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# **Original Research Article**

# A cross sectional study to assess the level of awareness of dental surgeons about national oral health program in a city of central India

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#### ABSTRACT

**Introduction**: In 1999, the Ministry of Health Family Welfare, government of India, launched the first National Oral Health Care Programme on a pilot basis. This cross-sectional study was contemplated in Indore district to assess the awareness of dental surgeons regarding their awareness about the basic tenets of the National Oral Health program.

Materials and Methods: Type of the Study- Cross sectional study, Duration of the Study- 6 months-January-June 2024, Site of the Study- Indore district, Sample Size- 100, Sampling technique- Purposive Sampling, Study method- 1. First of all, the list of dental surgeons operating in Indore district was obtained. 2. 100 dental surgeons were randomly identified from this list. 3. Their written informed consent was obtained to be a part of the study. 4. Pre-designed semi structured questionnaire was prepared and fed in google forms and shared with these identified dental surgeons. 5. Data collected was entered in MS excel/spreadsheets 6. Data was analysed using appropriate statistical software.

Result: 69% dental surgeons were aware of National Oral Health Programme of the Government of India. 47% dental surgeons were aware of National Oral Health Programme of the Government of India-Manpower support [Dentist, Dental Hygienist, Dental Assistant]. 41% dental surgeons were aware of National Oral Health Programme of the Government of India- Equipment including Dental Chair, X-ray units, autoclaves etc. 41% dental surgeons were aware of National Oral Health Programme of the Government of India- Consumables for dental procedures. 37% dental surgeons were aware of National Oral Health Programme of the Government of India- IEC/ BCC activities like Posters, TV, Radio Spots, Training Modules etc. 33% dental surgeons were aware of National Oral Health Programme of the Government of India- national and regional nodal officers training programs. 33% dental surgeons were aware of National Oral Health Programme of the Government of India- Preparing State/District level Trainers by conducting national and regional workshops.

**Conclusions**: The present study clearly indicates that there is need to increase the awareness of National Oral Health Programme not only among dental surgeons but also common men. Government should take active interventions to increase the awareness of NOHP so that more and more people can utilize its facilities.

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#### 1. Introduction

World Health Organization has defined Oral health as the state of the mouth, teeth and orofacial structures that enables individuals to perform essential functions such as eating,

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breathing and speaking, and encompasses psychosocial dimensions such as self-confidence, well-being and the ability to socialize and work without pain, discomfort and embarrassment. <sup>1</sup>

In 1999, the Ministry of Health Family Welfare, government of India, launched the first National Oral Health Care Programme on a pilot basis. In the 12<sup>th</sup> Five Year Plan, in 2012, an allocation was made for the set-up of a National Oral Health Cell at the Ministry of Health Family Welfare.<sup>2</sup>

Taking into account the oral health situation in the country, Government of India initiated a National Oral Health Programme to provide integrated, comprehensive oral health care in the existing health care facilities.<sup>3</sup>

The National Oral Health Programme functions under two components:

- National Health Mission (NHM) component Through the PIP (Program Implementation Plan) process, States and UTs can seek support to set up Dental Care Units at the level of District Hospitals and may propose for support for all or any of the following components, as per need:
  - (a) Manpower support [Dentist, Dental Hygienist, Dental Assistant].
  - (b) Equipment including Dental Chair, X-ray units, autoclaves etc.
  - (c) Consumables for dental procedures.
- 2. Tertiary component These include
  - (a) Designing IEC/ BCC materials like Posters, TV, Radio Spots, Training Modules etc.
  - (b) Organizing national and regional nodal officers training programs.
  - (c) Preparing State/District level Trainers by conducting national and regional dental workshops. <sup>2</sup>

This cross-sectional study was contemplated in Indore district to assess the awareness of dental surgeons regarding their awareness about the basic tenets of the National Oral Health program.

# 2. Materials and Methods

2.1. Type of the study

Cross sectional study

- 2.2. Duration of the study
- 6 Months- January-June 2024
- 2.3. Site of the study

Indore district.

2.4. Sample Size

100

2.5. Sampling technique

Purposive sampling

- 2.6. Study method
  - 1. First of all, the list of dental surgeons operating in Indore district was obtained.
  - 2. Dental surgeons were randomly identified from this list.
  - 3. Their written informed consent was obtained to be a part of the study.
  - Pre-designed semi structured questionnaire was prepared and fed in google forms and shared with these identified dental surgeons.
  - 5. Data collected was entered in MS excel/spreadsheets.
  - 6. Data was analysed using appropriate statistical software.

## 3. Results

69% dental surgeons were aware of National Oral Health Programme of the Government of India.(Table 1)

47% dental surgeons were aware of National Oral Health Programme of the Government of India- Manpower support [Dentist, Dental Hygienist, Dental Assistant].(Table 2)

41% dental surgeons were aware of National Oral Health Programme of the Government of India- Equipment including Dental Chair, X-ray units, autoclaves etc. (Table 3)

41% dental surgeons were aware of National Oral Health Programme of the Government of India- Consumables for dental procedures.(Table 4)

37% dental surgeons were aware of National Oral Health Programme of the Government of India- IEC/ BCC activities like Posters, TV, Radio Spots, Training Modules etc.(Table 5)

33% dental surgeons were aware of National Oral Health Programme of the Government of India- national and regional nodal officers training programs.(Table 6)

