

Dental Myths and Misconceptions among Rural Population in Namakkal District, Tamilnadu: A Cross-Sectional Study

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ABSTRACT

Background: The myths and misconceptions about our teeth, dental diseases and their treatment do prevail in this modern era. These misconceptions could lead people to ignore the utilization of dental care which in turn leads to complications of disease and increases the difficulty in management of the condition. The present study was conducted, to assess the common myths and misconceptions of patients attending the outpatient department in the primary health centers of Manikampalyam and Ernapuram village using a structured questionnaire.

Materials and Methods: A cross sectional questionnaire based survey was conducted. The study included individuals reporting to the outpatient department (OPD), aged 18 years and above after obtaining an informed consent. A structured questionnaire which comprised of 20 close ended questions, formulated with demographic data related to common dental myths was used. The questionnaire was framed after interacting with the rural people through community camps. Data analysis was done using SPSS(Statistical Package for Social Sciences) software.

Results: Study included 504 subjects, out of which 53% were males and 47% were females. The mean age of the study population was 43.4 ± 18.52 years. About 48.4 % of the population considered that neem stick efficiently cleans the teeth. About 98.7 % of the study participants believed in one myth or the other.

Conclusions: The results of the study revealed that the old unscientific tales still prevail in majority of the general population and that they need to be addressed to achieve optimal dental health.

Keywords: Dental myths, rural population, misconceptions.

INTRODUCTION

Myths are defined as stories shared by a group of people, which are part of their cultural identity, having a strong influence in seeking treatment during illness.¹ Most beliefs (no proven facts), misconceptions, low education and health literacy level would guide the patients in the wrong

protocol. Thus, the above factors would hinder a dentist to provide a satisfying treatment, which ultimately hampers the utilization of dental services.² Namakkal in Tamilnadu State is newly formed from Salem District. Its known for body truck building, traylor, tanker and rig Units. According to Census India 2011, it has a population

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of 1,726,601 with 869,280 being males and 857,321 are females. Rural population accounts for about 59.73%, and urban population for about 40.27%. Its average literacy rate is 74.63 %, with male and female literacy being 82.64 % and 66.57% respectively.³

It is often alleged that rural population are steeped in superstition, that they would not utilize any modern dental facility.⁴ It is important to identify processes by which rural population recognize sickness and the ways to counteract it. Reviews of previous literature, provided only a hand full of studies done in regards to the myth and misconception pertaining to subject with similar cultural heritage.⁵⁻⁸ Thus, the present study was done as an attempt to assess the myths and misconception regarding oral health, among out-patients attending primary health center of Manikampalayam and Ernapuram village, Namakkal District.

MATERIALS AND METHODS

A detailed protocol explaining the purpose and procedures of the study was approved by the Institution Review Board, Vivekanandha Dental College for Women and ethical clearance was granted. Permission to conduct the study was obtained from the concerned Block Medical Officer at Manikampalayam and Ernapuram Primary Health Centers to conduct the study.

A cross sectional study was conducted among the rural population of Manikampalayam and Ernapuram village, to assess the common myths and misconceptions. The study was conducted over a period of two month (July 2017). The study sample, for conducting this survey, was recruited from the outpatient department (OPD) of the Manikampalayam and Ernapuram primary health centers. A pilot study was carried out during June 2017 to assess the feasibility and to estimate sample size. Fifty subjects above 18 years of age were included in the pilot study. The data collected during the pilot study was used to estimate the sample size and the sample size of 504 was obtained. The study subjects for the present study were selected using simple random sampling method. Out patients of the Manikampalayam and Ernapuram primary health center who fulfilled the following inclusion and exclusion criteria were

included for the present study. The study included subjects aged 18 years and above. Subjects who are medically compromised were excluded.

