Review Article

Prioritizing Routine Dental Visits in Developing Nations: Addressing the Silent Epidemic

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ABSTRACT

In developing countries, the burden of oral disease remains a silent epidemic, yet not considered very important in comparison to other systemic health-associated challenges. While significant strides are being achieved in curbing major communicable diseases, some non-communicable diseases are not gaining the same ground, particularly oral diseases such as Dental caries and Periodontal diseases. The review, therefore, aims to highlight the significant role of" Routine Dental Visits" in mitigating against a rise in the global burden and the key factors responsible for its non-utilization generally. It identifies factors such as; poor perception and ignorance of the importance of oral health in relation to overall health, of both the individuals and the government, cultural barriers, affordability of oral health services, a generalized poor health seeking behavior, non\insufficient- health insurance coverage for oral diseases and the curative health model approach of the government system of care, as responsible. The consequence of this neglect was further analysed to be a worsening of clinical presentations, requiring a much higher level of funding than would have been needed for preventive oral healthcare. This subsequently translates to a higher financial burden on oral healthcare for both the individual and the government at large. Changing the status quo would require a change in the curative model approach to oral health to a preventive model of oral healthcare. This would include prioritizing routine oral\dental visits, as a core component of primary healthcare, leveraging on community-based strategies and the integration of oral healthcare into existing health platforms.

Keywords: Oral healthcare, Routine dental visits, Oral diseases, Global burden

INTRODUCTION

The global burden of oral diseases is a growing concern that requires timely intervention. The challenge has been reported to be more in developing countries due to major factors such as poverty[1]. Current global statistics of oral disease burden reveal a significant proportion of the population being affected by oral diseases in different forms. The most recent WHO Global Oral Health Status Report (GOHSR) in 2021 highlighted major areas of challenges confronting the actualization of the Universal Health Coverage (UHC) goal set for 2030 by the World Health Organisation (WHO)[1]. At the top of the list was that about 50% of the world's population was affected with one form of oral disease -

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- or another, approximately 3.5 billion persons. This figure is reported to be higher than the sum of the next 5 most prevalent non-communicable diseases[1,2]. Most prevalent on the list of oral infections was Dental caries, followed by periodontal disease, edentulism, and Oral cancer. The report further analyzed the key causes of the decline in oral health status of most regions of the globe. These included poor financing in developing countries due to their low GDP (Gross Domestic Product); global shortage of oral health professionals; inequality of wealth distribution in developing nations, resulting in unequal access to oral health care, and poor prioritization of oral health-related policies and projects by policymakers and government functionaries, expressed by very low budgetary allocations by the same[1].

The report on the Global Burden of Disease as at 2017[2], stated that the prevalence of untreated dental caries in permanent teeth was the most common health challenge globally (GBD 2017)[2]. While often regarded as a minor health concern, Dental caries and its sequelae can result in profound consequences, including chronic pain, systemic health complications, reduced productivity, and significant financial hardship. The burden of oral disease is undoubtedly greater in developing nations, as repeatedly reported by global health reports[3,4]. Reasons emphasized include a confluence of factors such as rapid urbanization, increased sugar consumption, illiteracy, inadequate oral healthcare professionals, and limited healthcare infrastructure. These have created a perfect storm for oral health decline.

Whereas the cost of curative oral healthcare burden is immensely weighty, the preventive strategies have been reported to be far lighter. Hence the need for intentional focus on preventive health practices, such as routine annual oral health checks.

This article, therefore, aims to address the obvious critical need for a radical focus by the government and stakeholders of developing nations to improve "Routine Annual Oral Health checks" as an effective measure to curb the oral health challenge.

The Attitude: Perceptions and Priorities

In most developing countries, dental care is predominantly perceived as a reactive measure, rather than as a proactive health maintenance activity. Dental visits are typically sought as a final resort, particularly when associated with intractable pain. This perception seems to be rooted in a historical and cultural belief system that views dental issues as either minor, non-life-threatening, and separate from "real" systemic health concerns[5,6]. As a result, routine check-ups, professional cleanings, and early interventions for asymptomatic conditions are unfamiliar concepts to the majority of the population[5,6]. The fear of cross-infection during dental procedures, particularly with blood-borne infections, is another belief that negates the interest in routine dental visits. There are also concerns about the possibility of contamination of the dental water supply used routinely during procedures, which could result in amoebic infections[7]. This belief is, however, not supported by some studies that have reported a good level of compliance with standard infection control protocols among dental healthcare professionals during procedures[8].

