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# Availability of do it Yourself in Dentistry

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**Abstract:** Do-it-yourself (DIY) dentistry has emerged as an informal response to limited access to professional oral healthcare services, particularly in underserved andlow-income populations. This practice involves individuals attempting to diagnose and treat dental conditions using non-professional tools, over-the-counter materials, or improvised techniques. The availability of DIY dentistry is influenced by factors such as high treatment costs, lack of dental infrastructure, geographic barriers, and fear or anxiety associated with clinical procedures. AIM: To Assess The Awareness, And Availability Of Do-It-Yourself In Dentistry (DIY) dental practices among the general population and to evaluate their potential impact on oral health. OBJECTIVE: To Assess the Awareness And Availability of do it yourself in densitry Based on gender To Assess The Awareness And Availability of do it yourself in densitry Based on Year Of Study METHODOLOGY: This study adopts a descriptive and analytical approach to examine the availability and practices of do-it-yourself (DIY) dentistry. Data were collected through a combination of literature review, survey methods, and secondary data analysis. Peer-reviewed articles, public health reports, and case studies related to informal dental care practices were systematically reviewed to identify common trends and risk factors. RESULTS: A total of 220 students took part in this with females (61) and males (39) Age of the participants ranging from 18-25yrs.In this study females were more wlikely to demonstrate perception in dissection room experiences than male. CONCLUSION: The study highlights the. Availability of do it yourself in dentistry Hence, the teacher's role in the medical/dental profession would be to utilize the already developed concepts about Availability of do it yourself in dentistry by the newly admitted undergraduate.

**KEYWORDS:** Do-it-yourself dentistry, Self-performed dental treatment, Self-treatment in dentistry, At-home dental care.

## 1. INTRODUCTION

DIY (Do-It-Yourself) dentistry refers to the practice of individuals attempting to diagnose and treat their own dental problems without professional supervision. In recent years, the availability of DIY dentistry has increased significantly due to the widespread use of the internet, social media, and easy access to over-the-counter dental products. Individuals can now obtain information, tutorials, and materials for procedures such as tooth whitening, temporary fillings, and even orthodontic treatments. The growing availability of DIY dentistry is largely influenced by factors such as the high cost of dental care, limited access to dental services, especially in rural areas, and dental anxiety among patients. Although these methods may offer temporary relief, they often lack scientific validity and proper clinical guidance.

## AIM:

To Assess the Awareness, And Availability Of Do-It-Yourself In Dentistry- (DIY) dental practices among the general population and to evaluate their potential impact on oral health.

## METHODOLOGY:

A) STUDY DESIGN: A cross-sectional descriptive study will be conducted to assess the availability and use of DIY dentistry among the study population.

B) STUDY POPULATION: Adults aged ≥18 years Individuals willing to participate.

C) STUDY INSTRUMENT: A self administered questionnaire was designed based on AVAILABILITY OF DO IT YOURSELF DENTISTRY. had a total 13 questions.Each participant has to fill their demographic data like name, age, and year of study. Participant have to select one option from the answers provided against questions and the questions were based on AVAILABILITY OF DO IT YOURSELF DENTISTRY

D) SAMPLE SIZE: Sample size will be calculated using the formula for prevalence studies:

n=e2Z2×p×(1−p) Z = 1.96 (95% confidence level): p = estimated prevalence (use 50% if unknown) e = margin of error (e.g., 5%)

E) SAMPLING TECHNIQUE: Convenience sampling (commonly used): Simple random sampling (if feasible)

F)INCLUSION CRITERIA: Participants with a history of dental problems Individuals aware of or exposed toself-dental practices

G) EXCLUSION CRITERIA: Dental professionals (to avoid bias) Individuals unable to respond to the questionnaire H)ORGANIZING THE STUDY: The Study was designed in a paper based version of the self administered questionnaire of 13 questions focusing on knowledge awareness. Included the sections of demographic date: name,age,sex and year of study demographic information and asked to answer all questions by selecting one option from the provided answers.

