Oral health has a high impact on the overall health of a man. Every man in one way or another there is an oral hygienic problem. This is an institution-based, observational study done based on a cross-sectional design. The site selected for this study is a private college located in central Kerala during September 2019. A total of 430 samples were enrolled in this study by self-consent. The statistical analysis was done in SPSS version 25. The study produced a result that 51.8% only brushed once a day. The teeth and gums status estimated by participants was good (54.2% and 57.5%). The effects of dental problems in daily life and food habits were estimated and analyzed based on the participant's side. The dental problems were validated post-study by a dentist. Various other oral health factors and indicators were analyzed in descriptive statistics. The knowledge regarding the color code indication in oral products was between 50-70% ranges. The habits affecting oral hygiene like breathing through mouth habit (35%), nail-biting (27.2%), tongue pressing (12.57%). Two-tailed Pearson coefficient analysis was performed to identify the correlation between factors to oral health arisen in the study. The correlations were significant between food habits, oral hygiene factors, habits with decays caries sensitivity and other dental diseases at a level of P < 0.01 level. Correlation is significant P <0.05 level. Oral health is a very important factor in daily life. It will affect general health and daily programs. Maintain healthy oral health for a better life.
INTRODUCTION:
Oral diseases are one of the major public health problems. The disease is most prevalent in Asian and Latin American countries, most adults have experienced caries and about 90% of school children worldwide too.[1] Oral health is an integral part of the well-being and health of an individual. It is needless to state that health and hygiene go hand in hand, and of this, oral hygiene has a colossal contribution to positive health for any individual. Worldwide 100% of adults have oral problems.[2] India has an alarming population with oro-dental problems.[3] Oral Diseases are a major public health concern owing to their higher prevalence and their effects on the individual’s quality of life.[4] According to the World Health Organization (WHO), "Promotion of oral health is a cost-effective strategy to reduce the burden of oral disease and maintain oral health and quality of life".[5] Oral health is essential for the overall health improvement and elevation of self-esteem, quality of life, and performance at work. But many of the Indians are not aware of the fact that good oral health not only ensures the freedom from pain and suffering related to tooth problems.[6]

Only a few studies have been conducted to assess the level of oral health-related knowledge, attitudes and practices of in developing countries. Therefore, the present study was conducted with the main objective of assessing the knowledge, attitudes, and behaviour of young adults.

METHODOLOGY
Study design and Study settings
This study employed institution-based, observational study in a cross-sectional design survey among students one of the pharmacy colleges in Muvattupuzha. We choose subjects from 1st year to final years in the study. The data were collected during September 2019 in one month period using Google forms. The major objectives of the study were to find out the level of awareness for oral health among college students, also to assess the pattern of usage of oral care products. Other objectives which were aimed were to evaluate the methods of supervision of the oral cavity, to correlate the current oral condition and Dental consultation. Finally added two more objectives that are, to correlate the food habits and oral health, to correlate the oral habits and oral health.

Ethics, Privacy and Confidentiality:
The study protocol was approved by the Institutional Human Ethical Committee of Nirmala College of Pharmacy, Muvattupuzha. The study is only based on an online questionnaire before dental hygiene camp. Before commencement of the question section, the participants were well-informed about the purpose of the study provided they could decline to answer any questions if felt inappropriate. The data collected were solely accessible to the investigators and assured that all provided information’s would be used for only research purpose with strict confidentiality.

Subject recruitment and Study participants
We included all the students who are going to take part in an oral health camp conducted in the college. In well advance collect information about whom all are participating in it and explained about the study and mailed the Google forms and included those who gave consent and excluded those who didn’t give the consent. It took an average of 15 minutes to complete the forms with the help of a validated Google form. The survey was completed by 1 month with a total sample size of 344 students.

