ORIGINAL RESEARCH ARTICLE

# AWARENESS ABOUT NATIONAL ORAL HEALTH POLICY AMONG DENTAL HOUSE SURGEONS AND FACULTY


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## ABSTRACT

**Background:** The oral disease burden in India has been witnessing a paradigm shift with the changing dietary habits and lifestyles. The reported facts and figures about the various oral diseases are alarming and this reflects the state of oral health in our country. Oral diseases still remain a public health problem. National Oral Health Policy for India was drafted in 1986 and accepted by the ministry in 1995. It has not yet been implemented.

**Methodology:** The study was a cross-sectional questionnaire-based survey. A prefabricated validity tested questionnaire was devised for use. The questionnaire consisted of questions on professional data designation, grade; and27 questions assessing the knowledge and attitude on National Oral Health Policy.Results were expressed as a number and percentage of respondents for each. Chi-square test was performed to compare the response in relation to year of study and designation.

**Results:** The final sample size was 106, which comprised of 69 (65.1%) dental house surgeons and 37 faculty (34.9%). All the respondents were aware of National Oral Health Policy. About 21.7% of the respondents knew the year in which the policy was drafted and only 11.3% (n=12) knew the year of acceptance of policy by Government of India. About 32.1% (n=34) knew that the policy was not implemented. 84% felt there were no enough opportunities for dentists in public sector. Respondents felt that Lack of awareness (71%) and affordability (50%) were the major barriers in dental health services. About 68% (n=72) opined that oral health does not receive a priority in health care delivery and policies in India. Over 92% (n=97) agreed that implementation of Oral health policy can be an effective career option for dentists in the public health sector.

**Conclusion:** This study focuses on the Knowledge and Attitude of dental faculty and house surgeons on the National Oral Health Policy for India. The study shows that although the knowledge regarding the policy was considerably low, there was a positive attitude of the respondents regarding the recommendations of the policy. The knowledge scores were significantly higher among the house surgeons compared to the faculty.



**Key words:** National Oral Health Policy, health care delivery, accessibility, affordability.

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## INTRODUCTION

The oral disease burden in India has been witnessing a paradigm shift with the changing dietary habits and lifestyles. The reported facts and figures about the various oral diseases are alarming and this reflects the state of oral health in our country. Oral diseases still remains a public health problem for developed countries and a burden for developing countries like India especially among the rural population.[1]

India, over the years, has witnesses drastic changes in dental sector with a steady increase in dental workforce. With the opening of private dental sectors, mushrooming of dental teaching institutions and hence increasing dental graduates, it is logical to believe that oral disease burden should be reduced. On the other hand, population explosion, especially geriatric population, as well as disproportionate dental work force distribution, is being noted in India.[2] Probably, asa result of various economical and sociocultural reasons, it is noted that the Indian oral disorder burden has not changed over the years.[3]

There is a lack of a well-organized delivery system of oral health care in the public sector, especially that targets the grassroot levels of the community. India currently has enough dental workforce. One important reason for the high burden of oral diseases in the country is a lack of an oral health policy, in addition to in addition to poverty, geographic isolation and lack of perceived need for dental care, especially among masses.[4]

National oral health policy for India was conscripted by the Indian Dental Association (IDA) in the year 1986 and it was accepted as an integral part of National Health Policy (NHP) by the Central Council of Health and Family Welfare in one of its conferences in the year 1995.[5] The policy has not yet been implemented. The policy, even after 35 years of drafting, was much ahead of time. The recommendations are valid even today, that could be a possible answer to reduce the oral disease burden in India.

Hence a study was undertaken to assess the Knowledge and Attitude regarding National Oral Health Policy among Dental faculty and students in a Dental college in Kerala.

## METHODOLOGY

The study was a cross-sectional questionnaire-based survey. The target population was the clinical dental students (Third year and Final year undergraduate students), House surgeons and teaching faculty of a dental college in Kerala. A questionnaire was fabricated and was tested for content validity.

The questionnaire was divided into two parts. The first part consisted of questions on professional data designation and grade. The second part contained 24 closed ended questions assessing the knowledge and attitude regarding the National Oral Health Policy. The questionnaire consisted of 8 questions to assess knowledge and 16 questions to assess attitude.

