RESEARCH ARTICLE

ASSESSMENT OF KNOWLEDGE ON ORAL CANCER AMONG GENERAL PUBLIC AT PUDUCHERRY

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ARTICLE INFO	ABSTRACT
	Background: The incidence of oral cancer is highest in India, south and Southeast Asian countries. In India, 90 -95% of the oral cancers is squamous cell carcinoma. The international agency for research on cancer has predicted that India's incidence of cancer will increase from 1 million in 2012 to more than 1.7 million in 2035. This indicates that the death rate because of cancer will also increase from 680000 to 1- 2 million in the same period. In India, 20 per 100000 population are affected by oral cancer which accounts for about 30% of all types of cancer. Over 5 people in India die every hour everyday because of oral cancer and the same number of people die from cancer in oropharynx and hypo pharynx (Varshith, 2015). **Aim:** The present study aims to identify the level of knowledge on Oral cancer among general public **Methods**: The cross sectional descriptive study conducted in 297 samples. The subjects were selected based on convenient sampling technique. **Results:** The level of knowledge on oral cancer out of 297 participants, 27(9.09%) had poor knowledge, 109(36.7%) have good knowledge, 102 (34.34) had average knowledge, 56(18.85%) had very good knowledge and 3 (1.01%) had excellent knowledge. The mean value for the knowledge on oral cancer among the study participant was 8.29. **Conclusion:** From this study out of 297 participants 109(36.7%) have good knowledge 102(34.34 %) have average knowledge, 56(18.85%) have very good knowledge, 27(9.09%) have poor knowledge and 3(1.01%) have excellent knowledge. It was found who had history of tobacco chewing, smoking habits and alcohol consumption was found poor knowledge about the causes of oral cancer. The results were statistically significant.

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INTRODUCTION

Cancers are the most commonest cause of death in adults. Oral cancer is any malignant neoplasm which is found on the lip, floor of the mouth, cheek lining, gingiva, palate or in the tongue. Oral cancer is among the top three types of cancers in India. Severe alcoholism, use of tobacco like cigarettes, smokeless tobacco, betel nut chewing and human papilloma virus (HPV) are the most common risk factors for oral cancer. Oral cancer may also occur due to poor dental care and poor diet. Cancer of the oral cavity which may occurs in any part of the mouth or throat. Cancer is one of the major threats to public health in the developed world and increasingly in the developing world. Oral cancer ranks in the top three of all cancers in India, which accounts for over thirty per cent of all cancers reported in the country and oral cancer control is quickly becoming a global health priority (Ken Russell, 2012).

India ranks second only to china in the total number of tobacco users. Unfortunately, India also has the world's highest incidences of oral cancer and contributes to a fourth of worldwide deaths from the disease. Although overall tobacco use has declined in India, the prevalence remains high for biddies and smokeless tobacco such as gutka, which are more likely to cause oral cancers (https://www.thequint.com/news/india/ oral-cancer-in-india-the-burden-and-the-opportunity). India bears the largest burden of oral cancers in the world, with an incidence of around 11.28 percent in Indian men. In developing countries, a high proportion of patients with Oral cancer are from lower socioeconomic classess. This high proportion is clearly associated with difficulties in accessing the health care system (Ganesh et al., 2013). It is important to propagate that oral cancer is also a highly preventable and treatable disease if detected early. Incidentally, over 80% of all oral cancers can be attributed to tobacco usage (https://www.siasat.com/news/majority-oral-cancers-can-prevented-heres-1293072/).

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MATERIALS AND METHODS

The objective of the study is to assess the level of knowledge on oral cancer and to associate the level of knowledge on oral cancer with socio demographic variables among the general public. A cross sectional descriptive research design was used to assess the knowledge on oral cancer among the General public at Puducherry. The study included 297 samples.

40-59% good knowledge, 60-79 very good knowledge and above 80% considered as excellent knowledge. Ethical Committee permission was obtained from the Institutional Review Board. A written informed consent was taken from all participants.