Survey questionnaire & Data collection
A predesigned, pretested, structured, questionnaire containing both open- and close-ended questions were used. The questionnaire was prepared by the combined effort of dental health professional along with the study conductor by evaluating various journals and questionnaire. The questionnaire used for data collection was validated by an expert panel under the Ethical Clearance Committee of our institution. The questionnaire was prepared in both. A pilot study was conducted with a few students to make sure that they could
understand the questions and produce the appropriate answers. Before the commencement of circulation of forms, further modifications were made also included in the forms. The questionnaire divided into four sections: Socio-demographic Data, knowledge regarding oral health, oral products, and dental problems. Patients were asked to provide the following sociodemographic information including age, gender, area of living associated with it. Moreover, the details about the sensitivity, teeth & gum status, pain, discomfort, other problems and information regarding the oral products, dental visit and habits were also collected. The knowledge regarding the colour code of products and self-examination of oral health were assessed.

**Statistical analysis:**
The data were analyzed statistically by using SPSS version 24 and G Power version 3.1.9.2. Categorical variables were expressed in both frequencies and percentage form. Pearson's Chi-square test was used to compare the various factors. With a CI 95% and p-value <0.01 and 0.05 were used for correlation.

**RESULTS**
A total of 334 participants involved in the survey and check-up, in which all were of age between 17 to 25 years old with a mean weight of 55.5 kg and 159 cm height. Most of them lived in rural (41.31%) and semi-urban area (35%) (Figure No.1).

*Figure no.01: Geographical location of study participants*

The graph is expressed in frequency and percentage for a total of 334 response.

*Figure no.02: Bad breath, Bleeding Gums and past 12 months pain and discomfort*

When the question of sensitivity problem arose, 38.02% had reported they have sensitivity problem.

*The graph is expressed in frequency with a total of 334 response.*
On asking about bleeding gums, 8.68% had bleeding gums and 14.67% reported as not sure. When asked about bad breath, 12.83% reported they have bad breath and 18.26% not sure about whether they have or not. When a question being asked regarding the past 12 months did they experience any pain or discomfort, 96(28.74%) have experienced pain or discomfort and the 55(46.46%) reported as they are not sure (Figure No.02). There was a question about the pattern of brushing, 51.8% responded as they brush once daily and 47.9% brush twice daily.

Figure no.03: Dental cleaning at the dental clinic by a dentist

The graph is expressed in percentage with total of 334 response.

There was a question about dental cleaning, out of total participants there was 31.43% never cleaned their teeth at a dental clinic by a dentist during their lifetime and 40.11% clean their teeth once a year (Figure No.03). When a question like whether they rinse mouth after having food, 75.74% always rinse their mouth after having food and 13.77% sometimes only rinse, 10.4% not always rinse their mouth. The usage of toothpaste is 99.70% among 334 participants but only 38.92% are aware of the content of their toothpaste as toothpaste contain fluoride and 17.96% don’t know whether their toothpaste has fluoride present or not.

Figure no.04: pattern of last dental visit

The graph is expressed in frequency and percentage in the bracket with a total of 334 response.
When asked the questions about the awareness for dental check-ups, it is observed that nearly 9.2% didn’t visit to a dentist for dental care and 22.1% visited dental hospital within 6 months of duration. (Figure No.04).

**Figure No.05: Reason for the last visit**

The graph is expressed in percentage with a total of 334 response.

When questioned about the reason for the last visit, nearly 25% of them visited the dental clinic last time for treatment or follow up treatment and 19% were for consultation/advice or due to pain/trouble with teeth, gums or mouth (Figure No.05). On the rising question regarding the gap between teeth, 27.54% reported that they have a gap between teeth. And on asking regarding the impaction of wisdom tooth, 7.18% have reported they have fully impacted teeth and 27.24 have partially impacted teeth in their concept. When asked about the decay and treatment 50.89% had dental decay but only about 29.64% treated for the same. On evaluating about stains and calculus nearly about 32.04% said they have stains and calculus but 28.44% don’t know about it.

