CHAPTER - I

INTRODUCTION

PREVALENCE OF DENTAL DISEASES

HEALTH AND ORAL HYGIENE

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INTRODUCTION

In India over the last four decades a number of point prevalence studies on dental caries and periodontal diseases have been conducted. A fact emerges from these studies that dental caries has been constantly increasing both in prevalence and severity over the last three decades. In the years 1940 - 1950, its prevalence reported has been 40 to 50 percent with an average number of Decayed, Missing, Filled Teeth (DMFT) in an individual. Periodontal disease prevalence has already been in the range of 90 to 100 percent in the various age groups and it has already been established that the initiation of this disease also starts very early in life. The above facts have also been substantiated and the need for urgent intervention has also been stressed by a national workshop on "Oral Health goals for India and strategies to achieve them by 2000 A.D." which was organised by All India Dental Association.

Dentist population ratio in India is 1 : 80,000 and more than 80 percent of these dentists are clustered in urban areas whereas 80 percent of our population live in rural areas, resulting in almost no dental treatment facilities available to the rural masses. In order to bring down the disease prevalence and severity it is important to implement organized oral health preventive programmes at a community

level as has been demonstrated in a number of Western countries where the increasing trend of dental caries has been totally reversed. About 10 years back the average DMFT in Norway was 12.5, in New Zealand 10.7 and Sweden 14.1 but today with the stringent implementation of organised preventive measures in the community, reversal in the trend of dental caries has started and it has already declined by almost half i.e. 50 percent during the last 10 years. In India it is still increasing rapidly.

In the industrialized countries, there are patterns evident in dental caries experience;

(a) some countries exhibit increasing caries incidence
(b) Certain countries have shown a stable caries prevalence
(c) Several countries like Switzerland, Australia, U.S.A, which initially had very high caries levels, now have lower caries prevalence.

The analysis of these studies in the context of dental health promotion may be summed up as:

1. It is possible to control and reduce significantly dental diseases. A few countries like Switzerland, New Zealand, Australia, U.S.A., and Sweden have set an example in this direction, which other countries may follow.

3. Chawls H.S.- JIDA - Dental Health Promotion - October-1985 p-387)
2. Dental caries inflation is bound to hit all countries with low caries experience as their economy and standard of living improves and diet modified.

3. The countries with low caries prevalence and now exhibiting increase in the incidence should take head of the painful experience of countries which have passed through the stage of high caries rate. This would be especially true for the economically poor countries because of their

(a) different national health priorities (e.g. life threatening diseases)  (b) Poor economy and

(c) Vast disparity in dental man power to population.

4. Two well documented associations which seem to be major determinants of the differing and change in prevalence of dental caries in various countries has come to light.

(a) positive relationship between frequency of ingestion of diet, especially products containing refined sugar with dental caries.

(b) Preventive effect of fluorides.

The former being mainly responsible for caries explosion in developing countries, whereas the latter for downward trend in industrialised countries.

Adequate and timely plans are needed before the problem become unmanageable. Forward planning and prevention are important priorities in this area.

4. Chawla H.S. - JIDA Dental Health Promotion - October-1985
Vol. 57 -p-387-388
Sociology is the science of behaviour of man in a society or group of human beings. The behaviour of man depends very much upon his relationship with other fellow beings. Man is part of the society consisting of ethnic and kinship group which constitutes the community. Man's behaviour is affected not only by his physical and biological environment but, also to a much larger extent, by social environments represented by his family, society and government.

Man manifests different types of reactions and behaviour in different types of society. Thus there are special fields of sociology such as medical sociology which studies how a man's body and mind react to stimuli from society.

Medical sociology is a specialised branch of sociology. It studies how a man is affected physically or mentally when he is surrounded by other fellow beings. It is a study of factors related to the family, the society and the government which are responsible for health or disease in the individual or the community. It also includes the application of social principles to prevent, control and treat diseases which in other words, is the practice of social medicine.

Health as per the World Health Organisation (WHO) is "a state of complete physical, mental and social well being and not merely the absence of disease and infirmity".  

Historically the word Health comes from the word Heal.

Health cannot be isolated from social and cultural context. There is a wide difference of opinion as to what is meant by social well being. It is an established fact that it is not possible to raise the levels of a people's health without changing their social and cultural environment. Every individual is a part of a family and of wider community and focuses attention on social and economic conditions.

