



Awareness on the medical facility available in the management of oral cancer among the residents of the Dharmapuri district

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ABSTRACT

Health care system is the establishment of institutions, people and wealth that deliver health care services to meet the health needs of target residents. There is a broad variation of health systems on all sides of the world, with as numerous histories and organizational structures as there are nations. However common elements in almost all health systems are public health measures and primary healthcare. To assess the awareness of rural population in Dharmapuri district of Tamil Nadu in India about the medical facilities available for oral cancer treatment in their area. Questions on medical facilities available in the management of oral cancer and awareness of oral cancer were prepared to survey the residents of the Dharmapuri district, Tamilnadu, India. The survey instrument employed was a self-administered questionnaire comprising 15 questions and the responses were recorded. 83% are not aware of hospital in Dharmapuri district for oral cancer. 56% of people say oral cancer is caused by tobacco chewing, 24% of people says oral cancer is caused by smoking and 18 % of people say oral cancer is caused by using snuff and 6 % by other factors. The people in the rural parts are not aware of medical facilities available in management of oral cancer . They are moderately aware about the causative factors of oral cancer and people require the specialized units for a proper treatment.



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INTRODUCTION

Health care framework is the foundation of organizations, individuals and riches that convey health care administrations to meet the health needs of target inhabitants. There is a wide variety of health

frameworks on all sides of the world, with as various chronicles and hierarchical structures as there are countries. Anyway normal components in practically all health frameworks are general health measures and essential healthcare (White, 2015).

Provincial Health care administrations experience the ill effects of a lack in open area foundation. The disappointment of the open conveyance framework today is a result of fundamental breakdown of responsibility connections inside the institutional system. There is a shortage as far as physical foundation as well as human asset, estimated even against the negligible standards endorsed by the administration. Despite the fact that the posts of health laborers at different levels are endorsed, a large number of them are lying empty. The current offices are underutilized (Iyengar and Dholakia, 2012; Kumar, 2012).

