



RESEARCH ARTICLE

HARDSHIP FACED BY THE DENTISTS IN EXPANSION OF DENTAL FACILITIES TO RURAL AREA IN KARAD TALUKA- A SURVEY

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ABSTRACT

Aim: A survey was conducted to develop measures in expansion of dental facilities to rural population.

Materials and Method: A questionnaire based study was conducted among the dentists practicing in Karad Taluka and Karad rural area to explore the need and difficulties for extending the dental facilities to the rural area. The survey was conducted on 70 dentists practicing in Karad Taluka in Maharashtra.

Results: Out of the total participants, around 41.4% dentists were willing to extend their dental services in rural areas of Karad. 48.6% dentists were not willing for the same, out of which 10% dentists believed that it was not feasible, 14.3% dentists thought it has high input low outcome while 8.6% felt poor dental awareness among the rural population.

Conclusion: The genuine problems faced by the dentists in the rural areas should be taken into consideration and dental awareness should be created in the rural areas.

INTRODUCTION

India is the second most populated country in the world with more of the rural population compared to the urban (Mishra *et al.*, 2014). About 30% of the population lives in urban areas and the rest 70% in the rural areas (Peter, 1998). Even with the large number of newer dentists emerging in the society, most of the people in India are not provided with basic oral health care (Peter, 1998). Looking from the point of dentistry, even though dental care is a part of primary health care in India, dental care services are available in very few states at the primary health care level (Sekhri *et al.*, 2015). The oral care is highly neglected in the developing countries like India (Gupta *et al.*, 2014). The demand and supply of the dentists and their availability concerned to such a huge population is far inadequate and insufficient. A recent study quotes that the ratio of dentists is 1:2,50,000 in against 1:10,000 for non-rural areas. This shows quite a low amount of dentists practicing in rural areas. Many of the other health care systems face the same problem of uneven geographical distribution. Most of the dentists and other health care workers prefer their workplaces in the urban areas (Sharma *et al.*, 2014). There lies a need to analyse the problems faced by the dentists to provide the dental services in rural areas.

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Very few dentists are willing to extend their services to the rural areas. Those already providing such services in sub-urban areas or taluka place can extend their services to rural areas. Hence, this study was carried out to explore the hurdles in extending dental facilities to rural area by dental practitioners in Karad Taluka.

MATERIALS AND METHODS

A questionnaire based study was conducted among the dentists practicing in Karad Taluka and rural areas in order to explore the needs and difficulties for extending the dental facilities to the rural area. This survey was conducted on 70 dentists practicing in Karad Taluka. The selection criteria included all the dentists receiving patients from both taluka and rural areas and excluded who were not willing to participate in the survey. The questionnaire contained 10 questions (Table 13).

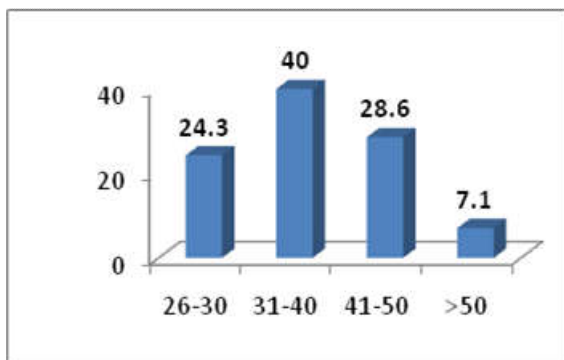
RESULTS

This study was conducted among the dentists practicing in Karad Taluka. Among the total study group, 42 (60%) dentists had pursued Bachelor's degree and 28(40%) of them had pursued Master's degree (Table 3, Graph 3). 74.3% of them were practicing since more than 4 years while the remaining 25.7% were less than 4 years of work experience (Table 4,

Graph 4). Almost all the dentists have their clinical practise in Karad taluka while 20% of them have clinics in the Karad rural areas too (Table 6, Graph 6).