Health is maintained by certain regularities in behaviour regarding diet, exercise, rest and medication, when necessary. These regularities of behaviour are culturally patterned and thus differ from one community to the other. In every social group, there are accepted ways of eating, conversing, meeting people, offering worship, caring for the old, derived from tradition of every culture which are transmitted from generation to generation. These socially ascribed way of behaviour are the customs of a society. Generally people conform to the customs of their particular group. Too much deviation from the customs is disliked and punished by the society.

Health is one of the fundamental human rights. One can promote health only by understanding what it is and then applying this knowledge meticulously in everyday life.

A Healthy individual is an asset to a community while a sick person is a liability.

6. Dr. V.N.Bhave - You & Your Health - 1969 p - 379
7. I bid - PAGE - 1
HYGIENE

The word hygiene is derived from Hygeia, the goddess of health in Greek Mythology. She is represented as a beautiful woman holding in her hand a bowl from which a serpent is drinking. In Greek Mythology, the serpent testifies the art of healing that symbol is retained even today by Indian Medical Association. Hygiene is defined as the "the science of health and embraces all factors which contribute to healthful living".

Hygiene is a close relative of epidemiology. It aims not only at preserving health but also improving it. The only purpose of hygiene is to allow man to live in healthy relationship with his environment. Air, Weather, Soil, Waste, bodily cleanliness, disinfection, and nutrition are the widely differing concerns of the hygienist.

ORAL HYGIENE

One can limit the intensity of the process of dental decay by good mouth cleanliness. Bad oral hygiene supports rapid decay of the teeth.

The relationship between good oral hygiene and prevention of periodontal disease is well documented.


10.Dr. V.N.Bhave - You & Your Health - 1969 p - 341
High standard of oral hygiene is essential for preventing dental caries. For this, rinsing the mouth and proper brushing of the teeth are necessary. Teeth should be cleaned by brushing preferably every time after eating, or at least in the morning and after dinner before going to bed. Proper brushing is a definitely more efficient way of cleaning the teeth than using the fingers. The bristles of the brush should be sufficiently flexible to go into the narrow spaces in between the teeth, only with moderate pressure. Medium brush usually suits best and normally, brushing time should not exceed two to three minutes at the most. Excessive cleaning with finger or brush always wears out the teeth and makes them sensitive to cold, liquids, sweets, etc. Any paste is satisfactory, but if a powder is used, it should not be rough, otherwise the teeth will be damaged.

HEALTH AND NATION:

Health and literacy determines the standard of a society and paves the ways for all the programmes of a country. Among these two, health is an important factor which gives happiness and efficiency.

In developed countries families are made aware with health ideas from many sources like newspapers, magazines, radio, television and advertising agencies by good health education. Many conditions can be prevented like malnutrition, infection from food, water, insects etc.

11. Dr. V.N.Bhave - You & Your Health - 1969 PAGE - 342
Every social group, from a primary group such as a family to a complex nation group, and extending beyond it, the human society as a whole, strives for the betterment of health of its members.

Nothing on the earth is more international than diseases said Paul Russel. Health and Disease have not political or geographical boundaries. Disease in any part of the world is a constant threat to other parts.

Around 80 percent of the Indian population live in rural areas. Their food consumption far below standard, their housing inadequate, their methods of performing productive activities primitive, their educational horizons limited, and their accessibility to technological innovations far-reaching. What are the causes and what are the effects? Widespread preventable diseases unquestionably serve as a barrier to progress in any direction be it economic, social or political. A population that is chronically ill understandably has decreased productivity. Uncontrolled diseases in the environment and the continuance of conditions that breed unproductivity and illiteracy also discourage investment as well as the industrial development. Finally, a low economy and standard of living attributable directly or indirectly to widespread ill-health is a constant encouragement to social unrest. Under such circumstances people have

many reasons for discontentment and very little to lose in resorting to violence. There is a vicious circle. Disease breeds poverty, and poverty in turn breeds more disease. A similar relationship exists between disease with illiteracy, social problems and many other factors. It is difficult or impossible to state which factor is primary, which is cause and which is effect. Once the cycle is established however, it is clear that each factor contributes to the continuance of all other undesirable factors. This has been referred to as ‘multiple causation’ and ‘cumulative causation’.

The problem is complex and challenging. Meagre financial and trained technical manpower resources play severe constraints on development plans in general and health care programmes in particular which cannot be considered in isolation. The intrinsic value of an effective health plan under such circumstances, would depend upon laying down correct priorities and judicious use of resources.

