foods and consumption of fresh fruit have no significant correlation to each other.

The consumption of harmful products like tobacco containing stuff (like cigarettes, surti, bidi etc) and other products like paan and supari and also alcohol consumption shows no significant association to the level of the respondent's education.

Like wise the reasons for visiting a dentist are all the same i.e. if there is a problem with their teeth regardless of the education level.
There was an increase in percentage of the awareness about AIDS along with the increase in the educational levels of the respondents.

### 4.4 Findings About the Association of Gender and Habits

**Sex * Frequency of smoking cigarette**

<table>
<thead>
<tr>
<th>Sex of the respondent</th>
<th>many times a day</th>
<th>daily</th>
<th>2-3/week</th>
<th>1/week</th>
<th>don't take</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>male</td>
<td>17</td>
<td>17</td>
<td>2</td>
<td>3</td>
<td>93</td>
<td>132</td>
</tr>
<tr>
<td>female</td>
<td>5</td>
<td>4</td>
<td>124</td>
<td>133</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>21</td>
<td>2</td>
<td>3</td>
<td>217</td>
<td>265</td>
</tr>
</tbody>
</table>

A highly significant \((p=.000)\) association was found between sex of the respondents and their frequency of smoking cigarettes. This may be so due to the society accepting this habit more from males than females especially in urban areas.

**Sex * Frequency of having Surti**

<table>
<thead>
<tr>
<th>Sex of the respondent</th>
<th>many times a day</th>
<th>daily</th>
<th>1/week</th>
<th>2-3/month</th>
<th>don't take</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>male</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>111</td>
<td>126</td>
<td></td>
</tr>
<tr>
<td>female</td>
<td>1</td>
<td>130</td>
<td>131</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>6</td>
<td>5</td>
<td>1</td>
<td>4</td>
<td>241</td>
<td>257</td>
</tr>
</tbody>
</table>

Although very few reported of taking *surti*, a significant \((p=.002)\) association with the sex of the respondents was seen, which like above can be attributed to the acceptance from the society to the males having this habit.

**Sex * Frequency of drinking raksi**

<table>
<thead>
<tr>
<th>Sex of the respondent</th>
<th>many times a day</th>
<th>1/week</th>
<th>2-3/month</th>
<th>don't take</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>male</td>
<td>5</td>
<td>2</td>
<td>28</td>
<td>97</td>
<td>132</td>
</tr>
<tr>
<td>female</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>127</td>
<td>132</td>
</tr>
<tr>
<td>Total</td>
<td>6</td>
<td>2</td>
<td>32</td>
<td>224</td>
<td>264</td>
</tr>
</tbody>
</table>

Similar to smoking habit the habit of taking *raksi* (alcohol) there was a highly significant \((p=.000)\) association between the sex of the respondent and the consumption of alcohol, again attributed to the societal acceptance to males sporting this habit.
CONCLUSIONS AND RECOMMENDATIONS

CHAPTER V

CONCLUSIONS

1. People generally visit the hospital after they experience toothache.

2. Most of those who visit the hospital do not smile less or laugh less or speak less with others due to bad oral hygiene or bad breath. The majority seem to be happy with the state of their teeth despite the high incidence of reported toothache. This may be attributed to the lack of information, awareness and their attitudes about oral health and hygiene.

3. In spite of the high incidence of toothache, most of the people perceive no problems with their oral health.

4. The lack of awareness was also quite obvious as majority did not know about what their dentist would advise them in terms of treatment such as filling, scaling, and orthodontic treatment or if the dentist would say their teeth were fine.

5. However, more patients were sure about the dentist advising extraction. This is probably due to the fact that people don't visit the dentist unless they have severe pain and it is too late to salvage the tooth.

6. The toothbrush is quite commonly used to clean the teeth, but most of the people do not have knowledge about fluoridated toothpastes. The use of toothbrushes may be due to the ready availability of toothbrushes in the market and the proximity of the respondents to a market. Additionally, most people are aware that they should brush their teeth daily though they do not know how many times a day is recommended.

