

Children's Oral Health in National Oral Health Policy and Program of India

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ABSTRACT

World Health Organization's (WHO) definition of health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' cannot be complete without a good or sound oral health. Dental caries and gingivitis are the two most common oral diseases affecting children in India. Like most of the common non-communicable diseases, oral diseases are also largely preventable in nature by simple preventive methods and behavioral modifications. Hence, investing in the oral health care of children by promotive, preventive and curative approaches will yield good results in reducing the burden of oral diseases of any country. In India, Rashtriya Bal Swasthya Karyakram (RBSK) and the National Oral Health Program (NOHP) are programmes aimed at early identification of cases and their appropriate management. However, there is an urgent need to frame strategies for integrated, focused and efficient oral health care services targeting the children of all age-groups for an overall improvement of health.

Keywords: Dental caries, Gingivitis, Health policy.

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INTRODUCTION

India has adopted its third National Health Policy in 2017, and this holistic policy has been largely billed as a robust policy for achieving universal health coverage for the population. The country, over the years, has also strived hard towards the improvement of health indicators in consonance with the millennium development goals (MDG) 2015¹. As a party to millennium development declaration, India committed to combat hunger, poverty, illiteracy, child and maternal mortality, gender-based discrimination, HIV, malaria, and other diseases. One important step towards achieving these goals was National Rural Health Mission (NRHM) launched in 2005 with the focus on strengthening rural health care delivery. By increasing its focus in urban and rural areas, over the years, it has become the National Health Mission (NHM). The present health policy envisages strategies which have the potential to achieve the relevant health-related national goals and relevant sustainable development goals (SDG) 2030. The policy also explicitly states the need to support the oral health program under the broader strategy of controlling noncommunicable diseases².

There is no separate oral health policy in India till date, but efforts are being made in the past and continuing at present to bring out a robust one as a guiding document for effective oral health strategy. Considering the importance of oral health in the country, in the year of 2014, a separate NOHP was launched with the objectives of improving the determinants of oral health; reduction in morbidity; integrating with general health services and promotion of public-private partnership (PPP). Support to the states is provided as per differential need in terms of oral health manpower, equipments, and consumables for dental care units at the appropriate level of care in the state healthcare delivery system. This is augmented by the components rolled out from the center in terms of information, education, communication (IEC) material, capacity building, and monitoring, etc.

BACKGROUND

Oral diseases are one of the most common noncommunicable diseases across all age groups of the population. Though oral

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diseases per se have negligible mortality rate, the morbidity can be very high in terms of reduced quality of life, Disability Adjusted Life Year (DALY), time and money spent towards the treatment. Oral diseases among children are a further significant public health problem as it can affect the physical, mental and social dimensions of the individual. It can adversely affect the attendance and performance of the child in schools and attendance of the parent in the workplace as well.

Common oral diseases like dental caries and periodontal disease have a high prevalence in the country qualifying as a public health problem. As per the multi-centric oral health survey, dental caries prevalence varied from 45 to 55% among the 12 to 15-year-old children³. The National Oral health survey and fluoride mapping also indicates the prevalence of dental caries varying from 49 to 59.3% among the children of 5 to 15-year-old age group⁴. Prevalence of gingival bleeding among the 12 to 15-year-old children is reported to be about 5–10%³. Though a national level data for dental caries among below five years age group is lacking, sporadic epidemiological studies conducted in different parts of the country indicate that the prevalence of early childhood caries (ECC) vary from 27 to 55%^{5,6}. Targeted efforts for prevention and control

of oral diseases among the children, therefore, is of paramount importance for improving the overall health of individuals.