HEALTH ADMINISTRATION IN INDIA:

Health planning is a concept of recent origin. The purpose of health planning is to improve the health services. The approach of health planning varies from country to country and even in the same country at different times.

Planning is a continuous process and subject to revision from time to time.

The first landmark in the development of health services administration started with the formation of Bose committee in 1946 followed by the following committees.
1. B.C. Das Guptha Committee 1948 - ’50.
2. The Homeopathic Enquiry Committee 1948 - ’49.
11. K.N. Rao Committee (Committee on essential drug)-1966- ’64.

The accent proposed in the Five Year Plans in health sector revolve around.

I. Increasing the accessibility of health services to rural areas.

II. Correcting the regional imbalances:

III. Development of referral services by removing deficiencies in the taluk, district hospitals and strengthening the Primary Health Centres:

13. G. Rameshwaram - Introduction - 1989 p-3-6
IV. Intensification of the control and eradication of the communicable diseases:
V. Qualitative improvement of education and training of health personnel: and
VI. Development or referral specialist’s services in rural areas.

During the last 50 years since independence, there has been significant improvement in the health status of the country. The improvement may be attributed to the progress over strengthening of the organizational set-up, health manpower and materials. The country has now 112 allopathic system of medical colleges, around 200 Ayurvedic, Unani, Homeopathic and Siddha systems of medical colleges, around 2,00,000 Doctors trained in Allopathic system of medicines, around 3,00,000 Doctors trained in the traditional systems of medicine, 7,600 Allopathic hospitals, 790 hospitals of the Indian systems of medicine about 16,000 dispensaries, 5535 Primary Health centres, 51,000 sub-centres and innumerable mushroom of Poly-clinics and private medical practitioners in the cities and towns.

Further, the Government of India has committed to provide Primary Health care for all by the year 2000 A.D.

HEALTH FOR ALL BY 2000 A.D.:

The concept of Primary Health Care is the topic of the day for Health Professionals, consequent to the declaration

of World Health Organisation General Assembly's resolution passed at Alma-Ata at Russia in the year 1978 for which India is a signatory has given birth to a revolutionary idea of "Health for all by the year 2000 A.D." The concept of Primary Health Care is a complex and multifaceted process which can be reviewed from variety of professional perspectives. A cursory review of contemporary literature provides over a dozen of definitions ranging from a simple "First contact care where a majority of personal health services can be provided" to a comprehensive definition of "Essential Health Care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community and the country can afford. It forms an integral part both of the country's health system of which it is the nucleus and of the over all social and economic development of the community". The definition adopted at Alma-Ata sounds very much like WHO definition of Health which has been considered, by many, not so much of a definition but as a statement of aims and principles, while the question of definition is a matter of concern for academicians the health planners and administrators cannot afford to over look into the content and intent of what is already stated particularly the one that Alma-Ata has adopted.

Primary Health Care addresses the main health problems in the community providing curative, preventive, promotive and rehabilitative services which includes education of the
community concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunisation against the major communicable diseases prevention and control of local endemic diseases, treatment of common diseases and injuries, and provision of essential drugs. Oral health is not specifically included in this health care components.

ORAL HEALTH POLICY IN INDIA:

The oral health did not receive adequate attention during the pre-Independence period as the British Rulers were concerned more with the expansion, consolidation and concentration of their rule, and attended to the sanitation, unhygienic and unhealthy conditions rampant in the country through enactments and containment of epidemic control.

There are major difference between the medical diseases and dental diseases that are not generally understood. Dental diseases affect almost everyone. Dental diseases are not self healing and cannot be cured by drugs or advice alone. Most dental diseases are irreversible and become more severe without treatment. Even with treatment, dental problems often reoccur and one defect compounds another. Dental problems have become so common and widespread that people apparently accept them as a natural phenomena.
Although statistics only outline the overall National health problems millions of Indians only receive emergency care or no care at all, and the current dental force now provides inadequate dental care to less than 20 percent of the total population.

It was realized that some of the communicable diseases affect so high a proportion of the population as to be a dominant factor in hindering the socio-economic development. They were so firmly rooted that they could not be tackled except by systematic and intensive application of specific and concurrent measures over large areas. As a result, malaria was taken up separately as an unipurpose mass campaign programme which was followed in quick succession by leprosy, filaria, trachoma, tuberculosis, smallpox, etc. and quiet recently polio.

