# A Study on the Dental Awareness and Oral **Hygienic Practices of Indian Public**

B. Lokesh Sundaram

II Year BDS, Sri Ramachandra University

Abstract: It is believed that good oral hygiene is a requisite for good health. Like the belief oral hygiene helps in maintenance of good health. However it is more important to know that Oral hygiene is practice of maintaining a clean and disease free oral cavity. It involves proper brushing and regular visit to a dentist. Maintaining a good oral hygiene is important to maintain a disease free and a good aesthetic life too. As a conclusion we can say that good oral hygiene is of socio medical importance. The statistical values of oral hygiene conducted in rural areas revealed the need full state of India to implement new oral hygiene reforms to tide over this situation of country's helplessness in regard to oral health. This study strongly believes that with the latest advancement of dental practices and awareness, and improvement of the financial status of the citizens of the country the oral hygienic practices of the country have improved.

AIM: The aim of the research is

- 1. To identify and enumerate the improvement in dental awareness
- 2. To enumerated and provide evidential data to justify the improvement in oral hygienic practices

METHODOLOGY: The evidential data for the study was collected from survey, interview and secondary source of data from different journals and books in regard to Indian oral hygiene. The data collected from the above mentioned sources were consolidated and the statistical charts and graphs are made from the consolidated data to provide a new improvemental result and inference on the dental awareness of Indian public.

**RESULT:** The results of the survey were

- 1. How Many times do you brush your teeth? [right answer: twice a day(49%) SSD:28.005]
- 2. Have you visited a dentist[right answer: yes(86%) SSD:50]
- 3. Do you use a tooth brush to clean your teeth? [right answer: yes96(%) SSD:21.4]
- 4. What would you do if you have a tooth ache? [right answer: visit a dentist(69%) SSD:26.6]
- 5. Do you think brushing is enough to maintain good oral hygiene? [right answer: no(29%) SSD:22 ]
- 6. how often do you visit a dentist[right answer: regularly once in every 3 or 6 months (38%) SSD:21.4]
- 7. how often do you change your tooth brush [right answer: 3-4 months (79%) SSD:36.03 ]
- 8. Do known the present number of teeth you have in oral cavity (without counting)? [right answer: yes(59%) SSD: 12.7]
- 9. On what basis do you select your tooth paste? [right answer: yes(after consulting dentist(52%) SSD: 22]
- 10. Do you know the number of tooth you have got restored or treated? [right answer: yes(77%) SSD:38.32]
- 11. If visiting a dentist will you be able to tell the exact treatment name you went through. [right answer: yes(69.7%) SSD:27.8 ]

CONCLUSION: When the results of the survey conducted in this study were compared with the results of other studies conducted before on the same it was evident that status of Indian dental awareness of India improved dramatically. Further adds on to this results was the interviews conducted all the dentists and oral hygienist says confidently that number of patients visiting dental clinics has increased to this they supplement that overall dental knowledge and awareness of the patients has also increased. With all these evidences we were able to match our objective of this research that the overall Indian public has improved.

Keywords: Oral hygiene, Dental Awareness.

Vol. 5, Issue 4, pp: (62-66), Month: October - December 2017, Available at: www.researchpublish.com

### 1. INTRODUCTION

Oral hygiene is practice of maintaining a clean and disease free oral cavity. It involves proper brushing and regular visit to a dentist. Maintaining a good oral hygiene is important to maintain a disease free and a good aesthetic life too. As a conclusion we can say that good oral hygiene is of socio medical importance. The according to the survey conducted by a private institution in 2013 the overall oral hygiene of India was considerably poor, the research concluded saying that "There is an urgent need to enhance oral health and hygiene practices" but this study strongly believes that with the latest advancement of dental practices and awareness, and improvement of the financial status of the citizens of the country the oral hygienic practices of the country has improved.

Oral diseases have been a unrelenting community health problem internationally, with nearly every individual encounter deprived oral health at least once in their lifetime<sup>1, 2, 3</sup>. Oral health is a state of being free from acute and chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal disease, tooth caries and shedding of teeth, and other diseases or disorders that affect the oral cavity 4,5,11. Chronic oral infections can pose a risk for diabetes, cardiovascular problems like stroke, respiratory diseases, low birth weight, preterm births and many more server health issues<sup>1</sup>.

Many research works say that oral hygiene of India is comparatively poor that other developing countries and pose evidence such as incidence of dental carries and periodontal problems is more in India than other developing countries<sup>1</sup>. This further ad on that about 50-60% of the children are affected by dental carries, untreated carries provides the way for periodontal problems<sup>2</sup>.

