

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

Research Report
Submitted to

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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.

TABLE OF CONTENTS		PAGE
1. CHAPTER I	Introduction	1
	Statement of the problem	1
	Objectives	2
	Rationale/Justification	2
2. CHAPTER II	Literature Review	4
3. CHAPTER III	Methodology	6
	Selection of the sample	6
	Collection of data	6
	Instruments/tools for data collection	6
	Limitations of the study	6
	Use of statistics for data analysis	7
4. CHAPTER IV	Results/Findings	
	4.1 Description of the sample	8
	4.2 General findings	9
	4.3 Findings about the association of education level with knowledge, attitude and oral health behavior	24
	4.4 Findings about the association of gender and habits	25
5. CHAPTER V	Conclusions and Recommendations	26
	Conclusions	26
	Recommendations	27
	REFERENCES	29
ANNEX 1	Questionnaire	
ANNEX 2	Cross tabulation tables of education and other variables	

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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.

CHAPTER II

LITERATURE REVIEW

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 led 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

METHODOLOGY

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. 18years 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

	Frequency	Percent	Valid Percent	Cumulative Percent
male	140	49.6	49.6	49.6
female	142	50.4	50.4	100.0
Total	282	100.0	100.0	

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

	N	Minimum	Maximum	Mean	Std. Deviation
Age of the respondent	281	18	82	35.00	13.90

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

	Frequency	Valid Percent	Cumulative Percent
City/town	177	63.2	63.2
Outskirts of town	53	18.9	82.1
Village	50	17.9	100.0
Total	280	100.0	

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

	Frequency	Valid Percent	Cumulative Percent
Brahmin	91	33.8	33.8
Chhetri	62	23.0	56.9
Newar	65	24.2	81.0
Gurung	6	2.2	83.3
Rai	5	1.9	85.1
Magar	6	2.2	87.4
Limbu	1	.4	87.7
Others	33	12.3	100.0
Total	269	100.0	

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.

Marital status of respondents

	Frequency	Valid Percent	Cumulative Percent
married	211	77.9	77.9
unmarried	60	22.1	100.0
Total	271	100.0	

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

4.2 General Findings

Pain in last 12 months

	Frequency	Valid Percent	Cumulative Percent
yes	183	65.1	65.1
no	93	33.1	98.2
don't know	2	.7	98.9
Don't want to answer	3	1.1	100.0
Total	281	100.0	

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

	Frequency	Percent	Valid Percent	Cumulative Percent
lots of times/mostly	3	1.1	1.1	1.1
usually	25	8.9	8.9	9.9
sometimes	47	16.7	16.7	26.6
not at all	207	73.4	73.4	100.0
Total	282	100.0	100.0	

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

	Frequency	Percent	Valid Percent	Cumulative Percent
lots of times/mostly	6	2.1	2.1	2.1
usually	30	10.6	10.6	12.8
sometimes	54	19.1	19.1	31.9
not at all	192	68.1	68.1	100.0
Total	282	100.0	100.0	

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

	Frequency	Percent	Valid Percent	Cumulative Percent
yes	194	68.8	68.8	68.8
no	88	31.2	31.2	100.0
Total	282	100.0	100.0	

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

	Frequency	Percent	Valid Percent	Cumulative Percent
very happy	27	9.6	9.6	9.6
happy	189	67.0	67.0	76.6
Others say they are good	4	1.4	1.4	78.0
not very happy	43	15.2	15.2	93.3
not happy	19	6.7	6.7	100.0
Total	282	100.0	100.0	

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

	Frequency	Percent	Valid Percent	Cumulative Percent
excellent	2	.7	.7	.7
very good	8	2.8	2.8	3.5
good	49	17.4	17.4	20.9
okay	113	40.1	40.1	61.0
bad	92	32.6	32.6	93.6
very bad	15	5.3	5.3	98.9
don't know	3	1.1	1.1	100.0
Total	282	100.0	100.0	

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

	Frequency	Valid Percent	Cumulative Percent
excellent	3	1.1	1.1
very good	8	2.8	3.9
good	76	27.0	31.0
okay	133	47.3	78.3
bad	50	17.8	96.1
Very bad	8	2.8	98.9
don't know	3	1.1	100.0
Total	281	100.0	

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

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	86	30.5	30.5	30.5
No	4	1.4	1.4	31.9
Don't know	192	68.1	68.1	100.0
Total	282	100.0	100.0	

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

	Frequency	Valid Percent	Cumulative Percent
Yes	7	2.5	2.5
No	8	2.8	5.3
Don't know	266	94.7	100.0
Total	281	100.0	

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

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	63	22.3	22.3	22.3
No	6	2.1	2.1	24.5
Don't know	213	75.5	75.5	100.0
Total	282	100.0	100.0	

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

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	114	40.4	40.4	40.4
No	9	3.2	3.2	43.6
Don't know	159	56.4	56.4	100.0
Total	282	100.0	100.0	

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

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	13	4.6	4.6	4.6
No	15	5.3	5.3	9.9
Don't know	254	90.1	90.1	100.0
Total	282	100.0	100.0	

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

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	32	11.3	11.3	11.3
No	5	1.8	1.8	13.1
Don't know	245	86.9	86.9	100.0
Total	282	100.0	100.0	

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

	Frequency	Percent	Valid Percent	Cumulative Percent
own brush	243	86.2	86.2	86.2
tooth pick	1	.4	.4	86.5
fingers	1	.4	.4	86.9
coal	2	.7	.7	87.6
salt	2	.7	.7	88.3
daatiwan	1	.4	.4	88.7
more than 2	26	9.2	9.2	97.9
More than 3	6	2.1	2.1	100.0
Total	282	100.0	100.0	