Prenatal group was recognized early as a development resource. Mothers and children received high priority for the services. It soon became evident that without parallel support by a comprehensive health programme with emphasis on family planning, any significant growth would be difficult. Since 1964 malaria eradication programme entered maintenance phase and smallpox programme advanced. These developments necessitated re-examination of health care services, its organization and delivery into. A basic service unit con-

15.JIDA - EDITORIAL BY DR. SANDSEH MAYEKAR JULY 1990 VOL 61 No.7 PAGE - 153)
sisting of a sub-center, covering about 10,000 population in plain compact rural areas was served by a basic Health worker, an Auxiliary Nurse Midwife and female attendant. Primary Health Centres and sub-centers have been established all over the country. In an average block, there are as many as 50 health personnel including two medical officers an extension educator, two lady visitors (P.H.Nurse) etc. Figure-1.

Figure-1. PRIMARY HEALTH CENTER SET-UP (TAMIL NADU)

<table>
<thead>
<tr>
<th>Medical Officers</th>
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<tbody>
<tr>
<td>Main Center</td>
<td></td>
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<tr>
<td>1. A.N.M.S</td>
<td>2</td>
</tr>
<tr>
<td>2. Compounder</td>
<td></td>
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<tr>
<td>3. Pharmacist</td>
<td></td>
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<tr>
<td>4. Storekeeper-cum Clerk</td>
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<tr>
<td>5. Male Nursing</td>
<td></td>
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<tr>
<td>6. Orderly</td>
<td></td>
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<tr>
<td>7. Driver</td>
<td></td>
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<tr>
<td>8. Sweeper</td>
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<thead>
<tr>
<th>Health Inspector (Malaria)</th>
<th>Health Inspector (General)</th>
<th>Block Extension Educator</th>
<th>Computer</th>
<th>Lady Health Visitors 1 for 40,000</th>
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<tr>
<th>Basic Health Workers 1 for 10,000</th>
<th>Health Assistants 1 for 40,000</th>
<th>Health Inspectors (F.P) 1 for 20,000</th>
<th>Maternity Assistants (A.N.M.S) 1 for 10,000</th>
</tr>
</thead>
</table>

It may be noted from the above figure that the dental health is not given importance in the Primary Health Centre level with a dentist or hygienist.
In 1969, WHO seeing the rising incidence of dental diseases in developing countries made a special appeal that massive preventive programmes and campaigns to promote the cause of dental health education must be launched by all concerned and particularly the member countries of WHO.

**EXTENT OF THE PROBLEM AND SEVERITY:**

Almost 85 percent of the children and 95 percent to 100 percent of our adult population is suffering from periodontal diseases which is initially painless, chronic, self-destructive leading to gradual tooth loss.

Dental Caries is consistently increasing its prevalence and severity especially in children and today according to a number of investigators 80 to 85 percent of children suffer from this disease and the average number of decayed, missing and filled teeth per child at the age of 16 years is about 4 in rural areas and 5 in urban areas with almost no dental restorative services available. If this disease keeps on increasing at this pace, there is a possibility that the oral cavities in the young adults may be crippled with no functional molars left for mastication of food within the next 10 to 15 years leading to aggravation of other health and nutritional problems. In addition to the crippling nature, the oral diseases also have adverse effects on the vital organs of the body. The dental caries with its crippling effect on the functional component of oral cavity can lead to more malnu-

16. Dr. Shankwalkar - JIDA - EDITORIAL - July 1989
trition as the young adults would not be able to chew and digest the coarse food available to them.

Dental Caries is an expensive disease which causes economic loss both to the individual and to the country. In U.S.A. alone $4,383,000,000 were spent in 1970 for dental caries with the major expenditure going for restoration of the caries teeth. This expenditure is increasing every year. This sum was approximately one per cent of the total national income and 10 percent of the nation's health bill. In U.K. in the financial year 1977 approximately £250 millions were spent in England and Wales alone on dental treatment, within the general dental services section for the national health service. In addition, it is estimated that loss of time from schools by children visiting dentist is roughly 51 million hours per year. Children suffering from pain of dental origin can cause their parents to lose hours of sleep with debilitating effect.

At least three unique characteristics of the two most common dental diseases of the mouth, dental caries and periodontal disease, are important to consider:

1. They are of universal prevalence
2. They do not undergo remission or termination if left untreated but accumulate a backlog of unmet needs
3. They usually require technically demanding, expensive and time-consuming professional

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19. I bid - Page -379)
treatment. The importance of these characteristics is often underestimated by clinicians and non dental public health practitioners.

