

Current Scenario of Pediatric Dentistry in India

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ABSTRACT

A healthy oral cavity is imperative to a healthy body and healthy mind. The Oral disease burden is very high in India despite the increasing number of dentists and dental facilities. The most ignored group is of the pediatric patients. The major factors responsible for this are the low number of pediatric dentists in India, lack of awareness among parents about the oral health of children, ignorance on the part of general dentists and absence of appropriate oral health policies and programs. It is imperative for every health professional and parents to understand that the guidance of eruption, development, and maintenance of primary and mixed dentition is an integral component of comprehensive oral health care which contributes to the development of stable, functional and aesthetically acceptable permanent dentition. It is the responsibility of contemporary practitioners, government, the policy makers and the concerned authorities to work towards the improvement of the oral health conditions in India.

Oral health programs and policies should be planned to provide dental health education to increase oral health awareness. Funding should be proper and increased number of pediatric dentists should be given opportunities to work at every level. It is high time that amendments be made to ameliorate the dental health of the children, as they are the future of any nation.

KEYWORDS: Oral Disease Burden, Pediatric Dentists, Oral Health Policies, Dental Education

INTRODUCTION

A healthy oral cavity is imperative to a healthy body and healthy mind. The number of dental surgeons has increased from around 73,000 in 2007 to more than 1.5 lakhs in 2014. Records show that the dental students graduating from Indian dental institutions have increased from 8000 in 1970 to 30570 in the year 2010.¹ Under these circumstances, time is not too far when there will be more than 1 lakh dentist's graduating per year by year 2020.²

Despite dentistry being on such a rise in the past few years, the dentist population ratio still remains at a low. The World Statistics 2014 by the World Health Organization (WHO), says India has less than 1 dentist (0.8) per 10,000 population.³ The Oral disease burden is still very high in India, and the worst hit group is of the pediatric patients. There are a lot of factors responsible for the oral health crisis of children, which could be the low number of pediatric dentists in India, geographical factors, lack of awareness among parents about the oral health of children, ignorance on the part of general dentists and absence of appropriate oral health policies and programs.

LOW NUMBER OF PEDIATRIC DENTISTS

Pediatric dentistry is the specialty that imparts primary and comprehensive, Preventive and Therapeutic oral health care for infants and children through adolescence, including those with special health care needs.⁴ Only 9 percent of the total dentists in India are specialized to

provide pediatric oral health care. On the contrary, 32.7 percent of the Indian population in the age group of zero to fourteen years, which reflects that there is a greater demand for pediatric dentists in India.⁵

GEOGRAPHICAL FACTORS

The majority of Indian population still stays in rural areas, and as per WHO, provision of oral health services is lower in these areas in comparison to urban areas. The scarcity of dentists in rural areas along with a lack of education and low income, leads to lack of awareness as well as inability to access oral health services for themselves and their children.^{6,7}

LACK OF AWARENESS AMONGST PARENTS

People in India are highly ignorant about the maintenance of their child's oral health. Although, there is a boost in the improvement of oral hygiene practices and concern, but merely amongst few sections of the society. Most of them still don't realize the importance of deciduous teeth. The common notion that the teeth which will exfoliate in few years don't need special care and attention is the root cause of many problems pertaining to deciduous as well as permanent dentition. Lack of education, low income, inaccessibility to oral health services, furthermore adds to the challenges.

IGNORANCE BY GENERAL DENTISTS

Not all the practicing dentists consider deciduous

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dentition equally important. Preventive measures, conservative treatment and proper referrals to pedodontists are not made. The major philosophy of children's dentistry is the commitment to consider the child's feelings, gain confidence and sympathetically perform the treatment currently required, along with stimulating a positive attitude towards future dental care, which is both tedious and time-consuming. So, it should be the goal of every practitioner dealing with the children to be patient and to assess and guide the developing occlusion towards an optimal outcome.

ABSENCE OF ORAL HEALTH POLICIES

There are hardly any oral health policies or programs in India that reach to every section of society and make the parents cognizant of their child's oral conditions and the health practices that should be adopted. Expenditure on oral health has not been included in the Indian budget either.⁸

IMPORTANCE OF DECIDUOUS DENTITION

Early diagnosis and successful treatment of developing carious lesions or malocclusions can be beneficial for establishing harmonious occlusion, function and esthetics. If arch integrity is disturbed by the loss of primary teeth, problems like supra-eruption of opposing tooth or mesial/distal tipping or drifting of neighboring tooth can affect the alignment of the permanent dentition. This consequently can result in space loss, blocked out permanent teeth, unattractive appearance, food impaction, altered occlusion and untoward jaw relationship, increased caries and periodontal disease in permanent dentition. Ignored proximal caries can lead to the altered mesiodistal dimension of deciduous teeth again causing mesial/distal tipping of adjacent tooth leading to space loss and malocclusion. Hence, the guidance of eruption, development, and maintenance of primary and mixed dentition is an integral component of comprehensive oral health care which contributes to the development of stable, functional and aesthetically acceptable permanent dentition.⁴

WHAT CAN BE DONE?

Since, by now we know how critical deciduous dentition is in the development of occlusion of the permanent dentition, so it is the responsibility of contemporary practitioners, government, the policy makers and the concerned authorities help towards the cause of total pediatric patient oral health care in all the possible ways. India spends only around 1% of its GDP on health, which is not even equivalent to few of the world's poorest countries. It is high time to revamp. In order to increase awareness among parents oral health programs should be organized to provide dental health education. This education is also important to change the mindset of

policy makers, academicians, general practitioners, and dentists. Parents should also have the basic knowledge about the first dental visit, infant oral health care, infant related dietary issues, breastfeeding and weaning, preventive approaches, anticipatory guidance, developmental milestones in children, tooth eruption/shedding, early childhood caries, etc. Parent counseling should begin during pregnancy only. A well implemented national oral health policy addressing the concerns of all target groups with specific funding for oral health is the need of the hour.⁹ Integrated school health oral programs should be encouraged and funded to possibly reach to a large number of children in their early stages of development.

The imbalance between the rural and urban dentists can be improved by increasing the job opportunities in rural areas. Generation of new posts for dental graduates in government hospitals and at the Primary Health Centers, can serve as a solution to render treatment to every section of the society.¹⁰

Even though Pediatric dentistry is an age-defined specialty, Pedodontists are trained with the ability to meet the multiple needs of their pediatric patients. Postgraduate seats for Pedodontists in government colleges should be increased, keeping a check on the increasing private colleges which are not up to the mark. General dentists and practitioners should be made more aware of the importance of oral health care during deciduous and mixed dentition periods so that specialized care referrals and appropriate recommendations are made to let the pediatric dentists manage the child's oral health.

CONCLUSION

Although all these factors cannot be modified immediately, but attention should be paid immediately to decrease oral disease burden in our country. Oral health needs of children who are the bright future of our country have to be addressed and upraised.

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