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RESEARCH ARTICLE

ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICES OF RISK FACTORS OF ORAL CANCER AMONG THE ADULT POPULATION OF JAMMU AND KASHMIR- A CROSS SECTIONAL STUDY

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ABSTRACT

Background: Oral cancer refers to cancers affecting the mouth, lip and oral cavity. The two major known risk factors for oral cancer are alcohol and tobacco. These factors have a synergistic effect so people who both drink and use tobacco have a much higher risk of oral cancer than those using only al- cohol or tobacco. Other factors that have been impli- cated in the development of oral cancer include poor diet and nutrition, sun exposure and the human papil loma virus. In India, oral cavity cancer is among the top five most common cancers in both sexes. This study intends to find out the knowledge, awareness and practice of risk factors of oral cancer among population of Jammu & Kashmir and to provide them health education about the prevention and early diagnosis. **Methods:** The cross sectional descriptive study was conducted in the Government Dental College & Hospital, Jammu, among 400 adults. **Results:** Majority, 265 (66.2%) of the population did not know the site of oral cancer, 325 (81.2%) did not know any clinical features of the oral cancer and 180 (45.0%) did not know about any risk factors of oral cancer. About 199 (49.75%) people agreed that there is a need for screening and regular oral examination to detect the lesions early. **Conclusion:** There is a need to generate awareness regarding the risk factors and about the good and harmful practices in the community.

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INTRODUCTION

Cancer is the non-communicable disease of public health importance. It is the second most common cause of mortality in developed countries. The Oro-pharyngeal cancer is highly prevalent in developing countries like India, than in developed countries (WHO, 2005). Oral cancer is most common in males, lower socioeconomic groups and in ethnic minority groups (Scully and Felix, 2006). Cancer although rates in females are on the rise with an average increase of 3% each year since 1989 (http://Info.Cancerresearchuk.Org/Cancerstats/Types/Oral/Incidence/#Source6). Early diagnosis is ensured by the prompt response of patients and healthcare professionals to early signs and symptoms in order to facilitate diagnosis and treatment before the disease becomes advanced. However, approximately 30% of patients wait more than three months before consulting a healthcare professional about signs of oral cancer (Scott, 2007). Delayed presentation has been found to be influenced by the process of symptom interpretation, knowledge of oral cancer, coping responses and barriers to seeking help such as problems with access and their social circumstances and responsibilities (Scott *et al*., 2006). Early diagnosis of oral cancer could be aided by opportunistic screening for signs and symptoms among patients attending for routine dental care in primary care settings. During a dental check-up, it is routine practice for a soft tissue examination to be carried out for all patients, when the oral mucosa is inspected and oral tissues are palpated (preferably including lymph nodes). As this is the case for all patients, it is assumed that screening for oral cancer is also done routinely when high risk patients attend the dental practice (Johnson *et al*., 2011). The aims were to explore patient's awareness of oral cancer and the risk factors for the oral cancer.

MATERIALS AND METHODS

This hospital-based cross-sectional study was carried out during the year 2018; using an interview questionnaire- based to survey patients attending the OPD of the Govt. dental college and hospital, Jammu.

Sampling procedure

A total of 400 participants were including in the procedure. Participants were adult dental patients (≥18 years) who agreed to take part and signed the consent.

RESULTS

This study includes 400 patients visited the OPD of the Govt dental college and hospital, JAMMU. Out of 400,235(58.8%)

were males and 165(41.2%) were females. Majority, 265 (66.2%) of the population did not know the site of oral cancer, 325 (81.2%) did not know any clinical features of the oral cancer and 180 (45.0%) did not know about any risk factors of oral cancer. About 199 (49.75%) people agreed that there is a need for screening and regular oral examination to detect the lesions early.

Table 1.

Questions	Yes/No
Are you above 18 years	
Do you know what is oral cancer	
Do you know the risk factors of cancer	
Do you know cause of cancer	
Do you know anyone suffering from cancer	
Do you know the use of tobacco and alcohol cause cancer	
Do you it can occur at any age	
Do you know regular check up can detect the oral cancer at early stages	
Do you know that the oral cancer is more common in males	
Do you know that ulcer more then one month in the oral cavity can be a cancer	

DISCUSSION

This study was to assess oral cancer awareness among Jammu & Kashmir population. This study used three open ended questions to evaluate knowledge regarding oral cancer risk factors, appearance and site. The number of questions was kept to a minimum to encourage the responses (Rice, 2006). Those younger and females identified ulcers and change in color especially white patches as a sign and symptom for oral cancer better than their counterpart males; that may be contributed to females might be more aware of their well-being, and therefore might be more aware and concerned about any physical changes occurring to their body, in addition to the fact that females are more active in searching for health information than their counterpart male (Ek, 2013). In the present study, majority were literates. Knowledge about the site of occurrence of the cancer in mouth, was poor (66.2% did not know) in our study population, as compared with awareness among the rural community in Mandya (50.3% did not know), in a study by Vishma *et al*. (2016). But this knowledge was similar to the knowledge of the rural population of Belagavi (60.5% did not know), in a study by Kadammanavar *et al*. (2015). In a study by Elango *et al*. (2011), among the high risk population of India, it was found that 77% knew smoking, 64% knew alcohol and 70% knew pan chewing as the risk factors but among them, 21% smoked (82% knew it was a risk factor), 11% used pan with tobacco (71% knew it was a risk factor), 21% used pan without tobacco (75% knew it was a risk factor), 81% used alcohol (66% knew it was a risk factor) (Elango *et al*., 2011). As compared to this, in our study population, the knowledge was low 55% knew tobacco chewing, 34% knew smoking tobacco and 10% knew alcohol as risk factors, but the major risk factor practiced was spicy diet intake in 46.84%, but the knowledge about that was found nil (Agrawal *et al*., 2012). By improving the knowledge and changing the attitude and causing the behaviour change especially for tobacco cessation, primary prevention of oral cancer can be achieved.

Conclusion

Knowledge about possible prevention, risk factors and belief of "early diagnosis can cure oral cancer" is essential for primordial, primary and secondary prevention interventions to become successful. If this knowledge is less, further the negligence from the population side will increase and the incidence of the cancer will increase and the stage at diagnosis will also be late. Awareness levels, knowledge of risk factors and identifying early signs and symptoms of oral cancer necessitate the need for more structured preventive programs using media. This would entail a reduction in high rates of morbidity and mortality associated with oral cancer.

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