In order to maintain good oral hygiene it is important to employ personal and professional removal plaque and professional removal of calculus reduce the incidence of gingivitis, dental caries and periodontal problems <sup>6</sup>. More over administration of Stannous fluoride dentrifices shows a significant reduction in plaque, gingivitis, and gingival bleeding <sup>7</sup>. These measures along with route oral self care are important to maintain good oral hygiene. Oral self care is of prime importance in comparison to the above mentioned factors and is primarily dependent on the socio cultural factors like: age, gender, and education, major sociocultural factors such as poor access to care, oral health awareness, poor financial status, adverse oral health perceptions and adverse perceptions of periodontal disease<sup>8</sup>.

The condition becomes hopeless when we come to know that myths and wrong practice about and of dental hygiene restrain one from getting correct professional diagnosis and treatment.

The statistical values of oral hygiene conducted in rural areas revealed the need full state of India to implement new oral hygiene reforms to tide over this situation of country's helplessness in regard to oral health. However on deep investigation we were able to find out that the country had passed and implemented many reforms in regard to oral hygiene which include: The National Oral Health Programme, initiated in 1999, consists of School Dental Programme to convey attentiveness about first-class oral practice in institutions and targeted at brood aged 9-14 years 1, 9 and The National Rural Health Mission's School Health Programme includes an oral health wakefulness plan for kids and also an oral screening series for early recognition and forestalling of dental problems 1, 10. However these reforms where inefficient until when new more effective reform were amended and increased number of dental professionals and dental awareness programs in different which helped the dental awareness and the overall dental hygiene of the country to proceed with new speed. The improvement in the financial status of an individual and the advancement of dental technologies are also the factors which enable the advancements in oral hygiene and awareness. Adding to these factors increase social responsibilities of individual is also of prime consideration.

## Aim:

The aim of the research is to

- 1. To identify and enumerate the improvement in dental awareness
- 2. To enumerated and provide evidential data to justify the improvement in oral hygienic practices.

## International Journal of Interdisciplinary Research and Innovations ISSN 2348-1226 (online)

Vol. 5, Issue 4, pp: (62-66), Month: October - December 2017, Available at: www.researchpublish.com

## 2. METHODOLOGY

The evidential data for the study was collected from survey, interview and secondary source of data from different journals and books in regard to Indian oral hygiene. The data collected from the above mentioned sources were consolidated and the statistical charts and graphs are made from the consolidated data to provide a new improve mental result and inference on the dental awareness of Indian public.

The study was divided into three parts. The first part of the study was a survey with a sample size of 100 citizens in which a questioner was distributed online across India; the questioner had standard questions which include:

- 1. How Many times do you brush your teeth?
- 2. Have you visited a dental clinic?
- 3. How often do you visit a dentist?
- 4. Do you use a tooth brush to clean your teeth?
- 5. What would you do if you have a tooth ache?
- 6. Do you think brushing is enough to maintain good oral hygiene?
- 7. Do known the present number of teeth you have in oral cavity (without counting)?
- 8. On what basis do you select your tooth paste?
- 9. Do you know the number of tooth you have got restored or treated?
- 10. If visiting a dentist will you be able to tell the exact treatment name you went through.
- 11. how often do you change your tooth brush

The responses were collected online by setting up a online module which was capable of collecting the response and was able to make statists and graph. The module was designed in such a manner that it would stop collecting responses once it reaches the destined sample space of 100. A sample standard deviation of each question was also calculated. If the value of the desired answers exceeds the sample standard deviation the result was considered positive.

The second part of the study was collecting information through interviews with dentists and secondary source of data. The information got was consolidated and summarized.

The result and conclusion was calculated from these techniques.

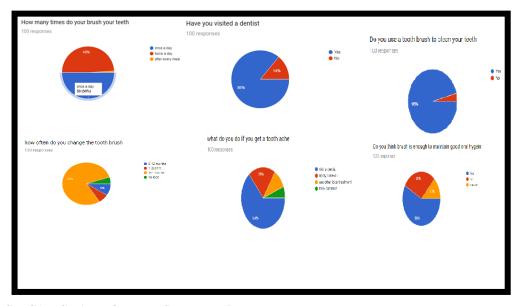
## 3. RESULT

The results of the survey were:

