

DENTAL HEALTH PROGRAMME AND ITS NEED IN PAKISTAN

Read at the National Seminar on Dental Public Health on 24-25th June 1973 at Hotel Intercontinental organized by the Public Health Association of Pakistan.

Dental health is concerned not only with information about the oral health of the public in general, but also with matters relating to provision of dentistry by the State and representatives of the public, concerning the treatment and prevention of dental diseases.

Dental Public Health is the science and art of preventing and controlling dental diseases and promoting dental health through combined community efforts. This DPH programme aims at the development of a plan for the whole of the country in order to improve the health of the people, of both urban and rural areas; after evaluating the need of the people, in accordance with the epidemiological studies within the scope of National Financial Budget, having knowledge of Dental Manpower and their need and cost.

The main object of the Public Health Programme is “Control and Prevention of Dental Disease” and this is only possible, when we know the incidence, prevalence and distribution of these diseases among the population and that which is achieved through the epidemiological studies. Epidemiological is the basis of any programme because: -

- a. It indicates the pattern of dental requirements in the country.
- b. It aids the selection of treatment priorities.
- c. It acts as the research tool, whereby its prevalence in between groups can be discovered and investigated.
- d. It also reveals the attitude of population towards dental treatment.
- e. It provides the statistical data for future research opportunities.

Anderson and Holloway (1966) define control, is prevention including dental health education as well as treatment. Prevention of dental disease must have two levels:

- a. Which apply to the community.

- b. Which apply to the individual i.e. preventive dentistry.

Gillespie (1966) explained the dentistry design to promote and maintain the optimum oral health; dentistry aims to maintain the oral cavity in a state of optimum dynamic equilibrium and this aspect of dentistry pertaining to restriction in origination and expansion of dental disease, thus preventive dentistry as an entity transcends its boundaries to various aspects by specialties of dentistry.

Historical Background

When we consider a Dental Health Programme, let us for a moment reflect, the existing pattern and development of dentistry as a profession in Pakistan and current trends for preventive dentistry.

Originally dental profession has followed the developmental and organizational pattern, and development of different rates in the different regions of the country. However, in most instances, the original development was in the form of “Spirit” and with other trade practised by persons with little knowledge all around. In rural areas, a village barber and a blacksmith used to come to the rescue of painful tooth in pulling out teeth without knowledge of application of instruments even without anaesthesia. There used to be another “Healing Centre” of a holyman spirit, though no extraction but preventive course and line action, was blessing for the community. In case of pain the holy spirit was considered to be a source of relief. From stages of this development, the clever barber boiled healer and tooth extractor, applied to ailing men and women of the country. Similar contribution of barber surgeon are related in the Royal College of Surgeon, England where they helped to promote the art and skill of surgery and dental surgery. The gradual time of science helped to bring the increase in personal awareness and thus de’Montmorency College of Dentistry, Lahore, was established in 1934 in the Indo-Pakistan sub-continent.

The College of Dentistry, Lahore met the crisis after partition although scarcity of teachers was long observed, which to some extent still prevails according to the report of

Medical Council of Pakistan, 1970 where dearth of teachers was observed. There were few Muslim

Graduates after the creation of Pakistan in 1947. The production similarly increased and it has reached to 20-25 in a year. About 450 Graduates have qualified from this Premier Institute of Pakistan. Out of these, some are teachers, research workers and most of them are working in friendly countries. Army and Railways is being benefited by the Graduates of this Institute, which is a national pride. The college is located in the heart of city in an excellent building equipped with modern techniques and appliances. The college also provides Master's degree in the subject of Dental Surgery in the University of the Punjab.

The dental sections were opened at Liaquat Medical College, Jam Shorroo, Hyderabad and Khyber Medical College, Peshawar. Both these institutions are helping to bring out Dental Graduates for benefit of dental services in their Provinces. There were two Dental Colleges in East Pakistan. It is expected that the Government of Punjab may start the dental section at Nishtar Medical College shortly.