**Figure No.06: Teeth and Gum status**

The graph is expressed in frequency with a total of 334 response.
On estimating the health status of teeth and gums by their own experience, 54.2% and 57.5% mentioned that their teeth and gums respectively are good in health (Figure No.06)

**Figure no.07: Oral health product usage pattern**

The graph is expressed in frequency with a total of 334 response. When asked about the oral health care products, most of them use toothpaste (99.7%) and toothbrush (97.6%) and a small group uses mouth wash (44.3%) and wooden toothpicks (31.1%) (Figure No.07).

**Table No 1: Effect Of Dental Health In Daily Life**

<table>
<thead>
<tr>
<th></th>
<th>Don't know</th>
<th>Fairly often</th>
<th>No</th>
<th>Sometimes</th>
<th>Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty in biting foods</td>
<td>10(3%)</td>
<td>17(5.1%)</td>
<td>228(68.3%)</td>
<td>73(21.9%)</td>
<td>6(1.8%)</td>
</tr>
<tr>
<td>Difficulty chewing foods</td>
<td>15(4.5%)</td>
<td>13(3.9%)</td>
<td>257(76.9%)</td>
<td>47(14.1%)</td>
<td>2(0.6%)</td>
</tr>
<tr>
<td>Difficulty with speech/ trouble pronouncing words</td>
<td>8(2.4%)</td>
<td>5(1.5%)</td>
<td>274(82%)</td>
<td>42(12.6%)</td>
<td>5(1.5%)</td>
</tr>
<tr>
<td>Dry mouth</td>
<td>14(4.2%)</td>
<td>6(1.8%)</td>
<td>219(65.6%)</td>
<td>87(26%)</td>
<td>8(2.4%)</td>
</tr>
<tr>
<td>Felt embarrassed due to appearance of teeth</td>
<td>19(5.7%)</td>
<td>11(3.3%)</td>
<td>208(62.3%)</td>
<td>81(24.3%)</td>
<td>15(4.5%)</td>
</tr>
<tr>
<td>Felt tense because of problems with teeth or mouth</td>
<td>14(4.2%)</td>
<td>14(4.2%)</td>
<td>218(65.3%)</td>
<td>75(22.5%)</td>
<td>13(3.9%)</td>
</tr>
<tr>
<td>Have avoided smiling because of teeth</td>
<td>6(1.8%)</td>
<td>13(3.9%)</td>
<td>233(69.8%)</td>
<td>71(21.3%)</td>
<td>11(3.3%)</td>
</tr>
<tr>
<td>Had sleep that is often interrupted</td>
<td>21(6.3%)</td>
<td>6(1.8%)</td>
<td>263(78.7%)</td>
<td>44(13.2%)</td>
<td>0</td>
</tr>
<tr>
<td>Have taken days off work</td>
<td>29(8.7%)</td>
<td>2(0.6%)</td>
<td>292(87.4%)</td>
<td>10(3%)</td>
<td>1(0.3%)</td>
</tr>
<tr>
<td>Difficulty doing usual activities</td>
<td>6(1.8%)</td>
<td>0</td>
<td>311(93.1%)</td>
<td>16(4.8%)</td>
<td>1(0.3%)</td>
</tr>
<tr>
<td>Felt less tolerant of people who are close to you</td>
<td>26(7.8%)</td>
<td>2(0.6%)</td>
<td>289(86.5%)</td>
<td>16(4.8%)</td>
<td>1(0.3%)</td>
</tr>
<tr>
<td>Have reduced participation</td>
<td>14(4.2%)</td>
<td>3(0.9%)</td>
<td>278(83.2%)</td>
<td>36(10.8%)</td>
<td>3(0.9%)</td>
</tr>
</tbody>
</table>

The table is expressed in frequency and percentage with a total of 334 response.
When asked about Difficulty in biting foods, 1.8% of them have difficulty in biting foods fairly often and 21.9% sometimes experienced it. Difficulty chewing foods experienced only by 0.6% fairly often.1.5% very often experience. Difficulty with speech/trouble pronouncing words has been faced by 12.6% that is sometimes. 2.4% experienced dry mouth and 4.5% felt embarrassed due to the appearance of teeth very often. Felt tense because of problems with teeth or mouth by 3.9% and 3.3% very often avoided smile because of teeth (Table No: 1).