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

	Frequency	Percent	Valid Percent	Cumulative Percent
never	3	1.1	1.1	1.1
1/month	1	.4	.4	1.4
2-3/month	6	2.1	2.1	3.5
1/week	1	.4	.4	3.9
2-3/week	5	1.8	1.8	5.7
1/day	142	50.4	50.4	56.0
2 or more/day	124	44.0	44.0	100.0
Total	282	100.0	100.0	

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

	Frequency	Valid Percent	Cumulative Percent
yes	38	13.9	13.9
no	8	2.9	16.8
Don't know	222	81.3	98.2
don't use toothpaste	5	1.8	100.0
Total	273	100.0	

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

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

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

	Frequency	Percent	Valid Percent	Cumulative Percent
yes	22	7.8	9.6	9.6
no	206	73.0	90.4	100.0
Total	228	80.9	100.0	

Out of the 228 who answered the question of having false teeth about 10% had false teeth.

Frequency of eating fresh fruits

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

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

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

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.

Frequency of drinking soda

	Frequency	Percent	Valid Percent	Cumulative Percent
many times a day	2	.7	.7	.7
daily	26	9.2	9.2	9.9
2-3/week	43	15.2	15.2	25.2
1/week	16	5.7	5.7	30.9
2-3/month	112	39.7	39.7	70.6
Don't take	83	29.4	29.4	100.0
Total	282	100.0	100.0	

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.

Frequency of drinking juice with sugar

	Frequency	Valid Percent	Cumulative Percent
many times a day	4	1.4	1.4
daily	8	2.9	4.3
2-3/week	28	10.0	14.3
1/week	6	2.2	16.5
2-3/month	77	27.6	44.1
don't take	156	55.9	100.0
Total	279	100.0	

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.

Frequency of having chewing gum

	Frequency	Valid Percent	Cumulative Percent
many times a day	3	1.1	1.1
daily	15	5.4	6.5
2-3/week	13	4.7	11.1
1/week	3	1.1	12.2
2-3/month	68	24.4	36.6
don't take	177	63.4	100.0
Total	279	100.0	

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.

Frequency of having *mithai* and chocolates

	Frequency	Valid Percent	Cumulative Percent
many times a day	5	1.8	1.8
daily	11	3.9	5.7
2-3/week	17	6.0	11.7
1/week	5	1.8	13.5
2-3/month	77	27.4	40.9
don't take	166	59.1	100.0
Total	281	100.0	

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.

Frequency of drinking coffee with sugar

	Frequency	Valid Percent	Cumulative Percent
many times a day	1	.4	.4
daily	29	11.2	11.6
2-3/week	4	1.5	13.1
1/week	3	1.2	14.3
2-3/month	54	20.8	35.1
don't take	168	64.9	100.0
Total	259	100.0	

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

	Frequency	Valid Percent	Cumulative Percent
many times a day	61	21.8	21.8
daily	157	56.1	77.9
2-3/week	9	3.2	81.1
1/week	1	.4	81.4
2-3/month	18	6.4	87.9
don't take	34	12.1	100.0
Total	280	100.0	

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

	Frequency	Valid Percent	Cumulative Percent
many times a day	22	8.3	8.3
daily	21	7.9	16.2
2-3/week	2	.8	17.0
1/week	3	1.1	18.1
don't take	217	81.9	100.0
Total	265	100.0	

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*

	Frequency	Valid Percent	Cumulative Percent
many times a day	3	1.2	1.2
daily	1	.4	1.6
2-3/week	2	.8	2.3
2-3/month	1	.4	2.7
don't take	251	97.3	100.0
Total	258	100.0	

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

Frequency of having *khaini*

	Frequency	Valid Percent	Cumulative Percent
many times a day	7	2.7	2.7
daily	3	1.2	3.9
2-3/week	1	.4	4.2
1/week	1	.4	4.6
2-3/month	4	1.5	6.2
don't take	243	93.8	100.0
Total	259	100.0	

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*

	Frequency	Valid Percent	Cumulative Percent
daily	4	1.5	1.5
2-3/week	3	1.1	2.7
1/week	7	2.7	5.3
2-3/month	45	17.1	22.4
don't take	204	77.6	100.0
Total	263	100.0	

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*

	Frequency	Percent	Valid Percent	Cumulative Percent
daily	2	.7	.8	.8
2-3/week	1	.4	.4	1.2
1/week	1	.4	.4	1.6
2-3/month	16	5.7	6.2	7.8
don't take	238	84.4	92.2	100.0
Total	258	91.5	100.0	

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*

	Frequency	Valid Percent	Cumulative Percent
many times a day	6	2.3	2.3
daily	5	1.9	4.3
1/week	1	.4	4.7
2-3/month	4	1.6	6.2
don't take	241	93.8	100.0
Total	257	100.0	

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*

	Frequency	Valid Percent	Cumulative Percent
many times a day	6	2.3	2.3
1/week	2	.8	3.0
2-3/month	32	12.1	15.2
don't take	224	84.8	100.0
Total	264	100.0	

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

	Frequency	Valid Percent	Cumulative Percent
less than 6 months	49	17.4	17.4
6-12 months	21	7.5	24.9
more than 1 year less than 2 year	29	10.3	35.2
more than 2 year less than 5 year	32	11.4	46.6
more than 5 year	35	12.5	59.1
never been	115	40.9	100.0
Total	281	100.0	

