



“Opinions and Suggestions of Dentists on the Quality of The Dental Camps Being Organized in Hyderabad City” – A Cross Sectional Study.

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KEYWORDS

Dental camps, Oral health, Oral Health Education.

ABSTRACT

Introduction: Good oral health reflects overall health and well-being. Dental camps offer an opportunity for early diagnosis and treatment, dental health education, and preventive measures. Therefore, it is the prime responsibility of a dentist to assess and reassess the camps conducted and fill the lacunae for the service rendered.

Aim: To assess opinions of dentists regarding the quality of dental camps conducted in Hyderabad.

Methodology: From the pilot study, the sample size was estimated to be 400. Area sampling in Hyderabad city was performed to obtain the desired sample. A self-administered questionnaire was provided to the sample comprising dental practitioners. Results: Majority (57%) of dentists suggested that the best method to improve oral health is through community dental camps, with emphasis on awareness. In the present scenario, majority (42%) of the camps conducted were treatment camps not meeting to the expectations of dentists, thus requiring improvements. This is mainly due to the poor organization skills among dentists conducting the camps and low priority for oral health among patients (30%). In total, 54.2% dentists suggested that the camps can be improvised through financial support, which can be majorly acquired from Indian government and dental institutions.

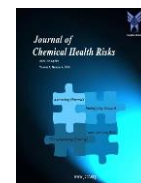
Conclusion: Based on the opinion of dentists in Hyderabad, the oral health issue that needs attention the most is the oral health awareness among people. Dentists recommend that the camps would benefit people if conducted regularly in the same area with newer audio-visual oral health education on convenient timings. This would encourage people and increase the number of attendees.

Introduction

Dentistry is undergoing a tremendous transformation, with advances made in both diagnosis and treatment. Although the technological aspects of dental practice in developed countries are rapidly progressing, people are deprived of basic oral health care [1].

In developing countries such as India, oral health is neglected purely due to lack of sufficient oral health knowledge. Where as, In remote, poverty-stricken areas,

people can barely afford to pay for any type of medical treatment, resulting in a very few dental clinics in such areas. Though Government has taken many steps in establishing primary health centres in almost every village, they still lack adequate facilities for high-quality oral health care. Moreover, most doctors are not willing to work in these centres because of poor infrastructure and low salaries. Poor people are therefore deprived of basic and essential oral health care facilities [1].



Despite their poverty, many parts of India is known for several kinds of addictions to unprocessed tobacco and alcohol, which are the major risk factors for oral cancer. Generally, in the initial stages of oral cancer these patients do not visit medical professionals, partly because of the lack of oral health care facilities and partly because of ignorance and poverty. Only when the cancer reaches an advanced stage, these patients seek medical help, a point at which appropriate treatment may be impossible. The early detection and diagnosis of these cancers is therefore crucial. A recent study conducted in Kerala (India) concluded that oral visual screening can reduce mortality in high-risk individuals and potentially prevent at least 37,000 cancer deaths worldwide. But access to these people has remained a big task [1]. In India, this question is being answered partly by temporary dental camps that screen for oral cancer and pre-malignant lesions. Simultaneously, quite a few number of basic treatments such as gross scaling and extractions and placement of temporary fillings are being performed in such camps [1].

The present study focused on the opinions and suggestions of dentists regarding the quality of dental camps conducted in Hyderabad. This paper presents the actions required in future for the improved oral health of Indian population. The survey looks for the following key points: (a) The perception of the current state of oral health and importance of improving oral health. (b) The perception of the key issues in oral health and barriers for resolving them internally. (c). The identification of programs that help to remit and influence the current difficulties encountered in improving oral health conditions. (d). The perception of the current state of dental camps. (e). Guidance by dentists on how oral health can be improved and whom to consult when the symptoms are indicative of severe medical conditions such as cancer

OBJECTIVES OF THE STUDY: To assess (a). Opinions of dentists regarding the quality of the dental camps conducted. (b). Suggestions by dentists to improve dental camps for providing maximum benefit to the people

Materials & Methods

A cross sectional study involving 400 dentists was conducted in Hyderabad. Informed consent (verbal) was obtained from individual dentists after discussing the purpose of the study in detail. The area sampling procedure was followed to select the sample. The Hyderabad city area is divided in to five zones. For this study, few areas were randomly selected from each zone. In total, 80 dentists practicing in those particular areas from each zone were enrolled in the study to attain the desired sample size of 400 dentists.

Sample Size Calculation :

For estimating the proportion of dentist opinions in improving the oral health of people and dental camps for providing maximum benefit to the people, the sample size was estimated on the basis of the pilot study and was determined using the following formula:

$$n = (Z\alpha)^2 \times p \times q / d^2$$

Where "n" here is the size of the sample, "z" is the value of the standard variate at a given confidence interval (CI) here the CI was set at 95% for which the z value is 1.96. The p value is estimated from the pilot study as 0.5 and q would be 1 – p. The acceptable error "d" is set at 5% i.e., 0.05. On substituting the aforementioned values in the formula, we obtain

$$n = (1.96)^2 \times (0.5 \times 0.5) / (0.05 \times 0.05) = 384 \text{ (rounded off to 400)}$$

Subjects included in the pilot study were not included in the main study. The inclusion criteria was that the dentists belonged to Hyderabad city and gave consent to participate in the study. Dentists not willing to participate in the study were excluded.

