

EXPLORING SELF-EAR CLEANING PRACTICES AMONG INDIVIDUALS VISITING A TERTIARY CARE HOSPITAL– A CROSS SECTIONAL STUDY

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ABSTRACT

Background: Self-ear cleaning is a common but often unsafe practice that can lead to complications such as otitis externa, impacted cerumen, or tympanic membrane perforation. The purpose of this cross-sectional study is to explore the incidence, methods and awareness of self-ear cleaning practices among individuals attending a tertiary care hospital. Data were collected from 200 participants using a validated structured questionnaire. Findings revealed that 98% of respondents reported cleaning their ears regularly, with cotton buds, matchsticks and hairpins being the most frequently used tools.

Materials and Methods: This was hospital based study conducted at outpatient department of Oto-laryngology at tertiary care hospital. Data was collected from 200 participants using a validated questionnaire as per inclusion criteria and after obtaining the ethical clearance.

Results: Out of 200 patients, 98% responded. Majority (41.5%). Most common tools being used are cotton swabs. Reasons for self-ear cleaning included perceived wax accumulation and to relieve itching

Conclusion: There needs to be more public health education to discourage people from the acts of self-ear cleaning, and to inform them about how the ear naturally cleans itself, it is important that cerumen management be done by qualified personnel, as removal by inexperienced persons can cause damage to the ear. Appropriate medical advice should be given

Keywords: Self ear cleaning, cerumen, otology, health education, cross sectional study

INTRODUCTION

Self-ear cleaning is the insertion of objects into the ear canal to clean it, a widespread practice that has the potential to compromise its integrity as a natural, self-cleansing mechanism, and a risk factor for possible injuries. Self-ear cleaning practices are a common habit among individuals to maintain ear hygiene and alleviate symptoms like itching, discomfort, or perceived earwax build up. It is driven by the belief that it is necessary for maintaining ear hygiene and preventing discomfort caused by earwax. [1] While these practices are common, they can potentially push earwax deeper into the ear canal, causing more harm than good. It is, however, well-established that earwax (cerumen) protects, cleans, and lubricates the skin of the ear canal and that the normal canal has a self-cleansing mechanism (a

“conveyor belt” process of epithelial migration, aided by jaw movement) and does not need to be cleaned.

[2] Cerumen is a natural substance produced by the glands in the ear canal to protect the ear from debris, bacteria, and other small particles. Studies have shown that self-ear cleaning practices vary widely among different populations, with some individuals using unsafe methods, such as inserting sharp objects into the ear canal. Furthermore, research has identified a lack of awareness regarding proper ear care and the risks associated with self-ear cleaning practices. [3] Despite its prevalence, many individuals lack awareness of potential risk associated with improper ear cleaning that can lead to complications such as ear canal injuries due to trauma, impacted earwax, tympanic membrane perforation, infections like otitis externa etc. [3-5] These complications may necessitate medical intervention. In a tertiary care

hospital, patients often seek medical attention for ear related issues, providing an opportunity for us to explore their self-ear cleaning habits. This study aims to explore self-ear cleaning practices among individuals visiting a tertiary care hospital which includes reasons, methods and outcomes behind these practices. By understanding these factors, healthcare providers can educate patients better on proper ear care and prevention of ear-related complications. Main aim of this study is to understand methods and the reasons behind self-ear cleaning practices such as hygiene, habit, discomfort, hearing concerns etc. Also to evaluate level of knowledge individuals have about potential risks associated with self-ear cleaning practice.

MATERIALS AND METHODS

To achieve the objectives, this study employed a cross-sectional and descriptive survey design to assess self-ear cleaning practices among individuals visiting the ENT outpatient department of a tertiary care hospital. The study was conducted at the ENT outpatient department of a tertiary care hospital over a period of 3 months. Individuals aged 18 years and above visiting ENT clinic of a tertiary care hospital and who reported having practiced self-ear cleaning at least once in the past year were included in the study. Individuals with other pre-existing ear conditions ear infections like chronic suppurative otitis media, congenital ear deformities, have undergone any ear surgeries within past 6 months were excluded. Data was collected from individuals visiting the outpatient department of a tertiary care hospital. A convenience sampling technique was used to recruit participants. Individuals who met the inclusion criteria and gave consent to participate in the study were approached consecutively until the desired sample size is achieved. Sample size of minimum 200 will be taken using convenience sampling.^[4] Sample size provided a representative sample of individuals visiting the hospital and allowed the researcher for generalizability of the findings.

Data collection: Data collection done using a validated structured questionnaire.^[1] A validated questionnaire taken up which was pretested on a small sample to ensure clarity and reliability. It is administered through face to face interviews by the researcher. The questionnaire included sections on demographics, frequency of ear cleaning, the type of tools used, reasons for ear cleaning, complications experienced (if any) and is provided in local language also.^[4] Baseline knowledge regarding self-ear cleaning practices is assessed using the study questionnaire. Descriptive statistics was used to summarize demographic characteristics and self-ear cleaning practices. All the collected data was entered into a Microsoft excel and analysed, interpreted using appropriate statistical methods.