I)Statistical analysis: Data from the filled questionnaire was conducted ina tabular from in an excle worksheet and evaluated for analysis .The analysis was performed by

## RESULTS:

A total of 220 students took part in this with females(61) and males(39) Age of the articipants ranging from 18-25yrs.In this study females were more wlikely to demonstrate perception in

dissection room experiences than male.Significantly third years showed greater familiarity with advanced applications than fourth year, and interns students.

**AGE**

| | N | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|---|
| Age | 220 | 19 | 25 | 22.89 | 1.765 |

GENDER

| | Frequency | Percent |
|---|---|---|
| MALE | 86 | 39.0 |
| FEMALE | 134 | 61.0 |
| Total | 220 | 100.0 |

YEAR OF STUDY

| | Frequency | Percent |
|---|---|---|
| III BDS | 73 | 33.2 |
| IV BDS | 84 | 38.2 |
| INTERNS | 63 | 28.6 |
| Total | 220 | 100.0 |

Distribution and comparison of responses based on gender:

| Item | Response | Males | | Females | | Chi-Square value | P value |
|---|---|---|---|---|---|---|---|
| | | n | % | n | % | | |
| Q1 | 1 | 8 | 44.4 | 10 | 66.6 | 8.474 | **0.04*** |
| | 2 | 56 | 39.4 | 86 | 60.6 | | |
| | 3 | 12 | 46.1 | 14 | 53.9 | | |
| | 4 | 10 | 29.4 | 24 | 70.6 | | |
| Q2 | 1 | 8 | 32 | 17 | 68 | 2.750 | 0.432 |
| | 2 | 6 | 33.3 | 12 | 66.7 | | |
| | 3 | 6 | 60 | 11 | 40 | | |
| | 4 | 66 | 41.2 | 94 | 58.8 | | |
| Q3 | 1 | 57 | 40.7 | 83 | 59.3 | 1.920 | 0.589 |
| | 2 | 7 | 29.2 | 17 | 70.8 | | |
| | 3 | 16 | 47.1 | 18 | 52.9 | | |
| | 4 | 6 | 42.9 | 8 | 57.1 | | |
| Q4 | 1 | 6 | 33.3 | 12 | 66.7 | 0.697 | 0.874 |
| | 2 | 8 | 36.4 | 14 | 63.6 | | |
| | 3 | 9 | 39.1 | 14 | 60.9 | | |
| | 4 | 63 | 42 | 87 | 58 | | |
| Q5 | 1 | 1 | 12.5 | 7 | 87.5 | 2.930 | 0.402 |
| | 2 | 8 | 47.1 | 9 | 52.9 | | |
| | 3 | 6 | 40 | 9 | 60 | | |
| | 4 | 71 | 41 | 102 | 59 | | |
| Q6 | 1 | 71 | 42.6 | 109 | 57.4 | 3.720 | **0.05*** |
| | 2 | 5 | 21.7 | 18 | 78.3 | | |
| | 3 | 6 | 60 | 4 | 40 | | |
| | 4 | 4 | 70 | 3 | 30 | | |
| Q7 | 1 | 74 | 40 | 111 | 60 | 1.489 | 0.475 |
| | 2 | 11 | 40.7 | 16 | 59.3 | | |
| | 3 | 1 | 1.2 | 0 | 0 | | |
| | 4 | 0 | 0 | 0 | 0 | | |
| Q8 | 1 | 8 | 33.3 | 16 | 66.7 | 3.980 | 0.409 |
| | 2 | 2 | 16.7 | 10 | 83.3 | | |
| | 3 | 13 | 46.4 | 15 | 53.6 | | |
| | 4 | 11 | 40.7 | 16 | 59.3 | | |
| Q9 | 1 | 70 | 41.2 | 114 | 58.8 | 0.671 | 0.413 |
| | 2 | 6 | 31.6 | 13 | 68.4 | | |
| | 3 | 3 | 45 | 4 | 55 | | |
| | 4 | 7 | 70 | 3 | 30 | | |
| Q10 | 1 | 5 | 25 | 15 | 75 | 7.241 | 0.065 |
| | 2 | 73 | 42.9 | 97 | 57.1 | | |
| | 3 | 7 | 53.8 | 6 | 46.2 | | |
| | 4 | 1 | 10 | 9 | 90 | | |
| Q11 | 1 | 8 | 53.3 | 7 | 46.7 | 2.655 | 0.448 |
| | 2 | 8 | 36.4 | 14 | 63.6 | | |
| | 3 | 9 | 30 | 21 | 70 | | |
| | 4 | 61 | 41.8 | 85 | 58.2 | | |
| Q12 | 1 | 2 | 18.2 | 9 | 81.8 | 6.418 | 0.093 |
| | 2 | 69 | 45.1 | 84 | 54.9 | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 3 | 8 | 25.8 | 23 | 74.2 | | |
| | 4 | 7 | 38.9 | 11 | 61.1 | | |
| Q13 | 1 | 62 | 42.8 | 83 | 57.2 | 2.311 | 0.510 |
| | 2 | 6 | 26.1 | 17 | 73.9 | | |
| | 3 | 11 | 39.3 | 17 | 60.7 | | |
| | 4 | 7 | 41.2 | 10 | 58.8 | | |