Dental Caries is a widely prevalent, progressive, degenerative process of the teeth, of bacterial origin.

The presence of caries is a potential danger to the general well-being of the patient. It is an important cause for loss of the teeth, and may interfere considerably with mastication, digestion, and with the occlusion of the permanent teeth.

The infection begins at the enamel surface and, having involved the pulp, may spread along the pulp canal into the bony alveolus of the maxilla or mandible and initiate a serious systemic disturbances.

The condition is seen both in the deciduous and permanent dentitions. The teeth of late childhood and adolescence are more susceptible than those of the adult, and the rapidity of decay is greater in the younger person. The acute form of dental caries is found mostly in children and adolescents. The deciduous molars and permanent first molars are most commonly affected. When carious lesions are located in the lower incisor teeth and in the cervical areas of other teeth this is often indicative of a high degree of carious activity.

Chronic caries is a gradual disintegration of the tooth

substance, commonly found in the older person, where changes in the pulp proceed slowly.

It is the classified structures of the crown of the tooth, the enamel and the dentine, which are first involved, but the lesions vary in their location and form. The poorly calcified tooth may be more vulnerable than the normal crown.

Almost all individuals are subject to continuously recurring attacks of dental diseases. For this reason most people will experience a periodic need for services from the time their teeth erupt. Failure to detect and treat infectious diseases will have little impact on total physician labour requirements since most of those affected will either die or recover spontaneously. Dental disease on the other hand, if left untreated, continues to develop and accumulates a backlog of needs almost always requiring surgical excising of hard or soft tissues and the replacement of diseased, defective, or missing tissues.

Evidence of Periodontal disease as a major problem in dental health has long been recorded in the medical history of man. Both the Eber's and Edwin Smith Papyri, which are approximately 4000 years old provide record of periodontal diseases. The mummified remains of humans found in the Egyptian tomb of that era have verified the existence of Periodontal diseases.

Dental Caries may properly be considered a disease of modern civilization since prehistoric man rarely suffered from this form of tooth destruction. Anthropologic studies of Von Len Hossek revealed that the skulls of brachycephalic man of the Neolithic period (12000-3000 BC) concurred Carious teeth. Extensive studies have been made on the incidence of dental caries. These have encompassed every part of the globe and serve to emphasize the world wide distribution of these diseases.

Epidemiological studies have shown that periodontal diseases affect the population of the world, the rich and the poor, the young and the old and male and female alike. No population is known to be free of periodontal disease. It is one of the major causes of tooth loss and the prevalence of tooth diseases are so extensive that there is not sufficient dental manpower to take care of the dental problems caused by these diseases.

Dental caries is Pathogenic bacterial disease of the calcified tissues of the enamel of the teeth, characterised by the dimineralisation of the inorganic portion and destruction of the organic substance of the tooth. It is the most prevalent chronic disease affecting the human race. Once it occurs, the manifestation persist through out life. It affects persons of both sexes in all races, all socio-economic strata, and every age group.

23. Dr. N.A.Ravi Varma et al - Preventive Dentistry in India JIDA Vol.61 No.7 July 1990 page - 170).
In India, the predominant method of coping with dental caries has been to treat rather than prevent the disease. An approach which has obviously failed since caries is on the increase. On an average in India, by the age of 15 years, the average decayed, missing and filled teeth (DMFT) is 3. According to World Health Organisation, the DMFT of 2 by the age of 15 years should cause alarm. The enormity of this problem all the more gets exaggerated due to a poor dentist-population ratio of 1:80000.

The oral health programme of the World Health Organisation established a global data bank as part of its epidemiology. Such programme which commenced in 1967. In that bank for dental caries we have been able to demonstrate similarities and contrasts in 130 countries as well as the changes occurring over the last 15 years. For periodontal conditions we have data for only about 40 countries and almost no data on trends.

The bony structure around the root of the teeth are called periodontium (Peri-above, dontium-Tooth). The inflammation of the gum and the alveolar process, due to Pathogenic bacteria leads to the destruction of the periodontium and ultimately leads to loss of teeth.

Periodontites is caused by dental plaque. The accumulation of plaque can be favoured by a large variety of local irritants such as calculus, faulty restoration and food impaction.

The mouth is the ideal location for the growth and multiplication of a wide range of microorganisms. The teeth and the gums are subject to recurrent physical and chemical trauma by a variety of foods.

