

Occurrence of Oral Health Beliefs, Myths And Misconceptions Among Nomadic Narikuravar (Gypsie) Population, Vallioor, Tirunelveli District.

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Abstract: India, a developing country faces many challenges in rendering oral health needs. Indian population consists of people from different cultural backgrounds and there is a very strong influence of the various myths on health seeking behaviour in our population. In earlier times the Narikuravars' role in the village was that of a transient people, they now, in some respects, occupy a position comparable to that of other low caste groups, and they act as voters, as well as members, of the panchayat, the traditional village council. Permanent settlement has enabled Narikuravar children to go to school. The purpose of the present study was to find out the current prevalence of these cultural taboos and beliefs regarding dentistry among the Nomadic Narikuravar population who residing in Tirunelveli district. The intent is that this assessment will be helpful in shaping the future health programs and creating dental awareness among the Narikuravar community. The aim of the study was to explore cultural beliefs and taboos, misconception regarding dentistry among Nomadic Narikuravar (Gypsie) population residing in Valliyoor, Tirunelveli district. The study revealed poor knowledge, attitude and practices regarding oral health in Nomadic Narikuravar (gypsie) population, the cultural beliefs are due to illiteracy and lack of knowledge and they act as access barriers for the utilization of dental services.

Keywords: Narikuravar, Cultural Beliefs, Taboos, Gypsie.

INTRODUCTION

India, a developing country faces many challenges in rendering oral health needs. The majority of Indian population resides in rural areas¹. Indian population consists of people from different cultural backgrounds and there is a very strong influence of the various myths on health seeking behaviour in our population. People believe in spiritual treatment and alternative forms of medicine, instead of coming to a dentist. In ancient times health and illness were interpreted in a cosmological and anthropological perspective. Medicine was dominated by magical and religious beliefs, which were an integral part of ancient cultures and civilizations². Due to the lack of knowledge, the primitive man attributed disease and, in fact, all human sufferings and other calamities to the wrath of Gods, such as the invasion of body by "evil spirits". The concept of disease in which ancient man believed is known as the "supernatural theory of disease"³. All people, whether rural or urban, have their own beliefs and practices concerning health and disease⁴. Among these population The Narikuravar are thought to have migrated around 400 years ago from northern India to the south; their language (vagriboli) indicates a Gujarati origin. Until a few decades ago, they were nomadic groups of a few families would wander on more or less fixed routes, living through hunting, fortune telling, selling medicines, honey, plastic combs, and tattooing in the local temple festivals⁵.



Fig 1: Narikuravar colony

After independence, they were given small plots and houses in newly Constructed settlements called colonies due to the revision of Indian settlement policies. Today there are around 900 so called Narikuravar colonies in Tamil Nadu, ranging from 20 to 400 houses in size. Permanent settlement has led to a number of changes among the Narikuravar. First of all, their subsistence patterns have changed: hunting, once a principal means of living, can now only be carried out privately, due to the passing of environmental laws restricting the commercial hunting of most species. As an alternative, the catching of rats from rice fields has become an important source of income for local peasants. Being permanently located in one place has, of course, also had an impact on the relationship of the Narikuravars with the Tamil population.



Fig 2: Narikuravar colony

Whereas in earlier times the Narikuravars' role in the village was that of a transient people, they now, in some respects, occupy a position comparable to that of other low caste groups, and they act as voters, as well as members, of the panchayat, the traditional village council. Permanent settlement has enabled Narikuravar children to go to school. There, they mix and make friends with Tamil children, and they learn to speak, read, and write in the Tamil language⁵. Gradually with the development of education, these taboos and beliefs are disappearing, but still they persist and are commonly encountered. The field of dentistry is not exceptional to these cultural beliefs. Regarding tooth and tooth ache there have been various superstitions; the popular ones are described in this study. Traditional Indian beliefs and taboos were found to correlate inversely with preventive dental health behaviour in the population⁶. The purpose of the present study was to find out the current prevalence of these cultural taboos and beliefs regarding dentistry among the Nomadic Narikuravar population who residing in Tirunelveli district. The intent is that this assessment will be helpful in shaping the future health programs and creating dental awareness among the Narikuravar community. The aim of the study was to explore cultural beliefs and taboos, misconception regarding dentistry among Nomadic Narikuravar (Gypsie) population residing in Valliyoor, Tirunelveli district.