7. The current consumption of sugar containing foods by the patients is not very high. However it must be taken into account that the sample consisted of adults only and that their childhood consumption of sugar containing foods do affect their present oral health status. This implies that information about past sugar consumption is very important to be obtained to find out its impact on present status of oral health.

8. Though majority of the patients have reported not to use or chosen not to answer the questions about consumption of harmful substances like tobacco, paan, supari, alcohol, etc., it may be so because of them being questioned in a hospital atmosphere or due to the social stigmas attached to the consumption of these substances. It implies that mere administering of questionnaires do not yield the precise information, therefore along with the questionnaire some sensitive behavioral information can only be obtained through close observation.
9. Generally people do not visit a dentist because they perceive no need for it. They seem to visit the dentist only when they experience toothache or some other related problems. This shows that people generally feel that visiting a dentist is only for curative purpose.

10. The high awareness about AIDS can be attributed to the rigorous and widespread awareness campaigns about AIDS. However the knowledge about the risk of transmission during dental treatment is lacking.

11. This study points out that there is no association between the education of the patients and their attitudes, knowledge and oral health behavior despite about 40% having education secondary level and above. This maybe so because there is no oral health awareness in the school curriculum.

12. Interestingly enough the sex of the respondents was significantly associated to the increased consumption of alcohol and tobacco products with more males using these harmful products than females. This can be attributed to the cultural freedom which is enjoyed by male gender.

13. It is realized that for a holistic research, survey of patients has to be supplemented with a clinical examination of their oral health status. This will enable to link the association of patients’ socio-economic status and their awareness level to their oral health status.

RECOMMENDATIONS

1. Conscientious efforts have to be made towards oral health promotion.

2. Oral health education for public in general and the special target groups like school children, pregnant and nursing mothers, AIDS patients in particular is deemed necessary, which can be achieved through inclusion in health IEC materials and inclusion in the school health curriculum.

3. There should be rigorous awareness campaigns regarding tobacco, alcohol, supari and paan and their association with oral cancer. Moreover, there should be a strong advocacy by heath professionals against the unrestricted promotion and marketing of these products.

4. Awareness should also be campaigned about AIDS and Hepatitis-B and their risk of transmission during dental treatment. Awareness should be made to both the general public and the oral health care workers who provide their services in remote areas of Nepal.

5. There should be a day designated to campaign for oral health education and promotion such as a ‘Love Tooth Day’ held in Wuhan City, China.
6. For future studies of similar kind, the survey should be supplemented with clinical check-ups and observation of patients’ habits.
REFERENCES


ANNEX 1
बरि असपतालको दम्न विलीनिकमा आउने मानिसलाई प्रर्नावली (२)

1. नाम ———— लिङ्ग □ जात ————

ठेगाना ———— शहर □ शहर बाहिर □ गाउँ □

वैवाहिक अवस्था ————

2.आज तपाई कति वर्ष पुर्व भयो ? ———— वर्ष

3. गत १२ महिनामा तपाईको दाँत दुःख्यो वा कुनै अपराधारी भयो ?

भयो □

भएन □

भाऊ भएन □

उत्तर नदिने □

4.आपनो दाँत नराद्रो लागेको कारण तपाई कतिको मुस्कराउन र हॉस्पिटल कम गर्नु हुन्छ ?

थ्रेरे पटक □

थ्रेरे जसो □

कहीते काहि □

कम गर्दिन □
६. तपाईले अफनो दात, गिजा, र सास गन्धाउने कारणले अर्थसंग कम बोल्ने कतिको गर्नु हुन्छ?

- धेरै पटक
- धेरै जसो
- कहिलेकाहि
- कहिल्येपनि

७. तपाईले रोटी या स्पाउ चपाउन सक्नु हुन्छ?

- सक्छ
- सबिदन

८. तपाई अफनो दातको बनावट संग कुरी हुनुहुन्छ?

- एक दरी कुरी छ
- कुरी नै छ
- असले राघ्रो देख्नुहुन्छ
- तेठ धेरै कुरी छैन
- कुरी छैन
8. तपाईं आफ्नो दाँत र गिजोको स्वास्थ्य कस्तो छ भन्नुहोस्?