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

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

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

	Frequency	Valid Percent	Cumulative Percent
problem	203	75.5	75.5
time for check up	4	1.5	77.0
was called for check up	1	.4	77.3
during treatment	8	3.0	80.3
patient's companion	53	19.7	100.0
Total	269	100.0	

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

	Frequency	Valid Percent	Cumulative Percent
yes	244	87.1	87.1
no	36	12.9	100.0
Total	280	100.0	

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

Way of brushing the teeth

	Frequency	Valid Percent	Cumulative Percent
up down	63	23.2	23.2
left & right	82	30.3	53.5
circular	12	4.4	57.9
more than one	114	42.1	100.0
Total	271	100.0	

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

	Frequency	Valid Percent	Cumulative Percent
farmer	25	9.0	9.0
Business	43	15.5	24.5
government and other service	58	20.9	45.5
manual laborers	9	3.2	48.7
student	32	11.6	60.3
household	74	26.7	87.0
others	29	10.5	97.5
home based product	7	2.5	100.0
Total	277	100.0	

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

	Frequency	Valid Percent	Cumulative Percent
unfinished primary	77	28.1	28.1
primary finished	21	7.7	35.8
unfinished secondary	46	16.8	52.6
secondary finished	47	17.2	69.7
unfinished university	44	16.1	85.8
university finished	21	7.7	93.4
Uneducated	18	6.6	100.0
Total	274	100.0	

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.

Spouse's work

	Frequency	Valid Percent	Cumulative Percent
farmer	17	9.0	9.0
Business	43	22.8	31.7
Government and other service	50	26.5	58.2
manual laborer	7	3.7	61.9
student	2	1.1	63.0
household	57	30.2	93.1
others	10	5.3	98.4
home based product	3	1.6	100.0
Total	189	100.0	

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

		frequency of smoking cigarette					Total
		many times a day	daily	2-3/week	1/week	don't take	
Sex of the respondent	male	17	17	2	3	93	132
	female	5	4			124	133
Total		22	21	2	3	217	265

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*

		frequency of having <i>surti</i>				Total	
		many times a day	daily	1/week	2-3/month	don't take	
Sex of the respondent	male	6	5		4	111	126
	female			1		130	131
Total		6	5	1	4	241	257

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*

		frequency of drinking <i>raksi</i>				Total
		many times a day	1/week	2-3/month	don't take	
Sex of the respondent	male	5	2	28	97	132
	female	1		4	127	132
Total		6	2	32	224	264

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

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 may be 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 health 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.

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ANNEX 1

बरि असपतालको दन्त किलीनिकमा आउने मानिसलाई प्रश्नावली (२)

१. नाम _____ लिङ्ग जात _____

ठेगाना _____ शहर शहर बाहिर गाउँ

वैवाहिक अवस्था _____

२. आज तँपाई कति बर्ष पुग्नु भयो ? _____ बर्ष

३. गत १२ महिनामा तपाईको दाँत दुख्यो वा कुनै अपटयारो भयो ?

भयो

भएन

धाहा भएन

उत्तर नदिने

४. आफ्नो दाँत नराम्रो लागेको कारण तपाई कतिको मुस्कुराउन र हाँस्न कम गर्नु हुन्छ ?

धेरै पटक

धेरै जसो

कहिले काहि

कम गर्दिन

५. तपाईंले आफ्नो दाँत , गिजा, र सास गन्हाउने कारणले अरुसँग कम बोल्ने कतिको गर्नु हुन्छ ?

धेरै पटक

धेरै जसो

कहिलेकाहि

कहिल्यै पनि

६. तपाईंले रोटी या स्याऊ चपाउन सक्नु हुन्छ ?

सक्छु

सकिदैन

७. तपाईं आफ्नो दाँतको बनावट संग खुशी हुनुहुन्छ ?

एक दमै खुशी छु

खुशी नै छु

अरुले राम्रो देख्नुहुन्छ

तेति धेरै खुशी छैन

खुशी छैन

८. तपाईं आफ्नो दाँत र गिजको स्वास्थ्य कस्तो छ भन्नुहुन्छ ?

	दाँत	गिजा
अति उत्तम	<input type="checkbox"/>	<input type="checkbox"/>
धेरै राम्रो	<input type="checkbox"/>	<input type="checkbox"/>
राम्रो	<input type="checkbox"/>	<input type="checkbox"/>
ठिकै	<input type="checkbox"/>	<input type="checkbox"/>
नराम्रो	<input type="checkbox"/>	<input type="checkbox"/>
अति नराम्रो	<input type="checkbox"/>	<input type="checkbox"/>
धाहा छैन	<input type="checkbox"/>	<input type="checkbox"/>

९. दन्त चिकित्सकले तपाईंको मुख परिक्षण गर्नु भयो भने के भन्नु होला ?

दन्त चिकित्सक भन्नु हुन्छ :
(हरेक भनाई पदनुहोस)

	हो	होइन	धाहा छैन
"तिमिले तिम्रो दाँत अफ राम्रो सँग माभनुपर्छ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"दन्त पत्थर निकाल्नु पर्छ "	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
" दाँत भराउनु पर्छ "	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
" एउटा दाँत निकाल्नुपर्छ "	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

" दा,त मिलाउनु पर्छ "

" तपाईंको दाँत ठिक छ "

10. निम्न लिखित कुन कुन को प्रयोग गर्नु हुन्छ ?
(जुन चलाउनुहुन्छ तेसैमा चिन्ह लगाउनुहोला)

मेरो आफ्नै बुररा

परिवारको अर कुनै सदस्यको

काठको दाँत कोट्याउने सिन्का

धागो (दाँत सफा गर्ने धागो)

औला

कोईला

नुन

दत्तवन

अर

11. तपाईं कति पटक दाँत माभनुहुन्छ ?