P≤0.05 is statistically significant

Distribution and comparison of responses based on year of the study:

| Item | Response | III BDS | | IV BDS | | INTERN | | Chi-Value | P-Value |
|---|---|---|---|---|---|---|---|---|---|
| | | n | % | n | % | n | % | | |
| Q1 | 1 | 6 | 35.2 | 7 | 41.1 | 4 | 23.5 | 3.436 | 0.135 |
| | 2 | 49 | 36.0 | 44 | 32.3 | 43 | 31.6 | | |
| | 3 | 10 | 23.8 | 19 | 45.2 | 13 | 30.9 | | |
| | 4 | 8 | 32.0 | 14 | 56.0 | 3 | 12.0 | | |
| Q2 | 1 | 6 | 24 | 10 | 40 | 9 | 36 | 28.554 | **0.0001*** |
| | 2 | 3 | 16.7 | 4 | 22.2 | 11 | 61.1 | | |
| | 3 | 2 | 20 | 1 | 10 | 7 | 70 | | |
| | 4 | 62 | 38.8 | 69 | 43.1 | 29 | 18.1 | | |
| Q3 | 1 | 55 | 39.3 | 58 | 41.4 | 27 | 19.3 | 21.445 | **0.002*** |
| | 2 | 4 | 16.7 | 6 | 25 | 14 | 58.3 | | |
| | 3 | 12 | 35.3 | 12 | 35.3 | 10 | 29.4 | | |
| | 4 | 1 | 7.1 | 8 | 57.1 | 5 | 35.7 | | |
| Q4 | 1 | 5 | 27.8 | 7 | 38.9 | 6 | 33.3 | 27.128 | **0.0001*** |
| | 2 | 2 | 9.1 | 6 | 27.3 | 14 | 63.6 | | |
| | 3 | 7 | 30.4 | 6 | 26.1 | 10 | 43.5 | | |
| | 4 | 59 | 39.3 | 65 | 43.3 | 26 | 17.3 | | |
| Q5 | 1 | 3 | 37.5 | 3 | 37.5 | 2 | 25 | 12.714 | **0.048*** |
| | 2 | 5 | 29.4 | 5 | 29.4 | 7 | 41.2 | | |
| | 3 | 2 | 13.3 | 4 | 26.7 | 9 | 60 | | |
| | 4 | 63 | 36.4 | 72 | 41.6 | 38 | 22 | | |
| Q6 | 1 | 60 | 34.7 | 70 | 40.5 | 41 | 24.7 | 2.257 | 0.323 |
| | 2 | 7 | 30.4 | 7 | 30.4 | 9 | 39.1 | | |
| | 3 | 4 | 40 | 3 | 20 | 4 | 40 | | |
| | 4 | 2 | 25 | 4 | 50 | 2 | 25 | | |
| Q7 | 1 | 64 | 34.6 | 74 | 40 | 47 | 25.4 | 2.712 | 0.607 |
| | 2 | 8 | 29.6 | 10 | 37 | 9 | 33.3 | | |
| | 3 | 1 | 100 | 0 | 0 | 0 | 0 | | |
| | 4 | 3 | 33.3 | 3 | 33.3 | 2 | 21.6 | | |
| Q8 | 1 | 9 | 37.5 | 10 | 41.7 | 5 | 20.8 | 34.979 | **0.001*** |
| | 2 | 1 | 8.3 | 2 | 16.7 | 9 | 75 | | |
| | 3 | 7 | 25 | 6 | 21.4 | 15 | 53.6 | | |
| | 4 | 14 | 51.9 | 8 | 29.6 | 5 | 18.5 | | |
| Q9 | 1 | 70 | 36.1 | 80 | 41.2 | 44 | 22.7 | 14.651 | **0.001*** |
| | 2 | 3 | 15.8 | 4 | 21.1 | 12 | 63.2 | | |
| | 3 | 3 | 11.5 | 5 | 12.6 | 6 | 15.5 | | |
| | 4 | 2 | 15.6 | 7 | 15.6 | 4 | 13.7 | | |
| Q10 | 1 | 7 | 35 | 7 | 35 | 6 | 30 | 12.306 | 0.055 |
| | 2 | 63 | 37.1 | 69 | 40.6 | 38 | 22.4 | | |
| | 3 | 1 | 7.7 | 6 | 46.2 | 6 | 46.2 | | |
| | 4 | 2 | 20 | 2 | 20 | 6 | 60 | | |