Table 1. Dentists participating according to their age

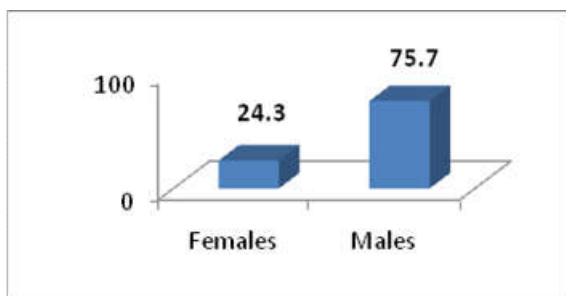
Age	Frequency	Percent
26-30	17	24.3
31-40	28	40
41-50	20	28.6
>50	5	7.1
Total	70	100



Graph 1. Dentists participating according to their age

Table 2. Dentists participating according to their sex

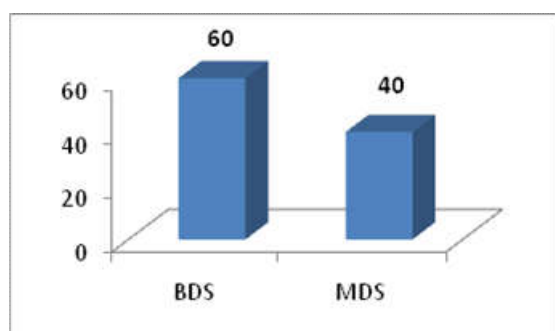
Sex	Frequency	Percent
Females	17	24.3
Males	53	75.7
Total	70	100



Graph 2. Dentists participating according to their sex

Table 3. Dentists participating according to their degree

Qualification	Frequency	Percent
BDS	42	60
MDS	28	40
Total	70	100

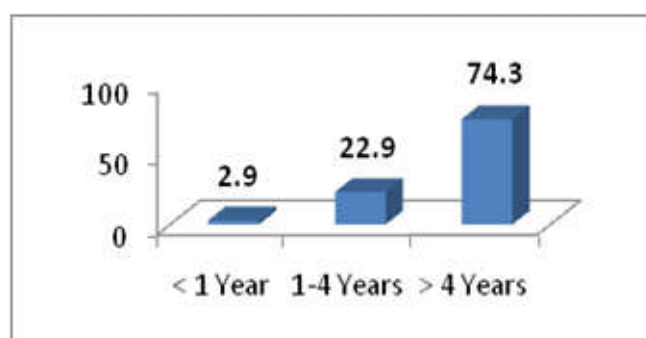


Graph 3. Dentists participating according to their degree

There were 51.4% dentists who were associated with other organizations. They are particularly associated with IDA, Colgate, SWM-OSG, Toothmin –Abbott (Table 9, Graph 9). When accessed on the basis of frequency of getting patients from rural areas, around 42.9% dentists received rural patients very frequently(>50%) ,while 12.9% (<25%)of them received less frequently (Table 10, Graph 10). Around 41.4% dentists were willing to extend their dental services to rural areas of Karad whereas 48.6% were not willing to do so (Table 11, Graph11).

Table 4. Dentists participating according to their work experience

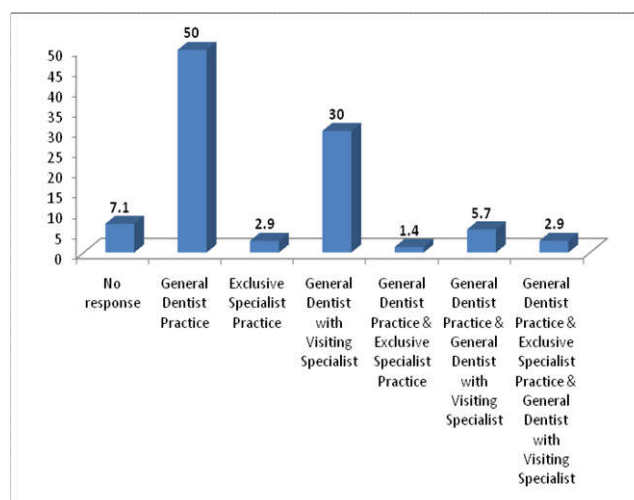
Practicing since	Frequency	Percent
< 1 Year	2	2.9
1-4 Years	16	22.9
> 4 Years	52	74.3
Total	70	100