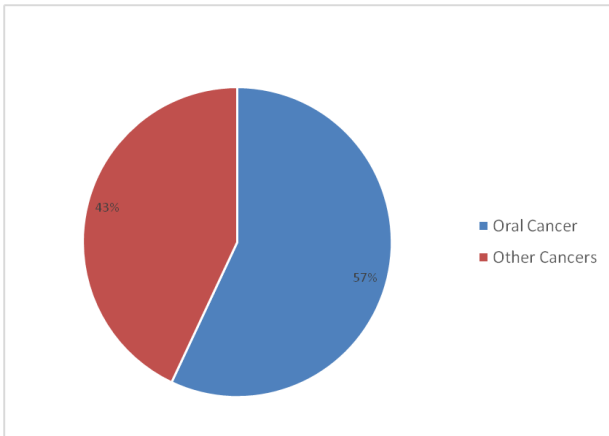


Figure 1: Types of Cancer

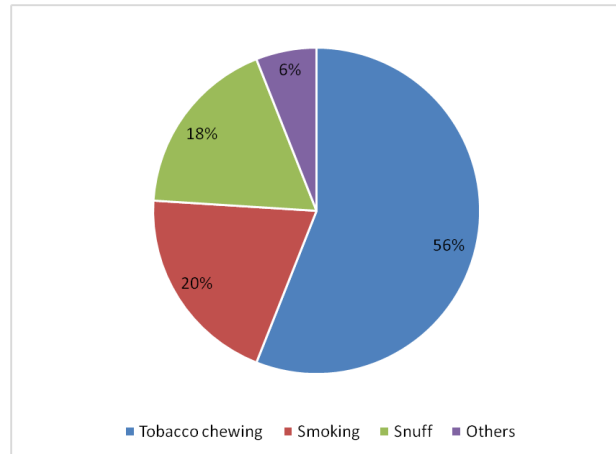


Figure 4: Causative factors for oral cancer

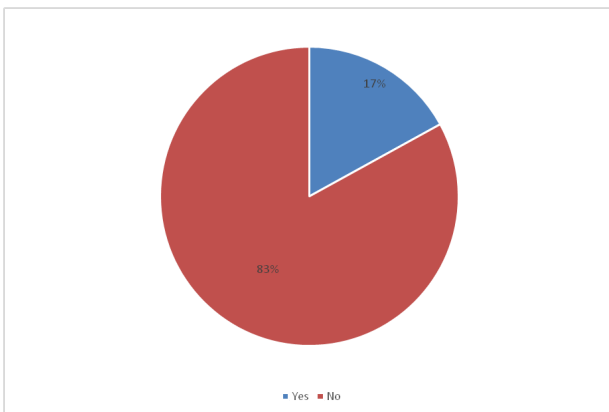


Figure 2: Awareness about oral cancer hospital in Dharmapuri district

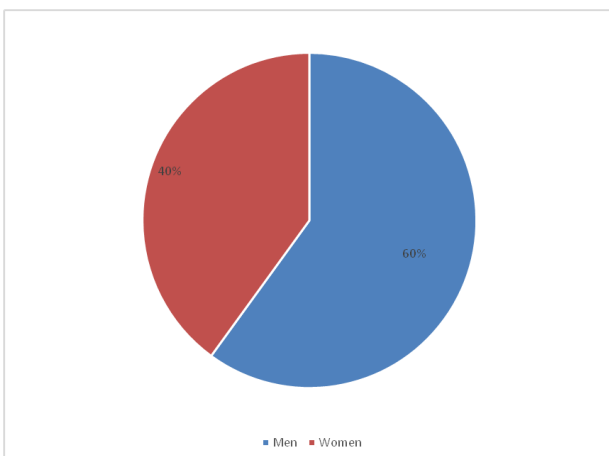


Figure 3: People affected by oral cancer hospital in Dharmapuri district

Most health laborers particularly the 'doctors' would prefer not to serve in the rustic zones because of generally speaking infrastructural deficiency and absence of motivating forces. This prompts boundless truancy from administration and conclusion of office. Additionally, there is no responsibility in the open part administration. The open doctors regularly offer private types of assistance as opposed to heading off to their assigned focuses. Despite the fact that an all around organized general health care framework exists, the foundation just as the staff that are required to give the health care administrations is insufficient from various points of view.

Numerous rustic occupants can't acquire treatment for fundamental sicknesses either due to the non-presence of health care benefits in the region, or because of absence of assets to get to the equivalent. In any event, for essential health care administrations, for example, regenerative and kid health, we locate that critical extents keep on staying untreated. Vaccination, natal care, conveyances within the sight of expertly prepared staff, etc all show enormous neglected needs figures (Jennings *et al.*, 1984; Singh and Badaya, 2014). Thus, with regards to oral malignant growth the circumstance is much more undesirable. The patients in the rustic zones have more predominance of oral disease and relatively few oral disease emergency clinics are accessible in country regions. Hence, this study was done with aim to assess the awareness of rural population in Dharmapuri district of Tamil Nadu in India about the medical facilities available for oral cancer treatment in their area.

MATERIALS AND METHODS

Questions on medical facilities available in the management of oral cancer and awareness of oral can-

cer were prepared to survey the residents of the Dharmapuri district, Tamilnadu, India. The survey instrument employed was a self-administered questionnaire comprising 15 questions. The questions assessed the knowledge about oral cancer, the various contributory factors of oral cancer and the awareness regarding the medical facilities available in Dharmapuri district to provide treatment for oral cancer. 500 people participated in the study and gave their responses.

RESULTS AND DISCUSSION

57% think oral cancer is most common cancer in their locality (Figure 1). 83% are not aware of hospital in Dharmapuri district for oral cancer and multi-speciality hospitals are available but there are no specialised facilities for treatment of oral cancer (Figure 2). 60% of the oral cancer is mostly affected in men, 40% of women and 2% of children (Figure 3). 56% of people say oral cancer is caused by tobacco chewing, 24% of people say oral cancer is caused by smoking and 18% of people say oral cancer is caused by using snuff and 6% by other factors (Figure 4).

In the present study awareness about medical facilities available in management of oral cancer among the residents of Dharmapuri district is very less. People are moderately aware of the risk factors associated with oral cancer like tobacco chewing and smoking. Bidi smoking is the prevalent type of tobacco utilized in India and is 8–10 times more ordinarily smoked than cigarettes country-wide. Bidi smoking is likewise rehearsed in neighboring nations and there are reports of its accessibility and ubiquity additionally in the USA, particularly among youthful people. An expanded impact on oral malignant growth hazard because of cigarette and additionally pipe smoking or consolidated bidi in addition to cigarette smoking has, in any case, been already reported. Tobacco smoking includes the breathing in of smoke, which may have less contact with the mouth and more contact with the throat and lung than tobacco biting (Pednekar *et al.*, 2007; Sankaranarayanan *et al.*, 1990).

Biting of cigar with or without tobacco was demonstrated to be a significant autonomous hazard factor of oral malignant growth as shown in past investigations (Jayant *et al.*, 1977). The absolute most significant cancer-causing agents have been recognized in tobacco. One of the significant segments of betel quid is the areca nut. In vitro proof proposes that areca-nut-related specialists separated or framed in salivation bring out adjustments of typical cell morphology, development and separation, just

as arrangement of DNA harm (Lewin *et al.*, 1998; Nandakumar *et al.*, 1990).

The nature of clinical administrations for oral malignancy administration can be improved by expanding the mindfulness level of the clients. Despite the fact that the administration runs numerous Information, Education, and Communication exercises ought to be overwhelmingly embraced to raise the mindfulness levels. Government alongside private suppliers should attempt to set up the purchaser data and redressal cells all the more viably. Scattering of data ought to be modernized and there ought to be an online complaint redressal discussion. The clients ought to approach any data on health and different issues and likewise be engaged to present their complaints online on the assigned power (Gustavsson *et al.*, 1998).

This won't just improve the nature of administration yet in addition increment the responsibility of the specialist co-op. It is normal that if the Common Service Center program of the legislature is useful inside the specified time frame then a significant number of these issues could be limited if not tackled totally. Guidelines will require a directing instrument that isn't achievable or down to earth in the present situation. The most ideal approach to instruct individuals is through more noteworthy mindfulness, shopper redressal components, and through network activity. These are presently progressively conceivable because of changes in data and clinical advances.

CONCLUSION

The people in the rural parts are not aware of medical facilities available in management of oral cancer. They are moderately aware about the causative factors of oral cancer and people require the specialised units for a proper treatment. There is an absolute need to initiate awareness programs and educational campaigns against the causative factors of oral cancer and also to increase robustly the new medical facilities for the management of oral cancer.

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Conflict of Interest

The authors declare that they have no conflict of interest for this study.

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