MATERIALS AND METHODS

STUDY DESIGN

This present study was a cross-sectional survey done to assess the Oral Health Beliefs, Myths and Misconceptions among Nomadic Narikuravar (Gypsie) population.

INFORMED CONSENT

Verbal consent was obtained from all the study participants.

BACKGROUND OF THE STUDY AREA AND STUDY POPULATION

This cross-sectional survey was conducted among Narikuravar colony, Valliyoor, Tirunelveli district, India. The total population of the Narikuravar colony is 212 and total number of houses 61, and the majority of the population relying on bead jewellery making, honey sales, plastic combs, hunting, tattooing for their income.

STUDY PERIOD

This study was carried out during the month of June 2015.

INCLUSION AND EXCLUSION CRITERIA

Above 15 years old were included in this study.

- Those who are not willing to participate were excluded.

QUESTIONNAIRE FORMULATION

A close ended, structured questionnaire written in English including 13 items was designed to evaluate cultural beliefs and taboos regarding oral health care. The questionnaire was modified based on the results of the pilot study. Examples of

information that was gathered includes: personal sociodemographic characteristics, extraction of upper teeth and its effect on eye sight, worms in the teeth as shown by unqualified doctors, loosening of teeth after oral prophylaxis, neonatal teeth being dangerous for grandparents, spacing between upper anteriors as a sign for good fortune, etc.



Fig 3: Recording the questionnaire by the investigator

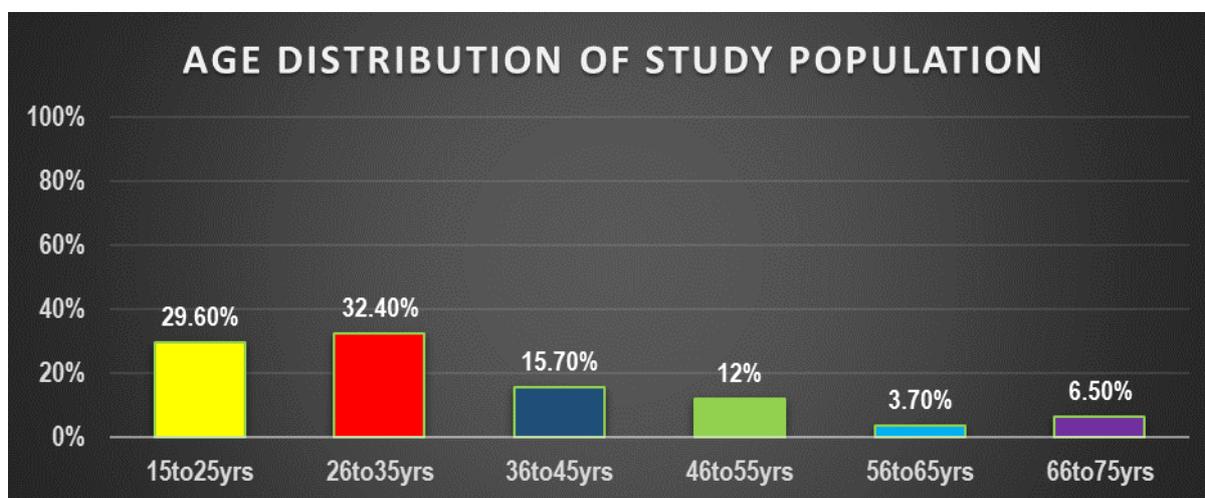
STATISTICAL ANALYSIS

Data analysis was done using SPSS version 15.0. Descriptive statistics were obtained and frequency distribution, means, standard deviation were calculated. Positive mean scores of all the questions were calculated using student’s t and One-way ANOVA test at p value < 0.05. Pearson’s correlation coefficient was used to assess the relation of age group and dental visit.

RESULTS

The total sample was 108, which was assorted according to age, gender to know misconception regarding dental health. Table I shows that most of the participants (85.2%) think that after cleaning teeth get loosen. Most of the participants (91.7%) believe that extraction of upper teeth affects eye sight. Nearly (93.5%) of our subjects believe that there is no need to visit a dentist until all the permanent teeth of children erupt. (84.3%) of the participants feels no need of dental visit even if there is no problem.

