

Dental Health Care to the Rural Population through Private Dental Institutions

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Abstract

Republic India in the present situation is a fast developing nation whose population is more than one billion today. Looking at the current situation of India there is a minimal increase in the number ratio of various dental specialized surgeons and its population. The burning issue of dentistry in India is not the insufficiency of manpower but uniformity and equitable distribution. The most off-balanced circumstances are 68.89% people of India residing in rural areas and more than eighty-five percent dentist practicing in city areas needs to be properly balanced. One of the issues related to the dental workforce in India is the deficient manpower planning and projection. Due to a shortage of lawful and logical data for gauging of community demands and very less amount of guiding system for monitoring orofacial health care services need to guide planners. This paradoxical situation needs to be looked into immediately. At this time, public stash is scant and competed for strongly. It should not a proper time to schedule large and luxurious programs. State Governments to incorporate various suitable orofacial or oral care planning in its agenda as a matter of prime concern and create the groundwork for dental clinics at general public Hospitals, Primary Health Centers, Sub-centers as well as at referral dental centers in rural areas, to provide oral health care to our rural population.

Keywords: *Dentist-population Ratio, Community Demands, Rural Population, Oral Health Care Service.*

Introduction

Republic India in the present situation is a fast developing nation whose population is more than one billion today. Out of a hundred percent, more than seventy percent of people in republic India live in more than 5,50,000 villages, and the remainder around thirty percent are residing in around two hundred well-developed towns and big cities areas.¹ Rural health care groundwork has been developed to protect the rural

population through 1,56,231 sub-centers (SCs) till 31st march 2017, 23,109 primary health centers (PHCs), and 4,833 community health centers (CHCs).²

In the year 1994 oral health comes into the eye-catching point of WHO and after that WHO chose the theme "Oral Health for Healthy life" for World Health Day.³ National Oral Health Policy has been composed by the Dental Council of India. The results of two national symposia organized way back in the year 1991 at Delhi and another city of republic India Mysore in the year 1994.⁴ Though this policy has never been implemented nor there is oral health care program at national level.⁵

The most off-balanced circumstances are 68.89% people of India residing in rural areas and more than eighty-five percent dentist practicing in city areas needs to be properly balanced⁶ in republic India the government fixed a good amount of budget for health purpose from that huge amount only a little amount is

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sanctioned for oral health-related activities. There is no specific separate allocation budget or any specific care for oral health in the Indian budget like general health.⁵

The distribution of BDS and MDS professionals are not proper in republic India. In the private sector more BDS and MDS professionals are working now a day as compared to a public sector that provides subsidized services financial affordability for dental care also becomes a huge barrier in low-income population or under below poverty line population. From the various studies it is estimated that in republic India above 15 years' people has some form of periodontal disease and its prevalence is around forty-five percentage, near about three percent of the population in between 35 to 50 years has oral cancer, the percentage of dental fluorosis is about 5.5 and a huge amount of people of republic India live below the poverty line.⁷

In recent period all dental professional faces tremendous problems in serving dental services to all citizens. In our republic India Oral healthcare facilities are given through primary health care groundwork is of limited dental care facilities and dental manpower. There are nine specializations in dentistry but till now there is no such dentistry specialization posting or simple BDS posting at PHC level throughout the republic India for the betterment of oral health.⁵

Despite 292 dental colleges in the country, the oral health of our people does not so good enough to the mark, especially to those people who are mainly residing in the rural areas.⁶ in republic India there are large skewed distribution of dental colleges, a huge variation in the distribution of different specialization of dentist to total population ratio residing in the rural and as well as in the township areas is seen. The present situation of republic India is 1 dentist for ten thousand people in township areas and approximately two point five lakh persons in rural areas. Most of the time it becomes much more difficult for people who are residing in the rural geographical areas to get emergency oral care facilities or dental facilities. So, we are discussing the problem of difficulty in accessing the oral health care facilities for the rural masses and its remedy through the private dental institutions.

Why focus Oral Health through dental institutions

1.36 billion is a huge mass for these mass providing basic dental care is one of the top challenges facing the oral health care delivery system in India.^{8,9} In the rural

population, there are negligible dental health services available either through the government or private clinics. As dentistry is expensive, the approach by dental institutions can help 99% of the rural population of India.