In early 1954 dental aid was limited to Dental Hospital, Ravi Road, Lahore. In 1954, Mayo Hospital, Lahore started a dental clinic. Similarly, first dental clinic was opened at Lady Reading Hospital, Peshawar, NWFP. On the same pattern in 1956, a dental clinic was started at Civil Hospital, Quetta, where I was appointed as the First Dental Surgeon of Quetta and Kalat Region, now Province of Baluchistan. Some years later Dental Clinics at Kalat and Sibi, and at two other places were opened and now almost all Districts of West Pakistan and few Tehsils are equipped with services of a dental surgeon. Likewise the Central Government Hospitals at Karachi and Rawalpindi provide dental relief but there is no preventive or Dental Public Health Programme either in the form of school dental service or Health Education or Guidance Clinic.

Furthermore, as the practice of dentistry, is more sophisticated in technical skill and extent of dental need was realized, the profession attempted to find out other technical

skill, in order to expand and develop public dentistry, than, the health services, for attainment of optimum to the dental health for prevention purposes both at the Centre and in every Province.

The State, so far, is providing curative and palliative treatment at district headquarter hospitals in the Provinces and the Central Government Hospitals and at Railway.

After reviewing the historical background and existing dental service, we are constrained to maintain that there do exist no indication or supporting encouragement's for preventive measures for the welfare of the common-man. Therefore, this is the urgent need for such programme which is concerned with recognition of problems of public and prevention of dental diseases in the country. The Dental Health Programme is based on:

- a. Preventive
- b. Administration
- c. Direct provision of care
- d. Research
- e. Education

No programme of prevention can be successful without proper administration. Therefore the administration should be considered under four levels: -

- a. administration
- b. Dental Manpower
- c. Need of the Community
- d. Cost of the Scheme

Administration

There should be administrative control pertaining to implementation of the preventive measures by the qualified Dental Public Health Experts at the Centre and at the Provincial level and in future years the Public Health Programme at the level of Provincial Directorate and the District level in order to channelise communication to the profession for the community and from community to the profession. This Directorate at the Centre shall design:

- a. Survey of the various population; i.e. school population, rural area population and urban area population for knowing the exact prevalence and the need for the treatment and prevention.
- b. Programme Plan for future prevention.
- c. Programme Administration.
- d. Evaluation and Treatment Plan.
- e. Communication with other world for:
 - (1) providing advance knowledge to Dental Public Health Programme Experts.
 - (2) Facilities for Education and Research.
 - (3) Comparison with the dental condition and means of Public Health Programme in other countries of the world.

So in the first instance the Directorate of Dental Public Health at the Centre may immediately be established in order to fulfil the idea mentioned earlier.

Dental Manpower

Although we have three Dental Institutions for training Dental Graduates, yet we are short of Dental Manpower. According to WHO report in 1967, the ratio of dental manpower in Pakistan is 1 : 435,000, in Afghanistan 1 : 18, 900, in Sweden 1 : 450 where as in USA is 1 : 1,900. As it has been reported before about 150 Dental Surgeons are working outside the country and at the same time new Graduates face the employment problems due to lack of proper planning and lack of Public Health Programme in the country. In order to overcome the Dental Manpower, it is suggested that: -

- a. The Postgraduate diploma in Dental Public Health may immediately be started at Lahore to channelise the Public Health Programme.
- b. The two years course of para-dental staff i.e. Dental Hygienists at level with Lady Health Visitors may be started immediately to help the Public Health Programme. The Hygienist shall work in schools, in Maternity and Child Welfare Centres and rural sub-centres under the direct supervision of a Dental Public Health Officer. It may be mentioned that no country in

the world can cope with dental problems without assistance by the Para-dental staff.

- c. The Medical Institutions at Bahawalpur and future Institutions at Lyallpur and at other places should have the dental section from its start so that the number of graduates may be increased annually.
- d. Some attraction may be given to the Dental Scientists who have settled down in foreign countries for employment or for private practice, their experience, skill, advance knowledge in the various branches of dentistry may be utilized.
- e. In case of selection to the teaching Institutions of Dental Surgeons, restriction of domicile and zonal system should be evaded. The qualities, qualifications, research aptitude and post-graduate qualifications should be the criteria for choosing a teacher to a Dental Institution.

These steps, if practised, shall solve the dental manpower problems in Pakistan.

Need of the Community

The community need of the rural population is different in nature in comparison to the urban population such as, in rural areas the problems are:

- a. Complete absence of dental aid.
- b. Complete ignorance about the dental health or the preventive measures.
- c. Lack of guidance through the medical teams for dental problems.

