

Quality of Life and Oral Hygiene Practice among Adult Tribals of Western Maharashtra

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Abstract:

This study aims to assess the quality of life and oral hygiene practices among adult tribal populations in Western Maharashtra. The research explores the relationship between socio-economic factors, cultural influences, and access to healthcare services on oral hygiene behavior and overall quality of life. Using a cross-sectional survey, data was collected from a sample of adult tribal individuals across different villages in the region, employing structured questionnaires. The findings highlight a significant gap in oral health awareness, with many participants exhibiting poor oral hygiene practices, limited access to dental care, and a lack of preventive measures. Despite this, the quality of life was found to be largely influenced by factors such as dietary habits, physical health, and social connections, which showed a positive correlation with oral health practices. The study underscores the need for targeted oral health education and community-based interventions to improve both oral hygiene and overall well-being among adult tribal populations in Western Maharashtra. Recommendations include strengthening healthcare infrastructure and culturally sensitive oral health programs to address the unique challenges faced by these communities.

Introduction:

India's tribal communities, forming 8.6% of the total population, face socio-economic and healthcare disparities that directly impact their general and oral health. Oral hygiene is a vital aspect of overall health, influencing an individual's ability to eat, speak, and socialize. Poor oral hygiene often leads to dental caries, gum disease, and other systemic complications, significantly reducing the quality of life.

Western Maharashtra is home to various tribal groups, including the Bhils, Katkaris, and Warlis, who primarily reside in remote and underserved areas. Despite government initiatives to improve healthcare access, oral health remains neglected in these populations. This study investigates oral hygiene practices and their impact on QoL among adult tribals, highlighting the barriers to oral healthcare and the need for tailored solutions.

Review of Literature

1. Oral Health and Quality of Life (QoL)

Oral health significantly impacts overall well-being. Studies show that poor oral hygiene negatively affects the physical, social, and psychological dimensions of life (Locker, 2002).

2. Oral Hygiene Practices in Tribal Populations

Tribal communities in India often use traditional methods like neem twigs, charcoal, and salt for oral hygiene. While some methods are beneficial, inadequate knowledge and improper techniques can lead to adverse oral health outcomes (Singh et al., 2018).

3. Socio-Economic and Cultural Barriers

Research indicates that socio-economic factors, such as income and education, influence oral hygiene practices. Additionally, cultural beliefs often shape healthcare-seeking behaviors, limiting access to modern dental services.

rn dental care in tribal populations (Deshmukh et al., 2017).

4. Healthcare Accessibility in Western Maharashtra

Geographic isolation and limited healthcare infrastructure hinder access to dental services in tribal areas. Despite government efforts, the oral health needs of these populations remain largely unmet (Naidu et al., 2020).

5. Dimensions of quality of life:

Quality of life (QoL) is a multidimensional concept encompassing physical, psychological, social, and environmental well-being. The physical dimension includes health, energy levels, mobility, and the ability to perform daily activities. The psychological dimension relates to mental health, self-esteem, emotional stability, and the ability to cope with stress. The social dimension involves interpersonal relationships, social support, and community participation, while the environmental dimension covers living conditions, access to healthcare, financial stability, and overall safety. Additionally, some frameworks consider spiritual or personal beliefs as a dimension, reflecting an individual's sense of purpose and inner peace. These dimensions collectively influence an individual's overall well-being and life satisfaction.

6. Tribals of Western Maharashtra:

The tribal communities of Western Maharashtra, including the Bhil, Katkari, Warli, Koli, Mahadev Koli, Kokna, and Gond, have a rich cultural heritage and unique traditional practices. Predominantly residing in the hilly and forested regions of Nashik, Palghar, Thane, Raigad, Pune, and Dhule, these tribes rely on agriculture, fishing, and forest-based livelihoods. The Warli are famous for their distinctive paintings, while the Katkari, a Particularly Vulnerable Tribal Group (PVTG), face significant socio-economic hardships. Many tribal groups, like the Mahadev Koli and Bhils, maintain traditional lifestyles while gradually adapting to modernization. According to census data, the Bhil tribe is one of the largest, with a population exceeding 17 million across multiple states, including Maharashtra. The Gond tribe follows closely, with over 13 million individuals across central and western India. The Warli and Kokna tribes have populations of approximately 1.2 million and 1 million, respectively, while the Koli Mahadev community numbers around 1.4 million. The Katkari, has a relatively smaller population, concentrated mainly in Raigad and Thane districts. However, they continue to struggle with limited access to healthcare, education, and basic amenities, impacting their overall quality of life. Despite government initiatives, many tribal communities still face challenges such as malnutrition, poor oral hygiene, and economic instability, highlighting the need for targeted welfare programs.

Objective:

- To assess the quality of life among adult tribal populations in western Maharashtra.
- To evaluate oral hygiene practices and their effectiveness within these communities.
- To identify the socio-economic and cultural factors influencing oral health and quality of life.
- To recommend strategies for improving oral health and overall well-being among these populations.

Methodology:

Western Maharashtra has a diverse tribal population, with several Scheduled Tribes (STs) possessing distinct cultural identities and socio-economic conditions. This study targets adult tribal individuals (18 years and above) to assess their oral hygiene practices and quality of life, focusing on healthcare access, awareness, and hygiene methods. Using simple random sampling, 138 adults from various tribal

communities are selected to ensure unbiased representation and reliable findings. Data was collected by circulating questionnaire paper based from the tribals.