<table>
<thead>
<tr>
<th>दाँत</th>
<th>गिजा</th>
</tr>
</thead>
<tbody>
<tr>
<td>अति उतम</td>
<td>[ ]</td>
</tr>
<tr>
<td>धेरै रामो</td>
<td>[ ]</td>
</tr>
<tr>
<td>रामो</td>
<td>[ ]</td>
</tr>
<tr>
<td>ठीक</td>
<td>[ ]</td>
</tr>
<tr>
<td>नरामो</td>
<td>[ ]</td>
</tr>
<tr>
<td>अति नरामो</td>
<td>[ ]</td>
</tr>
<tr>
<td>भाहा छैन</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

6. दिन्ति विकित्सकले तपाईंको मुख परीक्षण गर्नु भयो भने के भन्नु होला?

दिन्ति विकित्सक भन्नु हुन्छ:
(हरेक भनाई पद्दतीलो)

<table>
<thead>
<tr>
<th>हो</th>
<th>होइन</th>
<th>भाहा छैन</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;तिमिले तिमो दाँत अभ रामो संग माघनुपर्छ&quot;</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>&quot;दिन्ति पत्थर निकान्तु पर्दछ&quot;</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>&quot;दाँत भराउनु पर्दछ &quot;</td>
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<td>[ ]</td>
</tr>
<tr>
<td>&quot;एउटा दाँत निकालनुपर्छ &quot;</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
"दाँत छिपाए गए "

"तपाईले दाँत ठिक छ "

10. निम्न लिखित कुन कुन को प्रयोग गर्नुहोस्?
(जुन बलातून तस्मात बिन्दू लगाउनुहोस्)

मेरो आफने बुझाला
परिवारको अरु यस्तो सदस्यको
काठको दाँत कोर्टलाई सिन्का
धारो (दाँत सफाई गरेका धारो)
औंलाई
कोर्टलाई
नुन
दलित
अरु
11. तपाई कति पटक दात मामलुक्कन्?
काहिले पनि महिनामा एक पटक
महिनामा एक पटक
महिनामा २-३ पटक
ह्प्टामा एक पटक
ह्प्टाम २-३ पटक
dिनको एक पटक
dिनको दुई वा बादि पटक

12. तपाईले फलोराइकक दन्त महजन प्रयोग गर्नुहुन्छ?
गर्जन
गर्जन
महजन प्रयोग गर्जन
भाषा छैन

13. यदि महजन प्रयोग गर्नुहुन्छ भने कृ न महजन प्रयोग गर्नुहुन्छ?
दन्त महजनको कम्पनीको नाम......................... हो।
 ANNEX 1

14. तपाईको नबकली दाँतहरू छन्?

<table>
<thead>
<tr>
<th>कुनै कुनै मात्रा नबकली दाँत राखेको?</th>
<th>छन्</th>
<th>छैनन्</th>
</tr>
</thead>
</table>

14. तपाईले निम्न लिखित खानेकुटाःह कम्ही मात्रामा भए पनि कतिको खानु हुन्छ?

<table>
<thead>
<tr>
<th>दिनको दिन</th>
<th>हप्ताको दिन</th>
<th>ल्लाग्न हप्ताको महिनामा सेवन पटक</th>
<th>ल्लाग्न ते र २-३ पटक</th>
<th>कल्लिले गर्दिन पटक</th>
<th>कैरहे</th>
</tr>
</thead>
<tbody>
<tr>
<td>ताजा फलफुल</td>
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<td></td>
</tr>
<tr>
<td>बिस्कुट</td>
<td></td>
<td></td>
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<td>बिसो(कोक / फान्टा)</td>
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<td></td>
<td></td>
</tr>
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<td>विनहिलेको जुस</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>बुड्डगम</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>मिठाई / चब्बले</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>बिनी भएको कफी</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
16. मिन्न सिंचित पदार्थों कति प्रयोग गर्नुहुन्छ?