Every health service in rural areas are primarily conducted through the primary health centers (PHC), which full fill the health needs of twenty thousand to thirty-thousand people. The PHC holds a key role in the countries health care delivery system; it aims to provide three preventive health care facilities such as primary secondary and tertiary care, promotive care and curative health care services to the people living in a different geographical area. not even out of 100% existing primary health centers less than twenty percent of the existing primary health centers in India have the dental health care available for the population. The oral health services delivered through the primary health centers are deficient in manpower and infrastructure as well.⁵

The focus on the dental institutions to provide dental health care is because of the inadequate Workforce in Rural Areas and skewed Dentist-Population Ratio. The primary goal of dental institutions in rural areas should be to provide qualitative, effective, most basic oral health care facilities to all the people residing in rural areas. Every dental care which is provided to people that includes oral health education, primary, preventive dental care, curative dental-care and rehabilitative oral care.

The prevalence of dental diseases i.e. dental caries, periodontal disease and oral cancer is increasing in the Indian population⁶ with a comparatively more increase in the rural areas. To date, 292 Dental colleges are working in India which are permitted by DCI of India, from 292 dental colleges and hospitals only 40 colleges in government colleges, rest are in the private sector.¹⁰ So, there are a vast number of private dental colleges in India which can be potentially utilized for catering oral health services to the masses in the rural areas.

Services provision through Private Dental Institutions

The private dental health institutions can provide services to the rural people such as education and motivation, spreading awareness about different oral diseases, Free dental check-up and treatment camps, outreach treatment camps, service provision through Mobile dental vans, charging a minimal fee for services by having poor people fund, setting up satellite clinics in

the rural areas, school oral health programs, no charges for all dental check-ups for below poverty line families and smart card schemes for BPL families.

Dental institutions can play an important role in educating and motivating the rural population. The educational presentation via charts, models, electronic projectors which explains various etiology of all types of oral diseases and the importance of 1st stage diagnosis as well as some important diagrams of oral diseases and how they appear in the internal oral environment can be shown to the villagers. Different kinds of oral health care delivery like oral health education (two times brushing daily, taking fresh fruits, avoidance of the use of tobacco etc.) are the easy ways to combat unhealthy practices which leads to such health hazards. The prevention of oral health can be the most affordable, tailoring and desirable measure in the current context of the socio-economic status of our Republic India.¹⁰

Those people who are residing in rural areas, for them it is the most difficult task for them to visit a dentist for regular dental check-up. Poor groundwork and heavy traveling far on traveling to and from the clinics, keep lots of rural families away from receiving oral care for a long period. The regular basis dental screening camp, apart from being a perfect tool for the dental surgeons to reach those in need of dental care, is also a perfect setting for dental interns to come in contact with the community people and understand their basic oral health problems.

Free transport facilities can be provided by dental institutions so that the rural population especially the underserved population can easily avail the oral health care. Dental institutions can provide the best treatment at minimal cost providing reduced-fee or uncompensated oral health care to the underserved patient population and Dental institutions can get a sufficient amount of patients for their students, which can fulfill their educational needs.

There should be different programs developed to provide services to individuals with special health problems or patients with special conditions especially the elderly population. Fully equipped Mobile dental van programs can help out the needy patients, especially, those individuals in rural settings with special needs who cannot come to the dental institutions for dental care.¹¹

By oral health education rural population should be made aware of the real value of oral health and hygiene and how important is oral health for them, the

effectiveness of Indigenous method, teaching about the correct technique of Brushing, teaching about Oral diseases- causes, consequences and prevention. Regular basis oral check-up and treatment camps in rural areas organized by NGOs and various dental colleges cater to the felt needs of the poor rural citizens by providing treatment as well as education about maintaining perfect oral care.

The dental colleges provide screening programs, advice and oral health education to people in faraway villages, which is very effective. For the people residing in the rural area who attends the Camp, this is the only possible pathway for them to receive oral health-related advice, guidance and emergency treatment. A lot of requests for service should be issued by the various community people. These requests may be initiated by the oral health council, the dental health unit, or any concerned NGOs.

