EDITORIAL

Oral Health Inequality in India

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Oral health is essential to general health and quality of life. "It is a state of being free from mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychological wellbeing."[1]

There are several barriers to oral health care in India, identified by Singh et al. as: (i) a lack of acknowledgment of the importance of oral health among the population, which perceives it as independent from and secondary to general health; (ii) no access for many to an oral health provider due to geographic distance; (iii) dental treatment is unaffordable for many; and (iv) quality of dental treatment is varied.[2]

In India, the ratio of dental health workforce to population is low, 0.0088% of dental health worker per 1,000 population. There is an unequal distribution of dentists nationally, with most located in urban rich locations. There is also inequity in the number and distribution of dentists between the states, with Karnataka, Maharashtra, and Tamil Nadu oversupplied by dentists and Jharkhand, Rajasthan, and Uttaranchal having great shortages.[3] The FDI World Dental Federation estimates that 7 out of 10 Indian children have untreated dental caries, while approximately 100 Indian babies with clefts are born every day and the majority of them do not survive.[4]

According to the National Oral Health Survey of India (2002–3), the prevalence of periodontal diseases was 57.0, 67.7, 89.6, and 79.9% in the age groups 12, 15, 35–44, and 65–74 years, respectively.[4] The age-standardized incidence of oral cancer in India is 12.6 per 100,000 population.[5] In the age range of 65–74 years, 19% in India are toothless[5]

The Centre for Dental Education and Research (CDER), All India Institute of Medical Sciences (AIIMS), New Delhi, India, has been declared a nodal agency for the national oral healthcare program. The Indian government had initiated the National Oral Health Program through CDER, AIIMS, to provide integrated, comprehensive oral health care in existing facilities with various objectives: (i) to change the causes of poor oral health; (ii) to reduce morbidity from oral diseases; (iii) to integrate oral health promotion and preventive services with general healthcare system; and (iv) to encourage promotion of the Public Private Partnerships (PPP) model for achieving better oral health.[6]

Although there is great expansion of dental health workers in recent years, due to inequitable distribution, it gives a mere feel of saturation in jobs, making youngsters not to choose dentistry as a profession. Activist and humanitarian Martin Luther King Jr told the Medical Committee for Human Rights in 1966: "Of all the forms of inequality, injustice in health care is the most shocking and inhumane." This remark is apt for the status of oral health care in a country with such a vast population and cultural diversity as India.

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