Editorial

Knowledge of Oral Health in Bangladeshi Population

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The state of oral health in Bangladesh is both a reminder of past neglect and a call for immediate action. Dental disease, often preventable, treatable and yet persistent continues to exact a heavy toll across age-groups, socio-economic strata and geographical divides. According to the World Health Organization (WHO) country profile, approximately 43.5 % of children aged 1–9 years have untreated deciduous caries, 30.4 % of people aged 5+ years have untreated caries in permanent teeth, and 23.4 % of people aged 15+ years have severe periodontal disease in Bangladesh.

Among children, the prevalence is especially alarming. A cross-sectional study from Mymensingh reported an 82.7 % prevalence of dental caries among children, with significantly higher rates in rural areas (96.3 %) and among families of low income or low maternal education. A similar study from Dhaka found that only 20.4 % of 6–9-year-olds brushed twice daily; 79.6 % brushed once daily, while 65 % already had caries. Adult populations fare little better. One study uncovered that in a rural community, 58 % of women and 42 % of men had untreated caries. A large survey of oral hygiene behaviour in Bangladesh found that while 99.2 % cleaned their teeth at least once daily and 46.1 % twice daily, only a small fraction visited a dentist in the past year.

The consequences extend far beyond pain and inconvenience. One study found that children with untreated dental caries were significantly more likely to be under-weight (odds ratio ~1.6) even after adjustment for diet, socioeconomic status and hygiene behaviour—highlighting how oral disease intersects with broader health and development.

Despite this, oral health remains marginalised in Bangladesh's health agenda. The recently launched National Oral Health Strategic Action Plan (2025-2030) promises to integrate prevention, primary-care linkage and workforce strengthening — but realising this will require committed investment, robust monitoring and community engagement. It is imperative that oral health be reframed not as dental luxury but as foundational to general wellbeing. School-based education, incorporating simple fluoride programmes, hygiene promotion, and systematic tobacco control (given the severe burden of oral cancer) should become routine. Primary care settings must include basic screening and referral pathways. Special attention must be given to rural regions and economically disadvantaged families, where the burden is highest and access lowest.

Bangladesh's gains in other health domains show that with policy focus, resources and implementation, change is possible. Oral health must now be added to that queue because untreated dental disease undermines not just smiles, but nutrition, education, productivity and equity.

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