

## INFLUENCE OF OCCUPATION ON WOMEN'S ATTITUDE TOWARDS ORAL HEALTH

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### ABSTRACT

*This paper investigated the influence of occupation on women's attitude towards oral health among women attending the primary health care (PHC) centres in Nkanu West Local Government Area of Enugu State. The findings of the study revealed that the respondents agreed that occupation influences the attitude of women towards oral health, also it was identified that the influence was negative. Based on the findings it was observed that it has a serious health implication on maternal and child health. Recommendations were made that women should be enlightened more on the influence of occupation on their oral health. Further more, that women should be sensitized on the need to prevent oral health problems.*

**Keywords:** Oral health, influence, occupation, women, attitude, primary health care centres (PHC)

### INTRODUCTION

Oral health is fundamental to general health and well being; significantly, it has impacts on quality of life. Through oral health, the overall health and well being of a person is enhanced. According to American Surgeon General Report (2000), oral health means more than healthy teeth and the absence of diseases; rather it involves the ability of individuals to carry out essential functions such as eating and speaking as well as contributing fully to the society. Furthermore, to World Health Organization (WHO, 2003) oral health enables an individual to speak, eat and socialize without active disease, discomfort or embarrassment, hence poor oral health can affect general health conditions.

According to Collins, Walsh & Figures (1999) oral health goes beyond clean white teeth. Also WHO (2003) asserted that oral health means more than healthy teeth. The health of the gums, oral soft tissues, chewing muscles, the palate, tongue, lips and salivary glands are also significant.

Encarta Premium (2000) pointed out that Humans use their teeth to tear, grind and chew food as a first step of digestion, enabling enzymes and lubricants released in the mouth to further break down food. The mouth (oral cavity) also plays a role in human speech – the teeth, lips and tongue are used to form words by controlling air flow through the mouth. In addition, the teeth provide structural support to the muscles in the face and form the human smile. However, most food and water borne diseases can be prevented through playing meticulous attention to good oral health practices and formation of positive attitude toward oral health (WHO, 2003) but be as it may the above definitions and explanations of oral health appears to be elusive among women in the study area.

The consequences of a diseases mouth include pain, infection, and lower level of concentration at work, reduced ability to chew food, poor appearance and lose of teeth. According to American Dental Association (ADA), (2003), women with poor oral health, face the above mentioned health problems in addition to giving birth to under weight babies. Furthermore, women's failure to maintain an appreciable level of oral health puts their babies and households at risk of contracting germs from them (Aderinokun, 2000).

Women's level of health is important for the whole family because of the responsibilities they perform which include child bearing, care giving, working to earn money for the family, domestic chores, career and educational goals to mention but a few. Despite all these, women seem to suffer from many preventable oral diseases and injuries necessitated may be, by their nature as women and

the type of work they do. Consequently, it has been observed by researchers (Arkutu, 1995; ADA, 2003; Azubike, 2005) that women are often too busy to keep their oral cavity clean and to give themselves good health care in general. Furthermore, women's lack of autonomy and mobility which is shown by their need to receive permission from their bosses and partners to seek for medical care however contributes to women's attitudes to their general oral health in particular. Also women working and living in farms and working outside of their own agricultural land and home have to receive permission from bosses or managers to seek for medical care.

Hence women may be discouraged from accessing health services including oral health service because they may fear straying from their role as care takers by leaving their children, husband, business and homes unattended in order to commit an amount of time to seeking health care. Hence, to women the impact of poor oral conditions on well being is a private experience, endured from day to day, yet this silent suffering creates substantial excruciating pains on them. The extent to which women grapple with the effect of poor oral health may be linked to the occupational influence on their attitude towards oral health.

Attitude is one's feeling towards an object, person or thing. Osarenren (1996) defined attitudes as a mental and neutral state of readiness organized through experience, exerting a directive or dynamic influence upon the individual's responses to all objects and situations which it is related. Adeleke (1994) observed that women have developed overtime the attitudes of no pain, no problem, this attitude according to Slande & Sander (2004) may be attributed to their feeling that the impact of poor oral conditions on well-being is a private experience endured from day to day, yet this silent suffering creates substantial excruciating pains on them. In the context of this study, therefore, attitude is viewed as a feeling, thinking, or emotions that predispose women to respond either positively or negatively towards their oral health care, towards people with poor oral health; and towards poor oral health.

