

Strategies for Improving Accessibility to Oral Health Care Services in Rural India: An Insight

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ABSTRACT

The fact that there is inequitable accessibility to oral health care services in India across its rural and urban areas cannot be overstated. This inequitable distribution of oral health care services together with weak oral health care infrastructure in Indian public health systems resulted in the poor oral health status of the rural population. Policy makers are often concerned with increasing the dental manpower to meet the World Health Organization's recommended dentist population ratios, but the ground reality of misdistribution of available workforce has received limited attention. While it is undeniable that the awareness on the importance of oral health is poor in rural areas compared to their urban counterparts, denying the rural population of the accessibility to oral health care services on the basis of nominal utilization of oral health services is quite unethical. It is the responsibility of the dental fraternity in India in collaboration with state and central governments to educate the rural populace on the importance of oral health in leading a quality life and also the on the impact oral health on general health of an individual. This paper provides few strategies to improve the accessibility to oral health care in rural India.

KEYWORDS: Dental manpower; Education, dental; Health services accessibility; oral Health Promotion

INTRODUCTION

The right to health is a fundamental and universal right of all citizens in India, and this right needs to be respected and realized within a definite time frame.¹ A reiteration of the fact that oral health is a critical component of overall health and wellbeing of an individual is imperative at this juncture. Though dentistry is advancing in a multitude of ways, access to care still remains a distant dream for many people, especially in rural areas. There is huge inequity in the availability of oral health care services and oral health is not identified as a priority by policy makers and more importantly by the public.² This looks paradoxical for a country like India where the number of dental colleges and graduating dentists exceeds that of the USA, Brazil and all of Europe.³ In a country where 30,570 dentists are being produced per annum, it is staggering to acknowledge that only 10% of dentists serve the rural people who constitute around 68.8% of the country's population.³ This paper explores the potential ways to improve access to dental care for the rural populace.

PROSPECTIVE WAYS TO IMPROVE ACCESS TO ORAL HEALTH SERVICES

Before proposing strategies to improve access to dental services, the actual meaning of 'access to care' must first be comprehended. The current concept of 'access to

dental care' reaches far beyond its traditional meaning. The traditional meaning of access to dental services has changed over years, from just the adequacy of the workforce to a cascade of factors which are patient based. Some of the patient based factors that determine the access to dental services are perceived need for care, cultural preferences, and language. So, when speaking of access to dental care today, both the availability of care and the willingness of the patient to seek care have to be considered. The connotation of access has changed from supply side of dental care alone, to the demand for dental care as well.^{4,5} In essence, it is a supply-demand consideration. As with most complex problems, a single, simple solution will not be effective to address this problem. 'One size fits all' concept will generate inadequate solutions if the complexity of the situation is not considered. The prospective strategies to improve access to dental care have been discussed under following headings:

1. Oral Health Workforce: There has been a substantial increase in the number of dentists over the last decade with 1,17,825 dentists currently working in the country⁶. Though this number is less when computed according to the WHO recommended dentist to population ratio for developing countries (1:7,500), there is neither an improvement in the accessibility to oral health care for rural population nor does the graduating dentists find it easy to survive in the profession. The reasons for this phenomenon are both the lack of perceived oral health

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needs among public, especially in rural areas, together with the non availability of oral health care services. A demand based calculation of dental manpower needs in India suggests that one dentist would suffice for every 13,239 people, and this number rises to 18,738 people when the assessment was made based on effective demand.⁶ However, these projections do not consider the geographical distribution of the services. The solution for improving oral health status of improving the rural Indian populace does not lie in increasing the absolute number of dentists available but in ensuring equitable distribution of the existing dental manpower, since it is the services but not the manpower that people want.

2. Strengthening Public Health System: India is facing formidable challenges in health sector as with many other low-income and middle-income countries. Indian expenditure on health care was just 4.2% of its GDP, of which public health spending is mere 1.2%. This is nominal when compared to China and the United States where the public spending on health care was 3% and 8.3% of GDP respectively.⁷ There is no specific separate allocation of funds for oral health in Indian budget.⁸ There are no dental professionals in the government decision making bodies and this is the reason why dentistry continues to be at the mercy of medical professionals who usually take a lion's share of the sanctioned amount for their own profession. So, there is a dire need for dental health planners with relevant qualifications and training in public health dentistry.⁹

The Dental Council of India drafted an oral health policy in 1985 recommending dentists to be recruited to PHCs (Primary Health Centers) and CHCs (Community Health Centers). It is unfortunate that the policy has not been implemented till date, and oral health has not been finding place in public health policies so long for now¹⁰. Strengthening the public health systems is very essential in tackling shortage of dental manpower and poor oral health status in rural India.

