

Assessment Of Oral Hygiene Awareness And Practices Among Patients Visiting A Private Dental College

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Abstract:

Background: Oral health is vital to overall well-being of an individual. Inadequate awareness and improper oral hygiene contribute to a high burden of oral diseases, particularly in developing countries like India. Evaluating the oral hygiene knowledge and practices of patients at a private dental college can help identify gaps in awareness and inform effective oral health education and prevention programs.

Materials and Methods: A total of 1400 patients were included in the study. Among these 1400 patients, 768 were males, and 632 were females. All these participants were given a pre-formatted questionnaire to be answered based on their practices and knowledge regarding oral hygiene. The responses obtained were analysed, and the results were interpreted.

Results: Overall, oral hygiene awareness and practices in both males and females are not satisfactory. Twice brushing of teeth is not a common habit among the majority of people. Regular dental checkups and dental treatments are lacking among the majority of people. Pain remains the most important reason for people to visit a dental surgeon. The chi-square and P values of the study were found to be statistically significant.

Conclusion: Oral hygiene awareness and practices are poor among the majority of people. Efforts need to be made in all aspects to help people achieve good oral and overall health.

Key Words: Oral health, Oral Hygiene, Teeth, General health.

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I. Introduction

Good oral health includes good oral hygiene and disease-free teeth. Good oral health is a must for good general health. FDI World Dental Federation defined oral health to be multifaceted, which includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions expressed through facial expression with confidence and without pain, discomfort and diseases of the craniofacial complex.¹ For good general health and well-being, oral health is important. Regular efforts and measures are required to attain good oral health and disease-free teeth. Various oral and systemic diseases affect both the general health and the oral mucosa. These include Dental caries, Periodontitis, and mechanical wearing away of the tooth as erosion, abrasion and attrition. Diseases of the oral cavity and mucosa which are of concern include various pre-malignant lesions as leukoplakia, lichen planus and erythroplakia, a few pre-malignant conditions as oral submucous fibrosis and others. These diseases are prevalent worldwide and in India as well. Due to their high prevalence worldwide, these oral health diseases have been added by the World Health Organisation to the list of highly prioritised non-communicable diseases, although they are non-communicable.² This article focuses on awareness regarding oral hygiene, oral hygiene habits and practices among people. This study points towards the efforts that are needed to make people aware of the importance of good oral hygiene, healthy teeth.

II. Materials And Methods

This study comprises of a total of 1400 patients. All these patients had come to the Department of Oral and Maxillofacial Surgery, College of Dental Science and Hospital, Rau, Indore for dental treatment. Out of these, 768 were males, and 632 were females. Only medically fit patients were included in the study. All the participants were divided into an age group of 10 years age difference, starting from. 21 to 30, 31 to 40, 41 to 50, 51 to 60, 61 to 70, more than 70 and above. A well-informed written consent was obtained from the

participants, and they were asked to fill a questionnaire comprising 20 questions with a few details as person's name, gender and age. The responses obtained were noted down in preformed tables and charts. Statistical significance of the study and other relevant values were calculated and analysed.

Study Design: Prospective study

Study Location: Department of Oral and Maxillofacial Surgery, College of Dental Science and Hospital, Rau, Indore

Study Duration: December 2024 to December 2025

Sample size: 1400 patients

Sample size calculation: The sample size was estimated on the basis of gender and age. A total of 1400 patients were selected of which 768 were males, and 632 were females. All the participants were divided into an age group of 10 years age difference, starting from. 21 to 30, 31 to 40, 41 to 50, 51 to 60, 61 to 70, 70 and above.

Subjects & selection method: The study population was drawn from medically fit patients who presented to the Department of Oral and Maxillofacial Surgery, College of Dental Science and Hospital for dental treatment between December 2024 to December 2025. Patients were divided into six age groups.

Inclusion criteria:

1. Medically fit patients
2. Both males and females
3. Age range of 21 years to 70 years and above.
4. Patients willing to give consent and fill out the questionnaire form.