The questionnaires were distributed by the house surgeons posted in the Department of Public Health Dentistry. The respondents filled the questionnaire on their own and were asked to return the questionnaire immediately.

Necessary ethical clearance for the study was obtained from the Institutional Ethical Committee. The respondents were briefed about the study and informed consent was obtained from all the participants prior to the administration of questionnaire. The final study sample was 183.

### Statistical analysis

All returned questionnaires were coded and analysed. Results were expressed as a number and percentage of respondents for each question and were analysed using the SPSS Version 17 software. Chi-square test was performed to compare the response in relation to year of study and designation; and the level of significance was set at $p = 0.05$.

## RESULTS

Profile of the respondents: The final sample size was 106, which comprised of 69 (65.1%) dental house surgeons and 37 faculty (34.9%). All the respondents were aware of National Oral Health Policy.

All the 106 respondents were aware of the National Oral Health Policy for India. In relation to the knowledge-based questions, about 21.7% (n=23) of the respondents knew the year in which the policy was drafted and only 11.3% (n=12) knew the year of

acceptance of policy by Government of India. About 32.1% (n=34) knew that the policy was not implemented. About 31.1% (n=33) knew that general dentistry services, currently is available from the community health centre level. About 39% (n=42) knew that according to the policy recommendations, general dentistry must be made available from the primary health centre level and 31% (n=33) knew that specialty dental care must be made available from Community Health Centre level. Only 7.5% (n=8) knew the recommended dentist population ratio by WHO as 1:7500. The knowledge scores were significantly higher among the house surgeons in comparison to the faculty ($p<0.05$)

Regarding the attitude-based questions, about 84% (n=89), felt there were no enough opportunities for dentists in public sector. Respondents felt that Lack of awareness (71%) and affordability (50%) were the major barriers in dental health services. About 68% (n=72) opined that oral health does not receive a priority in health care delivery and policies in India. Over 92% (n=97) agreed that implementation of Oral health policy can be an effective career option for dentists in the public health sector. Over 53% felt finance was the major barrier for implementation of policy in India. More than 77% (n=82) felt that implementation of the policy will not have a negative impact on private dental practice. About 90% felt that implementation of the policy will make oral care affordable. Over 98% (n=104) felt that adding oral health related chapters in school curriculum will instil a positive dental attitude among school children.

## DISCUSSION

National Oral Health Policy was drafted in the year 1984 and was accepted by the Ministry of Health and Family welfare, Government of India, in the year 1995.[5] Analysing the responses, all the study participants were aware of National Oral Health Policy for India. The study participants were dental house surgeons and teaching faculty members. With the topic of National Oral Health Policy being a part of dental undergraduate curriculum, in the speciality of Public Health Dentistry, the response is justifiable. As per the guidelines of the National Oral Health Policy for India, a dental care must be made from Primary Health Centre level. About 40% of the respondents, majority of whom were house surgeons, were aware of that. It is a matter of fact that as of now, less than 20% of PHC's have a dental professional.[6] Only 7.5% of the respondents knew that ideal dentist population ratio, as recommended by the WHO as 1:7500.[7]

The analysis of results reveal that knowledge scores were poor. A comparison of knowledge scores between faculty and house surgeons revealed a higher knowledge score among interns. As stated earlier, the probable reason could be that the policy is taught in undergraduate curriculum as a part of final year topic in the speciality of Public Health Dentistry.

Literature search shows a paucity of studies conducted assessing the knowledge and attitude in relation to the National Oral Health Policy for India. The attitude scores revealed that the respondents felt that there were no opportunities for dentists in the public sector. The barriers the participants felt in utilization of dental health services included lack of awareness, followed by affordability and accessibility. An analysis of Oral Health Care system in Kerala has cited lack of knowledge as one of the threats and accessibility as one of the weaknesses.[7]

About 67.9% believed that oral health does not receive a priority in health care delivery and policies in India. Oral health education and indeed even emergency dentistry are low on the list of priorities when it comes to health care in developing countries, including India. This is further compounded by most countries choosing to use the little money they do have for oral health on traditional approaches of employing a very small number of fully trained dentists along with the complex equipment and expensive materials. This makes even simple treatment inaccessible to most of the population.8Limited accessibility to oral health care, poor portrayals of the severity and extent of the burden, and inertia to address-related challenges are important factors contributing to the low political priority of oral health.[9,10]

Vast majority of the study subjects (82%) felt that dental screening and treatment camps can effectively tackle the accessibility for the general public.