कहिल्यै पनि मभिदन

महिनामा एक पटक

महिनामा २-३ पटक

हप्तामा एक पटक

हप्तामा २-३ पटक

दिनको एक पटक

दिनको दुई वा बढि पटक

12. तपाईंले फ्लोराइडयुक्त दन्त मञ्जन प्रयोग गर्नुहुन्छ ?

गर्छु

गर्दिन

मञ्जन प्रयोग गर्दिन

थाहा छैन

13. यदि मञ्जन प्रयोग गर्नुहुन्छ भने कुन मञ्जन प्रयोग गर्नुहुन्छ ?

दन्त मञ्जनको कम्पनीको नाम..... हो ।

चिनी भएको चिया

१६. निम्न लिखित पदार्थहरू कति प्रयोग गर्नुहुन्छ ?

	हरेक =दिन	दिनको कति पटक	हप्ता २-३ पटक	हप्ताको १ पटक	महिनामा कहिले काही	प्रयोग गर्दिन
म चुरोट खान्छु	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
म बिडी पिउछुँ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
म खैनी खान्छु	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
म सुपारी खान्छु	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
म पान खान्छु	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
म सुतीं सेवन गर्छुँ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

अन्य.....

१७. तपाईंले दन्त चिकित्सक कहाँ नजानु भएको कति भयो ?

६ महिना भन्दा कम

६-१२ महिना

१ बर्ष भन्दा बढी तर २ बर्ष भन्दा कम

२ बर्ष भन्दा बढी तर ५ बर्ष भन्दा कम

५ बर्ष भन्दा बढी

कहिले पनि दन्त सेवा पाएको छैन

१८. किन दन्त चिकित्सक कहाँ २ बर्ष सम्म नजानुभएको ?

- खर्च नपुगेर
- दाँतको स्वास्थ्य सेवामा पैसा फाल्न / खर्च गर्नु मन लागेन
- मलाई डाक्टर मन नपर्ला भनेर डर लाग्यो
- पहिलो पटकमा साँझै दुःख पाएको सम्झना छ
- फुर्सद नभएर
- आवश्यक थिएन
- दाँतको त्यस्तो नराम्रो समस्या थिएन
- दाँतको समस्या आफैँ जान्छ
- क्लिनिक टाडा छ

- अन्य

- धाहा छैन

उत्तर दिन चाहन्न

१९. दन्त चिकित्सक कहाँ हालै गएको कारण के हो ?

केही समस्या थियो

परिक्षणको समय भएको जस्तो लाग्यो

चिकित्सकले परिक्षणको लागि बोलाउनु भयो

दाँतको स्वास्थ्य सेवाको क्रममा नै पन्थो

२०. तपाँईलाई रेडस भनेको के हो थाहा छ?

छ

छैन

२१. कुन किसिमको काम गर्नुहुन्छ/ गर्नुहुन्थ्यो ? कृपया तपाइको काम उल्लेख गर्नुहोस ।

- ज्यामी काम
- इकमी
- चपरासी (पियन)
- अफिसमा
- दक्ष कार्यालय कामदार
- खेतीपाती
- दक्ष कृषि कामदार
- काम नभएको/ काम गरेको छैन
- घरमानै काम
- काम गरेको छैन
- स्वास्थ्य समस्याको कारण काम गरेको छैन
- मेलै गर्ने काम माथि दिएको कुनै सँग मिल्दैन

२२. तँपाई कति सम्म शिक्षित हुनुहुन्छ ? (एउटामा मात्र चिन्ह लगाउनुहोस)

- प्राथमिक कक्षाहरु नसकिएको
- माध्यमिक कक्षाहरु नसकिएको
- माध्यमिक कक्षा हर सकिएको
- प्राविधिक अध्ययन/ कलेज/ विश्वविद्यालय नसकिएको
- प्राविधिक अध्ययन/ कलेज/ विश्वविद्यालय

२३. तपाईंको श्रीमती / श्रीमान कस्तो काम गर्नुहुन्छ ?

- श्रीमती / श्रीमान छैन (विवाह भएको छैन)
- ज्यामी काम
- डकर्मी
- चपरासी (पियन)
- अफिसमा
- दक्ष कार्यालय कामदार
- खेतीपाती
- दक्ष कृषि कामदार
- काम नभएको/ काम गरेको छैन
- घरमानै काम

काम गरेको छैन

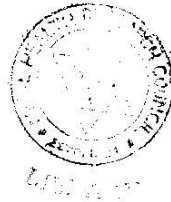
स्वास्थ्य समस्याको कारण काम गरेको छैन

मेलै गर्ने काम माथि दिएको कुनै सँग मिल्दैन

२४.तपाईं कुन जनजातीमा पर्नुहुन्छ ?