RESULTS

Out of 200 participants, 98% reported practicing self-ear cleaning .27% practiced daily, 41.5% weekly, 17.5% monthly, 14% rarely [Figure 1].

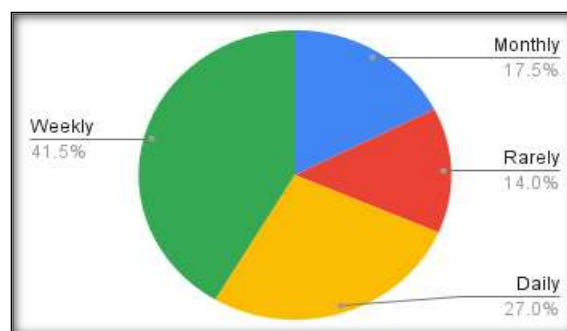


Figure 1: Frequency of ear cleaning

Tools, methods commonly used were cotton swabs (84%) followed by ear drops (6.5%), safety pins (6%) [Figure 2]. Other tools included key chains, cloth, match sticks, bird feathers, broom stick pieces. Most of them do thinking no harm in practicing ear cleaning. Reasons for cleaning were to alleviate itching and discomfort (51.5%) and perceived wax accumulation (47.5%) [Figure3]. Remaining participants reported self-ear cleaning practice as maintaining hygiene and habit. Some participants used more than one method to clean their ears.

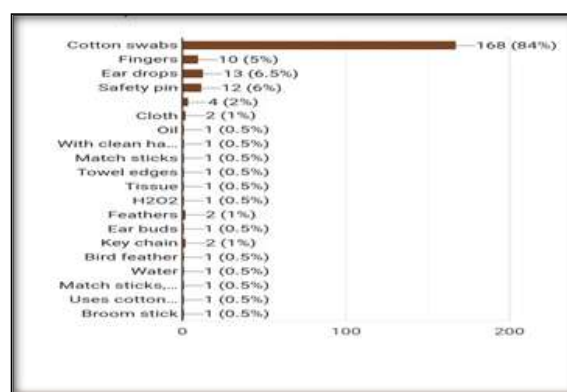


Figure 2: Tools, Methods used for ear cleaning

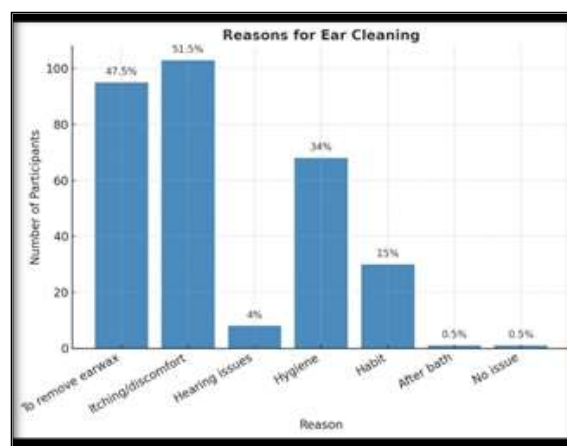


Figure 3: Reasons for self-ear cleaning

DISCUSSION

The findings of the current study are consistent with others cited in the literature, which report a prevalence of over 90% for self-ear cleaning.^[6,10] In developing regions, the morbidity and mortality associated with ear disease and injuries remain a significant but neglected public health problem.^[7] Self-ear cleaning is described as the insertion of objects into the ear canal to clean it due to the belief that for ear hygiene it is necessary to remove the excess cerumen or that cerumen is perceived as a cosmetic nuisance, its presence being an indication for removal.^[8,9] The findings of study are consistent with studies conducted in Nigeria and Oman,^[6] which reported wide spread use of unsafe practices. There is a general belief in our society that there is nothing wrong with using cotton buds, and this worsens the habit of using cotton buds simply to alleviate symptoms such as itching, removal of dirt and perhaps even with claims of perceived benefits. Itchy ears were the second commonest reason reported in our study, as well as itching from neurodermatitis and otitis externa of the ear canal by other studies.^[10] While earwax was the predominant reason for using cotton buds reported in our study and few other studies.^[10] Despite of known complications of self-ear cleaning, awareness among participants was poor. Most of them are unaware of cerumen's protective role and ear's natural mechanism of self-cleansing. The major limitation of this study was that it is a self-reported behaviour of current and previous practices (i.e., use of cotton bud) which can be easily influenced by social desirability and recall bias. It also indicated that owning a cotton bud was strongly associated with its use. This underscores the need for raising awareness within the hospital community, especially during activities organized to mark the World Hearing Day, Medical students annual Health Week to mention but a few.

CONCLUSION

Self -ear cleaning is a common but potentially harmful practice among individuals visiting tertiary care hospital. Cotton buds and improvised tools shown on social media were also being used to clean ear, often not aware of associated risks. This finding has wider implications as doctors are looked upon by the lay public and other health workers as role models and reliable sources of health information for primary ear care. Health education programs are essential to correct misconceptions and to promote safe ear care practices.

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