All rural people should have taught about the interaction link between the oral and various kinds of systemic diseases. A healthy oral environment can prevent infection throughout the body and protect primary and permanent dentition from dental caries. An unhealthy mouth (intraoral environment), especially one with various types of periodontal disease, may increase the risk of developing communicable heart disease like cardiac arrest, stroke, poorly controlled diabetes mellitus and premature birth. Some systemic conditions such as Acquired Immune Deficiency Syndrome or diabetes mellitus type 1 and 2 sometimes appears first as mouth lesions or other oral related problems. More than ninety percent of all systemic diseases show oral signs and symptoms inside the mouth. So, dental institutions can spread awareness about the different systemic diseases, and their effects on the overall health of the patient.¹⁰

Activities of peripheral centers which are usually situated in the rural areas or semi-urban areas can emphasize community-based preventive and educative programs as well as basic oral health care. The main goal of the rural dental clinic program is to build a bridge to fill the gap between discipline-based oral educational atmosphere and independent atmosphere for a modern dental practice. All emergency treatment and examinations are performed at satellite clinics and patients are referred to the college for further treatment.

All dental institutions have to make a suitable program for providing regular basis free oral screening

camps on a large scale focusing main concern on good oral habits with the provision of free toothpaste samples and toothbrushes, mouth wash for school children village people who can not afford for these things. This can be done through collaborations with different companies like Colgate, Oral B or NGOs.¹⁰

Discussion and Conclusion

In recent period all dental professional faces tremendous problems in serving dental services to all citizens. Among various developing countries republic, India is one of them, in which dental care provided by different specialized dentists like the endodontist, periodontist, public health dentist, oral surgeon prosthodontist pedodontist, etc, these dentists are practicing in the township area and treat those people whose financial state varies high. In most of the case, it is very difficult for the poor township citizen and the rural citizen to get the emergency dental care. Community-based dental health programs are rarely found. The topmost missing link creating this unfortunate condition is the absence of provision of dental care through primary health care in republic India.

Expenditure of Indian people over primary preventive health care is very much less as compared to curative health care as a whole. What Indian citizen spending over their healthcare is coming amongst the lowest in the world, whereas its maximum percent of expenditure on the private sector is one of the highest. About one lakh crores are being spent yearly as household expenditure on health-related problems (Source: NRHM). This is probably 3 times the public expenditure on different health aspects. Day by day looking at the urgent need for health care in our country most of the private health institutes are pushing the cost of healthcare up and making it out of reach for the poor rural citizen. Thus the health system in rural India would become untenable. The top challenge of qualitative and quantitative health services in rural areas has to be met with a touch of urgency. Given the opportunity and magnitude of the various problems, it is taken into consideration that primary focus should be given on goal-oriented projects to offset this malady.¹¹

As compared to the urban areas there is less competition between the dentists due to fewer dentists in rural areas and the clinical setup costs also less in the rural areas as compared to the township area. Therefore, the government should take immediate steps

for the establishment of dental set up in rural areas by providing necessary dental care facilities. They should also focus on strengthening the already existing services in the rural areas and also setting up new facilities in the rural under government regulation. The regular dental visit to a dentist for a dental check-up in the rural areas is very less or in some cases it is nil due to lack of knowledge about maintenance of oral hygiene and low financial condition is also cause for that.

Dental institutions play a major role in providing dental care facilities to under served communities mainly in rural areas. The main mission of all dental institutions should be to succeed, to get in touch with every village and provide basic and emergency oral health facility and it would be possible only when the community is fully aware to take leadership in every health aspect. It is recommended that the government should open the dental colleges in the rural areas. Public health dentists have to take the responsibility of increasing the oral health awareness and its association with the general health (how oral health negligence can lead to various systemic disease) to rural community.¹¹

All dental institutes should have their rural satellite clinic in the rural areas and they have adopted maximum villages and schools where they can visit there on a regular basis to provide basic dental care and emergency dental care to the needy and educate village people about maintaining good oral health. A mandatory rural posting of 90 days for the dental interns, which will be very effective for large mass residing in rural areas.

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