Table No.2: Food habits of participants that affect dental health

<table>
<thead>
<tr>
<th></th>
<th>Every day</th>
<th>Once a week</th>
<th>Seldom/never</th>
<th>Several times a day</th>
<th>Several times a month</th>
<th>Several times a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresh fruit</td>
<td>4.8%</td>
<td>22.2%</td>
<td>3.3%</td>
<td>1.8%</td>
<td>41.9%</td>
<td>26%</td>
</tr>
<tr>
<td>Biscuits, cakes, cream cakes</td>
<td>9.6%</td>
<td>17.7%</td>
<td>4.2%</td>
<td>2.7%</td>
<td>27.8%</td>
<td>38%</td>
</tr>
<tr>
<td>Sweet pies, buns</td>
<td>4.2%</td>
<td>20.1%</td>
<td>12.9%</td>
<td>1.2%</td>
<td>39.5%</td>
<td>22.2%</td>
</tr>
<tr>
<td>Jam or honey</td>
<td>0.6%</td>
<td>14.7%</td>
<td>30.8%</td>
<td>1.2%</td>
<td>45.8%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Chewing gum containing sugar</td>
<td>1.5%</td>
<td>11.4%</td>
<td>42.8%</td>
<td>0</td>
<td>34.4%</td>
<td>9.9%</td>
</tr>
<tr>
<td>Sweets/candy</td>
<td>5.1%</td>
<td>12.3%</td>
<td>8.4%</td>
<td>3.3%</td>
<td>37.4%</td>
<td>33.5%</td>
</tr>
<tr>
<td>Coca Cola or other soft drinks</td>
<td>0.3%</td>
<td>11.1%</td>
<td>32.6%</td>
<td>0</td>
<td>47.3%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Tea with sugar</td>
<td>64.1%</td>
<td>2.4%</td>
<td>9.9%</td>
<td>9.0%</td>
<td>6.9%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Coffee with sugar</td>
<td>25.4%</td>
<td>13.5%</td>
<td>21.3%</td>
<td>3.9%</td>
<td>22.5%</td>
<td>13.5%</td>
</tr>
</tbody>
</table>

*The table is expressed in percentage with a total of 334 response.*

When asked about their food habits, every day 64.1% and 25.4% having tea with sugar and coffee with sugar.38% having biscuits, cakes, cream cakes several times a week also 33.5% having sweets/candy (Table No:2).

Figure No.8: habits that affect dental health

When asked about the breathing through mouth habit 35% having the same. On asking about other habits, 27.2% have nail-biting (Figure no.8).
When assessed the knowledge regarding the colour indication on toothpaste tube, Only 47.3% knows that red colour of toothpaste tube indicator indicates natural plus chemical content and 72.5% knows black indicates pure chemical content. 62.6% have an idea about green indicator & 45.8% about blue indicator (Figure No. 9).

Table No. 3 Table of Correlation (i)

<table>
<thead>
<tr>
<th>Sensitive to cold and hot</th>
<th>Dental Decays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correlation n P</td>
<td>Correlation n P</td>
</tr>
<tr>
<td>Difficulty in chewing foods</td>
<td>0.218** 34(10.17%) 0.000</td>
</tr>
<tr>
<td>Difficulty in biting foods</td>
<td>0.215** 51(15.26%) 0.000</td>
</tr>
<tr>
<td>Jam or Honey</td>
<td>NIL</td>
</tr>
</tbody>
</table>

The data in this table are analysed by Pearson Correlation by using Significance (2 tailed) with Total sample size 334 **. Correlation is significant at P < 0.01 level, *. Correlation is significant P <0.05 level (2-tailed).