त्यो अन्तर्बार्ता सकिदिनुभएको लागि धन्यवाद।

अन्तर्बार्ताकर्ता



ANNEX 2

CROSS TABULATION TABLES OF EDUCATION AND OTHER VARIABLES

Level of education and awareness what dentist will advise

Education	Dentist will say to brush your teeth			Total
	Yes	No	Don't know	
unfinished primary	23		54	77
	29.9%		70.1%	100.0%
primary finished	5		16	21
	23.8%		76.2%	100.0%
unfinished secondary	16	1	29	46
	34.8%	2.2%	63.0%	100.0%
secondary finished	13	2	32	47
	27.7%	4.3%	68.1%	100.0%
unfinished university	17	1	26	44
	38.6%	2.3%	59.1%	100.0%
university finished	8		13	21
	38.1%		61.9%	100.0%
uneducated	3		15	18
	16.7%		83.3%	100.0%
Total	85	4	185	274
	31.0%	1.5%	67.5%	100.0%

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

Education	Dentist will say to clean your teeth			Total
	Yes	No	Don't know	
unfinished primary		3	73	76
		3.9%	96.1%	100.0%
primary finished		2	19	21
		9.5%	90.5%	100.0%
unfinished secondary		1	45	46
		2.2%	97.8%	100.0%
secondary finished	2		45	47
	4.3%		95.7%	100.0%
unfinished university	1	2	41	44
	2.3%	4.5%	93.2%	100.0%
university finished	2		19	21
	9.5%		90.5%	100.0%
uneducated	1		17	18
	5.6%		94.4%	100.0%
Total	6	8	259	273
	2.2%	2.9%	94.9%	100.0%

Level of education and awareness if dentist will advise filling

Education	Dentist will say you need filling in your teeth			Total
	Yes	No	Don't know	
unfinished primary	17	2	58	77
	22.1%	2.6%	75.3%	100.0%
primary finished	6	1	14	21
	28.6%	4.8%	66.7%	100.0%
unfinished secondary	9		37	46
	19.6%		80.4%	100.0%
secondary finished	11	1	35	47
	23.4%	2.1%	74.5%	100.0%
unfinished university	10	2	32	44
	22.7%	4.5%	72.7%	100.0%
university finished	3		18	21
	14.3%		85.7%	100.0%
uneducated	5		13	18
	27.8%		72.2%	100.0%
Total	61	6	207	274
	22.3%	2.2%	75.5%	100.0%

Level of education and awareness if dentist will advise extraction

Education	Dentist will say to take out your teeth			Total
	Yes	No	Don't know	
unfinished primary	34	2	41	77
	44.2%	2.6%	53.2%	100.0%
primary finished	10	2	9	21
	47.6%	9.5%	42.9%	100.0%
unfinished secondary	21		25	46
	45.7%		54.3%	100.0%
secondary finished	20	2	25	47
	42.6%	4.3%	53.2%	100.0%
unfinished university	14	3	27	44
	31.8%	6.8%	61.4%	100.0%
university finished	2		19	21
	9.5%		90.5%	100.0%
uneducated	9		9	18
	50.0%		50.0%	100.0%
Total	110	9	155	274
	40.1%	3.3%	56.6%	100.0%

Level of education and awareness if dentist will advise orthodontic treatment

Education	Dentist will say to fix your teeth			Total
	Yes	No	Don't know	
unfinished primary		3	74	77
		3.9%	96.1%	100.0%
primary finished		3	18	21
		14.3%	85.7%	100.0%
unfinished secondary	1	2	43	46
	2.2%	4.3%	93.5%	100.0%
secondary finished	5	3	39	47
	10.6%	6.4%	83.0%	100.0%
unfinished university	4	4	36	44
	9.1%	9.1%	81.8%	100.0%
university finished	2		19	21
	9.5%		90.5%	100.0%
uneducated			18	18
			100.0%	100.0%
Total	12	15	247	274
	4.4%	5.5%	90.1%	100.0%

Level of education and awareness if dentist will say that their teeth are fine

Education	Dentist will say the teeth is fine			Total
	Yes	No	Don't know	
unfinished primary	5	1	71	77
	6.5%	1.3%	92.2%	100.0%
primary finished	5		16	21
	23.8%		76.2%	100.0%
unfinished secondary	2	3	41	46
	4.3%	6.5%	89.1%	100.0%
secondary finished	6	1	40	47
	12.8%	2.1%	85.1%	100.0%
unfinished university	7		37	44
	15.9%		84.1%	100.0%
university finished	6		15	21
	28.6%		71.4%	100.0%
uneducated	1		17	18
	5.6%		94.4%	100.0%
Total	32	5	237	274
	11.7%	1.8%	86.5%	100.0%

Level of education and education and frequency of tooth cleaning

Education	Frequency of tooth cleaning							Total
	never	1/month	2-3/month	1/week	2-3/week	1/day	2 or more/day	
unfinished primary			3	1	2	44	27	77
			3.9%	1.3%	2.6%	57.1%	35.1%	100.0%
primary finished			1			10	10	21
			4.8%			47.6%	47.6%	100.0%
unfinished secondary					1	24	21	46
					2.2%	52.2%	45.7%	100.0%
secondary finished			2		1	23	21	47
			4.3%		2.1%	48.9%	44.7%	100.0%
unfinished university						20	24	44
						45.5%	54.5%	100.0%
university finished	2					8	11	21
	9.5%					38.1%	52.4%	100.0%
uneducated		1			1	9	7	18
		5.6%			5.6%	50.0%	38.9%	100.0%
Total	2	1	6	1	5	138	121	274
	.7%	.4%	2.2%	.4%	1.8%	50.4%	44.2%	100.0%

