Dental health attitude in Indian society

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Abstract

Every society provides a unique soil for a health-care programmer to build upon. Indian society is similarly unique in factors such as social mindset, prevalent beliefs and customs. These factors should not be given a passive glance and should be explored carefully giving an adequate weight to each factor's background and its progress to the present status in contemporary dental practice. Only a careful scientific analysis of society is therefore the need of the hour for oral health-care programmers.

Key words: Dentistry, health behaviour, Indian Society

INTRODUCTION

The society has collective consciousness. The beliefs, practices and attitudes can be studied in a same way as can be an individual mind with appropriate methods. Absence of scientifically supported background knowledge of a society can severely hinder any attempt of change, whether good or bad in a society. This makes a complete understanding of social factors and fears an absolute necessity before any change can be brought about by active intervention.

Our society in its attitude toward dental health has been giving it less importance as compared to general health. There has been a lack of public identification of oral health deterioration and wide acceptance of morbid mouths along with widespread prevalence of oral diseases and lack of reasonable oral health-care services in the past. Dental public health programmers have not been able to achieve the depth and penetration into society required to bring about the change in societal attitude. In this article, observations based on experience and interactions with the society have been enumerated. Need for a scientific study of such observations has been stressed as only with a good understanding of society mind, a change in its individual unit can be brought about.

ATTITUDE TOWARD ORAL HEALTH

Peoples attitude is shaped by their beliefs and the common belief has been that dental treatment is unbearably painful, this has led to people ignoring their oral health to an extent that when they eventually come to the dental clinic some of their teeth are invariably advised for extraction, which again as painful event reinforced this belief and add to the general household reputation of dental treatment as painful which usually reason much for those who shy away from oral health both in rural and urban areas. This perception needs modification before any intervention. Inclusion of video-aids or demonstration on a subject would indeed help modify this attitude although a very successful accomplishment on a large scale can eliminate this perception over a time period.

Another factor is nearly traditional addiction of tobacco in Indian masses. Tobacco consumption, although harmful for systemic health, has many other ramifications in oral health. Firstly, tobacco and tobacco products directly harm the oral tissue;
secondly, oral cavity is reduced secondarily to the pleasure of consumption and largely ignored. This unhealthy attitude gradually builds up to extent when the consumer totally ignores his oral health. Thirdly, it becomes a habit, a habit both powerful and prevalent. This has been passing from generation to generation. This variable of tobacco consumption is seen at every level, form planning to execution of any intervention. Awareness and education are the only tools for masses at present. Although an in-depth understanding of tobacco use and related behavioral factors would help in modification of the health-care program in advance.

Another factor is forgotten general awareness about the oral health and its contribution to overall health and longevity. This has largely been made possible by continual non-availability of oral health services in their proximity and lack of elementary education in such matters.\textsuperscript{[2]} Contribution of oral health to systemic health is undeniable. This has to be reinforced into common mind by physicians and dentists.

A mandatory oral check-up facility for a person that appears for a systemic check-up and professional consultation among health-care team that include dentists for management of systemic and metabolic disorders would in the long run convince common man of this importance of oral health.

This can thus be concluded that to deal with the oral problems in societal framework would involve a multi-pronged approach which would take into account not only the present knowledge/perception in masses, but to build upon such knowledge in a constructive way to develop a healthy attitude and acceptance of oral health in our culture and society.

The scenario in which a patient reaches the clinic or nursing care in India is that of a last option and not as a first reaction. This is mostly due to the expensive care as by the fee charges and expensive medicine which usually surpass the paying capacity of the patient. Patient shy away from reaching at once for fear of money loss in pursuit and most of the time they wait for themselves to heal on their own. When they clearly know that the disease is not going to heal on its own by other “Desi Nuskas” only then they find out a clinic in their closest proximity and head to it with a dull face. This delay in proper care results in added morbidity to the patient which in turn leads to added costs and which again continues the vicious cycle of the perception that the treatment is expensive. This attitude is more pronounced with dental health related behavior.

“Desi Nuskas”: In an effort to avoid going to a dentist, the patient first try to solve his/her problem using local belief about the disease and its cure. He would naturally turn to herbs other local products in search of relief. A small fraction of patients might eventually find some relief in short-term like the use of alum mouth rinses in bleeding mouth has been known to reduce bleeding symptoms. Only after comprehensive dissatisfaction form these natural or more of these local remedies do a patient reach a clinic in his or her proximity. There is no denying that a useful professional opinion is deferred unless the application of local wisdom at least once. This has to be countered with the actual scientific proof of their non-effectiveness. The proof-of-effectiveness or non-effectiveness is lacking. To be able to fully convince their subjects health planners should first assess the local methods used by people and provide proof of their ineffectiveness wherever possible. It is not possible for people to discontinue something which is not even denied by a professional.