On checking correlation of difficulty in chewing foods with sensitivity to cold or hot at P<0.01 level it was found to be significant. Also, there is the significance with difficulty in chewing foods with dental decay at p< 0.05 level. Difficulty in biting foods have a significant correlation with sensitivity to cold or hot at P<0.01. The food habit of jam or honey when correlated with dental decay shown a significant correlation at p<0.05 level (Table No.3)

Table No. 4 Table of Correlation (ii)

<table>
<thead>
<tr>
<th>Bad breath during past one month</th>
<th>Dental Decays</th>
<th>Teeth Status</th>
<th>Gum Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correlation P value</td>
<td>Correlation P value</td>
<td>Correlation P value</td>
<td>Correlation P value</td>
</tr>
<tr>
<td>Brushing pattern</td>
<td>-0.249** 0.000</td>
<td>-0.138* 0.012</td>
<td>0.149** 0.006</td>
</tr>
<tr>
<td>Rinsing after food Coffee with sugar</td>
<td>0.117* 0.033</td>
<td>0.178** 0.001</td>
<td>NIL</td>
</tr>
<tr>
<td></td>
<td>NIL</td>
<td>NIL</td>
<td>0.116** 0.002</td>
</tr>
</tbody>
</table>

The data in this table are analysed by Pearson Correlation by using Significance (2 tailed) with Total sample size 334 **. Correlation is significant at P < 0.01 level, *. Correlation is significant P <0.05 level (2-tailed).
While analyzing the correlation between brushing pattern and bad breath during past one month, with teeth status, with gum status there was significant correlation obtained at \( p < 0.01 \) and correlation with dental decay with brushing pattern at \( p < 0.05 \) level a significant correlation obtained. When observed the correlation between rinsing after having food with bad breath during past one month a significant correlation at \( p < 0.05 \) and with dental decay at \( p < .01 \) level a significant correlation obtained. When coffee with sugar correlated with teeth status a significant correlation obtained at \( p < .001 \) (Table No.4)

<table>
<thead>
<tr>
<th>Breathing through mouth</th>
<th>Gap between teeth</th>
<th>Correlation</th>
<th>P value</th>
<th>Decays &amp; Caries</th>
<th>Correlation</th>
<th>P value</th>
<th>Stains</th>
<th>Correlation</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breathing through mouth</td>
<td>0.179**</td>
<td>0.001</td>
<td>NIL</td>
<td>NIL</td>
<td>NIL</td>
<td>NIL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brushing pattern</td>
<td>NIL</td>
<td>-0.124*</td>
<td>0.024</td>
<td>0.115*</td>
<td>0.036</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The correlation of breathing through mouth and decays and caries showed a significant correlation at \( p < 0.01 \). Also, a significant correlation obtained between brushing pattern and decays and caries and with stains at \( p < 0.05 \). (Table No.5)

There was no correlation between brushing pattern with bleeding gums, stains & calculus and sensitivity. Also, the correlation has been done between rinsing after food with stains & calculus and teeth status but no significance where found. No significance obtained with breathing through the mouth and bad breath. Correlation is done with nail-biting and tongue press with Gap between teeth, bad breath and sensitivity but no significance obtained. There was no significance for brushing pattern and calculus. On performing a correlation with fresh fruits, biscuits, jam or honey, sweety candy V/S dental decay and teeth status there where only significance for jam or honey with dental decay. Also lemonade, tea and coffee have done against dental decay and teeth status and sensitivity only significance for coffee with sugar with teeth status. All correlation is analyzed by Pearson Correlation by using Significance (2 tailed) with Total sample size 334

**. Correlation is significant at \( p < 0.01 \) level, * Correlation is significant \( p < 0.05 \) level (2-tailed).

The data in this table are analysed by Pearson Correlation by using Significance (2 tailed) with Total sample size 334. The data in this table are analysed by Pearson Correlation by using Significance (2 tailed) with Total sample size 334.