Graph 4. Dentists participating according to their work experience

Table 5. Type of Practice

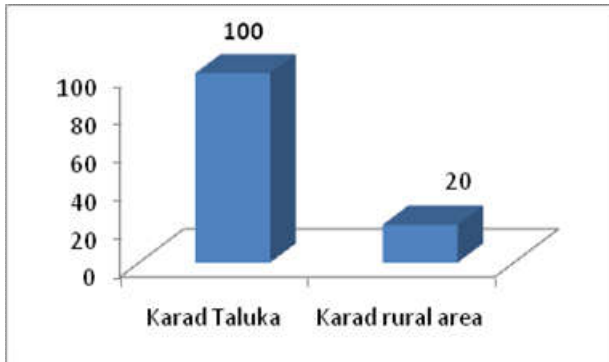
Type of Practice	Frequency	Percent
No response	5	7.1
General Dentist Practice	35	50
Exclusive Specialist Practice	2	2.9
General Dentist with Visiting Specialist	21	30
General Dentist Practice & Exclusive Specialist Practice	1	1.4
General Dentist Practice & General Dentist with Visiting Specialist	4	5.7
General Dentist Practice & Exclusive Specialist Practice & General Dentist with Visiting Specialist	2	2.9
Total	70	100



Graph 5. Type of Practice

Table 6. Dentists having clinics in rural areas

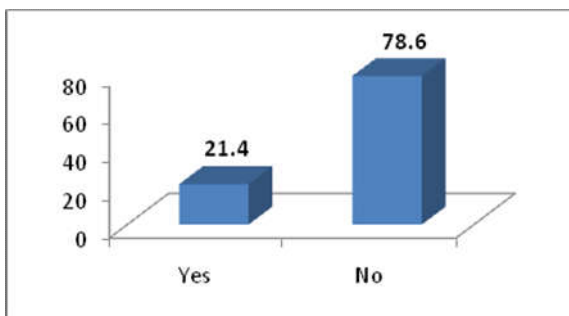
Dental setup/ clinic located in	Frequency	Percent
KaradTaluka	70	100
Karad rural area	14	20



Graph 6. Dentists having clinics in rural areas

Table 7. Clinics in rural areas

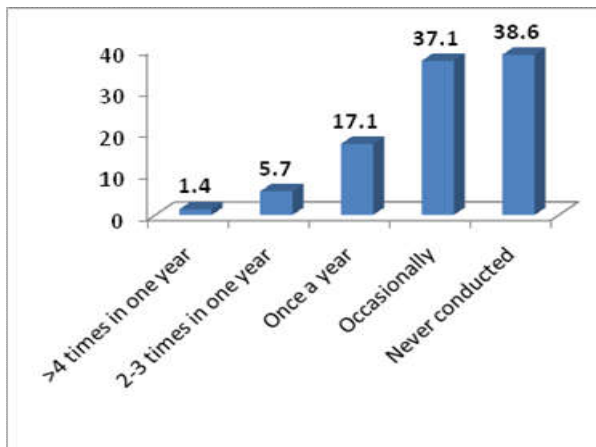
Any clinics in rural area	Frequency	Percent
Yes	15	21.4
No	55	78.6
Total	70	100



Graph 7. Clinics in rural areas

Table 8. Camps conducted in a year

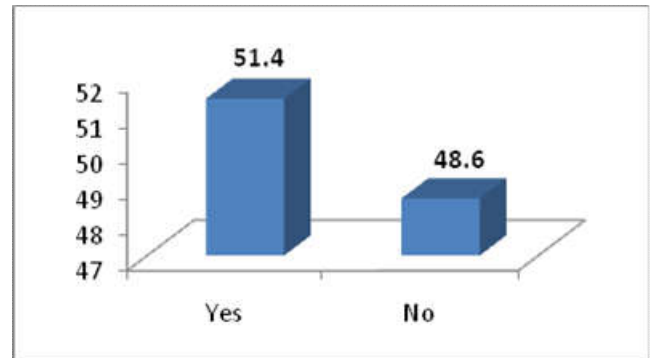
Conduction of Dental camps/ awareness programs in rural area	Frequency	Percent
>4 times in one year	1	1.4
2-3 times in one year	4	5.7
Once a year	12	17.1
Occasionally	26	37.1
Never conducted	27	38.6
Total	70	100