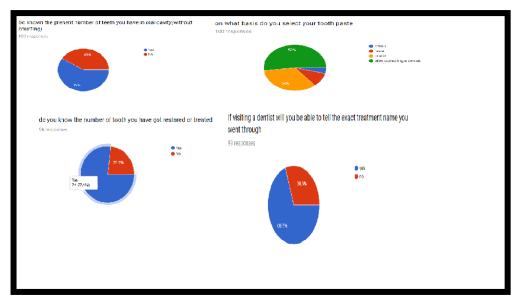
- 1. How Many times do you brush your teeth? [right answer: twice a day(49%) SSD:28.005]
- 2. Have you visited a dentist[right answer: yes(86%) SSD:50]
- 3. Do you use a tooth brush to clean your teeth? [right answer: yes(96%) SSD:21.4]
- 4. What would you do if you have a tooth ache? [right answer: visit a dentist(69%) SSD:26.6]
- 5. Do you think brushing is enough to maintain good oral hygiene? [right answer: no(29%) SSD:22]
- 6. how often do you visit a dentist[right answer: regularly once in every 3 or 6 months (38%) SSD:21.4]
- 7. how often do you change your tooth brush [right answer: 3-4 months (79%) SSD:36.03 ]
- 8. Do known the present number of teeth you have in oral cavity (without counting)? [right answer: yes(59%) SSD: 12.7]
- 9. On what basis do you select your tooth paste? [right answer: yes(after consulting dentist(52%) SSD: 22]
- 10. Do you know the number of tooth you have got restored or treated? [right answer: yes(77%) SSD:38.32]
- 11. If visiting a dentist will you be able to tell the exact treatment name you went through. [right answer: yes(69.7%) SSD:27.8 1

Vol. 5, Issue 4, pp: (62-66), Month: October - December 2017, Available at: www.researchpublish.com

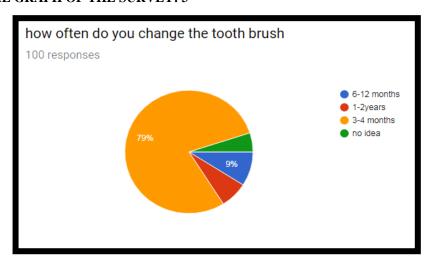
## THE STATISTICAL GRAPH OF THE SURVEY: 1



## THE STATISTICAL GRAPH OF THE SURVEY: 2



# THE STATISTICAL GRAPH OF THE SURVEY: 3



International Journal of Interdisciplinary Research and Innovations ISSN 2348-1226 (online)

Vol. 5, Issue 4, pp: (62-66), Month: October - December 2017, Available at: www.researchpublish.com

## 4. CONCLUSION

When the results of the survey conducted in this study were compared with the results of other studies conducted before on the same it was evident that status of Indian dental awareness of India improved dramatically. Further adds on to this results was the interviews conducted all the dentists and oral hygienist says confidently that number of patients visiting dental clinics has increased to this they supplement that overall dental knowledge and awareness of the patients has also increased. With all these evidences we were able to match our objective of this research that the overall Indian public has improved.

### REFERENCES

- [1] Kuppuswamy VL, Murthy S, Sharma S, Surapaneni KM, Grover A, Joshi A1. Oral hygiene status, knowledge, perceptions and practices among school settings in rural South India. Oral health and dental management journal. 2014 Mar; 13(1):146-154.
- [2] Lin S, Mauk A. Diseases in Rural India. Implementing Public Health Interventions in Developing Countries. 105-
- Lateefat S, Musa OI, Kamaldeen AS, Muhammad AS, Saka OI. Determinants of Oral Hygiene Status Among Junior Secondary School Students In Ilorin West Local Government Area Of Nigeria. IOSR Journal of Pharmacy and Biological Sciences. 2012; 1: 44-48.
- [4] National Institute of Dental and Craniofacial Research. Chapter I: Meaning of Oral Health. Accessed [October 7, 2013] at: www.nidcr.nih.gov
- [5] World Health Organization (WHO). Oral Health. Accessed at: http://www.who.int/
- [6] Roberts-Thompson KF, Spencer AJ. Public knowledge of the prevention of dental decay and gum diseases. Australian Dental Journal, 1999; 44: 253-258
- [7] Sharma N, He T, Barker P M, Biesbrock PA. Plaque Control Evaluation of a Stabilized Stannous Fluoride Dentifrice Compared to a Triclosan Dentifrice in a Six-Week Trial. Journal of Clinical Dentistry. 2013; 24: 31-36
- [8] Nicole Kelesidis, RDH, MS. A Racial Comparison of Sociocultural Factors and Oral Health Perceptions. Journal of Dental Hygiene June 2014 vol. 88 no. 3 173-182
- [9] National Oral Health Programme (NOHP). Accessed at: http://nohp.org.in/
- [10] Pandve HT. Recent advances in oral health care in India. Indian Journal of Dental Research. 2009; 20: 129-130.
- [11] World Health Organisation(WHO) oral hygiene accessed at: http://www.searo.who.int/topics/oral\_health/en/