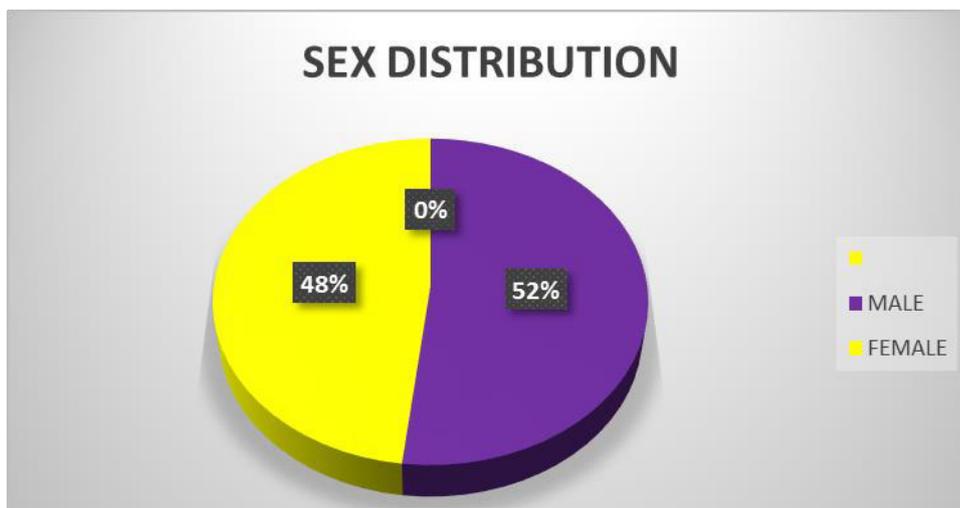
TABLE I: AGE WISE DISTRIBUTION		
AGE	FERQUENCY	PERCENTAGE
15to25yrs	32	29.6
26to35yrs	35	32.4
36to45yrs	17	15.7
46to55yrs	13	12.0
56to65yrs	4	3.7
66to75yrs	7	6.5



GRAPH I SHOWS AGE DISTRIBUTION OF THE NARIKURAVAR POPULATION.

When it was asked about spacing between upper anterior teeth as an indication for good fortune, less than (67.6%) subjects gave correct response, 85.2% of the study participants says brushing teeth with finger is better than tooth brush, 98.1% of the population says hard brush cleans the teeth appropriately, 85.2% of the study participants says clove, supari are effective medicine for tooth ache, 70.4% of the population says not to use charcoal, Salt, rice, brick powder, tobacco, husk for cleaning the teeth, 99.1% of the participants says they will brush even though there is a bleeding gums, 65.7% of the participants says original teeth were better than artificial one, 96.3% of the population were not visited to a dentist, 65.7% of the participants thought the female dentist will not treat their teeth as finely as a male dentist, 85.2% of the participants were thought white teeth are stronger. 96.3% of the participants were says taking medicines after food.

SEX	FERQUENCY	PERCENTAGE
MALE	56	51.9
FEALE	52	48.1



GRAPH 2 SHOWS GENDER DISTRIBUTION OF NARIKURAVAR POPULATION

S.NO	QUESTION ASKED	YES		NO	
		frequency	percent(%)	frequency	Percent(%)
1.	Do teeth become loose after cleaning?	92	85.2%	16	14.8%
2.	Do you think extraction of upper teeth potentially affects aye site?	99	91.7%	9	8.3%
3.	Do you think there is no need to visit dentist before all the primary (milk) teeth were appeared?	101	93.5%	7	6.5%
4.	Do you think there is no need to visit dentist for treating milk teeth and how they are going to shed off?	91	84.3%	17	15.7%
5.	Is there a need of regular dental check up even if there is no problem?	17	15.7%	91	84.3%
6.	Do you think spacing, crowding, irregular placement between teeth is a sign of good luck?	35	32.4%	73	67.6%
7.	Do you think cleaning teeth with fingers is better than with brush?	92	85.2%	16	14.8%
8.	Do you think hard brush cleans your teeth more appropriately than soft brush?	106	98.1%	2	1.9%
9.	Do you think cloves and supari should be used to ease tooth pain?	92	85.2%	16	14.8%
10.	Do you think charcoal, salt, rice, husk, tobacco etc in powder form is better than toothpaste in cleaning teeth?	32	29.6%	76	70.4%
11.	Do you think when the gums bleed, it is better not to brush the teeth?	1	0.9%	107	99.1%
12.	Do you think it is better to have artificial teeth than to repair ones original teeth?	37	34.3%	71	65.7%
13.	Have you visited a dentist	4	3.7%	104	96.3%

A large portion of the Narikuravar population has cultural beliefs, misconceptions, myths related to oral health. Among these population 15-25 years old (59.4%) were visited a dentist more frequently than other age groups were statistically significant [$p < 0.00$].