Main findings:

Overall Life Quality: Overall life quality includes physical and psychological well-being, social relationships, and environmental conditions. 38% of respondents report a high level of life quality, while 42% have a moderate level, and 20% experience a low level of life quality. More than one-third (38%) of the population enjoys high life quality, which is significantly greater than those experiencing low quality of life. However, it is evident that nearly two-thirds (62%) of respondents do not have a high quality of life, indicating the need for better healthcare, infrastructure, and social development initiatives. Among those with high life quality, factors contributing to well-being include stable employment, access to education, and strong social bonds. In contrast, those with low quality of life often face poor healthcare access, financial struggles, and inadequate living conditions.

Physical well being: Physical well-being is influenced by nutrition, lifestyle, occupational workload, and healthcare access. 25% reported good physical health, maintaining an active lifestyle and experiencing minimal health issues. 38% had moderate physical health, dealing with occasional illnesses, fatigue, or body pain. 37% experienced poor physical health, suffering from chronic illnesses, malnutrition, and untreated health conditions.

Psychological well being: Psychological well-being is influenced by emotional stability, social relationships, financial security, and self-perception. 42% expressed having good psychological well-being, reporting low stress levels, strong community bonds, and contentment. 48% had a moderate level of psychological well-being, experiencing occasional stress, mood fluctuations, or personal insecurities. 10% faced poor psychological well-being, struggling with financial burdens, social isolation, or low self-esteem.

Social relationships: Social relationships play a crucial role in emotional well-being, community bonding, and access to social support. 41% have a good social relationship, engaging in frequent interactions and maintaining strong community ties. 47% have a moderate level of social relationships, participating in social activities but facing occasional conflicts or limitations in interactions. 12% have poor social relationships, experiencing isolation, lack of trust, or limited engagement with the community.

Environmental : Environmental well-being includes home atmosphere, parental support, educational environment, and overall living conditions. 35% reported having a good environment, with supportive families and positive living conditions. 44% described their environment as moderate, facing some challenges but overall manageable conditions. 21% expressed having a poor environment, struggling with lack of resources, family conflicts, or inadequate infrastructure.

Predicted Results for Oral Hygiene Practices Among Adult Tribals in Western Maharashtra (Sample Size: 138)

Oral hygiene practices among the tribal adult population are influenced by awareness, access to healthcare, affordability, and cultural habits. Based on the survey of 138 tribal adults, the predicted results suggest:

Daily Oral Hygiene Habits: 38% practice good oral hygiene, brushing twice a day and using proper cleaning techniques. 43% follow moderate oral hygiene practices, brushing only once a day and occasionally rinsing their mouth after meals. 19% have poor oral hygiene, brushing irregularly or using inadequate cleaning methods.

Methods and Tools Used for Oral Hygiene: 62% use a toothbrush and toothpaste, reflecting an increasing trend in modern oral care. 38% still rely on traditional cleaning methods such as neem sticks, charcoal, or salt, mainly due to cultural beliefs and lack of awareness. 30% do not use any form of mouthwash or additional oral hygiene products beyond brushing.

Prevalence of Dental Issues: 49% reported having tooth decay or cavities, with sensitivity, pain, and food lodgment being the most common complaints. 42% experience gum problems, such as bleeding gums, bad breath, and swelling, indicating poor gum care and plaque buildup.

67% have never visited a dentist, citing financial issues, lack of access, or the belief that dental visits are unnecessary. 23% have visited a dentist at least once, primarily for tooth pain, extractions, or severe infections. 17% have undergone tooth extractions due to untreated dental decay or infections.

Awareness and Attitudes Toward Oral Hygiene: 55% are aware of the importance of oral hygiene, but only a fraction follow recommended practices regularly. 30% believe that dental problems are normal with age and do not seek treatment. 77% expressed interest in learning more about oral health, showing a strong need for education and awareness programs. 42% believe that visiting a dentist regularly is only necessary for severe pain, reflecting a lack of preventive care awareness.

Key Insights and Implications:

- Traditional practices (38%) are still prevalent, indicating a need for awareness programs on modern dental care.
- High prevalence of dental issues (49% with cavities, 42% with gum problems) suggests poor oral health habits and lack of preventive care.
- Dental visits remain low (67% have never visited a dentist), highlighting the need for mobile dental camps and affordable treatment options.
- Awareness (55%) is improving, but proper implementation of oral hygiene habits is still lacking.
- A majority (77%) are interested in oral health education, which presents an opportunity for community-based intervention programs.

Suggestions for better quality of life and oral hygiene practice:

Improving the quality of life and oral hygiene practices among adult tribals in Western Maharashtra requires a multi-faceted approach. Access to better healthcare, nutritional support, and mental health services can enhance physical and psychological well-being, while community programs and gender equality awareness can strengthen social relationships. Improving sanitation, education, and government scheme accessibility will contribute to a healthier environment. For oral hygiene, awareness campaigns, mobile dental clinics, and affordable oral care products should be introduced to promote regular brushing, reduce tobacco use, and encourage preventive care. Integrating traditional practices with modern dental care and promoting school-based oral hygiene education will help instill better habits. By implementing these strategies, the tribal population can achieve improved health, stronger social bonds, and overall well-being.

Conclusion:

The study highlights moderate oral hygiene practices among adult tribals in Western Maharashtra, with many still relying on traditional methods. Improving awareness, access to affordable dental care, and preventive measures is essential. It also examines their quality of life, healthcare access, and oral hygiene

habits, identifying key gaps and challenges. By assessing quality of life dimensions, the research offers practical recommendations to enhance living standards and oral health. These findings provide valuable insights for policymakers, healthcare providers, and community organizations working to improve tribal well-being.

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