The term occupation takes on various meaning depending on the contexts of its use. As a descriptive characteristic of individuals, it generally refers to one's employment and as an epidemiological and demographic variable; it most typically serves as a surrogate measure of socio-economic status. As a family variables occupation of the main earner often stands as an indication of family's socio-economic status. According to Hansen, Bjertness, Gronnesby & Eriksen (1995) occupation masks other factors that affect oral health. Arowojolu (2001), for instance, noted that occupation of parents may be a direct measure of educational and socio economic status of the family. In line with this, occupation therefore was a necessary factor to be ascertained in this study. The classification of occupation according to Famuyinwa & Olorunshola (1998) was adopted in determining the occupation of the women. Despite the above assertions, the influence of women's occupation on their oral health, has not been empirically ascertained in the study area, hence the need for the study.

This study was anchored on the theory of reason action (TRA) which emphasizes that attitude and subjective norms determine or are the best predictors of one's stated behavioural intention (Ajzen, 1991). According to this theory, the intention to carry out a given health behaviour is often a function of privately held attitudes towards that particular behaviour and socially determined subjective norms that represent a person's belief that others think she or he should behave in a certain way. This theory links health attitudes directly to behaviour. TRA stresses that one's attitudes toward a particular behaviour are influenced by believe outcome of the behaviour and one's evaluation of the potential outcome.

This theory by extension can be used to analyze the influence of occupation on the attitude of Nkanu women towards oral health. It then follows that if it was found that occupation of the women has a negative or positive influence on their attitude towards oral health, then they will be more likely to adjust their work where applicable in order to embrace positive attitude towards oral health. On the basis of this, the problem of the study therefore, is to ascertain the influence of occupation on the women's attitude towards health, among women attending the Primary Health Care (PHC) centres in Nkanu West Local Government Area, Enugu State.

The purpose of the study was to ascertain the influence of occupation on the women's attitude towards oral health. Specifically, the study aimed to determine the influence of occupation on

women's attitude towards (i) their oral health care (ii) people with poor oral health (iii) oral health problems. To further aid the study, three corresponding research questions and one null hypothesis were raised as follows: how does occupation influence women's attitude towards (1) their oral health care? (2) People with poor oral health? (3) Oral health problems?

H<sub>0</sub>: The women's attitude towards oral health is not statically influenced by their occupation.

**METHODS**

The study is a survey research designed to ascertain the influence of occupation on the women's attitude towards oral health among women attending the primary health care centres for antenatal and immunization clinics in Nkanu West Local Government Area, Enugu State. The population for the study comprised for all the 2608 women attending the antenatal and immunization clinics at the nine PHC centres located in the nine towns that make up the local government area. Using simple random sampling technique, 347 women were drawn to form the sample for the study.

The research instrument used was a 14 item self developed and structural questionnaire, designed in a four point rating scale of strongly agree (4 points), agree (3 points), disagree (2 points) and strongly disagree (1 point). The face validity of the research instrument was established by giving the instrument and the research questions of the study to three experts in oral health. their criticisms, advice and suggestions were used in modifying the instrument that was used for data collection. The reliability of the instrument was ascertained through test re-test of the instrument on women who are not part of the study. The scores obtained from the two tests were correlated using Spearman Brown correction formula and it yielded a reliability coefficient of .79, which shows a high relationship. The instrument was, therefore, considered reliable for use in the present study. A total of 347 copies of the questionnaire were distributed and returned by the researcher with the aid of nurses in the PHC centers. Three hundred and forty three (343) copies of the questionnaire were properly filled and therefore were used for the study. This gave 89.8% return rate. This was adjudged high enough for the study. A criterion mean of 2.5 was established. Mean scores of 2.5 and above were regarded as agree while scores below 2.5 were regarded as disagree. The descriptive statistics of mean and standard deviation were used to analyze the data while ANOVA was employed in testing the only null hypothesis for the study at .05 level of significance.