TABLE 4: Shows Age versus Dental Visit.

AGE	VISITED	NOT VISITED
15to25yrs	59.4%	40.6%
26to35yrs	14.3%	85.7%
36to45yrs	23.5%	76.5%
46to55yrs	23.1%	76.9%
56to65yrs	0.00%	100%
66 TO 75YRS	0.00%	100%

Chi Square -23.117 df-5 p-0.00

DISCUSSION

India is a land of various cultures there are around 900 so called Narikuravar colonies in Tamil Nadu, ranging from 20 to 400 houses in size. India is a vast country with a varied ethnic, socio-economic and geographical background⁷. To address the fact that no study exists regarding cultural beliefs and taboos related to dentistry, we conducted this study. Every culture has its own customs, some of which have a profound influence on incidence of disease^{8,9}. In the present study the individual who lives in Narikuravar colony were illiterate, myths and misconception level is high in older age groups than the younger age groups. These findings were similar to study conducted by (Chen et al 1983)¹⁰. In this study overall 85.2% of the respondents think that after oral prophylaxis teeth will loosen, this may be attributed to the fact that many people from rural areas have little knowledge about dental treatments. They tend to visit the dentist at advanced stages of disease, and at that time, if a dentist removes calculus it may be likely that the tooth will become more mobile. This loosening could lead the patient to consider the dentist as the cause¹¹. In present study around half of the respondents believe that extraction of upper teeth deleteriously affects eye sight. For example, extractions performed on older patients, leading to weakening of eye sight due to its vicinity in maxilla. In this study 93.5% of study subjects believe that there is no need to go to dentist until all the permanent teeth of child erupts. This is not entirely true as early loss of milk teeth will interfere with chewing and affect the child's nutrition, leads to drifting of the adjacent teeth and closure of some of the space that is required for the succeeding permanent teeth to erupt into. Such a loss of space will cause the permanent teeth to erupt in irregular position and result in crowding. Therefore milk teeth need to be cared for as much as permanent teeth¹². So it is advisable to start the habit of cleaning the infant's teeth soon after they appear in the mouth. In fact it is advised to clean baby's gum pads everyday by gentle massage even before the teeth erupt. More than 84.3% of participants think that there is no need of a regular dental check-up even if there is a problem because dental diseases are not life threatening and can be taken care of with routine medicines available through local pharmacy without consultation of dental surgeon. Some people are quite poor who cannot afford high cost dental treatments¹³. In the present study 32.4% of the participants were think that spacing, crowding, irregular placement between teeth is a sign of good luck similar study stated The presence of natal teeth was related with supernatural powers, ill-luck and most of them believed that the child would bring misfortune to the family and would become a witch. These kinds of beliefs are considered to be carried out from the ancestors, most often to the females of the family¹⁴. In the present study, 50% of the subjects still do not have appropriate brushing habits, which may be due to poor education. Many people in the Narikuravar community use twigs of neem tree as a tooth brush, some use ashes, and some charcoal. Similar study stated that Orthodox Jains clean their teeth using fingers and without using the brush. This may have a negative impact on their oral health. Muslims offer prayer in the form of namaz, five times in a day. During each namaz, as part of the ritual, they use miswak stick, tooth picks and do gum massaging. This may promote the oral health. Use of chewing twigs, Neem/Banyan/coconut twigs/datun /twigs from Salvaodora Persicca are used for cleaning the teeth¹⁵. 85.2% of the participants using products like clove and supari for relieving tooth pain and materials like charcoal. Similar study stated that However in some countries habits of cola and khat chewing are widely prevalent. The cola has tannin and caffeine that facilitates healing of oral mucosal lesions but both of them causes dry mouth, thirst, pain, and clicking in the Tempero Mandibular Joint region¹⁶.

CONCLUSION

The study revealed poor knowledge, attitude and practices regarding oral health in Nomadic Narikuravar (gypsie) population, the cultural beliefs are due to illiteracy and lack of knowledge and they act as access barriers for the utilization of dental services. Co-ordinated efforts by dentists, Public Health Specialists, Non Government Organisations (NGO's) and grass root level workers are needed to impart dental health education that can be effectively incorporated in developmental programmes in promoting the prevention of diseases and dental care among this Narikuravar (gypsie) population.

CONFLICT OF INTEREST

Conflict of interest declared none.

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