

*THE ANNUAL PARADE OF THE TEMPLE OF THE  
TOOTH AS A POTENTIAL SETTING FOR ORAL  
CANCER AWARENESS IN SRI LANKA: AN AVENUE TO  
BLEND HEALTH AND CULTURE*

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Health is elusive to define, and the meaning of the word has evolved over many decades. *The Oral health*, as defined by the World Dental Federation (FDI), as “Oral health is multi-faceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex.” (1) According to the Ottawa Charter for Health Promotion, **health is a resource for everyday life, not the objective of living.** But health is challenged every day by one’s social determinants of life. Culture is a robust determinant of an individual’s lifestyle behaviours which lead to outcomes of positive or negative health(2). The effects Sri Lankan culture has in determining perceptions and expectations of health are often overlooked by Western medical models of health (3). This paper describes the experience of a unique oral cancer awareness session conducted by a group of oral healthcare professionals from the central part of Sri Lanka. The program aimed to influence **the health-related behaviours** of their

people and hopefully lead to a healthier culture.

 Betel quid chewing has long been a tradition among the communities from South East Asia and the Asian Pacific regions. It continues to be highly prevalent despite the dangers to health and wellbeing (4). It is often explained that the culture is not static, but evolves over time (2). While some intellectuals claim **that betel quid chewing is a dying habit across new generations**, the popularity of newly marketed commercially prepared non-perishable forms of betel quid among today's youth questions of any shift of the aforementioned culture (4). It is well proven that the use of areca nut and smokeless tobacco in any form, either as a quid or in commercial forms, is hazardous to general and oral health-giving rise to most prevalent cancer among Sri Lankan males (5) and susceptibility to many diseases including metabolic syndrome, hypertension, cancers of the pancreas and elsewhere in the body, and low birth weight (6).   
  


Lip, and oral cavity cancer was the second commonest cancer in Sri Lanka with a proportion of with an incidence rate of 7.6 per 100,000 population standardized to the world population. Unfortunately, this was the commonest among cancers found in Sri Lankan males with an incidence of 12.3 per 100,000 population standardized to the world population. It was seventh among the cancers found among females in Sri Lanka with an incidence of 3.6 per 100,000 population standardized to world population (7). Lip and oral cavity cancer in Sri Lankan community drain a considerable proportion of the health care budget of the country to treat the affected (8). Prevention frequently offers the most cost-effective long-term strategy for cancer control(9). Despite its' limited effects on behaviour change, education of the public on the risk factors and early signs and symptoms of the disease is one of the strategies adopted by the international and national authorities responsible in prevention and control of the deadliest disease(10).

Green defined health education as “any combination of learning experiences designed to facilitate voluntary adaptations of behaviour conducive to health” (11). During the past few decades, the scope and methods of health education have widened and diversified dramatically. Perhaps a leaflet or a booklet is no longer popular and capable of penetrating the new generation. Instead, **social media has become more acceptable among a wider range of generations** (12). Also, the setting in which the message is delivered is crucial for a success story. Health education can be delivered in almost every conceivable setting. They provide channels for delivering information by means of providing access to specific populations and gatekeepers who usually have existing powerful communication systems (13).

Parade of the temple of the tooth or more commonly known as ‘Dalada Perahera’ of Sri Lanka had been held annually for centuries and this has been considered as one of the most sacred cultural events in Sri Lanka. Temple of tooth hosts the “tooth relic” of great load 

Buddha and Dalada Perahera symbolizes the annual public demonstration of the sacred tooth relic. Hundred thousands of people of all ages from all around the country gather by the sides of the roads to witness the event. The leisure hours spent besides crossroads around the temple of tooth and the centre of Kandy city by the spectators are abundant until the parade starts its possession. Therefore, this was an excellent setting that could have provided the regional health care services of the district and the other professional organizations to deliver the message on risks of tobacco and areca nut use.

The two messages delivered were “tobacco and betel nut cause oral cancer” and “detection of oral cancer at its earliest saves life”. The messages were delivered inside a wrapped betel leaf (Resembling real betel quids available at roadside boutiques) (Figure 1) distributed to the crowds alongside a street drama played by a group of artists mimicking a quid seller and his clients (Figure 2 and 3). Such street dramas an historical and current component of parades such Dalada Perahera. The drama was composed based on the same message.

The audience was static and the message was relevant to the families who were flocked around which might have had at least one chewer among them. The messages brought excitement to the individuals who received betel wraps and unwrapped to consume it. But the session was interrupted time to time by the other messages given by the security officers and the office staff of the organizers of the parade. Although the message was delivered successfully at this cultural event one cannot confirm the expected behaviour change among the community. Authors explore the avenue for newer research array.

Nevertheless, this was an opportunity to blend the culture and health to communicate the risk within an unfavourable culture of chewers and bring about the voluntary adaptation of a healthy culture among the citizens of the country.

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## Figures