RESULTS

The level of knowledge on oral cancer out of 297 participants, 27(9.09%) had poor knowledge, 102 (34.34) had average

Table 1. Description of level of knowledge on oral cancer among general public

Overall percentage	Participants	
	No	Percentage
Poor < 19 % 27	27	9.09%
Average 20-39 %	102	34.34%
Good 40-59 %	109	36.7%
Very good 60- 79 %	56	18.85%
Excellent > 80 %	3	1.01%

Table 2. Association of knowledge on oral cancer among general public with socio-demographic variables

Socio-demographic variables		poor	Average	Good	Very good	Statistical significance (chi-Square & P Value)
Age	19-30 years	11	43	62	34	X^2=15.072 P = 0.089
	31-40 years	6	22	25	12	
	41-50 years	8	21	12	11	
	> 50 years	2	16	10	2	
Gender	Male	16	69	61	37	X^2=3.135 P = 0.37
	Female	11	33	48	22	
Marital status	Married	18	59	61	40	X^2=14.162 P = 0.028
	Unmarried	5	35	46	17	
	Divorced/widow/widower	4	8	2	2	
Educational status	Illiterate	8	14	7	4	X^2=25.250 P = 0.003
	Primary	4	29	21	6	
	Secondary	9	37	42	27	
	Graduate	6	22	39	27	
Occupation	Farmer	11	20	10	13	X^2=25.064 P = 0.00
	Labour	7	28	24	14	
	Private/govt employee	6	36	35	18	
	Unemployed	3	18	40	14	
Domicile	Rural	18	59	57	37	X^2=2.799 P = 0.424
	Urban	9	43	52	22	
Family history	Yes	17	58	71	39	X^2= 2.025 P = 0.567
	No	10	44	38	20	
Personal Habits	None	12	63	77	37	X^2=25.74 P=0.041
	Smoking	5	20	6	4	
	Alcoholism	3	11	16	7	
	Tobacco &Tobacco products	6	6	9	8	
	Smoking &Alcoholism	1	2	1	3	
Source of health information	Newspaper	10	27	22	9	X^2=17.664 P=0.039
	Television	11	54	65	30	
	Radio	0	5	4	0	
	Friends/Social worker	6	16	18	20	

The convenience sampling technique was used to select the study sample. Sample size is estimated with an expected proportion of care giver of cancer patient with poor knowledge on oral cancer and precaution of oral cancer conducted by shodan et al. 2011 at 95% confidence interval 15% relative precision. socio-demographic variables include age, gender, marital status, religion, educational status, occupation, income, domicile, family history of cancer, personal habits, and source of health information. Assessment of knowledge is done using multiple choice questionnaires prepared by investigators. It consists a total of 20 questions related to general information on risk factor, signs and symptoms, early detection and prevention of oral cancer. A total score of 20 is prepared by the investigators. The devised tool was evaluated by two experts for content validity. The score interpretation of knowledge by 20 multiple choice questions. Each correct answers carries one mark and each wrong answer carries zero mark. Total score on knowledge is 20. If they score <19% considered as poor knowledge, 2o-39% average knowledge,

knowledge, 109(36.7%) have good knowledge, 56(18.85%) had very good knowledge and 3 (1.01%) had excellent knowledge. The mean value for the knowledge on oral cancer among the study participant was 8.29 (Table:1).It has been identified that there is an association of knowledge with age, educational status, and source of health information (Table :2).

DISCUSSION

The study was intended to identify the level of knowledge on oral cancer among general public at Puducherry. The level of knowledge on oral cancer was assessed among 297 general public 27(0.09%) had poor knowledge, 102(34.34) had average knowledge, 109(36.7%) have good knowledge, 56(18.85%) had very good knowledge and 3 (1.01%) had excellent knowledge[6]. The participants who are residing in rural areas had lack of awareness about oral cancer when comparing to participants from urban areas. The participants who has both smoking and alcoholism has poor knowledge on oral cancer.

It has been identified that there is an association of knowledge with age, educational status, and source of health information.

Conclusion

This study shows the majority of them have lack of knowledge on causes, signs and symptoms, early detection and prevention of oral cancer. Awareness regarding causes, early detection and prevention of oral cancer among the general public will help in modifying the behaviors of smoking and use of any form of tobacco products which in turn reduce the incidence of oral cancer.

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