| Q11 | 1 | 6 | 40 | 5 | 33.3 | 4 | 26.7 | 33.408 | **0.0001*** |
| | 2 | 3 | 13.6 | 3 | 13.6 | 16 | 72.7 | | |
| | 3 | 7 | 23.3 | 12 | 40 | 11 | 36.7 | | |
| | 4 | 57 | 39 | 64 | 43.8 | 25 | 17.1 | | |
| Q12 | 1 | 1 | 9.1 | 4 | 36.4 | 6 | 54.5 | 14.996 | **0.020*** |
| | 2 | 59 | 38.6 | 63 | 41.2 | 31 | 20.3 | | |
| | 3 | 8 | 25.8 | 13 | 41.9 | 10 | 32.3 | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 4 | 5 | 27.8 | 4 | 22.2 | 9 | 50 | | |
| Q13 | 1 | 54 | 37.2 | 59 | 40.7 | 32 | 22.1 | 14.977 | **0.020*** |
| | 2 | 5 | 21.7 | 8 | 34.8 | 10 | 43.5 | | |
| | 3 | 6 | 21.4 | 9 | 32.1 | 13 | 46.4 | | |
| | 4 | 8 | 47.1 | 8 | 47.1 | 1 | 5.9 | | |

P≤0.05 is statistically significant

## DISCUSSION:

The study assessed of Availability of do it yourself in dentistry. The demographic analysis revealed that participants primarily between 18 and 25 years old, with a slight female majority (61%). Students from all academic levels, including final years were included. While a significant portion of students acknowledged the opinions availability of do it yourself in dentistry and importance of maintaining a dental health benefits of do it yourself ,some lacked formal education on the subject. A considerable percentage expressed interest in various options in the availability of do it yourself in dentistry in to the dental health There was a split in opinion regarding sharing patient related content, indicating a need for qualities of a dental health benefits of do it yourself. Additionally, a notable number of students had experienced poor knowledge, which raises concerns about opinions on the dental health benefits of availability of do it yourself in dentistry.

## CONCLUSION:

The study highlights the. Availability of do it yourself in dentistry Hence, the teacher's role in the medical/dental profession would be to utilize the already developed concepts about Availability of do it yourself in dentistry by the newly admitted undergraduate students and facilitate the development of a holistic concept of dental health benefits of do it yourself .As an individual student, one may not have covered all the availability of do it yourself in dentistry.

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