Even after getting a professional opinion of the disease and formulation of standard treatment plan most patient ask for medicines and intend to get away with the problem after eating medicines, which is not usually the case with dental treatment. As dental treatment essentially involve some work either in the form of scaling or cavity preparation. The treatment even asks for patient time which is usually described as the period of stress in his worlds. This add to our knowledge that longer treatment time, increased patient clinic time and multiple appointment to the clinic apart from expense form the actual treatment are other factors, which make people shy away from dental care.

Another factor is the lack of identification of disease in initial stages, which also contributes to neglect and add to disease burden and morbidity. Masses do not know when they should head towards a clinic for a check-up. Oral cancers which are the most prevalent in country eventually are the one which when detected in earlier stages are curable.\textsuperscript{[3]} However, this has not been possible due to lack of understanding and knowing of initial symptoms. This suggests area to work for health education providers. In short, this has be to put to Indian masses consciousness that when is time to seek dental-care and that too with the right reasons.

The dental-care should generate immense stimulus in form of satisfaction so as to reinforce good habit to seek oral care. However, this stimulus is rarely provided as the quality of service offered is often poor and more so
in rural areas. A good dental clinic is largely beyond the reach of the masses.\(^4\)

The other reason being prevalence of unqualified practitioners prevailing in both rural and urban areas, which provide quick and inexpensive harmful substitutes and people usually move to them.\(^4\) Quacks usually enjoy a wide social acceptance and a brisk practice and usually offer dental extraction to most of their patients sometimes as primary and mostly as ultimate relief. In fact, the quacks those who have been practicing in rural and far-off areas should be educated of fundamentals and reference as a separate program for them to have a mass effect. Moreover, any attitude in society cannot be modified effectively if the quacks believe otherwise.

The esthetic treatment demand is even much less and that reflects the ultimate appreciation of teeth as components of esthetics in society. Even if the society is keen and understands orthodontic treatment is usually even more expensive. Even people in urban areas tend to avoid orthodontic treatment.

People keep mistaken beliefs about dental treatment which makes one wonder that in such a scenario where there are few actually interested and educated in oral health, people mostly have knowledge of many strange misconceptions about treatment. Fear of loss of eyesight is just one for instance. Another example is that oral cleaning (scaling and root planing) can make their teeth mobile and is harmful to teeth. This alerts a periodontist to tread his path in society with greater care as he can find a hostile reaction in society on the contrary of a welcoming one.

It is difficult to get good role models of oral health in society as most locals and even popular local personalities are models of tobacco consumption and unkempt oral health. In the absence of a role model children have no one to learn from except morbid mouths. It is therefore necessary for the health-care provider especially in rural setting to select examples for rural setting and incorporate them for education purpose whenever possible.

**UNBRIDGEABLE GAP**

Indian system of medicines is thousands of years old and is still widely accepted and practiced.\(^8\) However, as of its nature it was never meant to be suitable for caries excavation. Western system of medicines took roots in the west and evolved slowly over few centuries, whereas no such evolution has ever been present in Indian society. Indian society mind does not have the bridge of knowledge that can link the past system of Indian medicine to the western advanced one which is only known to those which are imparted this western based dental education in dental schools. The result is that the society as a whole is ignorant of oral health and some might possess a PhD. This lack of bridge or elementary absence of knowledge is mainly responsible for this attitude.

Observations listed above [Table 1] are not based on any survey with data obtained as a result of a questionnaire. These observations are made by direct experience based on practice and living in the Indian society. These few observations along with other yet unexplored societal differences, beliefs and other challenges along the length and breadth of the country call for an urgent need for scientific understanding of present scenario only then useful strategies to make dentistry more acceptable and larger active community participation can be expected.

**CONCLUSION**

There are many yet unexplored convictions and beliefs in Indian subconscious, which need to be worked in a multipronged strategy. Even though, India is progressing as never before in oral health, a keen understanding of societal aspects can certainly would be helpful for both oral health planners and implementers especially in rural areas. A change in society outlook and attitude is slow, which requires persistent efforts and

| Table 1: Observations in Indian society |
|----------------------------------------|
| **Perception of dental treatment to be painful** |
| Widespread prevalence and lack of role model for oral health |
| Tobacco consumption |
| Lack of elementary education of oral health related information |
| Reliance on scientifically untested traditional methods like desi nuskas as cheap and effective and keeping professional opinion as ultimate step |
| Attitude of taking pills as cure of all diseases |
| Longer treatment time and stressful appointment in dental clinics |
| Prevalent care not able to generate pleasant stimulus/treatment dissatisfaction |
| Absence of knowledge of identification of health related conditions like oral cancer in initial stages and value of periodic dental check-up |
| Expensive dental care and medicines |
| Widespread presence of quacks in rural settings along with widespread misconceptions and false beliefs about oral diseases and their treatment |
| Unbridgeable gap between traditional Indian and western system of medicine |
continuous education and active participation of society in its own oral health is of paramount importance. In brief a careful planning based on education of oral health that not only involves oral health educator but society in its noble cause removing misconceptions and providing effective and cost-effective treatment in close proximity is a need of an hour in Indian society.

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