DISCUSSION

In the study 334 participants involved and most of them were female because the institution chosen for the study has a high number of female students. The sensitivity of teeth was a major problem in the group. The data observed in this study indicating the severity of sensitivity of population was 38%. Some of the major reasons for tooth sensitivity is the exposure of tooth nerves to cold or hot items due to damage of the enamel. The food habits, oral health practices and other lifestyle changes including using sweetened gums etc. can lead to sensitivity. Several researchers on research found that age between 18 and 44 were 3.5 times higher chances to get a sensitivity problem. Other than the sensitivity issue there is another problem which is equally prevalent among a large population that is bleeding gums, which is a major dental health issue which can lead to tooth loss or other peritoneal diseases. Other studies also stating that bleeding gums lead to tooth loss in people with more than 35 years. Around 8.68% had bleeding gums and 14.67% reported as not sure in our study and great significance in it. The occurrence of bleeding gums mainly due to accumulation and inadequate removal of plaque. Plaque contains germs and it will attack the gums, inflame, and irritate this lead to bleeding when flossing, brushing, and chewing foods.
There is a one associated problem also reported that is bad breath found in 12.83% which is comparatively lower side than other similar studies. Bad breath is accounted as the third most frequent reason to seek dental care, gum and tooth decay. The same found as one of major aspect during social interaction can cause personal discomfort and social. Bad breath is a very common problem in all age groups. But in India only about 25-30% visiting the hospital regarding the same and a total of 75-80% having the bad breath. The improper brushing, flossing can accumulate plaque it can lead to bad breath. Other major reasons are gum disease, food items, tobacco, oral infections, dry mouth, poor oral hygiene, medicines and oral dental problems.

Another problem related to this is pain. The pain experienced during any past 12 month may due to sensitivity or tooth decay and other peritoneal diseases. About 28.74% had pain during the past 12 months. Various study says that the rate of pain in teeth during the last 12 month is greater than 60%, the study in 12-year-old children about 75% had pain during the past 6 months. Brushing pattern is one of the major indicators in oral health hygiene. More than 50% of participants brushed only once a day. The once a day brushing and cancelling dental appointment at the proper time will lead to plaque spreading to various parts of mouth like gum line and irritate gums. Brushing helps to keep away bacteria, cavities and plaque if it is properly.

About 30% of them think that dental cleaning at the clinic is not important but regular dental visits and cleaning will prevent gum diseases and other teeth related problem and easily identify earlier about that treat well. When asked the questions about the awareness of dental check-ups, it is observed that nearly 9.2% didn’t visit the dentist for dental. It is recommended to visit the clinic every 6 months for cleaning or checkups, it will prevent many unwanted outcomes like cavities, stains calculus etc. There are many advantages if visit dental care centre frequently for a check-up, early detection of problems, bad breath prevention, avoid tooth loss, gum problems, increased health quality by improving sleep, increase the self-confidence. When thinks why society is not will to do regular visit is mainly due to high expense, fear of painful procedure and waiting time.

Rinsing the mouth after having food by plain water is effective to maintain PH balance and to reduce dental caries and other problems. But only about 75% of people rinse their mouth after having food always. Rinsing the mouth after food is the easiest and free way to increase or boost oral health rather than brushing each time.

Toothpaste content awareness is very less among participants and about only 38.92% knows about their toothpaste contents. There was strong evidence that the usage of fluoride-containing toothpaste will prevent dental caries when compared to non-fluoride one. The toothpaste that contains fluoride will help to prevent decay of by reducing the enamel reduction slowly and increase the level of remineralisation process. Most of the people buy the paste by the influence of advertisements, appearance and taste. The other problem associated with this is the dental visit. Most of them visit the dental clinic when only a problem arises or for consultation, not for dental check-ups. The dental check-ups very important to identify the tooth-related problem with are not recognized by ourselves and without any symptoms. Another factor leads to oral unhygienic is the gap between teeth and 27.54% reported that they have a gap between teeth. The spacing due to several reasons habits that affect oral health, the condition of gums, the size of tooth etc. overall in the world about 1.6 - 25.6% has a gap between the teeth by the report of American dental association.

Other than the gap between teeth issue impaction is another problem. It can be due to lack of spacing and crowding of teeth. A total of 34% have impacted tooth in this study. Mainly late sprouted tooth especially the wisdom tooth gets impacted.