The data collection tool used was a self-administered questionnaire. The questionnaire assessing dentist opinions was developed based on the previous literature and objectives of the study. Demographic details included name (optional), gender, age, designation and address. The questionnaire was pretested on 30 subjects in the pilot study to ensure the ease of understanding, clarity and sequential flow of questions. Any ambiguity and inadequacies detected were rectified to ensure the reliability of the questionnaire. The initial questionnaire comprised 20 questions. Necessary modifications were made to design the final questionnaire that comprised 17 questions. Validity was determined on the basis of the content validity ratio which was found to be 0.82 in the present study. Reliability was determined using Cronbach's alpha, which was found to be 0.84. These values indicated that the questionnaire was valid and reliable.

The study was systematically scheduled for 2 months from 1 May 2019 to 30 June 2019. Dentists were approached in their practicing hospitals. Details of the study, acknowledgement from institution and identity proof of researchers were provided at the hospital reception, which were forwarded to the dentist by the out patient monitoring staff. When the dentists agreed to meet, the study was explained to them and the dentists then self-administered the questionnaire. Sufficient time was provided to dentists for filling the questionnaire. Dentists unavailable on the day of the study in a particular area were consulted again and collected the data. The analysis was performed using Statistical Package for Social Sciences version 20. Descriptive analysis was performed and data were presented as frequency distributions and graphs.



Results

Table 1 illustrates that majority (57%) of the dentists suggested that the best method to improve oral health is

through community dental camps, with emphasis on awareness.

	No. of dentists	Percentage
Visual and Print Media	98	24.5
Community Dental camps with emphasis on Awareness on oral health	228	57
Provision of treatment in the dental hospital	29	7.3
School based programs	44	11
Any other please specify	1	0.2

Table 1: The best method of conducting camp to improve oral health

Table 2 and Table 3 shows that the number of oral health education camps conducted every year were very low, that is, 26%. In the present scenario, majority (42%) of the camps being conducted were treatment camps not

meeting the expectations of the dentists. Hence, it clearly demands the immediate need for improvements in many aspects.

	NOT APPLICABLE	A	B	C	D	A + B	B + C	C + D
Number	26	168	104	45	1	23	15	18
Percentage	6.5	42	26	11.3	0.2	5.7	3.8	4.5

Table 2: Type or Mode of dental camps organized by various dental professionals

- A - Treatment camp
- B - Oral health education camp
- C - Screening camp
- D - Any Other

	Good	Average	Bad
No. of dentists	37	296	67
Percentage	9.3	74	16.7

Table 3: How would you describe the DENTAL CAMPS conducted by dentists in and around Hyderabad ?

The reason for this lacunae is mainly due to the poor organization skills among dentists conducting the camps and low priority for oral health among patients (30%).

These opinions of majority of the dentists is clearly shown in the table 4.

	No. of dentists	Percentage
Lack of trained professionals conducting camps	7	1.8
Poor organization skills among dentists conducting camps	25	6.2
Lack of financial support	56	14
Low priority for oral health among patients	120	30
Patients cannot afford treatment	18	4.5
Common misconceptions for routine procedures by patients	6	1.5
Any other please specify	3	0.7
Combinations	165	41.3

Table 4: Opinion of dentists for the reason of why the people are not getting benefited from present dental camps being organized

The results also showed that 54.2% dentists opine that the camps can be improvised through financial support that can be majorly acquired from Indian government and dental institutions. Based on the opinion of dentists in Hyderabad, the oral health issue that needs most

attention is the oral health awareness among people. Dentists opine that the camps would benefit people if conducted regularly in the same area with newer audio-visual oral health education on convenient timings. This



would encourage people and increase the number of attendees.

Discussion

Oral health is an integral part of general health and may be defined as the standard of health of oral and related tissues that enables an individual to eat, socialize, and speak among people with-out active disease, and discomfort, and thus contributes to general well-being. Oral health maintenance and any problems associated with oral health are critical but unnoticed components of overall health and well-being among children as well as in adults. Oral health problems such as dental caries, periodontitis and oral cancers are a global health problem in both developed and developing countries. Oral health diseases involving pain and discomfort often significantly diminish the quality of life for many particularly those who have a low-income or are uninsured. It restricts activities in school, at work, and at home. An extensive variation is found especially in the oral health status between urban and rural populations in India and other developing countries. Regardless of dramatic advances in both dental technology and the scientific understanding of oral diseases, a significant difference exists in the occurrence of diseases as well as access to dental care among sub-groups of the population [2].