**RESULTS**

**Table 1. Response to the influence of occupation on women's attitude towards their oral health (n = 343)**

S/ N	Attitude	Occupation					X̄	SD
		Professionals (n = 120)	Civil servants (N = 73)	Skilled artisan (n = 89)	Unskilled artisan (n = 30)	Unemployed (n = 31)		
1	I feel good after cleaning my mouth	4.65	4.12	3.00	2.10	3.55	3.48	0.79
2	There is nothing wrong in sharing my tooth brush with my beloved ones	1.47	2.45	2.50	3.50	1.55	2.29	1.27
3	Clearing my teeth with charcoal is not acceptable by me	3.90	3.44	1.70	1.07	2.10	2.44	1.09
4	It is better to visit my dentist only when I am having tooth ache	1.44	1.755	2.53	2.63	2.60	2.15	1.05
5	It is good to rinse my mouth after eating	4.25	3.28	2.75	2.48	2.65	3.08	0.69
6	I have to take care of my teeth and mouth serious	1.31	2.38	2.54	3.67	3.46	2.67	5.79
	<b>Mean of means</b>	<b>2.84</b>	<b>2.87</b>	<b>2.50</b>	<b>2.58</b>	<b>2.65</b>	<b>2.69</b>	<b>1.78</b>

Table one indicates that in all the 6 items, it was agreed that occupation has influence on women's attitude towards their oral health.

**Table 2. Response to the influence of occupation on women's attitude towards people with poor oral health (n = 343)**

S/ N	Attitude	Occupation					— X	SD
		Professionals (n = 120)	Civil servants (N = 73)	Skilled artisan (n = 89)	Unskilled artisan (n = 30)	Unemployed (n = 31)		
7	People with oral health problem should be avoided	4.04	3.00					
8	If my spouse has a smelling mouth I can always kiss him	2.52	2.69	2.72	2.74	2.88	2.71	1.07
9	Sharing cup with persons whose mouth smell is not acceptance to me	4.55	2.62	2.30	2.22	2.26	2.79	1.02
10	There is nothing embarrassing about some body's mouth smelling	1.85	2.04	3.31	3.80	3.29	2.86	1.13
	<b>Mean of means</b>	<b>3.24</b>	<b>2.59</b>	<b>2.70</b>	<b>2.44</b>	<b>2.37</b>	<b>2.67</b>	<b>1.05</b>

Table two shows that all the items agree that occupation has influence on women's attitude towards people with poor oral health.

**Table 3. Response to the influence of occupation on women's attitude towards their oral health problems (n = 343)**

S/ N	Attitude	Occupation					— X	SD
		Professionals (n = 120)	Civil servants (N = 73)	Skilled artisan (n = 89)	Unskilled artisan (n = 30)	Unemployed (n = 31)		
1	Oral health problems are not punishment from gods.	0.89	1.92	2.63	2.55	2.16	2.03	1.18
2	I am not sacred anytime I imagine having a smelling mouth.	3.55	2.16	1.44	1.37	1.63	2.03	.87
3	Oral health problems are not just like other health problems that could befall any body.	2.22	2.23	2.88	3.54	2.78	2.73	.99
4	People ought to work extra hard towards improving their oral health.	3.01	1.77	1.13	1.15	1.24	1.66	.87
	<b>Mean of means</b>	<b>2.42</b>	<b>2.02</b>	<b>2.02</b>	<b>2.15</b>	<b>1.95</b>	<b>2.11</b>	<b>0.98</b>

Table three agrees that occupation influence the attitude of women towards oral health problems.

**Table 4. Summary of ANOVA verifying the influence of occupation on women's attitude towards oral health (n = 343)**

Sources of variation	DF	Sum of Square	Mean Square	f-table	f.cal	Sing.	Dec.
Between groups	4	4.6341	1.1585	.3872	1.0386	.05	Reject
Within groups	338	377.0277	1.1155				
<b>Total</b>	<b>342</b>	<b>381.6618</b>					

Table four above shows that from the F-ration distribution, the critical value of F with 4 and 338 degrees of freedom at .05 level of significant is .3872. Since the computed value of 1.0386 is greater than the critical value of .3872, the null hypothesis is therefore rejected. The women therefore differ in their attitude towards oral health based on their occupation.