Dental decay occurs due to our food pattern and other improper oral health measures. The flossing and cleaning of mouth frequently as required will reduce the chances of decays, stains and calculus. in this study 29.64% had decay, but not willing treat this will lead to severe health problems. The size of the cavity will grow up in case of length and depth. Later cracking and breaking occur and reach to nerves. The other major problem is stains and calculus. Fate is that more
than 28 % is unaware of this. Stains if not removed timely will lead to calculus. The reason for the production of stains is foods (coffee tea colas etc.), medications, genetics, advancing age etc. Next assessment criteria were teeth and gum status. The overall status of teeth and gum is underlined in oral health practices. On proper usage of cleaning materials and food habits, the overall status will increase. In this study, the food pattern and other oral habits affected status. Majority of the population is the confidence that their teeth and gum is good. The reasons that cause or factors affect the teeth and gums are already mentioned with several factors. The next choice was to identify the dental cleansing product buying pattern. Only a few products are known to people like mouthwash, wooden toothpicks toothpaste etc. More 99% uses toothpaste to clean their tooth. The usage of mouthwash is increased due to advertisements and free availability of wooden sticks from hotels. The floss and other products are known by some but they are not willing to spend on that. Also, the mentality of society regarding oral health is less and improving day by day. Nowadays most they consider the advice of doctors too in the purchase of oral health care products. The inevitable part of the study was the foods. The teeth are for having food. The impact of food is a major part of oral health. It was identified that the intake of jam or honey, cakes sweets soft drinks regularly increased dental caries. It’s also significant in this study. There are various article evidence for the relation between dental caries and soft drinks. The coffee and tea are related to stain and calculus if it is with sugar the dental decay is also significant in various studies and this study too. The major factor of dental caries stains calculus and another problem is mainly due to these food habits. The habits of foods are very significant in this study.\textsuperscript{[17][18]} The choosing of foo is very important because it can affect general health too. If we consume more amount of sugar-filled sodas, non-nutritious snacks, sweetened fruit drinks and other similar items the teeth are at risk. Also, it will lead to gum disease and even lead to tooth loss. When coming to oral habits firstly, breathing through the mouth. It is strongly co-related with various malocclusions ions like anterior open bite, distal occlusion, increased anterior facial height, underdeveloped and narrow upper jaw, overjet. The percentage of participants in this category is high.\textsuperscript{[19]} The cause of breathing through the mouth is enlarged tonsils, the shape of the nose, the shape and size of the jaw, nasal congestion caused by allergies, a cold, or a sinus infection. Secondly and thirdly tongue thrusting and thumb sucking. Which will develop to development of dental malocclusion. Many of them have the habits of the same. The nail-biting will develop sensitivity issues. And it is significant in this study.\textsuperscript{[20]} Tongue thrusting can involve in the growth and development of jaws and can lead to favouring the onset of malocclusion, speech etc. \textsuperscript{[21]} Tongue thrusting major reason is the increased length of the tongue and other reasons are artificial nipples used for infants, nasal congestions, and thumb sucking other hereditary factors. 27.2% have nail-biting in this study. This may cause various malocclusions like the dentoalveolar segment of the oral cavity. Crowding, a turning of incisors are very common in this.\textsuperscript{[22]} Nail-biting is due to anxiety because it reported that nail-biting can relives stress and reduce tension. Who have habits of nail-biting do so when they are tensed, hungry, bored or lonely. When coming to additional factors, the main cause of difficulty in biting and chewing food is hidden or known damage to one or more tooth or gums in the mouth.\textsuperscript{[23]} Major of people in Kerala having the problem and addressed in many studies. The speech difficulty will be caused tongue-tie malocclusion of teeth, orofacial myofunctional disorder, early teeth loss etc.\textsuperscript{[24]} The occurrence of Dry mouth will lead to teeth decay and gum problem if not managed properly because the saliva helps to fight against bacteria.\textsuperscript{[25]} The people who have the problems are tensed and some felt embarrassed about their condition. If we avoid the small symptoms of teeth it will lead to severe problems and it will interrupt sleep job and all our day to day life. Finally when assessed the knowledge regarding the content of products. Majority of people in society buys cosmetics and other products without knowing its content and nature. One few knows what it includes whether its organic or chemical one. All the one were
buying things influenced by advertisement, appearance and outside labels. Not even thinking about its use or need or what all side effects it will bring.