Graph 8. Camps conducted in a year

Table 9. Dentists associated with any organization

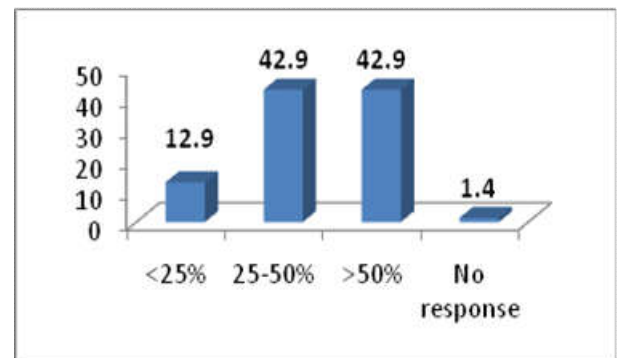
Association with any organization to extend dental services	Frequency	Percent
Yes	36	51.4
No	34	48.6
Total	70	100



Graph 9. Dentists associated with any organization

Table 10. Frequency of patients from rural areas

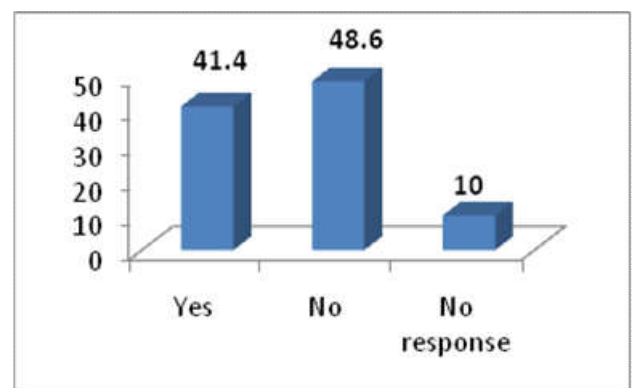
Patients from rural area	Frequency	Percent
<25%	9	12.9
25-50%	30	42.9
>50%	30	42.9
No response	1	1.4
Total	70	100



