

Cultural Norms Affecting Oral Health and Hygiene in India: A Review

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Abstract—Culture is a complex mixture of ideas, customs, and social behaviour of a society. It is often defined as coherent, shared patterns of actions or beliefs that provide basic life roadmaps or social contexts, defining behavioral norms and interpersonal relationships as well as unwritten rules for proper living. Culture is shaped by multiple influences, including race, ethnicity, nationality, language, and gender, but it also extends to socioeconomic status, physical and mental ability, sexual orientation, and occupation, among other factors. Every culture has its own concepts of health, sickness and health promotion depicting values, beliefs, knowledge and practices shared by its people. Oral health is a critical but an overlooked component of overall health and well-being among children and adults. Oral health problems such as dental caries, periodontitis, and oral cancers are a global health problem in both industrialized and especially in developing countries. While many epidemiological studies and clinical surveys suggest links between race/ethnicity and oral health status, actual cultural beliefs and values that influence decisions or practices regarding oral health are seldom reported.

Aims and objectives: To understand the various cultural norms and practices in India that influence oral health and hygiene status.

Materials and Method: An extensive literature search was done on various search engines such as PubMed and Google scholar with specified keywords. Both Indian and International Journals were looked at.

Results: The Indian culture, often labeled as an amalgamation of several various cultures, spans across the Indian subcontinent and has been influenced and shaped by a history that is several thousand years old. Some major cultural norms affecting oral health are; family belief system, joint families, Sexual customs,

polygamy, polyandry, breast feeding practices, child rearing practices, food habits, dietary restrictions, personal hygiene, cultural traditions, social class differences and tooth and soft tissue mutilations

Conclusion: The oral health care givers need to be culturally competent to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs. They should encourage beneficial cultural practices and discourage the unhealthy practices through intensive health education and promote the adoption of healthy practices. The primary health workers and school teachers can play a vital role in creating the awareness on the adverse effects of deleterious cultural practices among the general population and students. The mass media in the form of radio, television, newspapers, health exhibitions, role plays go a long way in changing the attitude and behavior of the people.