The increasing occurrence of dental caries among college students and the younger generation is affected by lifestyle and poor oral health. An average of 1.20 caries were present per person along with calculus (61.37%) and stain (20.05%). And it is one of the most common problems in health practice which can lead to a severe toothache, infection and tooth loss.

The predisposing factor behind the stains and calculus was brushing habits and dietary habits. Therefore they need a periodic check-up to create good oral hygiene. Crowded teeth and oral hygiene are correlated. Oral arrangement influences oral hygiene. Here about 7.48% of the population’s teeth are crowded. An average of 0.14 teeth is missing for everyone excluding the non-rooted teeth. 25.44% got chronic generalized gingivitis due to oral habits and practices.

Difficulty in chewing foods and difficulty in biting food is correlated with sensitivity to cold or hot a level of P <0.01 because of food nature. If it is cold or hot the nerves will get exposed to it and produce pain and make difficult to chew. Difficulty in chewing foods and dental decay is significant at p< 0.05 level. If the dental decay is present high chances of getting sensitivity pain and bleeding and sometimes it will lead to the breaking of teeth that why the chewing is difficult. Also CVD, DM, respiratory and another disease can take place.

The food habit of jam or honey when correlated with dental decay shown a significant correlation at p<0.05 level. The jam and honey are very viscous, it can stick to teeth and produce caries and tooth problem because of the high amount of sugar. But the original honey from the forest has a property to fight against the bacteria and other caries. The availably of this type of honey is very less locally and very expensive too. Therefore people buying altered honey without knowing it.

While analyzing the correlation between brushing pattern and bad breath during past one month, with teeth status, with gum status there was significant correlation obtained at P<0.01 and there is a correlation with dental decay and brushing pattern at P<0.05. The correlation was significant due to, brushing keeps away dental decay and bacteria. If the brushing pattern is improper the gum bleeding will occur and enamel damage increases. Altogether the bad breath and other complications will reduce if the brushing pattern is proper. Correlation of brushing pattern and decays and caries and with stains is significant at P<0.05

When observed the correlation between rinsing after having food with bad breath during past one month a significant correlation at P<0.05 and with dental decay at P<.01 level a significant correlation obtained. If a proper mouth washing after food intake will keep away bad breath and dental decay more than 95%. the reasons were mentioned above with several factors. Coffee with sugar correlated with teeth status at P<.001 means that sugar can affect the teeth in several manners also the coffee will produce the stains which may lead to plaque and bacteria accumulation. Breathing through mouth and decays and caries shown a significant correlation at P<0.01 because the by breathing through the mouth the teeth and gums are exposed to organisms and damage to the physical structure of teeth and the evidence of teeth gap and teeth decay is high.

Finally, on another correlation, the significance is not shown. But actually, there is a proved significant between several factors and oral health. The reason behind there was no significance in this study is the sample size is less. The information bias by the participant can be generated in this. Another problem is the unequal distribution of gender.it can be done in multicenter for precise and accurate data. Also, additional statistical analysis can be done in this based oral checkup and dentist record. But it’s not done because the data that provided by the dentist was different for all and cant compilation into one data and can’t be compared or analyzed using statistical methods.

CONCLUSION
The study has been conducted with an objective to assess the level of knowledge and awareness of dental care, dental health, problems and solutions among the college students. The study reveals the
very important finding that there was big number of student participants who were not rightly aware about the oral health, oral hygiene, oral checkups and about the products to be used for dental care. It is also been observed that they were unable to understand the symptoms as a problems of dental health and hygiene as bad breath, slight pains, decay, gum bleeding and sensitivities. It can be concluded by these results that there is a high need to create awareness about the health checkups, oral hygiene, style of brushing and about the food habits and uses of right dental care products.

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