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ABSTRACT

Betel quid chewing has been reported in literature as part of traditional practices in several countries including the Philippines. The practices, beliefs, and social implications of betel quid chewing has been described in the context of tradition and socialization stating that chewing betel quid initiates binding especially from small cultures. It also helps to foster friendship, close association and enhances interaction. The level of awareness on health implications especially on oral health status need to be studied. Literatures have also reported the implications on the development of disease states, such as cancerous states and cardiovascular disease.

This study aimed to describe the lived experiences of betel quid chewers in the context of interpersonal and family influence, interpersonal and situational influence, and personal and psychosocial and cultural factors. The Health Promotion Model by Nola Pender provided support for the theoretical framework. The phenomenological approach was used to describe the lived experiences of betel quid chewers in a sitio in Borongan, Easter Samar. The descriptive correlational design was used to assess the knowledge on betel quid chewing and health practices, the oral health status of the betel quid chewers and its associated demographic factors. Purposive sampling was used given the inclusion criteria. Ethics approval to conduct the research was granted through the UPOU.

There were 18 participants, mostly males, for the description of the lived experiences of betel quid chewers. Saturation of data was attained at this level. For the assessment of oral status and level of knowledge, there were 83 participants (64 males, 19 females) from the community of Siha, Borongan Eastern Samar. The demographic profile are as follows: mean age is 52 years majority belonging to age range of 51 to 60 years old (28.95), married, average of 17.58 years of chewing betel quid, and mostly able to consume about one to five betel quin in a day. The highest educational attainment is mostly elementary undergraduate (55.4%) with 63.9% working as farmers. For the average monthly income are below the poverty threshold falling into the range of 0 to PhP5,000.00 a month.

Results showed that for the level of knowledge, the respondents have an average of 55.2% correct response in all questions on factors related to health practices. Oral health assessment revealed that most of the betel quid chewers have about three to four teeth broken, worn-out, or even damage and missing teeth. Mouth sores was also common as a result of using too much slaked lime. Betel quid staining is also observed to majority of the betel quiz chewers. For the demographic profiles, only occupation and age have shown significant relationship with oral health status.

Description of the lived experiences: Interpersonal influences in terms of family involvement and motivation for chewing betel quid show the influence of parents and grandparents, highlighting traditional hand-down practices. The presence of peers in the community who are betel quid chewers strengthens the practice of betel quid chewing and is a means of passing the practice to others. For the interpersonal and situational influences of betel quid chewing, the study shows that the practice promotes socialization, strengthens camaraderie, friendship, belongingness, and peer identity. There is oneness that is fostered by sharing ingredients among betel quid chewers. There appears to be enjoyment and solidarity when done in groups. The personal factors that were deemed relevant included descriptions of its benefit when working in rice fields or in fishing that the practice increases their tolerance to cold and make their body feel warm. Awareness of health consequences were verbalized, such as development of mouth sores when there is increase slaked lime in the ingredients. The discoloration of the teeth and subsequent staining appears to be an accepted situation. When ingredients were reportedly more than what is required, there were reports of increased perspiration, sticky sweat, urge to vomit and urge to defecate. These were remedied by intake of a pinch of table salt and a glassful of water. To clean their teeth, in addition to brushing, a slice of areca nut husk is used for cleaning. Betel quid chewers were considerate about splitting quid when in public and expressed ways to avoid unpleasant sight. Of note is the sense of competition that results in producing the reddest spit implying that the person is able to produce the perfect mix of ingredients and the mastery of the betel quid chewing.

Keywords: betel quid chewing oral health status, lived experiences of betel quid chewers, health promotion model