3. Strengthening Dental Education in India: There were no private dental colleges in India before 1966. These numbers changed drastically by 2014, and 86% of dental colleges in India today are under the ownership of private sector. There also has been a substantial rise in the number of dental colleges over the last couple of decades, but the distribution has not been uniform and is in accordance with the phrase "not enough here and too many there".³ While welcoming the growth of dental education in India, emphasis must also be placed on the uniform distribution of dental colleges, quality of education being provided, and the values, social responsibilities that are being instilled in the students. An audit conducted on 82 dental colleges between 2006 and 2011 revealed that 13 of these colleges were granted permission in spite of negative recommendations of the Dental Council of India (DCI). So, poor management prevails in the country. Accreditation of dental schools must be made mandatory by the DCI, and this must be an ongoing, cyclic process.⁸ At dental colleges, students must also be encouraged to practice in rural settings.

4. Dental Safety Net Systems: The most common or rather the almost exclusive mechanism of dental care payment in most of the developing countries, including India, is the private fee for service. This limits access to poor and marginalized population as they are unable to afford these health care services.¹¹

The "Dental safety net system" is defined in different ways as the facilities, providers, and payment programs that support dental care specifically for "underserved populations".¹² Safety nets are conventionally community-based and are run by physicians, hospitals, local authorities. There is a need for organized dental safety net systems in India at least in the remote parts of the country. Dedicated and committed, selfless health care providers who are ready to donate their time and efforts for the betterment of oral health of the underserved are highly required.

5. Dental Homes: Dental home serves as a locus for preventive oral health supervision, building the requisite foundation for good oral health early in life.¹³ However, in context of lack of awareness on the importance of oral health, it is not easy to establish dental homes in rural India. The criteria that can be considered to establish dental homes in rural India are:

- Providing coordinated care with pediatricians and obstetricians.
- Establishment of dental home at PHCs and government hospitals.
- Utilizing existing network of health care delivery systems in India such as the Integrated Child Development Services (ICDS) scheme and National Rural Health Mission (NRHM).¹⁴

The first level of intervention to be undertaken in implementing dental home in India is to train Anganwadi and Accredited Social Health Activist (ASHA) workers about the significance of oral care and to encourage them to bring awareness about oral health in the mother, child, and the general populace. Distribution of oral health care products after oral screening and health education motivates the populace to take proper care.¹⁴

6. Community Oral Health Programs: Community oral health programs differ from individual care in that they focus primarily on population, including those persons who do not or cannot access care. Community participation is a major key to successful community oral health programs. Highlighting the importance and magnitude of oral health needs in a community, understanding the feasibility and acceptance of interventions, creating trust among people are possible only with community participation.¹⁴

Regular oral health education sessions in communities could alter the patient based factors such as perceived need for care, knowledge and attitude towards dental care, conduct relating to individual and community health. Oral health education provided at schools, especially in rural areas where dental myths are more common, not only improves the oral health status of the

children but also gives directions for future generations towards better oral care.

Oral health education undeniably plays a key role in improving the access to dental services as access is being comprehended not just in terms of availability, but also in terms of willingness to seek care. It also results in community empowerment and encourages active participation of target population in oral health promotion programs.

7. Public Private Partnerships: Universal health care must be made available to the entire Indian populace by fostering public private partnerships. However, the governments should take necessary care in involving only non-profit private partners, as for profit private sector encouragement in the provision of health care services would further deteriorate the already weak public health systems in India. Improvement in the distal determinants of health like social, economic, and political disparities through comprehensive partnerships could benefit in improving the overall health status of the country, rather than focusing on proximal determinants through solitary, vertical programs.

CONCLUSION

There are a lot of barriers for equitable access to oral health care in India that have to be addressed. We need to have a strong public health system before ensuring equitable access for the citizens of this country. The profession of dentistry is still striving to establish its own identity in certain parts of the country. With oriented efforts by governments and policy makers, we could not only see an improvement in oral health status of the rural populace but also ensure the graduating dentists a secured career, since there is a humungous oral health need in rural India which unfortunately is not being realized. Indoctrination of service attitude among dental students must be adopted by all the dental institutions to make them discern that it is the responsibility of each oral health care professional to make India smile.

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