A written voluntary informed consent was then obtained from the subjects in a separate consent form prepared in local vernacular language. The data was collected by a pretested structured questionnaire. A structured questionnaire was used to collect demographic details and 20 close ended questions related to common dental myths which were framed after interacting with the rural people through community camps. The questionnaire was prepared in English and Tamil language. The validity and reliability of the questionnaire was checked with the results obtained from the pilot study. The Cronbach's alpha with respect to the contents of the questionnaire was found to be 0.85. The values reflected high degree of conformity in observation.

The questionnaire was administered through face to face interview, in case of any difficulty in understanding; the principal investigator explained the questions to the subjects. It took an average of 10 minutes to answer the questionnaire. After the completion of the questionnaire, a brief oral health education session was conducted in the local language (Tamil) to all the subjects.

Statistical Analysis

Data obtained was compiled systematically in Microsoft Excel spread sheet and a master table was prepared. Statistical analysis was performed using Statistical Package for Social Sciences software (SPSS version 20 IBM, USA). The frequencies are expressed in percentages. Categorical data expressed in terms of frequency was analyzed for statistical significance using Chi square test. The statistical significance in between age groups and the responses in regards to the myths and misconception was assessed by means of the ANOVA. For all comparisons, p value of < 0.001 was considered to be statistically significant.

RESULTS

A total of 504, out patients of the a primary health centre of Manikampalayam and Ernapuram village were randomly selected for this study. The participants were divided into 3 different groups

based on their age. Group A less than 20 years were 42 (8%), Group B consist of 192 (38%) between 20 - 40 years and Group C comprised of 270 (54%) participants above 40 years [Table 1, Graph 1]. The study population were analyzed based on their age, gender and level of education.[Table and Graph 2, 3].

Table 1: Distribution of study population based on age.

	Group A (<20 years)		Group B (20 - 40 years)		Group C (>40 years)	
Age	n	%	n	%	n	%
	42	8	192	38	270	54

n - Number of participants

Table 2: Distribution of study population based on gender.

Gender	n	%
Male	268	53
Female	236	47

n - Number of participants

Table 3: Distribution of study population based on level of education

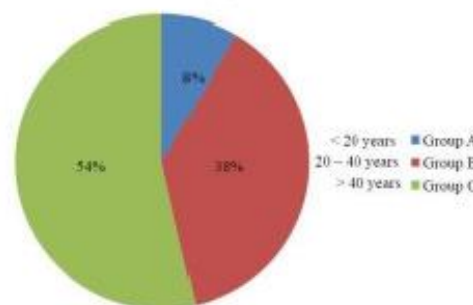
Education	n	%
Post Graduates	77	15
Graduates	56	11
Secondary	88	17
Primary	90	18
Uneducated	193	38

n - Number of participants

The responses of the study population regarding the dental myths and misconceptions and their association with the age groups, gender and level of education are tabulated.[Table 4]. Out of 504 , 250(49.6%) study subjects believed that hot water fermentation could reduce swelling, while 254(50.4%) subjects mentioned that fermentation does not reduce swelling. A statistically significant difference with $p < 0.001$ was found in between the age groups and education.

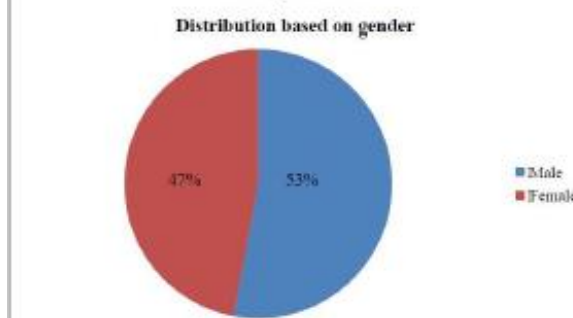
About 275(54.6%) subjects mentioned that chocolate is not the only cause of dental caries. A statistically significant difference with $p < 0.001$ was

Distribution of study population based on age



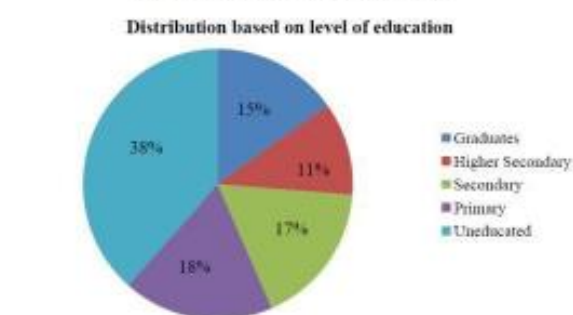
Graph 1: Distribution of study population based on age.