Graph 10. Frequency of patients from rural areas

Table 11. Willingness to set clinics in rural areas

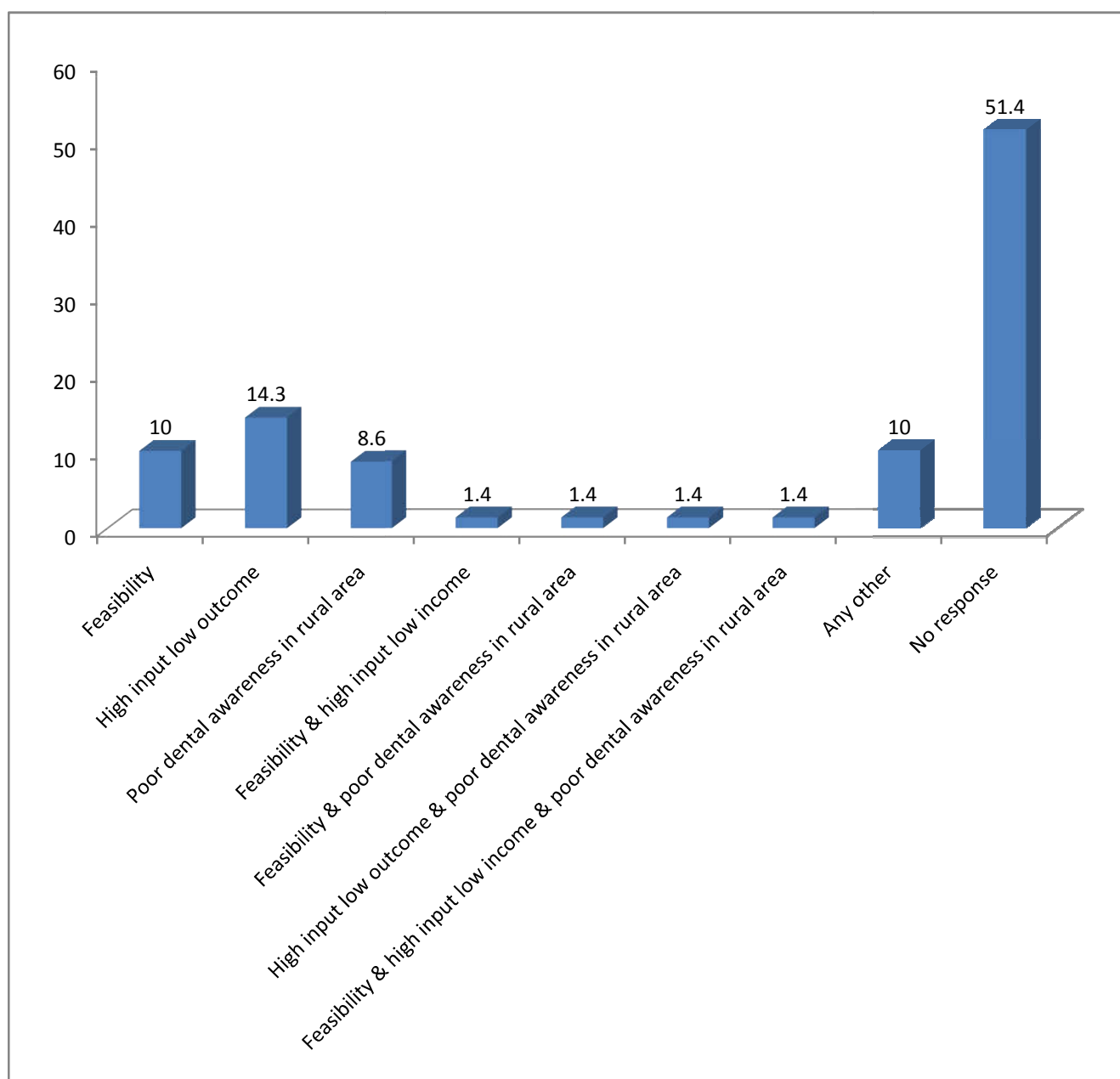
Plan to extend dental services to rural area	Frequency	Percent
Yes	29	41.4
No	34	48.6
No response	7	10
Total	70	100



Graph 11. Willingness to set clinics in rural areas

Table 12. Reasons for disinterest in setting up of clinics in rural areas

Not interested for extension of dental services to rural area	Frequency	Percent
Feasibility	7	10
High input low outcome	10	14.3
Poor dental awareness in rural area	6	8.6
Feasibility & high input low income	1	1.4
Feasibility & poor dental awareness in rural area	1	1.4
High input low outcome & poor dental awareness in rural area	1	1.4
Feasibility & high input low income & poor dental awareness in rural area	1	1.4
Any other	7	10
No response	36	51.4
Total	70	100



Graph 12.

DISCUSSION

Dental problems now-a-days are the most common and important public health concern. Considering India as a country of villages, very less oral health services are provided to the rural areas (Ahuja and Parmar, 2011). The ratio of dental practitioners in the rural areas compared to the urban areas is quite less. Majority of the dentists show their willingness to work in urban areas rather than rural regions.

This survey is based on what problems they actually face which restricts them to work in rural areas of Karad. A study conducted on medical students by Sinha showed that 9.1% of the total participants were willing to serve in rural areas (Sinha, 2012). This survey showed certain problems which the dentists in Karad are facing in order to practice in the rural areas of Karad. Out of 48.6% dentists who were not willing to extend their dental facilities in Karad rural areas, around 7(10%) dentists thought that it is not feasible, 14.3% believed that

setting up a dental in rural areas have high input but a lower outcome while 8.6% of the dentists felt that the awareness of dental health in rural areas is quite low. There were 10% of the dentists who majorly agreed to a common problem of time management. Many of them found it inappropriate as the patients from rural areas frequently visited their clinics. Primary health education should be provided in order to create awareness regarding dental problems in rural areas. The Government of India is taking an initiative to set up dental practices in rural areas by providing the subsidies, which is really essential (Jain and Agarwal, 2012).

Conclusion

The genuine problems faced by the dentists in the rural areas should be taken into consideration and dental awareness should be created in the rural areas. Several government based dental clinics should be set up in the rural areas in order to provide basic dental treatment to the needy.

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