

Editorial

Economic Incongruity creating treatment disparities !



Oral health status critically influences the overall growth of a person right from childhood. Some dental disease even restricts activities in school, work, and home and often significantly diminishes the quality of life for many children and adults. Despite this fact, dental health is not given that much priority compared to systemic problems especially among low socio-economic group in India and visit to dentist is not a major concern among most of the people.¹

Utilization of dental services is influenced by issues faced by consumer as well as provider. There are several factors which act as a barrier for patients in rural areas to come to a dental clinic like low income and other priorities, lack of time and awareness, ignorance, self medications, and certain myths about dental treatment whereas dental service provider faces problems of manpower, equipments, experienced and specialist health care providers.¹

A person who somehow crosses these barriers and visit dental office faces another hurdle that is, cost of treatment. Cost of dental treatment depends mainly on the material being used during the procedure and as the technology is advancing treatment cost is increasing day-by-day. Al-Johara et. al² in their survey found that high cost of treatment was the most discouraging factor for undergoing dental treatment. In situation of economic incongruity dentists have no choice other than to limit their treatment plan according to the financial condition of the patient which ultimately affects quality of treatment. Health care in India is provided mainly by government organizations like Government colleges, Community and Primary health centers, non-government organizations like Private colleges and by Private Practitioners. Majority of dental service is provided by Private Practitioners, followed by non-government organizations through Dental institutes and hospitals.¹ Very few states has dental care facilities at Primary health care level and most of the government set up is limited to urban areas. Patients are not covered under any

type of insurance, and generally pay out of their pockets to get treatment from both public and private institutions which makes situation more cumbersome for low income groups and till today, there is no separate budget allocation for oral health in national or in most of states health budget.³

Participation of government should be increased and oral health policy should be included in general health policies. Measures should be taken for prevention of oral diseases; eradication of myths, increasing manpower in PHC's, building public oral health care infrastructures and defining budget allocation for oral health. Collective measures from government, non-government and private practitioners are necessary so that every individual either from low or high socio-economic group should get best treatment with least burden on their pockets.⁴

Equal responsibilities are on the shoulder of Dentists to serve in rural population at primary health care level and connect the underprivileged people to the mainstream of the society.

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