Level of education and use of fluoridated toothpaste

Education	Use of fluoridated toothpaste				Total
	yes	no	don't know	don't use toothpaste	
unfinished primary	3		66	2	71
	4.2%		93.0%	2.8%	100.0%
primary finished	2	1	18		21
	9.5%	4.8%	85.7%		100.0%
unfinished secondary	5	1	39		45
	11.1%	2.2%	86.7%		100.0%
secondary finished	11	3	32	1	47
	23.4%	6.4%	68.1%	2.1%	100.0%
unfinished university	12	1	29	1	43
	27.9%	2.3%	67.4%	2.3%	100.0%
university finished	4	1	15		20
	20.0%	5.0%	75.0%		100.0%
uneducated	1	1	15	1	18
	5.6%	5.6%	83.3%	5.6%	100.0%
Total	38	8	214	5	265
	14.3%	3.0%	80.8%	1.9%	100.0%

Level of education and frequency of eating fresh fruit

Education	frequency of eating fresh fruits						Total
	many times a day	daily	2-3/week	1/week	2-3/month	don't take	
unfinished primary		10	24	4	33	6	77
		13.0%	31.2%	5.2%	42.9%	7.8%	100.0%
primary finished		6	8	1	6		21
		28.6%	38.1%	4.8%	28.6%		100.0%
unfinished secondary	1	8	20	4	12	1	46
	2.2%	17.4%	43.5%	8.7%	26.1%	2.2%	100.0%
secondary finished	1	9	14	4	16	3	47
	2.1%	19.1%	29.8%	8.5%	34.0%	6.4%	100.0%
unfinished university		9	21	3	9	2	44
		20.5%	47.7%	6.8%	20.5%	4.5%	100.0%
university finished		7	9		4	1	21
		33.3%	42.9%		19.0%	4.8%	100.0%
uneducated		4	2	3	6	3	18
		22.2%	11.1%	16.7%	33.3%	16.7%	100.0%
Total	2	53	98	19	86	16	274
	.7%	19.3%	35.8%	6.9%	31.4%	5.8%	100.0%

Level of education and frequency of biscuit consumption

Education	Frequency of eating biscuits						Total
	many times a day	daily	2-3/week	1/week	2-3/month	don't take	
unfinished primary	4	14	9	3	24	23	77
	5.2%	18.2%	11.7%	3.9%	31.2%	29.9%	100.0%
primary finished		5			11	5	21
		23.8%			52.4%	23.8%	100.0%
unfinished secondary		10	6	4	10	16	46
		21.7%	13.0%	8.7%	21.7%	34.8%	100.0%
secondary finished		10	2		21	14	47
		21.3%	4.3%		44.7%	29.8%	100.0%
unfinished university		4	7	3	20	10	44
		9.1%	15.9%	6.8%	45.5%	22.7%	100.0%
university finished		5	2		7	7	21
		23.8%	9.5%		33.3%	33.3%	100.0%
uneducated		2	2		8	6	18
		11.1%	11.1%		44.4%	33.3%	100.0%
Total	4	50	28	10	101	81	274
	1.5%	18.2%	10.2%	3.6%	36.9%	29.6%	100.0%

Level of education and frequency of drinking soda

Education	Frequency of drinking soda						Total
	many times a day	daily	2-3/week	1/week	2-3/month	don't take	
unfinished primary		3	11	5	27	31	77
		3.9%	14.3%	6.5%	35.1%	40.3%	100.0%
primary finished		1	2	2	13	3	21
		4.8%	9.5%	9.5%	61.9%	14.3%	100.0%
unfinished secondary		9	6	2	19	10	46
		19.6%	13.0%	4.3%	41.3%	21.7%	100.0%
secondary finished	1	5	9	1	17	14	47
		2.1%	10.6%	19.1%	2.1%	36.2%	29.8%
unfinished university	1	5	10	2	17	9	44
		2.3%	11.4%	22.7%	4.5%	38.6%	20.5%
university finished		1	3	2	10	5	21
		4.8%	14.3%	9.5%	47.6%	23.8%	100.0%
uneducated		1	1	1	4	11	18
		5.6%	5.6%	5.6%	22.2%	61.1%	100.0%
Total		2	25	42	15	107	274
		.7%	9.1%	15.3%	5.5%	39.1%	30.3%

Level of education and frequency of drinking juice with sugar

Education	Frequency of drinking juice with sugar						Total
	many times a day	daily	2-3/week	1/week	2-3/month	don't take	
unfinished primary			6	1	14	55	76
			7.9%	1.3%	18.4%	72.4%	100.0%
primary finished		1			11	9	21
		4.8%			52.4%	42.9%	100.0%
unfinished secondary	1	3	6		15	19	44
		2.3%	6.8%	13.6%	34.1%	43.2%	100.0%
secondary finished	2	1	4	1	14	25	47
		4.3%	2.1%	8.5%	2.1%	29.8%	53.2%
unfinished university	1	2	7	1	10	23	44
		2.3%	4.5%	15.9%	2.3%	22.7%	52.3%
university finished			4	1	5	11	21
			19.0%	4.8%	23.8%	52.4%	100.0%
uneducated		1		1	5	11	18
		5.6%		5.6%	27.8%	61.1%	100.0%
Total		4	8	27	5	74	271
		1.5%	3.0%	10.0%	1.8%	27.3%	56.5%

Level and education and frequency of having chewing gum

Education	frequency of having chewing gum						Total
	many times a day	daily	2-3/week	1/week	2-3/month	don't take	
unfinished primary	1	5	2		16	53	77
	1.3%	6.5%	2.6%		20.8%	68.8%	100.0%
primary finished					8	12	20
					40.0%	60.0%	100.0%
unfinished secondary	1	3	3	1	10	26	44
	2.3%	6.8%	6.8%	2.3%	22.7%	59.1%	100.0%
secondary finished	1	2	3	1	9	31	47
	2.1%	4.3%	6.4%	2.1%	19.1%	66.0%	100.0%
unfinished university		4	4	1	14	21	44
		9.1%	9.1%	2.3%	31.8%	47.7%	100.0%
university finished					7	14	21
					33.3%	66.7%	100.0%
uneducated			1		2	15	18
			5.6%		11.1%	83.3%	100.0%
Total	3	14	13	3	66	172	271
	1.1%	5.2%	4.8%	1.1%	24.4%	63.5%	100.0%