Children's Oral Health in Existing Health Programs

RBSK is an ambitious initiative by Government of India, for screening and early intervention services among children up to the age of 18 years to cover 4 'Ds, i.e. Defects at birth, Deficiencies, Diseases, Developmental delays including disability⁷. This programme subsumes the existing school health programme and provides a systematic approach of link to care, support and treatment. There is a provision for screening and treatment of dental conditions in the existing framework of RBSK. The children confirmed with dental conditions can be treated at an intervention center at the district hospital, known as the District Early Intervention Centre (DEIC). Hence, there is the need to have a well equipped mobile health team (MHT) screening going hand in hand with the establishment of the functional DEICs. The dental units equipped with oral health manpower, equipments and consumables, established at various levels of care in the district can thus augment the efforts of RBSK by making provision of basic oral health care facility for the children below 18 years diagnosed with dental conditions⁸.

Policy and Program Perspective of Children's Oral Health

The health policy 2017 commits to provide pre-emptive care to the children and adolescent population to achieve an optimum level of health². A separate National Oral Health Policy in sync with the principles of the National Health Policy will pave the way for Oral Health in the country in general and also address the needs of the children. This policy can build on existing health programmes and initiatives of the Government, leveraging on them with mutual benefits of synergistic improvements in programme delivery. This mainstreaming will enable the special focus on the younger age group especially below fifteen. It is needless to say that the care should start even before the birth of the baby, hence the need for oral health component in maternal health is of paramount importance.

Though not exhaustive, some of the strategies which can be incorporated in the policy and programs for improving children's oral health are discussed below:

- *Surveillance of Dental caries and gingivitis:* A robust inbuilt system needs to be implemented within the health care delivery system for surveillance of dental caries and gingivitis among the children. The data collection must be a sustainable and economical process, unlike the large scale nationwide surveys which need exhaustive budgetary and human resource support. Timely availability of quality data is a major step to build strong public health measures in any system for framing suitable policies.
- *Oral health education:* The health care personnel involved in provision of primary health care to the individuals like accredited social health activists (ASHA), auxiliary nurse midwife (ANM), health workers, general physicians, specialists like obstetricians and pediatricians come in contact with the mother and child earlier and more frequently than a dental surgeon. Hence creating awareness among them is a critical step to flag the common dental problems at an early stage and direct the patients for receiving desired care from a dental surgeon. Further, the schools are ideal set up to educate the children about the importance of oral hygiene as a part of the total hygiene of the body for good health.

- *Preventive care:* Low level of fluoride in the oral environment along with proper mechanical cleaning of the oral cavity by use of toothbrush and toothpaste are the cornerstone for prevention of dental caries and gingivitis among children. In addition to these, school-based and school-linked programs on pit and fissure sealant application, fluoride varnish application can also be explored in the oral health program for greater success in prevention and control of dental caries.
- *Provision of Quality Oral Health Care in the Public Health Facilities:* The public health facilities of the country can be enabled with skilled human resources and equipment to provide quality oral health care services to the children. The dental surgeons posted in the peripheral health facilities should be trained with special focus in providing care to common pediatric oral health problems to avoid needless referral of cases which can be handled in the primary care setup. Experienced pediatric dentists can be identified in the reputed academic institutions for the training of the dental surgeons in handling common pediatric dental problems. Rendering quality treatment and making the system accountable will be helpful in reducing the prevalence of untreated dental conditions among the children. Basic oral health care services can be provided at the Anganwadi Centres (AWCs), schools by creating suitable infrastructure and trained dental auxiliaries. Mobile oral health care delivery can also be a viable option in hard to reach and remote areas where children are devoid of access to any oral health care services. The major roadblocks like mobilizing the huge manpower, logistics, raising efficient infrastructure, motivating parents and health professional alike regarding the importance of oral health care in children need to be handled by appropriate strategy in the oral health policy.

RECOMMENDATIONS

Oral health status affects the overall health of the child. There is a need to create sufficient awareness among all the stakeholders to give importance to oral health check-up during other routine health care activities like perinatal check-ups, vaccination of mothers and children. Oral health policies and programs for dental care of children should strive to ensure the same essence of accessibility, affordability, universality and quality services as any other programs under the health mission of India.

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