Exclusion criteria:

1. Pregnant women
2. Medically compromised patients
3. Age <21 years
4. Patients not willing to give consent and fill out the questionnaire form.

Procedure methodology

After written informed consent was obtained, a well-designed questionnaire was used to collect the data of the patients. The questionnaire included basic information like name, age and gender. The questions cover the status of oral hygiene, causes of dental visits, various aids for cleaning teeth, other types of adverse oral habits, dietary habits, and so on.

The questionnaire was designed based entirely on routine oral hygiene practices and the awareness of oral hygiene among individuals visiting a dentist for various dental issues. Each question included 4 to 5 response options.

Statistical analysis

The Chi² and p-values were determined for the study and were found to be statistically significant. The P value for all the questions was < 0.05. suggesting that there are significant differences in responses across age groups for both the male and female participants.

The Chi-square test is a nonparametric statistical method used to test the hypothesis of no association between two or more groups, populations, or criteria (i.e., to check for independence between two variables) and to determine how well the observed distribution of data fits a theoretical distribution.

III. Results

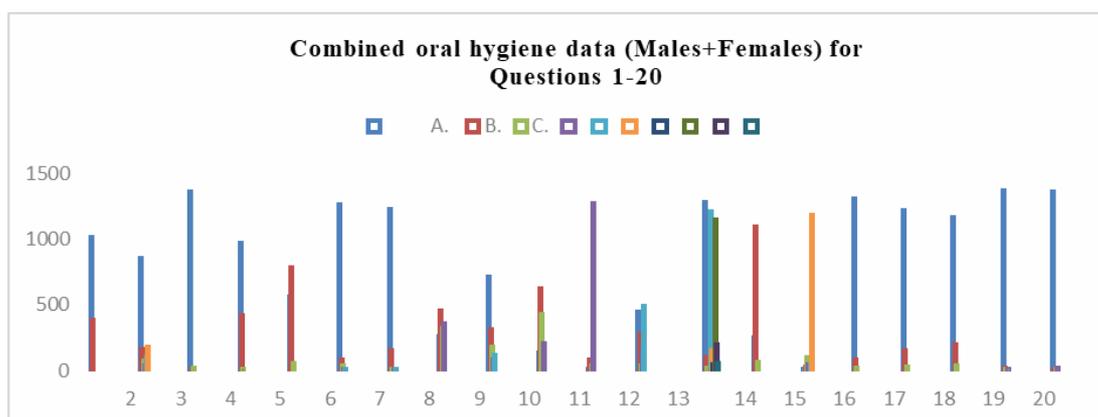
The male patients in the study were more in number than the female patients, 768 and 632, respectively. Among the males, the maximum patients were in the age group between 21- 30 years, while the maximum females were from the age group 31-40 years. 72% of the total patients said they had a dental check-up done before. Females had a dental check-up done more than males, 78% and 67.83% respectively. Toothache was the main reason (60.78%) for which most of the people had reported to us for dental check-up and treatment. The majority of the people (97%), said they cleaned their teeth every day, but most of the people (69.42%), said they brushed only once a day. Night brushing was a habit followed by only 56.14% of the