India has around 289 dental colleges with approximately 25,000 graduates graduating every year. Despite the large work force, most people in India do not have access to basic oral health care. The dentist population ratio is approximately 1:10,000 in urban areas. When compared with urban areas, the dentist population ratio drastically falls to 1:150,000 in rural areas. Although dental care is a part of primary health care in India, dental care services are available in only a very few states at the primary health care level. Dental care is considered as a burden by patients as they are not covered under any type of insurance and have to pay out of their pockets to receive treatment from both public and private dentists [2].

Oral health has a significant impact on the appearance, quality of life and self-esteem of an individual. Dental health problems are a serious public health concern with universal distribution and an effect on all age groups. Despite this universal distribution, only a very few people seek dental care. We can overcome these problems by motivating people and making them aware of oral health problems. This would reduce their anxiety and fear and they would develop a positive attitude towards dental treatment. Preventive dental visits are the key to the early detection and treatment of oral diseases. Gambhir RS (2013) suggested that mobile dental clinics, oral health awareness, screening and treatment camps and dental outreach programs could help spread awareness and disseminate treatment [3].

Dentists are expected to play a pivotal role in facilitating public awareness, by making people realize the need for regular dental care and regular dental visits. This is mainly due to the very minimal use of the available dental care facilities across the country which is also illustrated by Togoo RA (2012) et.al., [4].

Because dentists play the major and primary role in guiding people about oral healthcare, the opinions of dentists were considered in the present study. According to most of dentists, conducting community dental camps with emphasis on awareness would be the best method to improve the oral health status of the population. A study revealed that dentists are concentrating more on providing free treatment, though they were initially interested in conducting dental awareness camps. Dentists recommended that these camps should be improvised to reach the people, emphasizing more on increasing the awareness towards oral health rather than on treatment and increasing the patient flow to clinics [5].

Dentists highlighted the fact that the dental camps being conducted nowadays are not beneficial to the public. Low priority for oral health among people restricts them from availing the services provided by the dental camps [6,7]. Issues such as dental anxiety, the cost involved in a dental check-up, low income, long distance travel to receive treatment and low preference for the preservation of teeth, are treated as barriers to regular dental care [1]. Not having any problems with their teeth, exhibiting low need and lack of time were the two major barriers for dental visit according previous studies by Poudyal S (2010). Few of these barriers can be overcome by conducting dental camps with emphasis on oral health awareness. People are careless or carefree in case of dental problems because these problems are not life threatening and rarely disrupt the normal routine of the people [5].

Most important barriers to dental care are financial, not supply related stated by Wall T (2014) et.al., [8]. A study conducted by Kalra's (2008) found that giving less importance to dental problems, lack of time, and self-medication are some of the reasons cited for not consulting a dentist. Time required to reach a dentist was longer for rural respondents than for urban respondents. Specific efforts targeted to increase awareness toward oral health should be undertaken [9].

Lack of financial support, poor organization skills among dentists conducting the camps, and lack of trained professionals conducting the camps are few of the other reasons for the inefficiency of dental camps. This result is in line with that of a study by Shetiya SH et al. (2010), where 88% participants wished to seek only expert/professional advice for dental treatment [10]. Unavailability of services on Sundays, tendency to a dentist only when experiencing pain, opting for self-care or home remedies, inadequate government policies,



and budgetary constraints are among the major access barriers which prove to be obstacles in utilization of dental care [6]. Lack of specialists in the area, complex consumer needs and issues, paper work and reimbursement issues, less number of dentists, considerable difference between actual and perceived fees of dentists, waiting time, experience of the dentist, and economic issues are few other constraints that were also observed in the present study.

Dentists expect financial support from Indian government, Indian Dental Association (IDA) and dental institutions majorly for better dental camps. Similar opinions were provided by most of dentists in a survey conducted by Bedi R in the year 2012 [11, 12] the literature several studies on the quality of dental camps have been conducted in various regions. Several studies have proved the inefficiency of dental camps and lack of awareness among people to be major hurdles in the success of dental camps. Hence, dentists need to identify these hurdles and work towards removing them. The present study revealed that majority of the dentists suggests focusing majorly on awareness during the dental camps, which would improve efficiency in many aspects [13-16].

Dentists recommend that people need to be encouraged to utilize services by regularly conducting dental camps in the same area, on convenient timings. This would encourage people and increase the number of attendees.

Conclusions

Based on the opinion of the dentists in Hyderabad, the oral health issue that needs attention the most is oral health awareness among people. Dentists recommend that the camps would benefit people if conducted regularly in the same area that is, reinforcement with newer audio-visual oral health education on convenient timings to the community is encouraged to have the required impact of the camps among the people, thereby improving the utilization of services.

Recommendations:

Based on the opinions of dentists in Hyderabad, the oral health issue that needs attention the most is increasing the oral health awareness among people. School-based screening should be encouraged to modify the lifestyle of children. Dentists and health planners must ensure optimal distribution of resources.

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