Mouth is the Gateway of the body. All the other diseases of the body are almost manifested in the oral cavity. Dental health is directly related to total health and because the oro-facial region is an essential part of every one’s well being the value of oral health should occupy a high priority on the Nation’s health agenda.

The 20th century has seen a steady increase in the amount of treatment provided by the dental profession in most parts of the world. The rate of increase has been particularly dramatic in the past decades, with improvements in the methods of operative procedures in analgesia, in restorative materials and with greater and more efficient use of auxiliary personnel. The effect of this trend has however been largely offset, by the continued increase in most parts of the world in the prevalence of the major dental diseases of

27. Dr. Sandesh Mayekar - JIDA Vol.61 No.7 July 1990 - P-153
dental caries and periodontal diseases.

THE RESEARCH PROBLEM:

The above discussion has clearly revealed that dental health care should form the basis of any health improvement programme. But unfortunately this has been neglected over the year. The study proposes to spotlight the importance of dental care in any programme of human resources development. The neglect of which might slow down the progress of general economic development.

Where ever there is lack of hygiene, the disease has its easy entry to the human body. Both the personal hygiene and the environmental hygiene, plays a vital role for the prevention of the diseases, and spreading of the diseases. Unlike other areas of the body, mouth is considered to be the breeding point, and multiplication of the bacteria. It ultimately results in the number of oral diseases, like Gingivitis, Pyorrhea alveolaris, Pericoronalitis, stomatitis, Caries Periodontitis, Oral Cancer, etc. Systemic diseases also causes oral diseases. Nutritional deficiencies are also responsible for dental diseases. The most common two dental diseases namely Dental caries and Periodontal disease are taken up for this study.

Diseases like Polio and Cholera, either cause severe deformity or mortality. The Government has given much importance to eradicate, Small pox, Malaria, Leprosy. Recently Polio Eradication Campaign was organised to make Polio free India. Since dental diseases are not life threatening and contagious, it was not given much importance. Both the people and the Government are yet to seriously consider giving importance to oral hygiene, Dental Care and treatment.

Number of studies have been conducted, among school children in different areas in different states on the prevalence of diseases without correlating them with the socio-economic conditions. The socio-economic one of paramount importance, for academic point of view contribute to medical sociology as well as for project formulation, implementation and evaluation of oral health to enable designing appropriate interaction by the policy decision makers and administrators.

Hence the study was carried out to relate the common dental diseases (i.e) dental caries and periodontal diseases with social and economic background of the people in and around Tiruchirapalli.
CHAPTERISATION

The chapterisation of this research study is as follows :

1. Chapter I : Introduction which contains the socio-logical perceptive of oral hygiene and common dental diseases which comes under the sub domain of Medical Sociology. It defines the health, public health, development of health services in India and a need for oral health policy in India which is evidenced by the lack of qualified manpower at the peripheral level in the country. The relevance of the study in terms of the extent, severity, and importance of the study for evolving an appropriate oral health policy for the country.

2. Chapter II : Extensive literature both from India and from Abroad particularly in Western countries were collected and reviewed. It is found that almost all the studies reviewed intertwines epidemiology (Clinical Dimension) and the socio-economic aspects while the literature of Indian studies, highlight mostly the importance of oral health, the magnitude of the problem and confined to the clinical aspects of dental treatment.

3. Chapter III : The objectives of the study are detailed out with reference to the statement of the problem along with Hypothesis. The methodology followed namely type of research design, sampling methods, the tools for data collection, pre-testing and finalisation of the interview schedule. Pilot study was carried out before launching the research study. It describes the study area namely Tiruchir-
apalli District. Its physiography, population, historical significance, development status of the study area through appropriate maps and spot maps.

4. Chapter IV: It presents the analysis and findings of the study through appropriate tables, diagrams, charts and significant findings of the clinical socio-economic profiles. It includes the linkages between the socio-economic status with dental caries and periodontal diseases. This also includes the extent of the awareness of the oral hygiene practices and the impact on the two dental diseases.

Analysis was done by using the appropriate tests.

It is interesting to note that the statistical analysis alone was not sufficient because of the sociological dimension which required the process analysis and factorial analysis. As such most of the findings are not statistically significant but sociologically significant.

5. Chapter V: The findings and conclusion provides the essence of the research study. The generalization wherever appropriate and concluding with conviction and confidence. The need for a comprehensive oral health policy for India with appropriate manpower materials and monitory resources from the periphery upwards.