Distribution of study population based on gender



Graph 2: Distribution of study population based on gender.

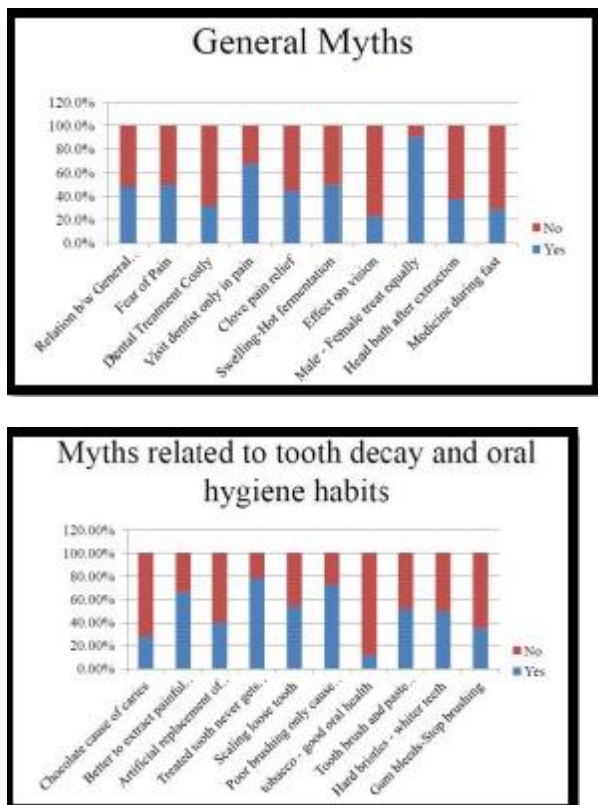
Distribution of study population based on Level of education



Graph 3: Distribution of study population based on level of education.

found in between the age groups and education. Out of 504 , 396(78.6%) study subjects mentioned that scaling loosens the teeth, while 108(21.4%) subjects mentioned that it is not so. About 48.4% subjects mentioned that tooth paste and tooth

brush do not efficiently cleans the teeth. Over 49.8% study participants considered that harder the bristles leads to whiter teeth. A statistically significant difference with $p < 0.001$ was found in between the age groups and education.



Graph 4: Responses of study population in regards to the myths and misconceptions.

DISCUSSION

Myth is the belief of people which is not always substantiated by fact. Myths can be prevalent in a population due to a variety of reasons like poor education, cultural beliefs, and social misconceptions.⁴ The reasons for these cultural beliefs and traditional practices are complex and multifactorial. They are usually passed on from one generation to the next. It's difficult to break this chain as it is deep seated in the society. We need to change the mindset and the behaviour of the population to eliminate the myths and educate the people. It's important to know about these myths and misconceptions prevalent in the population as understanding them is essential to provide good care as well as health education to the people. They may reflect a combination of limited knowledge regarding the importance of oral health.⁴

Majority of the study subjects thought that there was no relation between general health and oral health. The reasons for this misconception may be complex and reflect on the limited knowledge regarding the link between oral health and well-being of the body among the study population. Most of the respondents believed that it is not required to visit a dentist unless a tooth pain occurs. In Dental caries, pain is considered to be the final symptom to occur. So they don't realize the disease process undergoing within them.