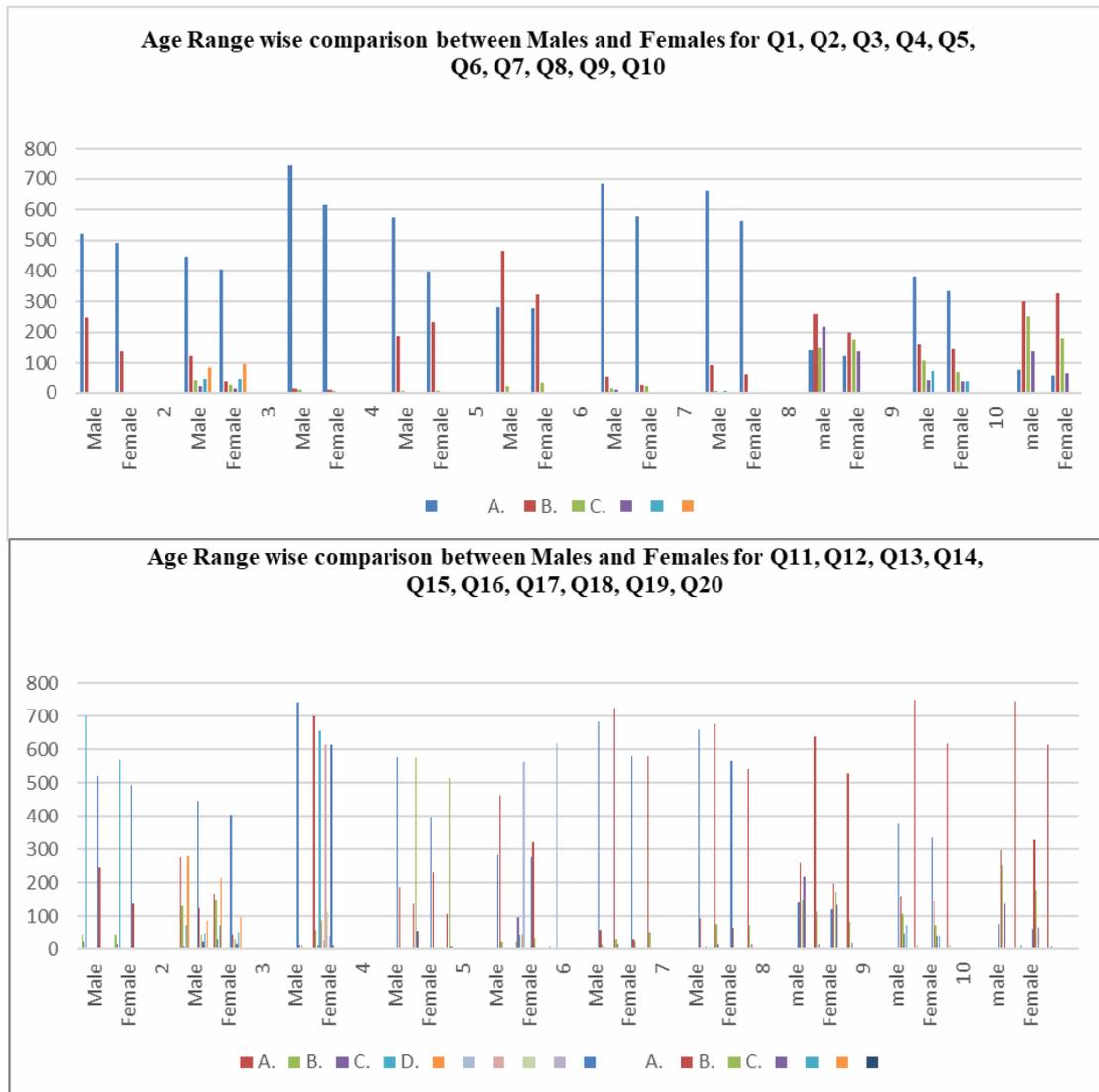
patients. Toothbrush and paste were the most commonly used agents to clean the teeth 90% and 87.57% respectively, in most people. The time taken to brush the teeth for the majority of the people was one to two minutes (32.64%). The majority of the people (50.85%) said they changed their brush every two to three months, while 6% of the people said they continued using the same brush for at least a year. Soft brush was popular among the majority of the people (44.71%), while 14.78 % of the people said they were not aware of the texture of the brush they used. 90% of the people did not have a habit of using any other cleaning aid other than a toothbrush and paste. 35.14% of the people said they do not clean their tongue. Correct brushing technique was not known to most people. Horizontal brushing was the most commonly followed method (91.71%) of brushing. Most of the people, 77.85%, said they were never told about the correct brushing technique by their dentist. Adverse oral habits as Guthka chewing, Smoking, and betel nut chewing, were reported mostly in males as compared to females. People with adverse oral habits said they were aware that these habits are harmful and they are more prone to oral diseases and carcinomas (93.14%). Most of the people (83.42%) agreed that poor oral health can have an ill effect on their general systemic health. Most of the people (97.14%) agreed to the fact that good oral hygiene and healthy teeth are important to have good general health.

