



Knowledge and Attitude about Oral Cancer among Hospital out - Patients in Dhaka

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Abstract

Oral cancer is an important global health concern, representing the six most frequent malignant tumors. Cancer is the non-communicable disease of public health importance. The oral cancer has been implicated as a major cause of mortality and morbidity in developing countries. Oral cancer is multifactorial in nature. Most of the risk factors can be prevented. Materials and Method: This is a cross-sectional study and examines the data for knowledge, attitude and practice about oral cancer in adult hospital out-patient population. The data collection was done from January 2020 for 1 week. All the data collected were entered in spreadsheets. The data was analyzing by using spss software version 16.0. Results: the analysis and interpretation of data collected 55 data in different hospital out-patients population in Dhaka city shows that the majority, 33.3% (18) of the subjects were in the age group 30-39, 27.8% (15) in the age group of 40-49. In relation to the gender of the study, the majority, 57.4% (31) of the subjects were males and 42.6(23) of the subjects were females. The highest mean knowledge score 4 in 0.90 SD found in the causes and diagnosis area and least score 2.32 in .36 SD found in meaning knows in the study and that the mean knowledge score 25 with 1.83 SD and mean 9.33 with t-value is 38.875 which is significant at 0.05 level. The study results reveals that knowledge highly positive correlation with attitude($r=.999$). Conclusion: These study findings indicate significant inadequate knowledge, inappropriate attitude towards oral cancer as well as suboptimal screening practices among Dhaka people.

Keywords: *Oral Cancer, Knowledge, Attitude and Practice, Bangladesh.*

1. Introduction

Oral cancer is an important global health concern, representing the six most frequent malignant tumors. (Ahmad w., et al, 2019).Cancer is the non-communicable disease of public health importance (Basavarju, 2014). The oral cancer has been implicated as a major cause of mortality and morbidity in developing countries (Sandeep, 2018). Oral cancer is multifactorial in nature. Most of the risk factors can be prevented. Early detection of oral cancer makes them more amenable to treatment and allows the greatest chance of cure. Lack of knowledge about oral cancer among is the most significant factors

for developing oral cancer among people in Bangladesh.

2. Methodology

The research design selected for this study is cross-sectional study design. These research is setting for data collection in hospital outpatient population in Dhaka city. It has been taken 55 adult people who are distributed in the selected hospital outpatient department. The population of the present study was done in the Dhaka medical college and hospital and Dhaka dental college and hospital out patients in Dhaka city. Simple random sampling technique was used to select the hospital from the Dhaka city. After getting written permission from director of the Dhaka dental hospital, Dhaka medical college and hospital, and existing in Dhaka city were listed. Obtained permission from director of the hospital, Dhaka city to conduct the study. The data was collected for a period of 7 days from December 2020-25 January 2021. The data and timing were decided by consulting the director of the selected hospital. Written consent was taken from director of the selected hospital. Informed consent was obtained from every subjects. The objectives of the study were explained to the subject before data collection. The subjects were assured about confidentiality of the data and will be used for the purpose of the research only. The data was analyzed by using descriptive and inferential statistics according to the objectives of the study. The collected data entered and univariate and bivariate frequency tables were generated by using statistical software SPSS (version16).

3. Review of literature

Babiker TM. Et al,(2017) conducted across sectional study on oral cancer awareness among dental patient in Omdurman , sudan. It was a hospital based study with interviewer-administered questionnaire was conducted amongst 500 adult patients in ust dental hospital .the result shows that a total of 57.7% of the individual have good knowledge of sign and symptoms,49% have good knowledge of risk factors of oral cancer .this study finding revealed that the overwhelming majority about 93.2% never screened for oral cancer despite their positive attitude for oral cancer is about 66.4%.this study concluded that the need for more structured preventive programs using media. Masthan kmk., (2012), was argued that an early detection of oral cancer helps in better treatment and also improving prognosis of the disease. The availability of advanced diagnostics adjuncts aids are helpful tools for early diagnosis of oral cancer .the diagnostic aids are vital staining, vigilante, brush cytology and visualized aids are velscope, vivo confocal microscopy, saliva based molecular method, quantification of nuclear DNA content , tumour

markers and bio marker. Masthan kmk .,(2012), was argued that an early detection of oral cancer helps in better treatment and also improving prognosis of the disease. The availability of advanced diagnostics adjuncts aids are helpful tools for early diagnosis of oral cancer .the diagnostic aids are vital staining, vigilante, brush cytology and visualized aids are velscope, vivo confocal microscopy, saliva based molecular method , quantification of nuclear DNA content , tumour markers and bio marker. American cancer society (2018) conducted report on oral cavity and oropharyngeal cancer. The most common symptom are non-healing sores in the mouth, a lump or thickening in the cheek or pain in the mouth that does not go away. The other signs are a feeling that something is caught in the throat with trouble chewing or swallowing , trouble moving the jaw or tongue ,numbness of the tongue or are of the mouth, swelling of the jaw that causes dentures, loosing of the teeth ,voice changes, weight loss and constant bad breath.