The study participants who were uneducated preferred trying self-care or home remedies. This may be due to the fact that they consider dental diseases as non- life threatening⁵. The specialists in home remedies are elderly people⁶ who do not consider themselves as healers but in case of any kind of ailments related to the tooth such as toothache, they suggest plant remedies such as application of clove oil. Traditional methods and techniques of dental care among rural population comprises of the use of local materials for cleaning teeth such as neem twigs and hot fermentation method for reducing the swelling. These health behaviours include all activities undertaken individually or collectively for the purpose of prevention of diseases.

A number of respondents believed that to relieve tooth pain, it will be better to extract it rather than saving it. It is because of their low knowledge about many treatment modalities in saving a tooth and impatience of multiple visits for a root canal treatment. Regarding another dental myth, 20% of subjects as reported by Saravanan et al.,⁷ 7 % in the present study, and 36.4% in a study done by Vignesh et al.⁸ felt that extraction of upper teeth affects eye vision. One possible reason for the development of this myth is that when an abscess develops from any of the maxillary anterior teeth, the patient may sometimes develop a large swelling under the eye leading to the closing of that eye. Such a situation may lead to fear that the eye is getting affected because of the tooth. Few respondents believe this may be due to improper local anesthetic block followed which may cause slight blurring of vision until the effect of local anaesthesia wears out and they are unaware that there is no relationship between eyesight and upper teeth. The other reason could be that people start losing their teeth in

middle age, which can coincide with the period when people start to develop short sight and need glasses. This may have prompted some to incorrectly conclude that the extraction of upper teeth affects eye vision.

Various myths related to dental treatment such as professional cleaning causes loosening of teeth were significantly observed. This kind of misconception is inherited due to false exaggerated information promulgated by those who had previous personal negative dental experiences.⁹ This might be attributed to lack of awareness, low educational levels, anxiety, apprehension and myths about dental treatment entrenched in their minds.¹⁰ While scaling actually helps teeth to be more strongly held by the surrounding gums and bone, and promotes oral health, 54.6% of respondents in the current study stated that professional scaling creates sensitivity, mobility, and gaps between teeth; this is in concordance with a myth among Hispanics/Latinos, as found by Vazquez et al.¹¹ In addition, 63.2% responded similarly in a study done by Vignesh et al.⁸ noted 82% prevalence of a similar myth. The fact that the calculus would have been filling the gaps, masking mobility and sensitivity, and that only after removal of the calculus would the underlying dentin be exposed, resulting in sensitivity of teeth, should be emphasized along with the oral prophylaxis procedure.

Professional dental cleanings can be performed at any point during pregnancy. Emergency dental care can also be performed at any time with physician clearance. In the present study, most respondents believed that chocolate is the only cause of cavities. This can be because from olden days, health professionals have been stressing on avoiding chocolates [a sticky sweet] rather than educating them that dental caries belongs to the group of common diseases considered as “complex” or “multi-factorial.”¹²

Many respondents believed that decay once treated, it stops in that tooth and never recurs again in that tooth. This belief is because that people do not know the initiation and progression of dental caries and the immunity to fight against bacterial colonies differs from person-to-person.

A few number of respondents believed that an extracted teeth needs no replacement with an

artificial teeth. The general population doesn't realize that they will be facing difficulties during mastication and are unaware of supra-eruption in the opposite arch.

More number of respondents believed that brushing for a longer time with hard bristles can whiten the teeth more. The subjects are unaware that right brushing technique is important rather than strenuous and overzealous brushing which can lead to abrasion.¹³

A few respondents believe that chewing tobacco helps in maintaining good oral hygiene. This belief is still prevalent in villages and many underprivileged people and they expect a cleaner oral cavity after chewing tobacco unaware of its detrimental ill-effects leading to abrasion.¹³

A few respondents believed that neem twigs are better alternatives for toothpastes for cleansing the mouth. This misconception is still followed in many villages as indigenous oral hygiene method and the people are unaware of abrasive ability of neem twigs. These abrasive agents generally give a scrubbed and clean feeling. The result is a contrast to the study done by N. Saravanan and R. Thirineervannan⁷ where only 10% believed in the myth.