Table no 1 Shows age group-wise distribution for male and female patients depending on chi-square and P values. The p value ($p < 0.05$) was found to be statistically significant for both male and female patients for all age groups.

Table No. 1 : Age group-wise distribution for male and female patients, based on chi-square and P values

	Female data age group wise		Male data age group-wise	
	Chi-Square Value	P value	Chi-Square Value	P value
Q1	334.20	0.00	412.3	0.00
Q2	250.10	0.00	580	0.00
Q3	200.10	0.00	199.65	0.00
Q4	359.67	0.00	493.2	0.00
Q5	444.20	0.00	277.4	0.00
Q6	643.70	0.00	550.3	0.00
Q7	286.10	0.00	492	0.00
Q8	559.20	0.00	732.7	0.00
Q9	715.60	0.00	882.8	0.00
Q10	306.10	0.00	259.4	0.00
Q11	127.10	0.00	129	0.00
Q12	514.60	0.00	578.6	0.00
Q13	480.70	0.00	514.6	0.00
Q14	349.40	0.00	459.12	0.00
Q15	86.50	0.00	367.2	0.00
Q16	177.70	0.00	357.3	0.00
Q17	503.90	0.00	368.8	0.00
Q18	398.50	0.00	382.3	0.00
Q19	151.40	0.00	255.7	0.00
Q20	193.00	0.00	366.5	0.00





The Chi-Square Test of Independence was applied separately for male and female datasets. The test was performed question-wise to determine if the response distribution significantly varies across different age groups.

Interpretation - The p-value = 0.00 (< 0.05) for all questions indicates that there are significant differences in responses across age groups for both male and female participants.

Higher chi-square values (e.g., Q9, Q6, Q8) suggest a stronger variation in opinions among different age categories. Lower chi-square values (e.g., Q15, Q11) indicate more consistency across age groups.

Comparative Insights

Female Respondents- Highest variation: Q9 (Chi-Square = 715.6), followed by Q6 (643.7) and Q8 (559.2). Lowest variation: Q15 (86.5) and Q11 (127.1)

Interpretation: Responses to questions Q6, Q8, and Q9 show the biggest age-related differences among females.

Male Respondents- Highest variation: Q9 (Chi-Square= 882.8), followed by Q8 (732.7) and Q6 (550.3) Lowest variation: Q11 (129) and Q3 (199.65)

Interpretation: Similar to females, males also showed strong age-based variation in Q6, Q8, and Q9.

The analysis demonstrates that the age group significantly influences responses across all questions for both genders. The uniformly low p-values (0.00) confirm that these differences are statistically significant. Questions Q6, Q8, and Q9 consistently show the highest differentiation, suggesting these items are more sensitive to age-based perceptions.

IV. Discussion

Good general and oral health go hand in hand. One of the criteria for good general health is good oral health.³

WHO defines Oral Health as a state of being free from chronic mouth and orofacial pain, Oral and throat cancer, Oral sores, Birth defects as Cleft lip and Palate, Tooth decay, Periodontal diseases, and a few other diseases and disorders. These Diseases limit the individual's capacity while biting, chewing, smiling, and psychological well-being.⁴

Oral health is a fundamental component of general health, with physical and mental well-being, which exists along a continuum, influenced by the values and attitudes of people and communities. It also reflects the physiological, social and psychological attributes essential to the quality of life.⁵

In the last few decades, diseases of the oral cavity, oral mucosa, and teeth have shown an increase in both incidence and prevalence. It is estimated that about 3 to 6,000,000 million people all over the world are said to be affected by various oral health and health problems.⁶

