



Impact of socio-economic factors on oral health

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Abstract: Impact and consequences of oral ill-health on individuals and folks has been noticed since years which eventually results in pain, suffering, impairment of function, and limitation in quality of life. Oral health and general health both are inseparable. Study of the Global Burden of Disease 2016, evaluated that oral diseases affected half of the world's population (3.58 billion people) with dental caries (tooth decay) in permanent teeth being the most prevalent condition assessed. In majority of literatures, significant association between socio-economic and geographical factors relate to oral health is mentioned i.e. accessibility to dental care, affordability to cost of care, cultural issues, insurance, and anxiety affect the oral health. Oral health promotion and behavior modification are the need of the hour because majority of oral diseases are preventable by simple and cost-effective means.

Index Terms - Oral Health, Socio-Economic Status

I. INTRODUCTION

To live the highest quality of life is an individual's one of the fundamental right irrespective of race, environment, religion and socio-economic condition (Mahajan, 1991). Oral health has been an inseparable from general health as it is considered as gateway of overall health. Oral health is considered as one of the key indicator of overall health, well being, and oral health related quality of life. World Health Organization (WHO) stated oral health as "a state of being free from chronic facial pain and mouth pain, oral and throat cancer, oral sores and infections, gum (periodontal disease), tooth decay, tooth loss and other kinds of diseases disorders that may limit person's capacity in chewing, biting, smiling, speaking, and the psychological wellbeing."

For the burden of oral ill-health, seven oral conditions and diseases are responsible i.e. dental caries (tooth decay), periodontal (gum) diseases, oral cancers, and oral manifestations of HIV, Roth-dental trauma, cleft lip, and palate along with noma. The majority of conditions are either largely preventable or can be treated in their initial stage of manifestation.

II. OBJECTIVES OF THE STUDY

To narrate the association between oral health and overall health along with global and national burden of oral diseases. To study the condition of oral health relate to socio-economic status.

III. METHOD AND MATERIAL

This study is aimed to narrate global and national burden of oral disease and to study the condition of oral health relate to socio-economic status. Secondary data is considered from a public domain like WHO, World Dental Federation, and peer reviewed journals.

IV. ORAL HEALTH AND OVERALL HEALTH

It is evident that there is a significant association between oral health and general health. There is significant association between periodontal disease and diabetes, the degree of hyperglycemia and severity of periodontal disease (Preshaw et al., 2012). Strong significant correlation was found between non-communicable diseases and several oral diseases because they share common risk factors. Numbers of general ill health conditions also having an indication that becomes the risk factor for oral diseases. (Kane, 2017) mentioned about relation of oral ill health and systemic diseases. It has been evident that more than 100 systemic diseases and more than 500 medications initiate oral ill health and it is widely prevalent in the older age people. (Fiorillo, 2019) believed that oral health is the beginning point of individuals' general health. Study also mentioned that there are clinical evidences which proved association of oral health with cardiovascular diseases, lung diseases, diabetes, and obstetric consequences. Even serious systematic consequences through blood-borne could results by periodontal diseases and even also initiate negative inflammation function.

V. GLOBAL BURDEN OF DISEASES

Although, there is an improvement in public oral health globally, the global burden of oral-ill health is still high particularly among developed and developing countries (Kapoor et al., 2014).

As per the WHO factsheet, 2018

- Study of the Global Burden of Disease 2016, evaluated that oral diseases affected half of the world's population (3.58 billion people) with dental caries (tooth decay) in permanent teeth being the most prevalent condition assessed.
- Severe periodontal (gum) disease, which may lead to tooth loss, was estimated to be the 11th most prevalent disease worldwide.
- In some Asian-Pacific countries, the incidence of oral cancer (lip cancer and oral cavity cancer) is within the top 3 of all kinds of cancers.

VI. INDIAN SCENARIO OF ORAL DISEASES

Oral disease remained still a major public health problem for developed countries and a burden for developing countries like India, especially among the rural population. More than 70% of Indians are living in a rural area.