A certain number of respondents believed that when gums bleed, it is better not to brush and floss the teeth. This belief is due to the fact that brushing provokes bleeding, but they are unaware that it is not the cause.

Most respondents believed that only poor brushing can lead to bad breath. This shows that the general population is not aware that there is a range of systemic disorders that can cause halitosis (tonsillitis, bronchiectasis, sinusitis, volatile food stuffs).¹⁴

LIMITATIONS

The study design being cross-sectional and observational could only unearth information about

Table 4: Responses regarding dental myth and misconception of Study Population and their association with the gender, age groups and level of education.

Questions			Responses of Study Population						
			Male	Female	Group A (20-40 years)	Group B (20-40 years)	Group C (>40 years)	Educated	Uneducated
Q1	Do you think there is relation between general body health and oral health?								
	Yes	243 (48.2%)	141 (52.6%)	102 (43.2%)	27 (64.3%)	127 (66.1%)	89 (33.0%)	212 (68.2%)	31 (16.1%)
	No	261 (51.8%)	127 (47.4%)	134 (56.8%)	15 (35.7%)	65 (33.9%)	181 (67.0%)	99 (31.8%)	162 (83.9%)
	p-value		0.035*		<0.001**			<0.001**	
Q2	Is Dentist, always related to the fear of pain by patients?								
	Yes	249 (49.4%)	135 (50.4%)	114 (48.3%)	20 (47.6%)	68 (35.4%)	161 (59.6%)	123 (39.5%)	126 (65.3%)
	No	255 (50.6%)	133 (49.6%)	122 (51.7%)	22 (52.4%)	124 (64.6%)	109 (40.4%)	188 (60.5%)	67 (34.7%)
	p-value		0.643		<0.001**			<0.001**	
Q3	Is Dental treatment considered to be costly?								
	Yes	159 (31.5%)	82 (30.6%)	77 (32.6%)	18 (42.9%)	75 (39.1%)	66 (24.4%)	125 (40.2%)	34 (17.6%)
	No	345 (68.5%)	186 (69.4%)	159 (67.4%)	24 (57.1%)	117 (60.9%)	204 (75.6%)	186 (59.8%)	159 (82.4%)
	p-value		0.625		<0.001**			<0.001**	
Q4	Do you think it's essential to visit a dentist, only if dental pain is present?								
	Yes	339 (67.3%)	172 (64.2%)	167 (70.8%)	23 (54.8%)	107 (55.7%)	209 (77.4%)	172 (55.3%)	167 (86.5%)
	No	165 (32.7%)	96 (35.8%)	69 (29.2%)	19 (45.2%)	85 (44.3%)	61 (22.6%)	139 (44.7%)	26 (13.5%)