Level of education and frequency of *mithai*/chocolate consumption

Education	frequency of having <i>mithai</i> and chocolates						Total
	many times a day	daily	2-3/week	1/week	2-3/month	don't take	
unfinished primary	2	5		2	21	47	77
	2.6%	6.5%		2.6%	27.3%	61.0%	100.0%
primary finished		1	1	1	6	12	21
		4.8%	4.8%	4.8%	28.6%	57.1%	100.0%
unfinished secondary	1	1	4		13	26	45
	2.2%	2.2%	8.9%		28.9%	57.8%	100.0%
secondary finished	1	3	3	1	10	29	47
	2.1%	6.4%	6.4%	2.1%	21.3%	61.7%	100.0%
unfinished university	1	1	7	1	15	19	44
	2.3%	2.3%	15.9%	2.3%	34.1%	43.2%	100.0%
university finished			1		8	12	21
			4.8%		38.1%	57.1%	100.0%
uneducated			1		3	14	18
			5.6%		16.7%	77.8%	100.0%
Total	5	11	17	5	76	159	273
	1.8%	4.0%	6.2%	1.8%	27.8%	58.2%	100.0%

Level of education and frequency of consumption of coffee with sugar

Education	frequency of drinking coffee with sugar						Total
	many times a day	daily	2-3/week	1/week	2-3/month	don't take	
unfinished primary	1	4			13	49	67
	1.5%	6.0%			19.4%	73.1%	100.0%
primary finished		3			5	12	20
		15.0%			25.0%	60.0%	100.0%
unfinished secondary		6	2		8	27	43
		14.0%	4.7%		18.6%	62.8%	100.0%
secondary finished		7		1	13	24	45
		15.6%		2.2%	28.9%	53.3%	100.0%
unfinished university		7	1	1	8	21	38
		18.4%	2.6%	2.6%	21.1%	55.3%	100.0%
university finished		1	1		3	15	20
		5.0%	5.0%		15.0%	75.0%	100.0%
uneducated				1	1	16	18
				5.6%	5.6%	88.9%	100.0%
Total	1	28	4	3	51	164	251
	.4%	11.2%	1.6%	1.2%	20.3%	65.3%	100.0%

Level of education and frequency consuming tea with sugar

Education	frequency of drinking tea with sugar						Total
	many times a day	daily	2-3/week	1/week	2-3/month	don't take	
unfinished primary	24	35	2	1	6	9	77
	31.2%	45.5%	2.6%	1.3%	7.8%	11.7%	100.0%
primary finished	6	13	1		1		21
	28.6%	61.9%	4.8%		4.8%		100.0%
unfinished secondary	6	32	1		2	5	46
	13.0%	69.6%	2.2%		4.3%	10.9%	100.0%
secondary finished	10	23	2		4	7	46
	21.7%	50.0%	4.3%		8.7%	15.2%	100.0%
unfinished university	6	28	2		3	5	44
	13.6%	63.6%	4.5%		6.8%	11.4%	100.0%
university finished	3	12	1			5	21
	14.3%	57.1%	4.8%			23.8%	100.0%
uneducated	4	8			2	3	17
	23.5%	47.1%			11.8%	17.6%	100.0%
Total	59	151	9	1	18	34	272
	21.7%	55.5%	3.3%	.4%	6.6%	12.5%	100.0%

Level of education and frequency of cigarette consumption

Education	frequency of smoking cigarette					Total
	many times a day	daily	2-3/week	1/week	don't take	
unfinished primary	5 7.4%	8 11.8%			55 80.9%	68 100.0%
primary finished		2 10.0%	1 5.0%		17 85.0%	20 100.0%
unfinished secondary	4 8.7%	3 6.5%			39 84.8%	46 100.0%
secondary finished	5 11.4%	4 9.1%		2 4.5%	33 75.0%	44 100.0%
unfinished university	1 2.4%	2 4.8%	1 2.4%	1 2.4%	37 88.1%	42 100.0%
university finished	3 15.8%	1 5.3%			15 78.9%	19 100.0%
uneducated	3 16.7%				15 83.3%	18 100.0%
Total	21 8.2%	20 7.8%	2 .8%	3 1.2%	211 82.1%	257 100.0%

Level of education and the frequency of *bidi* smoking

Education	frequency of smoking <i>bidi</i>					Total
	many times a day	daily	2-3/week	2-3/month	don't take	
unfinished primary	2 3.1%				63 96.9%	65 100.0%
primary finished			1 5.3%		18 94.7%	19 100.0%
unfinished secondary		1 2.2%		1 2.2%	44 95.7%	46 100.0%
secondary finished			1 2.3%		42 97.7%	43 100.0%
unfinished university	1 2.4%				40 97.6%	41 100.0%
university finished					18 100.0%	18 100.0%
uneducated					18 100.0%	18 100.0%
Total	3 1.2%	1 .4%	2 .8%	1 .4%	243 97.2%	250 100.0%