Petersen Poul Erik (2008) conducted a study on prevention and control of oral cancer. Oral cancer is preventable by risk factors control. Multiple risk factors for oral cancer will reduce in the long term the incidence of cancer by implementing of effective, integrated and multi-sectoral preventive strategies. The probability of cure increasing by early detection with screening of asymptomatic population and awareness of sign and symptoms. At least one third of all cancer worldwide can prevent for sufficient understanding the causes. To reduce the incidence and mortality of cancer and to improve the quality of life of cancer patients and their families is the overall goal of cancer prevention. And for achieving this goal,a well-conceived national control programmed is the effective instrument to bridge the gap between knowledge and practice. In order to assess risks factors and to help the planning of effective national intervention programmes, a global surveillance system of oal cavity cancer has been established through the WHO global oral health programme. National health authorities are encouraged out-come oriented objectives for priotizing preventable tumours and exposure such as tobacco use, unhealthy diets and harmful use of alcohol. The 2005 world health assembly resolution also encouraged the scientist research required to developing knowledge about the burden and causes of cancer giving priority of cervical and oral cancer. The world health health assembly is the supreme decision making body for who and resolution encourage member state to adopt and implement policies.

4. Results

The analysis and interpretation of data collected 55 data in different hospital out-patients population in

Dhaka city shows that the majority, 33.3% (18) of the subjects were in the age group 30-39, 27.8% (15) in the age group of 40-49.

Table 1: Distribution of subjects by age in selected population

Age in years	No	Percentage
16-29	14	25.9
30-39	18	33.3
40-49	15	27.8
50-59	6	11.1
60-69	1	1.9

In relation to the gender of the study, the majority, 57.4% (31) of the subjects were males and 42.6(23) of the subjects were females.

Table2: Distribution of subjects by gender in selected population.

Gender	No	Percentage
Male	31	57.4
Female	23	42.6

Table3: Distribution of subjects by education in selected population.

level	No	percentage
primary	16	29.6
Secondary	13	24.1
tertiary	10	18.5
university	14	25.9
None of all above	1	1.9

The table-3 depicts the majority, 29.6% (16) of the subjects were primary education and 25.9% (14) of the subjects were university educated.

Table 4: Distribution of subjects by marital status in selected population.

Status	No	Percentage
Married	44	81.5
Unmarried	10	18.5

Table-4 reveals that the majority, 81.5 (44) of the subjects were married and 18.5% (10) of the subjects were unmarried.

Moreover, 37.32% (20) of the subjects were inadequate knowledge, 62.68% (34) of the subjects were moderate level of knowledge but no one were remained adequate level of knowledge in oral cancers risk factors. 39.8 % (21) of subjects were unfavorable attitude and 60.2%(33) of subjects attitude were moderate level but no one were remained favorable attitude .The highest mean knowledge score 4 in 0.90 SD found in the causes and diagnosis area and least score 2.32 in .36 SD found in meaning knows in the study and that the mean knowledge score 25 with 1.83 SD and mean 9.33 with t-value is 38.875 which is significant at 0.05 level. The study results reveals that knowledge highly positive correlation with attitude($r=.999$).