Results from the various outreach programs showed that they could assist in bridging the wide gap created between rural residents' actual dental needs and their demand for dental care.[11]

Almost 93% felt that implementation of the policy would be a boon to the career of dentists in public sector. As mentioned in various literature on National Oral Health Policy[5,8] and as per the recommendations of the policy, the implementation will truly create plenty of job opportunities in the public sector. More than 90% believed 2 months of mandatory rural posting of interns will be beneficial in providing oral health care to the community. It is an irony that while 80% of the dentists work in urban areas, around 70% of the Indian population lives in rural areas making health care a commodity that follows an inverse square law.[7]

As far as the budget allocation is concerned in India, the irony is that, out of the total budget, the amount that is dedicated to health expenditure is very meagre (2%), and out of this amount only a minute percentage is allocated for oral health-related activities. In fact, there is no specific separate allocation for oral health in the Indian budget.[8] About 86% of our respondents agreed that a separate oral health budget is necessary.

Financial consideration and lack of political priority are the major barriers in the implementation of the policy as felt by the respondents. It is true that in a country like India, our policy makers gave oral health last priority during the pilot phase of National Oral Health Care Program. They are inadequately informed about the burden of oro-dental problems and its connection with the systemic health and possibly minimal threat to the human life due to oro-dental problems makes step motherly treatment for dental public health programs.[8]

It is an interesting observation that majority (78%) felt that implementation of the policy will not have a negative impact on the private dental practice. This attitude highlights the positive attitude of the respondents regarding implementation of the policy. As suggested by various literature sources, implementation of such a policy will increase the accessibility and affordability to oral health care especially to the lower socio-economic strata.

Mobile dental clinics provide an innovative solution to providing dental care. They act as the first form of exposure to educate the rural people and alleviate them of their oral health care needs. Mobile Dental Unit is also a mean of comprehensive oral health care provider with oral health treatment and education being provided to the rural population at the same place.[12] About 85% of our respondents felt that mobile dental clinics can be beneficial in catering to the needs of the community.

It is promising to note that over 81% were willing for rural practice and as per the draft policy guidelines, if there is an incentive for rural practice, over 87% were willing for the same. This highlights that the policy, although drafted more than three decades ago, is still valid for improving the oral health care delivery as well as provide a better opportunity for the oral health care professionals.

Almost 98% of the respondents believed that adding oral health related chapters in the school curriculum will instil a positive dental attitude among the school children. Schools can provide a supportive environment for promoting oral health. Schools can also provide an important network and channel to the local community. Health promotion activities can be targeted at home and throughout the community by school personnel. This school-home-community interaction is an important aspect of a health-promoting school. An effective school oral health program is one of the most cost-effective interventions a nation can make to simultaneously improve education and oral health.[8,13]

Few of the recommendations of the policy[14] drafted more than three decades ago include appointment of a dental surgeon at the Primary Health Centre, two dental surgeons including a specialist at the Community Health Centre level, four specialist including a chief dental officer at the district level, a Director of Oral Health Services at the state level and a Additional Director General of Oral health services at the central level, with a separate budget allocation for oral health. These recommendations, in addition to the ones aimed at strengthening the public health infrastructure in relation to oral health, including the role of dental colleges, reorientation of dental practice, incentives for rural practice, inclu-

sion of chapters related to oral health in the curriculum, warning labels on chocolates, providing affordable tooth paste and oral hygiene aids, providing tax rebates on oral hygiene products etc, still hold good for improving the oral health of the community by making oral health care accessible and affordable by all. Moreover, implementation of this policy with also positively influence the career options for dentists in the public sector. Necessary amendments can be done to suit the present conditions.

## CONCLUSION

This study focuses on the Knowledge and Attitude of dental faculty and house surgeons on the National Oral Health Policy for India. The study shows that although the knowledge regarding the policy was considerably low, there was a positive attitude of the respondents regarding the recommendations of the policy. The knowledge scores were significantly higher among the house surgeons compared to the faculty.

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