In India also approximately many people are said to be affected by various diseases of the oral cavity and teeth. Various diseases of the teeth are common worldwide, and in India as well. These include Dental Caries, Periodontitis, Mechanical wearing away of the teeth, Bone loss, Tooth fracture, and others. A few lesions of the oral mucosa and the tongue are also common as Leukoplakia, Lichen Planus, Erythroplakia, Oral Submucous fibrosis, Bald tongue, Mucositis and others.⁷

Many of the studies done in the past agree to the fact that most people have poor oral hygiene and health. This is one of the reasons for an increase in the diseases of the oral cavity in the last few decades. Lack of awareness regarding the importance of oral health and healthy teeth, not considering the oral cavity as an important part of the body, taking teeth as an easily replaceable structure of the body and various such similar reasons lead to neglect of the oral cavity. Lack of knowledge regarding oral health and teeth is one of the first and most important reasons contributing to poor oral health. One study was done by Bobby Et al regarding awareness and practices of oral hygiene in the out-patients department in a tertiary care hospital in Calcutta. This study reported that oral health awareness and practices among this study population were poor.⁸

One such similar study done on perception of oral and Dental health among the North Indian population also showed similar findings. One of the reasons for very poor oral hygiene is the lack of awareness among most of the population.⁹

This study is also in accordance with other studies, which report that, in general, the Oral health of the people is mostly poor and needs a lot of improvement. One other reason for poor oral hygiene and diseased teeth is not regularly visiting a dental surgeon for a dental checkup.

Regular scheduled dental visits to a qualified dental surgeon for checkups and required definitive treatment will be one of the basic steps to have good oral hygiene and healthy teeth. This simple, basic step is lacking among the majority of people. It is reported in many studies that the majority of people visit a dental surgeon only in painful conditions of the teeth.

A study by Nabil Aim. BEURTS. In 1997, reported in their study that, 69.5% of the people visited a dentist, only for painful teeth conditions¹⁰

One other study is in accordance with the above findings that regular dental visits are still not a prevalent dental behaviour among the majority of people. As per this study, only 10% of the people visited a dental surgeon regularly for a dental checkup.¹¹

This study also supports the findings that regular visits to a dentist is not at all a common finding among the majority of people.

While one other similar study reports a positive finding, wherein 51% of the people had a habit of visiting a dental surgeon regularly. This points towards a good awareness regarding oral health and hygiene among that group of people.¹²

Socio-economic status also plays a role in the maintenance of oral health and hygiene. Studies have reported that people with better socioeconomic status have better oral hygiene, health and practices. A study by Chandrasekhar et al on dental health awareness was done among the municipal employees of Mysore city. The study reported that poor socioeconomic class had relatively poor oral hygiene and more dental problems and diseases as compared to a middle or a higher socioeconomic class of people. This study stresses on making sure that oral health services are made available to all classes of people.¹³

All people should be made aware of good general and oral health. Partly, expensive dental treatments, to a certain extent, keep the low socioeconomic group of people away from getting dental treatment. It is reported that the education levels of an individual also affect Oral hygiene status and oral hygiene practices. Educated people avail more of dental treatment and get the desired dental treatment done as compared to less educated people. Education itself makes a person more learned and aware, which could be a reason for these people to have more dental checkups and definitive dental treatments.¹⁴

Females are more conscious and aware of their looks and smile. This is stated as one of the main reasons that females regularly get dental treatment done more as compared to males.¹⁵ Dental treatment, like

orthodontic treatments, is more commonly availed more by females. This directly has an effect on females being more aware of oral hygiene and health, getting other required dental treatments done. Thus, females also have better oral hygiene and health.

Adverse oral habits are more commonly reported in males as compared to females. Gutkha, Betel nut, tobacco smoking, and smokeless tobacco use are a few common adverse oral habits that lead to poor oral hygiene and diseased teeth. These habits also make the oral mucosa prone to various pre-malignant lesions, conditions and even carcinomas.