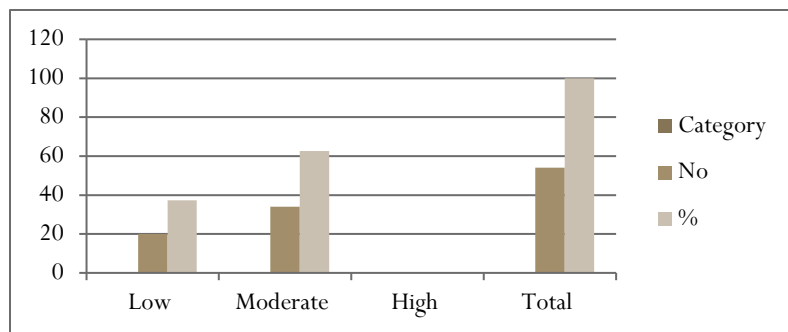


Figure 1: level of knowledge in selected population

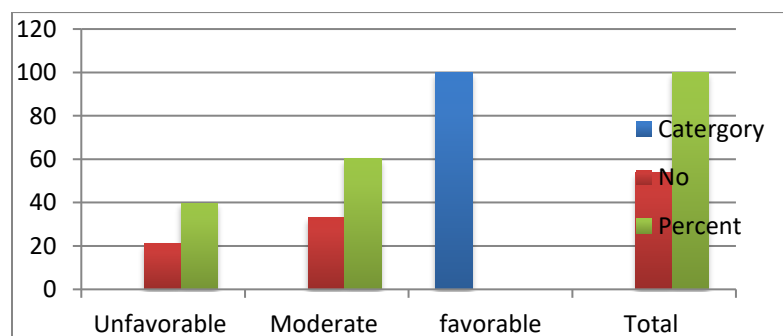


Figure 2: Distribution of subjects by attitude level in selected population

5. Discussion:

The majority, 33.3% (18) of the subjects were in the age group 30-39, 27.8% (15) in the age group of 40-49. Similar findings have been observed in the research conducted among Saudi dentists by Assiri Z., et al. to identify oral cancer awareness, knowledge and practice among Saudi general dentists and found 67.8% of the participants aged <30 and 83% aged between 31 and 40. Therefore, prevalence of oral cancer increases with age of the participant.

In relation to the gender of the study, the majority, 57.4% (31) of the subjects were males and 42.6% (23) of the subjects were females. Similar study conducted among Saudi dentists by Assiri Z, (2019), *et al.* to identify oral cancer awareness, knowledge and practice among Saudi general dentists and found 62.6% were males whereas 37.4% were females.

With respect to education of the respondent, the majority, 29.6% (16) of the subjects were primary education and 25.9% (14) of the subjects were university educated. Similar study conducted among Saudi dentists by Al-maweri S, 2015, et al. to identify oral cancer awareness of the general public in Saudi Arabia and found 64.6% were university students whereas 2.2% were primary students and 1.2% were illiterate.

In relation to marital status, the majority, 81.5% (44) of the subjects were married and 18.5% (10) of the subjects were unmarried in the study.

With regard to the occupation of the subjects, the highest majority, 38.9% (21) of the subjects were Non-Govt profession, 27.8% (15) of the subjects were house wife, 5.6% (3) of the subjects were student and 9.3% (5) of the subjects were in business in the study. The majority, 31% (17) of the subjects were income level between 1-1.5 lac annually. 24.1% (13) of the subjects were in 40-60 thousands annually.

And 1.9% (1) of the subjects were very low income level in between 1-2 thousand only. The highest mean knowledge score 4 in 0.90 SD found in the causes and diagnosis area and least score 2.32 in .36 SD found in meaning knows in the study. The mean knowledge score 25 with 1.83 SD and mean 9.33 with t-value is 38.875 which is significant at 0.05 level. The study results reveals that knowledge highly positive correlation with The demographic variables with test level of knowledge by using chi-square test, revealed that there is significant association between test level of knowledge and the demographic such as age, gender, education. The rest of the variables income, religion, and occupation shows no association with test level of knowledge group.

The demographic variables such as age, gender, and religion show association with test attitude variable. The variables occupation, income shows no association with test of attitude level.

6. Limitation

- This study is limited to adolescent and adult at selected out-patient hospital population.
- The interested out patients respondent are only selected population in these study.

7. Conclusion

These study findings indicate significant inadequate knowledge, inappropriate attitude towards oral cancer as well as suboptimal screening practices among Dhaka people. therefore ,preventive oral cancer educational campaign employing innovate strategies to increase population awareness, particularly targeting future generations through school and university curricula, should be Urgently implemented to reverse the course of the upgrade growing incidence of oral cancer disease in the Bangladesh.

8. Recommendations

It is more important to emphasis and enhance for re-evaluation and oral cancer risk factor s education on population level in Bangladesh with organize various seminar and oral cancer awareness program in Bangladesh regularly. To promote Health promotion activates and implementation of govt. policies by which to reduce incidence of oral cancer strategies and to ensure early detection, diagnosis and advance treatment facilities and rehabilitation of the oral cancer patients in Bangladesh.

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