33% dental surgeons were aware of National Oral Health Programme of the Government of India- Preparing State/District level Trainers by conducting national and regional workshops.(Table 7)

#### 4. Discussion

To the best of the knowledge of the authors, this is probably the first study of its kind to assess the awareness of the dental surgeons regarding the National Oral Health Programme and its basic tenets. 69% dental surgeons were aware of National Oral Health Programme of the Government of India. 47% dental surgeons were aware of National Oral Health Programme of the Government

Table 1: Awareness about national oral health programme of the government of India

S.No.	Dental Surgeons aware of NOHP-GoI	Frequency	Percentage
1.	Yes	69	69%
2.	No	31	31%
3.	Total	100	100%

**Table 2:** Awareness about national oral health programme of the government of India -Man power support [Dentist, Dental Hygienist, Dental Assistant]

S.No.	Dental Surgeons aware of Manpower support	Frequency	Percentage
1.	Yes	47	47%
2.	No	53	53%
3.	Total	100	100%

Table 3: Awareness about national oral health programme of the government of India - Equipment including dental chair, x-ray units, autoclaves etc.

S.No.	Dental Surgeons aware of Equipment including Dental Chair, X-ray units, autoclaves etc.	Frequency	Percentage
1.	Yes	41	41%
2.	No	59	59%
3.	Total	100	100%

Table 4: 4- Awareness about national oral health programme of the government of India - Consumables for dental procedures

S.No.	Dental Surgeons aware of Consumables for dental procedures	Frequency	Percentage
1.	Yes	41	41%
2.	No	59	59%
3.	Total	100	100%

Table 5: Awareness about national oral health programme of the government of India - IEC/ BCC activities like posters, tv, radio spots, training modules etc.

S.No.	Dental Surgeons aware of IEC/ BCC activities like Posters, TV, Radio Spots, Training Modules etc.	Frequency	Percentage
1.	Yes	37	37%
2.	No	63	63%
3.	Total	100	100%

**Table 6:** Awareness about national oral health programme of the government of India - national and regional nodal officers training programs

S.No.	Dental Surgeons aware of national and regional nodal officers training programs	Frequency	Percentage
1.	Yes	33	33%
2.	No	67	67%
3.	Total	100	100%

**Table 7:** Awareness about national oral health programme of the governmentof India - Preparing State/District level Trainers by conducting national and regional workshops

S.No.	Dental Surgeons aware of Preparing State/District level Trainers by conducting national and regional workshops	Frequency	Percentage
1.	Yes	33	33%
2.	No	67	67%
3.	Total	100	100%

of India- Manpower support [Dentist, Dental Hygienist, Dental Assistant]. 41% dental surgeons were aware of National Oral Health Programme of the Government of India- Equipment including Dental Chair, X-ray units, autoclaves etc. 41% dental surgeons were aware of National Oral Health Programme of the Government of India-Consumables for dental procedures. 37% dental surgeons were aware of National Oral Health Programme of the Government of India- IEC/ BCC activities like Posters, TV, Radio Spots, Training Modules etc. 33% dental surgeons were aware of National Oral Health Programme of the Government of India- national and regional nodal officers training programs. 33% dental surgeons were aware of National Oral Health Programme of the Government of India- Preparing State/District level Trainers by conducting national and regional workshops. According to Gambhir et al, the existing situation demands the formulation and implementation of National Oral Health Policy in India.<sup>4</sup> According to B Paul et al, community-based educational programs by health professionals, in collaboration with print and media would also be effective in spreading the awareness and importance of proper dental care.<sup>5</sup>

L Swaticharan et al concluded that in India, although Rashtriya Bal Swasthya Karyakram (RBSK) and the National Oral Health Program (NOHP) are there, but there is an urgent need to frame strategies for integrated, focused and efficient oral health care services. <sup>6</sup>

V Niranjan advocated a compelling need to evaluate current oral health status and re-structure policy guidelines. V Ramanarayanan et al have, similarly, stressed the importance of reorientation of oral health services to combat the burden of diseases. 8

Kothia et al has concluded the need for implementation of the drafted oral health policy with modification that suits the rapidly changing oral health system. Similarly Rawat et al opined that it is important for all the stakeholders to conquer every single barrier and define a compelling national oral health policy backed by current scientific evidence. Sunder Lal et al put forward the ten points strategies that would help in the implementation of national Oral Health Programme. Phandrashekhar et al has rightly concluded that coordinated efforts of all stakeholders will lead to progress in areas of oral health governance, oral health promotion and disease prevention, the oral health workforce, oral health services, and oral health information systems. 12

Many international and national authors have stressed the importance of the overall "neglect" of oral health care and the need to strengthen oral health policies and programs both at national and international level. <sup>13–16</sup>

Even World Health Organization through its Global strategy and action plan on oral health 2023-2030 has committed to accelerate progress towards universal health coverage (UHC) for oral health by 2030. Hopefully India will also come out with a comprehensive and concrete

National Oral Health Program in compliance with the Universal health coverage for oral health. <sup>17,18</sup>

### 5. Conclusions

The present study clearly indicates that there is need to increase the awareness of National Oral Health Programme not only among dental surgeons but also common men. Government should take active interventions to increase the awareness of NOHP so that more and more people can utilize its facilities.

# 6. Source of Funding

None.

## 7. Conflict of Interest

None.

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