Prevalence of oral diseases is very high in India with dental caries i.e. 50 % prevalence in 5 years old children, 52.5% prevalence in 12 years old, 61.4% in 35-44 years age group and 84.7% in 65-74 years of age group. Prevalence of periodontal disease is 55.4% in 12 years of age group, 89.2% in 35-44 years, and 79.4% in 65-74 years and these conditions are commonly seen oral diseases (Narayan et al., 2016).

VII. ORAL HEALTH CONDITION RELATE TO SOCIO-ECONOMIC ASPECT

Oral disease are known as the one of the alarming health conditions because, in later on stages, periodontal diseases and dental caries cause intense pain, and in the economic aspect these conditions are expensive to treat. As per WHO, oral ill-health is considered as the 4th most expensive condition to treat, if a curative approach is taken instead of focusing on preventive care. Dental treatment is expensive, averaging 5% of total health expenditure and 20% of out-of-pocket health expenditure in most high-income countries.

VIII. REVIEW OF LITERATURE

49% of the subjects were not having medical insurance. Access to dental clinic was found very low. The study suggested poor dental health condition and poor felt oral symptoms among subjects (Fukuda et al., 2009). (Georgios Tsakos, Aubrey Sheiham, 2009) analyzed significant association between education and oral health relate to quality of life and suggested formulation of new strategies, focusing on lower educated group to balance inequalities in oral health conditions. (Milsom et al., 2009) mentioned association of dental anxiety, attitude, and dental care settings relate to oral health. (A L Dumitrescu , M Kawamura, 2009) conducted study to assess relation between self perceived and behavior relate to oral health. (Marin et al., 2010) mentioned association between socio-economic and geographical characteristics. Accessibility of dental clinic nearer to home, and health insurance were also associated with numbers of dental visits. (Do et al., 2011) investigated higher prevalence of calculus, untreated caries with filled teeth and decayed teeth. Gender, oral health hygiene practices, location of residence, frequent dental visits and

socio-economic status were associated in improved oral health relate to quality of life.(Chandra Shekar & Reddy, 2011) suggested strong association between socio-economic status and individual's oral health. (Kapoor et al., 2014) covered respondents with or without dental insurance in Delhi. Study found negative relationship among utilization of dental care utility centers and presence of dental caries. Socio-economic status, higher consumption of tobacco, low literacy level and less dental visits were found associated with dental caries. (Bobby Paul, 2014) found association in female, urban residence, higher education and frequent dentist visits with good oral hygiene practice.

IX. NEED OF FOCUS ON SOCIO-ECONOMIC ASPECT

In majority of literatures, significant association between socio-economic and geographical factors relate to oral health is mentioned i.e. accessibility to dental care, affordability to cost of care, cultural issues, insurance, and anxiety affect the oral health.

It is the perceived instinct of individuals to neglect dental problems as dental problems are not life-threatening. Convergent efforts from referral medicos, arrangement of informative sessions by medical persons, counseling of parents relate to children's oral health problems.

Importance of long term social and economic benefits of preventing oral diseases in earlier stage need to persuade to people. Oral health risk behavior need to be addressed at the earliest stage of life i.e. oral health hygiene practices, sugars consumption (in terms of amount, frequency of intake, and types) along with harmful tobacco and alcohol consumption because such kinds of risk behavior not only affects oral health negatively but also impact on the quality of life.

The major challenge of future would be utilization of knowledge and practice of oral ill health prevention into feasible action programme. So, social, economical, and geographical patterns of changing pattern and their impact and utilization of oral health services in the community and countries need to emphasize.

X. CONCLUSION

Impact and consequences of oral ill-health on individuals and folks has been noticed since years which eventually results in pain, suffering, impairment of function, and limitation in quality of life. Oral health and general health both are inseparable and status of oral health and effect of different socio-economic status are strongly associated with each other as described by numbers of studies. Majority of studies found inverse relationship between oral health relate to quality of life and socio-economic status of population. To alleviate inequalities in oral health of various SES has been recognized as one among the major goals of oral health. In a nutshell, oral health promotion and behavior modification are the need of the hour because majority of oral diseases are preventable by simple and cost-effective means.

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