Oral hygiene practices play an important role in maintaining good oral health and teeth. Twice brushing of teeth forms an important base for good oral hygiene. This habit of brushing teeth twice a day is unfortunately lacking among most of people. Brushing regularly, properly is the first and most important. One study reported that among the total, only 35.71% of the people had the habit of brushing their teeth twice daily. This has been reported in a study by Bobby Paul.¹⁶ One other similar study by Jain et al also stated that in their study, only 23% of the people had the habit of brushing twice daily.¹⁷

This study is also in accordance with the other studies and states that brushing of teeth twice daily is not a habit in the majority of people. Correct brushing technique also holds its own importance. Unfortunately, as per this study, most of the people said they were never informed about the proper method of brushing teeth by their dentist. Correct brushing technique not only helps maintain oral hygiene but also prevents the tooth surfaces from getting worn away faster. As per various other studies, more than three-fourths of the people had the habit of brushing side to side, whereas only 15.5% reported the brushing technique as up and down.¹⁸ Every dentist has the duty to educate their patients about the correct brushing technique. Dental surgeons should demonstrate the correct brushing technique on screen or other media. A dental surgeon can tell the patient to get his brush on next appointment and let the patient do the brushing and clear any doubts at that time itself. This will have a good, correct impact on the patient regarding the importance of correct brushing technique.

Tongue is also an important part of the oral cavity and needs to be regularly cleaned. Tongue cleaning should be done every time, along with brushing of teeth. One study reports that the tongue cleaning habit was found in 67.5% of the people.¹⁹ Further studies have stressed the findings that 32.5% of the people did not use a tongue cleaner to clean their tongue. One similar study by Jain et al also reports that only 20% of the people in their study habit of regularly clean their tongue.

This study reports that people change their brushes every 4 to 5 months. Other articles report that only 25% of people change their brushes in less than 6 months. A few other articles also report that 23.9% of people change their brush only when they feel it is no longer effective.

Use of mouthwashes as a cleaning aid also helps to keep the oral cavity and teeth clean. But again, it is not a very common habit among most people. Sharda Et al in their study reported that 64.10% of the patients had a habit of using mouthwashes regularly.²⁰

Oral rinses with plain or common salt water are a simple, cost-effective technique that is helpful to maintain oral hygiene, especially after meals.

Care of the oral cavity should start from childhood, just after the eruption of the first deciduous teeth. Parents at home are the first ones to take care of their children's teeth. Regular visits to a dental surgeon will help a lot to maintain the oral cavity and teeth from the very beginning. A study on dental awareness in school-going children was done by Dr Jalali and Dr HC Neema in Indore, India. The study was conducted in an Antar Bharatiya Ball Mela. This study was done in school children from various parts of the country. A questionnaire was given to the children to fill up about their knowledge and practices. The study reported a lack of awareness and neglected oral health and teeth among most of the children. Other alarming findings of the study were the presence of adverse oral habits as the use of betel nut, smoking, among these children at such a young age.²¹

Medical and paramedical staff are generally well trained regarding general and oral health, as this topic is included in their curriculum. So both medical and paramedical people should guide the population as to how to maintain a good, healthy oral cavity. A study done by. Vinod Kambli, Et al reported that most of the time, medical students and faculty have a better knowledge regarding oral and general health. These people themselves have a good. Oral hygiene. and healthy teeth, and thus they can motivate others to have similar good oral and general health.²² Dental students also generally have a good awareness of the importance of good teeth and good oral hygiene. A study done among dental students by Mandal Et al reported that most of the dental students had good oral hygiene.²³

One such study was done among the undergraduate medical students and interns. This study reported that medical students and interns themselves are more aware of the importance of good oral health and healthy teeth.²⁴ They also have good oral health and healthy teeth as compared to the non-Medical Group, and thus can motivate the general population regarding the importance of good oral and general health.²⁵

Dental undergraduates generally have a good oral health and healthier teeth. They also generally get a timely, required definitive dental treatment done as compared to the normal population. Both dental, medical

and paramedical staff have a big responsibility of making people aware about the importance of oral health and disease-free teeth. These include inculcating good oral hygiene practices in people as well.