<table>
<thead>
<tr>
<th>हरेक =दिन</th>
<th>दिनको कति पटक</th>
<th>हफ्ता 2-3 पटक</th>
<th>हप्ताको पटक</th>
<th>महिनामा कहिले काही</th>
<th>प्रयोग गर्दिन</th>
</tr>
</thead>
<tbody>
<tr>
<td>म झुरोट खान्छ</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>म बिडी पिउँछ</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>म सैनी खान्छ</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>म सुपारी खान्छ</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>म पान खान्छ</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>म पुरी सेवन गर्छ</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>अन्य......................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
17. तपाईले दन्त चिकित्सक कर्न ज्ञानुभावको कक्ष भयो?

6 महिना भन्दा कम

6-12 महिना

1 बर्ष भन्दा बढी तर 2 बर्ष भन्दा कम

2 बर्ष भन्दा बढी तर 4 बर्ष भन्दा कम

4 बर्ष भन्दा बढी

कहिलेपनि दन्त सेवा पाएको छैन

18. किन दन्त चिकित्सक कर्न 2 बर्ष सम्म ज्ञानुभावको?

- खर्च नपुगेर

- दात्तको स्वास्थ्य सेवामा पैसा फाल्न / खर्च गर्न मन लागेन

- मलाई डाक्टर मन नपल्नेछ मनेर डर लाग्ने

- पहिलो पटकमा साँझ दुई पाएको सम्भनाला छ

- फुस्तद नभएर

- आवश्यक धिपन

- दात्तको त्यस्तो नराध्यो समस्या धिपन

- दात्तको समस्या आफै जान्छ

- विलिनिक टांडा छ
16. दंत विकित्सक कहाँ हाले गए को कारण के हो?

केही समस्या थियो
परिक्षणको समय भएको जस्तो लाग्यो
विकित्सकले परिक्षणको लागि बोलाउनु भयो
दातको स्वास्थ्य सेवाको क्रममा नै पन्यो

20. तपाईलाई ऐहस भनेरको के हो भाहा छ?

छ
छैन
21. कूण किसिमको काम गर्नुहोस्/ गर्नुहोस्यो? कृपया तपाईको काम उल्लेख गर्नुहोस्।

ध्यामी काम

डकर्मी

चपरासी ( पियन)

अफिसमा

दक्ष कार्यालय कामदार

खेतीपाती

दक्ष कृषि कामदार

काम नभएको/ काम गरेको छैन

घरमानी काम

काम गरेको छैन

स्वास्थ्य समस्याको कारण काम गरेको छैन

मेलै गर्ने काम माधि दिएको कुनै संग मिल्दैन
२२. तपाई कति सम्म शिक्षित हुनुहुन्छ्? (एउटामा मात्र चिन्छ लगाउनुहोस्)

प्राथमिक कक्षाहरू नसकिएको

माध्यमिक कक्षाहरू नसकिएको

माध्यमिक कक्षा हस्त सकिएको

प्राथिमिक अध्ययन/ कॉलेज/ बिरभिद्यालय नसकिएको

प्राथिमिक अध्ययन/ कॉलेज/ बिरभिद्यालय

२३. तपाईको श्रीमती / श्रीमान कस्तो काम हुनुहुन्छ्?

श्रीमती / श्रीमान छैन (बिवाह भएको छैन)

ज्यामी काम

हक्की

चपरासी (पियन)

अफिसमा

दक्ष कार्यालय कामदार

खेतीपाती

दक्ष कृषि कामदार

काम नभएको/ काम गरेको छैन

घरमाने काम
काम गरेको छैन

स्वास्थ्य समस्याको कारण काम गरेको छैन

मेले गर्ने काम माधि दिएको कुनै संग मिल्दैन

24. तपाईं कुन जनजातीमा पर्नुहोस्?