## MAJOR FINDINGS

Results of the data analyzed in the study reveals the following major findings:

1. In all the three clusters, it was agreed by the respondents that occupation influences the attitude of women toward oral health.
2. The women's attitude towards oral health was dependent on their occupation.

## DISCUSSION

The study revealed that women agreed on their responses on the influence of occupation on women's oral health, this shows that the women's attitude toward oral health is dependent on their occupation. The above finding is not surprising because it agreed with the findings of some previous authors such as Arowojolu (2001) who identified occupation as a major factor that influences people's attitude towards oral health. Al-shalam (2003) also agreed that significant differences were found when occupation was tested on the attitude of female parent towards oral health behaviour modification. Nwobodo (2007) who had established that women had negative attitude towards oral health, this negative attitude may be associated with the kind of work women do. Also it has been observed that due to different responsibilities women perform in the family in particular and in the society at large, they are always too busy to consider their health care important. Furthermore, women's lack of autonomy which is shown by their need to take permission from their spouse before seeking medical help may have predisposed them to their negative attitude towards oral health because they may fear straying from their role as care givers by leaving their children, husband, business and home unattended in order to commit an amount of time to seeking health care, hence they bear the impact of poor oral conditions on well being privately from day to day, yet this silent suffering creates substantial excruciating pains on them. It has to be noted that the health of the mother could influence the health of the total member of the family because of the important part they play in the family. From the foregoing, the researcher concludes that the theory of reseason action is a functional theory to base the attitude of women towards oral health. This is because according to this theory, the intention to carry out a given health behaviour is often a function of privately held attitudes towards a particular behaviour. According to TRA one's attitude towards a particular thing are influence by the subjective norms around them. Hence, the negative attitude of the women may be attributed to the privately held attitudes and norms that they might have developed about oral health based on the type of work they engage in.

### Implication of the Study to Maternal and Child Health

The findings of the study have a practical importance and far reaching implications on maternal and child health. Indications from the results showed that the kind of work women do influence their attitude towards their general health and oral health in particular. It was also found that the women's attitude towards oral health was negative. The implication is that the negative attitude of the women towards oral health will negatively influence the development of positive attitude of oral health of their family members especially the children. It has been observed that consequences of poor oral status of women has a far more consequence on the women, ranging from pains, infections, lower level of concentration at work, reduced ability to chew food, poor appearance and lose of teeth. Aderinokun (2000) specifically stated that women's failure to maintain an acceptable level of oral health puts their babies and house holds at the risk of contracting germs from them. American Academy of Periodontology (2003) stated that there is a marked elevation of sex hormones during pregnancy and as many as 75% of all women exhibit changes in their gum during pregnancy which is known as pregnancy gingivities. These tumors bleed easily if manipulated, and may progress into irreversible damage to the gums and ultimately the teeth. Pace & DeAngelis (2001) informed that studies have suggested that these oral infections during pregnancy can put the mother at risk of

delivery a premature and low birth weight baby. Buttressing the above statement, the American Academic of Periodontology (2001) revealed that pregnant women with gum diseases are more likely to have their babies born early and with low birth weights. People with gum diseases are more likely to develop heart diseases and untreated decayed teeth put a mother and her baby at high risk of infection. Therefore, it is extremely important that women in general and expectant mothers in particular has a healthy mouth and sees a dentist early in their pregnancy irrespective of their occupation, since it has been proven that neglect of this aspect of health of mother can pose serious health threat to the mother, the child, the family and the society at large.

## RECOMMENDATIONS

Based on the findings of the study, the following recommendations were made:

1. Women should be enlightened on the influence of occupation to their oral health.
2. Women should be sensitized on the need to prevent oral health problems than the cure, since prevention is better than cure, this they can do by developing positive attitude towards their oral health.

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