It is rightly said oral cavity and Teeth act as a mirror to one's own systemic health. Even a few systemic diseases can manifest and reflect in the oral cavity. Certain vitamin deficiencies, an Immunocompromised status of a person, Certain syndromes, side effects of certain drugs, few nutritional deficiencies can all manifest in the oral cavity. Dental surgeons can actually be the first ones to diagnose any of the above conditions and pathologies that affect both oral and general health of an individual.²⁶

Poor oral hygiene, bald depapilated tongue, certain red and white lesions, and Dental caries, Periodontitis, Attrited, eroded, and abraded teeth can all pose difficulty in chewing, leading to nutritional deficiencies, poor general health, weakness and compromised immunity of the person.

The relation between oral health and general health is important, but generally not accepted by the people. Also, oral health is the last priority among most people as compared to their general health. This thinking needs to be changed among all the people of the society.

Steps need to be taken on a large scale to make people aware of good general and oral health and disease-free free healthy teeth. Awareness camps, workshops, and continuing dental education programmes need to be conducted regularly so as to achieve and maintain good oral health among people. (10)

V. Conclusion

There is a consensus that oral hygiene and the condition of the teeth are poor among the general population. Drastic steps need to be taken by all of us at all levels to achieve good oral and general health among all people.

ORAL HEALTH AWARENESS QUESTIONNAIRE

Name: _____

Age: _____

Gender (Male / Female): _____

Patient No.: _____

Date: ___ / ___ / ___

Address: _____

1) Have you ever had your teeth examined by a dentist?

Yes

No

Do not remember

2) What was the reason for your first dental visit?

Tooth pain

Loose teeth

General checkup

Swelling

Sensitivity to hot, cold, or sweet food

Never visited a dentist

3) Do you brush your teeth regularly?

Yes

No

Daily

4) How many times a day do you brush your teeth?

Once a day

Twice a day

More than twice a day

5) Do you brush your teeth before sleeping at night?

Yes

No

Sometimes

6) How do you clean your teeth?

With a toothbrush

- With fingers
With both toothbrush and fingers
With datun (traditional chewing stick)
With other household items
- 7) What material do you use to clean your teeth?
Toothpaste
Tooth powder
Sometimes toothpaste, sometimes powder
Datun
Other household material
- 8) For how many minutes do you brush your teeth?
One minute
One to two minutes
Two minutes
More than two minutes
- 9) After how many days do you change your toothbrush?
After 2–3 months
After 3–6 months
More than 6 months
Do not change for 6 months to 1 year
Do not remember
- 10) What type of toothbrush do you use?
Hard
Medium
Soft
Do not know
- 11) Apart from brushing, do you use anything else to clean your teeth?
Dental floss
Gargling with salt water
Tongue cleaning
Nothing
- 12) How do you clean your tongue?
With tongue cleaner
With finger
With both tongue cleaner and finger
With toothbrush
Do not clean
- 13) What is your method of brushing?
● Brushing from gums towards teeth Yes No Do not know
● Brushing from teeth towards gums (up–down) Yes No Do not know
● Circular brushing on teeth Yes No Do not know
- 14) Has your dentist ever explained the correct method of brushing techni?
Yes
No
Do not remember
- 15) Do you regularly consume any of the following?
Paan
Tobacco
Gutkha
Bidi
Cigarette

None

16) Are you aware that consumption of tobacco, gutkha, and smoking products is harmful to health and can cause cancerlike diseases?

Yes

No

Not sure

17) Do dietary habits affect teeth and mouth?

Yes

No

Do not know

18) Do diseases of the teeth and mouth affect the rest of the body?

Yes

No

Do not know

19) Is it necessary to have all teeth present for good oral health?

Yes

No

Not necessary

Does not make a difference

20) Is it necessary for teeth and mouth to be healthy for overall body health?

Yes

No

Not necessary

Do not know

Doctor's Signature: _____

Date: ___ / ___ / _____

Patient's Signature / Thumb Impression: _____

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