	p-value		0.116		<0.001**			<0.001**	
Q5	Do you use clove or supari, when there is a tooth ache?								
	Yes	225 (44.6%)	111 (41.4%)	114 (48.3%)	7 (16.7%)	52 (27.1%)	166 (61.5%)	77 (24.8%)	148 (76.7%)
	No	279 (55.4%)	157 (58.6%)	122 (51.7%)	35 (83.3%)	140 (72.9%)	104 (38.5%)	234 (75.2%)	45 (23.3%)
	p-value		0.158		<0.001**			<0.001**	
Q6	Could oral swelling be reduced by application of hot fermentation?								
	Yes	250 (49.6%)	138 (51.5%)	112 (47.5%)	11 (26.2%)	65 (33.9%)	174 (64.4%)	102 (32.8%)	148 (76.7%)
	No	254 (50.4%)	130 (48.5%)	124 (52.5%)	31 (73.8%)	127 (66.1%)	96 (35.6%)	209 (67.2%)	45 (23.3%)
	p-value		0.366		<0.001**			<0.001**	
Q7	Do you think extraction of upper teeth potentially affects eyesight?								
	Yes	115 (22.8%)	58 (21.6%)	57 (24.2%)	8 (19.0%)	37 (19.3%)	70 (25.9%)	67 (21.5%)	48 (24.9%)
	No	389 (77.2%)	210 (78.4%)	179 (75.8%)	34 (81.0%)	155 (80.7%)	200 (74.1%)	244 (78.5%)	145 (75.1%)
	p-value		0.503		0.203			0.387	
Q8	Do you feel both Male and Female dentist will treat your teeth efficiently ?								
	Yes	457 (90.7%)	244 (91.0%)	213 (90.3%)	33 (78.6%)	174 (90.6%)	250 (92.6%)	283 (91.0%)	174 (90.2%)
	No	47 (9.3%)	24 (9.0%)	23 (9.7%)	9 (21.4%)	18 (9.4%)	20 (7.4%)	28 (9.0%)	19 (9.8%)
	p-value		0.761		0.015			0.752	
Q9	Do you think that head bath should not be taken after an extraction?								
	Yes	188 (37.3%)	86 (32.1%)	102 (43.2%)	9 (21.4%)	64 (33.3%)	115 (42.6%)	107 (34.4%)	81 (42.0%)

	No	316 (62.7%)	182 (67.9%)	134 (56.8%)	33 (78.6%)	128 (66.7%)	155 (57.4%)	204 (65.6%)	112 (58.0%)
	p-value		0.01*		0.011			0.088	
Q10	Do you think taking medicine while fasting is correct?								
	Yes	145 (28.8%)	80 (29.9%)	65 (27.5%)	15 (35.7%)	56 (29.2%)	74 (27.4%)	98 (31.5%)	47 (24.4%)
	No	359 (71.2%)	188 (70.1%)	171 (72.5%)	27 (64.3%)	136 (70.8%)	196 (72.6%)	213 (68.5%)	146 (75.6%)
	p-value		0.568		0.536			0.084	
Q11	Is chocolate the only cause of cavities?								
	Yes	275 (54.6%)	145 (54.1%)	130 (55.1%)	14 (33.3%)	83 (43.2%)	178 (65.9%)	125 (40.2%)	150 (77.7%)
	No	229 (45.4%)	123 (45.9%)	106 (44.9%)	28 (66.7%)	109 (56.8%)	92 (34.1%)	186 (59.8%)	43 (22.3%)
	p-value		0.825		<0.001**			<0.001**	
Q12	Do you think it's better to extract the painful decayed tooth, rather than saving it?								
	Yes	140 (27.8%)	77 (28.7%)	63 (26.7%)	15 (35.7%)	67 (34.9%)	58 (21.5%)	106 (34.1%)	34 (17.6%)
	No	364 (72.2%)	191 (71.3%)	173 (73.3%)	27 (64.3%)	125 (65.1%)	212 (78.5%)	205 (65.9%)	159 (82.4%)
	p-value		0.611		<0.01*			<0.001**	
Q13	Do you think artificial replacement of missing teeth is essential?								
	Yes	333 (66.1%)	173 (64.6%)	160 (67.8%)	21 (50.0%)	107 (55.7%)	205 (75.9%)	177 (56.9%)	156 (80.8%)
	No	171 (33.9%)	95 (35.4%)	76 (32.2%)	21 (50.0%)	85 (44.3%)	65 (24.1%)	134 (43.1%)	37 (19.2%)
	p-value		0.443		<0.001**			<0.001**	
Q14	Do you think once a tooth is treated, the decay stops in that tooth?								