Need of the Rural Population

The minimum need of the rural population is : -

- a. The elimination of oral sepsis.
- b. Introduction of preventive measure through Health Education.
- c. Relief of Pain.

- d. Assurance and sympathetic guidance.

The rural population does not need luxurious or modern equipment but they need ready made dental aid. The dental clinics at primary health centres and the para dental trained staff at sub centres with simple dental equipment can suffice the need of the community. The Public Dental Officer shall guide the community in gathering, in groups, through Radio, T. V. and Films, through religious ways etc. shall motivate towards the dental health.

Need of the Urban Population

- a. **Guidance:**

Preventive technical treatment i.e. filling of the cavities and scaling and polishing and through orthodontic appliances.

- b. **School Dental Service:**

The Urban population needs the school dental service for helping the population.

- c. **Introduction of dental clinics:**

In the localities of Gulberg, Model Town, Shadman Colony, etc. etc. for restorative dentistry.

- (1) This step shall help the dental profession.
- (2) It shall benefit the population.
- (3) It shall evolve modes and methods of the service.
- (4) It shall provide relief to the community.
- (5) It shall save the time of the community.
- (6) It shall help the community to cherish the food, and last but the least the public dentistry shall save the individual and the community from various systemic illness because of the bad teeth and it shall provide the satisfaction to the Musalman of our society for practising the principle of Islam and the Holy Prophet.

Cost of the Scheme

Scheme is as follows: -

- a. Central Directorate for Dental Public Health.
- b. Provincial Joint Secretaries, Dental Public Health.
- c. Course of DPD at Institute of Hygiene, Lahore.
- d. Establishment of Para-dental School at Institute of Hygiene in collaboration with the Public Health School.
- e. Starting of simple dental clinics costing Rs. 2,000/- to Rs. 3000/- each at primary and sub-rural health centres.

This is a five year plan where the expenditure and the cost of the scheme is not very much high by creating the post of a Director General, Public Health and Joint Secretaries at the Provincial level. The cost of DPD is almost in excess, by appointing the Chairman of Department Dental Public Health, at the Institute of Hygiene, Lahore, where rest of courses are run by the existing staff. Similarly, the Public Health School shall not cost much as it shall run in collaboration with Public Health School, Institute of Hygiene and under the Dental Public Health Department to be created at the Institute of Hygiene.

Need in Pakistan

Dental disease ranks as one of the greatest affliction of mankind today and affects all countries of the world. However, it affects mostly civilized mankind, which has dictated an artificial and soft diet. In our country, the periodontal problems are common, but incidence of dental decay is not less than any country.

Knowing the high prevalence of the dental disease by the various workers in an outside the country, its aim must be that the control of the dental disease may be enforced by preventive measures i.e. by the introduction of Dental Health Programme in Pakistan which has already been discussed.

The preventive measures, if introduced, shall reduce: -

- a. Severity of the disease.

- b. Lessen the rapidity of destruction.
- c. Prolong the national dentition and correct the remediable dental defects.
- d. It shall regularise the habits of the oral hygiene and methods of the children and masses.
- e. It shall also provide us the true picture to the prevalence of the dental disease in the country.
- f. It shall also help us to adopt the method to check up the incidence of the dental disease.
- g. It shall provide us the statistical data and research opportunities.
- h. It shall promote the Dental Health and efficiency through the organized community efforts.
- i. It shall also popularize the dental profession along with the growing population of the country and the last but not the least, it shall take the profession at level with other countries of the world.

Effects of the changes after introduction of Public Health in Service.

- a. This shall create a change for a dentist to work for planning and development and promoting of the cause of dentistry.
- b. Dental services in the Provinces shall be controlled and guided properly by a technical man and the Government shall be benefited by the channel of services in the interest of the public.
- c. There shall be coordination and quality pattern of all the dental clinics in the Provinces of Pakistan.
- d. The problems of the dental surgeons, and their needs shall be properly met with and listened to.
- e. The service shall be controlled by medical service as an amalgamated service. Separate dental service cannot serve the proper purpose.
- f. Refresher and re-oriented courses be arranged and will help the dental surgeons to expand their knowledge to be conducted by new system.

The preventive dentistry shall flourish and have better influence over the public.