Level of education and frequency of having *khaini*

Education	frequency of having <i>khaini</i>						Total
	many times a day	daily	2-3/week	1/week	2-3/month	don't take	
unfinished primary	1	1	1		1	61	65
	1.5%	1.5%	1.5%		1.5%	93.8%	100.0%
primary finished		1				18	19
		5.3%				94.7%	100.0%
unfinished secondary					2	44	46
					4.3%	95.7%	100.0%
secondary finished	3				1	40	44
	6.8%				2.3%	90.9%	100.0%
unfinished university	1	1		1		38	41
	2.4%	2.4%		2.4%		92.7%	100.0%
university finished	1					17	18
	5.6%					94.4%	100.0%
uneducated	1					17	18
	5.6%					94.4%	100.0%
Total	7	3	1	1	4	235	251
	2.8%	1.2%	.4%	.4%	1.6%	93.6%	100.0%

Level of education and frequency of *supari* consumption

Education	frequency of having <i>supari</i>					Total
	daily	2-3/week	1/week	2-3/month	don't take	
unfinished primary	3	1	2	8	53	67
	4.5%	1.5%	3.0%	11.9%	79.1%	100.0%
primary finished			1	2	16	19
			5.3%	10.5%	84.2%	100.0%
unfinished secondary				12	34	46
				26.1%	73.9%	100.0%
secondary finished	1		2	11	29	43
	2.3%		4.7%	25.6%	67.4%	100.0%
unfinished university		2	2	10	29	43
		4.7%	4.7%	23.3%	67.4%	100.0%
university finished				2	17	19
				10.5%	89.5%	100.0%
uneducated					18	18
					100.0%	100.0%
Total	4	3	7	45	196	255
	1.6%	1.2%	2.7%	17.6%	76.9%	100.0%

Level of education and frequency of having *paan*

Education	frequency of having <i>paan</i>					Total
	daily	2-3/week	1/week	2-3/month	don't take	
unfinished primary				4	61	65
				6.2%	93.8%	100.0%
primary finished				1	18	19
				5.3%	94.7%	100.0%
unfinished secondary	1			4	41	46
	2.2%			8.7%	89.1%	100.0%
secondary finished	1			6	35	42
	2.4%			14.3%	83.3%	100.0%
unfinished university		1	1	1	39	42
		2.4%	2.4%	2.4%	92.9%	100.0%
university finished					18	18
					100.0%	100.0%
uneducated					18	18
					100.0%	100.0%
Total	2	1	1	16	230	250
	.8%	.4%	.4%	6.4%	92.0%	100.0%

Level of education and frequency of having *surti*

Education	frequency of having <i>surti</i> many times a day	frequency of having <i>surti</i>				Total
		daily	1/week	2-3/month	don't take	
unfinished primary		4		3	59	66
		6.1%		4.5%	89.4%	100.0%
primary finished		1			18	19
		5.3%			94.7%	100.0%
unfinished secondary					44	44
					100.0%	100.0%
secondary finished	2			1	40	43
	4.7%			2.3%	93.0%	100.0%
unfinished university	1		1		38	40
	2.5%		2.5%		95.0%	100.0%
university finished	3				16	19
	15.8%				84.2%	100.0%
uneducated					18	18
					100.0%	100.0%
Total	6	5	1	4	233	249
	2.4%	2.0%	.4%	1.6%	93.6%	100.0%

Level of education and frequency of drinking *raksi*

Education	frequency of drinking <i>raksi</i>				Total
	many times a day	1/week	2-3/month	don't take	
unfinished primary	2		3	62	67
	3.0%		4.5%	92.5%	100.0%
primary finished			2	17	19
			10.5%	89.5%	100.0%
unfinished secondary			6	40	46
			13.0%	87.0%	100.0%
secondary finished	2	1	8	33	44
	4.5%	2.3%	18.2%	75.0%	100.0%
unfinished university	1	1	8	32	42
	2.4%	2.4%	19.0%	76.2%	100.0%
university finished	1		4	15	20
	5.0%		20.0%	75.0%	100.0%
uneducated				18	18
				100.0%	100.0%
Total	6	2	31	217	256
	2.3%	.8%	12.1%	84.8%	100.0%

Level of education and reason for visiting dentist

Education	Reason for visiting the dentist					Total
	problem	time for check up	was called for check up	during treatment	patient's companion	
unfinished primary	56	1		3	14	74
	75.7%	1.4%		4.1%	18.9%	100.0%
primary finished	16		1		4	21
	76.2%		4.8%		19.0%	100.0%
unfinished secondary	36	1		3	5	45
	80.0%	2.2%		6.7%	11.1%	100.0%
secondary finished	31	1		2	11	45
	68.9%	2.2%		4.4%	24.4%	100.0%
unfinished university	29				10	39
	74.4%				25.6%	100.0%
university finished	14	1			5	20
	70.0%	5.0%			25.0%	100.0%
uneducated	15				2	17
	88.2%				11.8%	100.0%
Total	197	4	1	8	51	261
	75.5%	1.5%	.4%	3.1%	19.5%	100.0%

Level of education and knowledge about AIDS

Education	Knowledge about AIDS		Total
	yes	no	
unfinished primary	61	16	77
	79.2%	20.8%	100.0%
primary finished	18	2	20
	90.0%	10.0%	100.0%
unfinished secondary	44	2	46
	95.7%	4.3%	100.0%
secondary finished	44	3	47
	93.6%	6.4%	100.0%
unfinished university	43	1	44
	97.7%	2.3%	100.0%
university finished	19	2	21
	90.5%	9.5%	100.0%
uneducated	10	7	17
	58.8%	41.2%	100.0%
Total	239	33	272
	87.9%	12.1%	100.0%