

How much do Pakistanis Care about Oral Health?

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When Pakistan came into being back in 1947, we had only 250 hospitals and no basic health units (BHUs) or Rural Health Centres (RHCs) at all. There were a total of 6500 doctors, out of which only 600 were dentists.¹ Today, 68 years down the line, the situation albeit not matching those of developed nations is however, much better than what it was about 7 decades ago. We have about a 1000 hospitals all over Pakistan, in addition to 5300 BHUs and about 600 RHCs. There are a total of 165,000 doctors out of which 15000 are dentists.^{1,2}

The reason that I have stated these statistics is to elicit the current oral health status of Pakistanis in the perspective of the health care system. What we need to understand is the fact that these 15,000 dentists are all we have to facilitate a population of about 200 million, giving a ratio of 1 dentist for 13,000 people. Let us readjust these figures to account for some practical issues. As per Tudor Hart's inverse care law which elicits the inverse relationship between the demand and supply of health needs and health professionals, we may very well appreciate the fact that the majority of these dentists are practicing in the urban areas, which house only about 30-35% of the Pakistani population. To make the situation worse, 62% of the dentists' population are female, a large proportion of whom do not even practice dentistry and those who do, generally do not prefer to work in rural areas. So, if we were to estimate that in the rural areas of Pakistan, 1 dentist serves a population of 20,000, we would not be pushing it too far.

This bleak picture of the oral health care system in Pakistan is an actual reality. Given the extremely limited access a Pakistani person has to oral health care services, one would not be too optimistic regarding the oral health of the nation. Although, we do not have any recent nationwide statistics to elicit the average oral health status, several studies reporting oral health statuses of small samples of Pakistanis show that carries and periodontal

diseases are quite high.³⁻⁵ Furthermore, people usually report to the dentist only when their teeth have become grossly carious.

Another fact that needs to be considered is that Pakistan does not have an independent oral health policy at the national or provincial level. There are no vacancies for dentists on any of the health policy making bodies. Also, there are no considerations for oral health in any of the future health proposals. If we take the government's 'Vision 2030' as an example, the plan does contain a chapter on health. However, oral health has not been taken into consideration at all.⁶

All of the above mentioned indicators suggest that oral health is not really perceived as being very important in Pakistan, both by the government and by the masses. In order to maintain good oral health, it is imperative that people consider oral health to be important for their overall general health. As former US Surgeon General C. Everet Koop said:

"If you do not have oral health, you're simply not healthy"⁷

If people do not consider oral health to be important, the implications of such perceptions and beliefs would be expected to be reflected on the general health as well. Similar to general health, oral health trends also follows a social gradient. With more than 60% of Pakistan's population belonging to the lower socioeconomic class, the expected oral health indicators would also not be very favorable. To add to this situation, oral health education campaigns are almost non-existent across the country. Different health care auxiliaries working in the field, such as the Lady Health Workers, are not trained in oral health and hygiene education. Subsequently, the motivation or education that the general public receives regarding oral health and hygiene is through media advertisements, which do not always provide evidence based information.

Based on these facts, it may be deduced that the general Public's apathy towards oral health, may be explained mostly by the lack of government policies to address oral health in Pakistan.

Pakistan's public health capacity to address oral health is limited. Oral health needs to be there on the governments' public health priority list. Dental schools should incorporate community based oral

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health education in their curriculum. Oral health education awareness programs should be planned at a national level. As time is passing, Pakistan's previous dental force is slowly being replaced by younger energetic dentists who have a new zeal and energy to work. With young dentists with a broader vision coming up in Pakistan, the future will hopefully hold hope for improved oral health care in Pakistan.

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