	Yes	201 (39.9%)	110 (41.0%)	91 (38.6%)	15 (35.7%)	80 (41.7%)	106 (39.3%)	145 (46.6%)	56 (29.0%)
	No	303 (60.1%)	158 (59.0%)	145 (61.4%)	27 (64.3%)	112 (58.3%)	164 (60.7%)	166 (53.4%)	137 (71.0%)
	p-value		0.57		0.740			<0.001**	
Q15	Do you think, poor brushing is the only cause for bad breath?								
	Yes	396 (78.6%)	207 (77.2%)	189 (80.1%)	35 (83.3%)	147 (76.6%)	214 (79.3%)	244 (78.5%)	152 (78.8%)
	No	108 (21.4%)	61 (22.8%)	47 (19.9%)	7 (16.7%)	45 (23.4%)	56 (20.7%)	67 (21.5%)	41 (21.2%)
	p-value		0.437		0.576			0.936	
Q16	Do you think professional scaling leads to sensitivity, mobility in teeth and also creates gap between them?								
	Yes	367 (72.8%)	204 (76.1%)	163 (69.1%)	33 (78.6%)	131 (68.2%)	203 (75.2%)	218 (70.1%)	149 (77.2%)
	No	137 (27.2%)	64 (23.9%)	73 (30.9%)	9 (21.4%)	61 (31.8%)	67 (24.8%)	93 (29.9%)	44 (22.8%)
	p-value		0.076		0.173			0.081	
Q17	Do you think, Chewing tobacco helps in maintaining good oral health?								
	Yes	58 (11.5%)	33 (12.3%)	25 (10.6%)	7 (16.7%)	26 (13.5%)	25 (9.3%)	43 (13.8%)	15 (7.8%)
	No	446 (88.5%)	235 (87.7%)	211 (89.4%)	35 (83.3%)	166 (86.5%)	245 (90.7%)	268 (86.2%)	178 (92.2%)
	p-value		0.546		0.200			0.038*	
Q18	Do you think, tooth brush and tooth paste cleans your teeth efficiently?								
	Yes	260 (51.6%)	135 (50.4%)	125 (53.0%)	26 (61.9%)	125 (65.1%)	109 (40.4%)	204 (65.6%)	56 (29.0%)
	No	244 (48.4%)	133 (49.6%)	111 (47.0%)	16 (38.1%)	67 (34.9%)	161 (59.6%)	107 (34.4%)	137 (71.0%)
	p-value		0.561		<0.001**			<0.001**	

Q19	Do you think harder the bristles/ twigs , more whiter the teeth becomes?								
	Yes	251 (49.8%)	142 (53.0%)	109 (46.2%)	21 (50.0%)	79 (41.1%)	151 (55.9%)	131 (42.1%)	120 (62.2%)
	No	253 (50.2%)	126 (47.0%)	127 (53.8%)	21 (50.0%)	113 (58.9%)	119 (44.1%)	180 (57.9%)	73 (37.8%)
	p-value		0.128		<0.01*			<0.001**	
Q20	Do you think when gum bleeds, it's better not to brush your teeth.								
	Yes	177 (35.1%)	92 (34.3%)	85 (36.0%)	5 (11.9%)	41 (21.4%)	131 (48.5%)	76 (24.4%)	101 (52.3%)
	No	327 (64.9%)	176 (65.7%)	151 (64.0%)	37 (88.1%)	151 (78.6%)	139 (51.5%)	235 (75.6%)	92 (47.7%)
	p-value		0.692		<0.001**			<0.001**	

** p < 0.001

*p < 0.01

the prevalence of dental myths. Further studies in longitudinal design are required to know the association of risk factors involved, to completely eradicate myths.

Limitations of the study included that only a convenient sample of study participants who visited primary health centre which may not be true representatives of the general population for generalizability of results. Future studies are recommended in this direction using a larger, nationwide sample in order to achieve a consistency in the results and people can be aware towards myths regarding dental field.

Our study is limited to a certain geographic locality, taking account of myths that are predominantly observed in this region restricted our study to one mandal. However, some myths that can be generalized to all areas can be studied over a vast geographic area.

CONCLUSION

Thus, from the results of the study we can conclude that various myths regarding dental treatments still lurk in the minds of the general population. So it's our duty to help the people learn and know the reality and take necessary steps to rectify them.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

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