

Dental Caries in Children is not only Health Issue but also a Matter of Concern as Social Injustice and Inequality

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ABSTRACT

Dental caries is a one of the major public health problems globally and at the same time it is also one of the preventable diseases. Research has shown that a lower socioeconomic position (SEP) is related to poorer health and oral health outcomes. Low SEP is directly linked to accessibility and affordability of dental care services. It is important to identify and understand the various components of SEP affecting the oral health, particularly with reference to developing countries, so as to direct the already constrained resources toward high-risk groups.

Keywords: Caries burden, Oral health inequality, Socioeconomic position, Underprivileged children

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Dental caries is one of the major public health problems globally and at the same time it is also one of the preventable diseases. Prevalence of dental caries in some countries is over 90% in 3–5-year-olds.¹ Dental caries in children leads not only to tooth pain, but also causes significant health losses with considerable costs affecting the quality of life of both children and their parents.^{2–4}

Research has shown that a lower SEP is related to poorer health and oral health outcomes.^{5–8} Meta-analysis by Schwendicke et al.⁹ showed a low SEP to be significantly associated with higher risk of having dental caries in both children and adults. Although there is variation across countries in assessment of SEP, the factors which play an important role are educational attainment of parents, household income, parents' employment status, housing etc. According to a study by Kamppi A et al.¹⁰ dental caries was found to be demarcated in more deprived areas due to clustering of low SEP families in particular geographical regions. Low SEP is directly linked to accessibility and affordability of dental care services. The available health facilities in area of living also influence the oral health and this can be an important factor why children and young people in underprivileged areas have worse general and oral health than those in more affluent neighborhoods. However, those belonging to higher SEP have their own risk factors for dental caries which needs to be addressed separately based on contemporary determinants. Maternal education, household demography and family dynamics are important factors influencing oral health of children. There is also growing body of evidence to explicate social capital as one of the key determinants of population oral health and oral health care utilization.^{11,12} Despite methodological shortcomings in measuring social capital, its potential implication in health policy cannot be undermined.¹³ In addition to above listed factors other social determinants like social inclusion, social support and networks are important in making lifestyle choices linked to oral health with those having greater social support, and more social networks showing better Oral Health Related Quality of Life (OHRQoL).¹⁴

It is important to identify and understand the socioeconomic factors and social relationships affecting the oral health, while planning oral health promotion and dental care provision to improve oral health of children. This is more pertinent to developing

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economies, so as to direct the already constrained resources toward high-risk groups. In recent years, many high-income countries have achieved significant improvements in the oral health of children and adults. However, South-East Asia Region, with low- and middle income countries, has not seen similar changes with huge variations across the region and within countries where many population groups particularly children suffer from high caries burden.¹⁵ In India, widening disparities in sociodemographic features is reflected in utilization of oral health care services¹⁶ and hence there is a need for regional consensus in realigning the existing policies to counter the skewed distribution of dental caries and reducing oral health inequities due to oral diseases.

Early identification of individuals especially children at risk allows the opportunity of reducing the disease burden through behavioral change and other preventive methods such as application fluoride varnish provide lifelong oral health benefits. Also, interventions must be culturally appropriate, and well sustained to address this social injustice and inequality of oral health among deprived communities and for their womb to tomb optimal oral health. In the context of limited health resources, targeting individuals at high risk can be cost-effective. Dental caries is a public health issue and needs a holistic approach addressing physical, mental, and social risk factors rather than mere isolated clinical treatment in order to tackle the social injustice and inequality associated with it.

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