त्यो अन्तार्तिक उलिनिउमको लागि धन्यवाद।

अन्तार्तिक उलिनिउमको लागि धन्यवाद।

अन्तार्तिक उलिनिउमको लागि धन्यवाद।
ANNEX 2
**CROSS TABULATION TABLES OF EDUCATION AND OTHER VARIABLES**

### Level of education and awareness what dentist will advise

<table>
<thead>
<tr>
<th>Education</th>
<th>Dentist will say to brush your teeth</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>unfinished primary</td>
<td>23</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>29.9%</td>
<td>70.1%</td>
</tr>
<tr>
<td>primary finished</td>
<td>5</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>23.8%</td>
<td>76.2%</td>
</tr>
<tr>
<td>unfinished secondary</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>34.8%</td>
<td>2.2%</td>
</tr>
<tr>
<td>secondary finished</td>
<td>13</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>27.7%</td>
<td>4.3%</td>
</tr>
<tr>
<td>unfinished university</td>
<td>17</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>38.6%</td>
<td>2.3%</td>
</tr>
<tr>
<td>university finished</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>38.1%</td>
<td>61.9%</td>
</tr>
<tr>
<td>uneducated</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>16.7%</td>
<td>83.3%</td>
</tr>
<tr>
<td>Total</td>
<td>85</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>31.0%</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

### Level of education and awareness if dentist will advise to get teeth cleaned

<table>
<thead>
<tr>
<th>Education</th>
<th>Dentist will say to clean your teeth</th>
<th>Total</th>
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### Level of education and use of fluoridated toothpaste

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<tr>
<td></td>
<td>daily</td>
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<td>24</td>
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### Level of education and frequency of biscuit consumption

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<td>11</td>
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### Level of education and frequency of drinking juice with sugar

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### Level and education and frequency of having chewing gum

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<tr>
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<td>1</td>
</tr>
<tr>
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</tr>
<tr>
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</tr>
<tr>
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</tr>
<tr>
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<td>2-3/month</td>
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<td>9</td>
<td>18</td>
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### Level of education and frequency of cigarette consumption

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<td>3</td>
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<tr>
<td></td>
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<td>4.8%</td>
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<td>5.3%</td>
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### Level of education and the frequency of bidi smoking

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## Annex 2

### Level of education and frequency of having *khaini*

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<th>1/week</th>
<th>2-3/week</th>
<th>daily</th>
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<th>1/week</th>
<th>2-3/week</th>
<th>daily</th>
<th>2-don't take</th>
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<td></td>
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<td>1</td>
<td>1</td>
<td>61</td>
<td>65</td>
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<td>1.5%</td>
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<td>90.9%</td>
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### Level of education and frequency of *supari* consumption

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<th>don't take</th>
<th>1/week</th>
<th>2-3/week</th>
<th>daily</th>
<th>don't take</th>
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<td></td>
<td></td>
<td></td>
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</tr>
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<td>4.5% 1.5% 3.0% 11.9% 79.1% 100.0%</td>
<td></td>
<td></td>
<td></td>
<td>5.3% 10.5% 73.9% 100.0%</td>
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<td>26.1% 73.9% 100.0%</td>
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<td></td>
</tr>
<tr>
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<td>4.7% 4.7% 23.3% 67.4% 100.0%</td>
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<td>5.3% 10.5% 73.9% 100.0%</td>
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### Level of education and frequency of having *paan*

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<td>Total</td>
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|                           | .8%  | .4%       | .4%    | 6.4%        | 92.0%      | 100.0% |
### Level of education and frequency of drinking raksi

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<td>67</td>
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</tr>
<tr>
<td>primary finished</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>2 17 19</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>10.5% 89.5% 100.0%</td>
<td></td>
</tr>
<tr>
<td>unfinished secondary</td>
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<tr>
<td></td>
<td>2 1 8 33 44</td>
<td>44</td>
</tr>
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<tr>
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<td></td>
</tr>
<tr>
<td></td>
<td>1 1 8 32 42</td>
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</tr>
<tr>
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<tr>
<td></td>
<td>1 4 15 20</td>
<td>20</td>
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<td>uneducated</td>
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</tr>
<tr>
<td></td>
<td>18 18</td>
<td>18</td>
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<td></td>
<td>100.0% 100.0%</td>
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### Level of education and reason for visiting dentist

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<td>56 1 3 14</td>
<td>74</td>
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<td>75.7% 1.4% 4.1% 18.9% 100.0%</td>
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