The challenge is further compounded by oral health literacy gaps. Research across sub-Saharan Africa and South Asia indicates that a significant portion of the population cannot identify the early signs of dental caries, gum disease, or the causal link between oral hygiene status and systemic conditions, such as diabetes or adverse pregnancy outcomes. Having biannual routine examinations is considered superfluous and expensive rather than a necessity. The consequence of this belief amounts to cases almost always presenting late for treatment and incurring more financial burden than necessary[9].

The Systemic Reinforcement of a Curative-Only Model

The challenge is worsened by the poor response of the government to health challenges in society. This is clearly demonstrated by the poor annual budgetary health-related allocation at all levels[10,11].

The lack of adequate funding in government-run health insurance programs attests to the discouraging disposition of the leadership of many of these countries. In the absence of insurance or public coverage for preventive care, high out-of-pocket costs for dental services make routine visits unaffordable for a large segment of the population[10]. This has created a situation where most government-owned health facilities serve more like pain clinics rather than a comprehensive oral health centre for a holistic approach to oral health care. Inadequate manpower supply in the centres further overburdens the system of care. Thus, setting the stage for further discouragement of the citizens in seeking oral healthcare promptly[10,11].

The Consequences of Neglect: A Cascade of Morbidity and Cost

The consequences of poor oral health-seeking behaviour of individuals and the lack of support of the government to oral health care are dire and unfavourable at all levels of impact. A simple dental carious lesion that presents late could lead to an irreversible pulpitis, which would require a root canal filling. The cost of a root canal filling could be

equivalent to a monthly wage in a low-income household, which alone is enough for the quick choice of a dental extraction for such an individual. Untreated dental caries could present as a dentoalveolar abscess that could lead to tooth loss, particularly where the patient lacks the financial capacity to access an endodontic procedure to save the tooth. Untreated dental caries in children affects school performance, nutrition, and self-esteem; however, it remains largely unaddressed because of a lack of school-based preventive programs or routine paediatric dental check-ups[12,13]. The presentations, possibilities, and consequences of poor oral health-seeking behaviours are extensive and unpleasant, resulting in losses both physically, psychologically, and financially. Early prevention is key to oral health success in any society. Embedding routine dental visits into the healthcare system and investing in preventive services is crucial to redirecting the wheel towards better oral health care in developing countries.

A Path Forward: Re-awakening Awareness and Access
Chatting the course for improved oral health care in order to arrive at universal health for all by the year 2030 requires strategic planning and implementation.

First will be the **integration of Oral health into healthcare planning, training, and delivery**. Oral health must be integrated into primary healthcare. Training non-dental professionals, such as community health workers, nurses, and primary care physicians, to conduct basic oral examinations, provide anticipatory guidance, and make referrals for routine visits can demystify dental care. This approach will help in positioning oral health within the familiar context of general health, normalizing the concept of regular check-ups[14].

Furthermore, utilizing **community-based outreach** alongside clinical services will help to increase preventive measures at the grassroots of society. School-based fluoride varnish programs, community screening events, and mobile dental units can be utilized during such programs: Early routine preventive services in a non-emergent state help in reshaping perceptions of dental care[15].

Finally, **advocacy for policy change** is non-negotiable. Studies revealing the local evidence on the cost-effectiveness of preventive care and the economic burden of neglecting it should be fostered and supported. These data will be essential for advocating for routine dental visits to be included in UHC packages. Providing one or two preventive visits per year within the national insurance-covered benefits would signal a policy-level acknowledgment of their importance, driving both demand and utilization[16].

Conclusion:
The high burden of oral disease in developing countries is not a reflection of an inevitable pathology; it is a reflection of systemic neglect and a demonstration of the impact of failure of awareness. Until routine dental visits are recognized not as a luxury but as a fundamental component of primary healthcare by individuals, communities, and policymakers, the cycle of preventable pain and financial depreciation of scarce resources will continue. To redirect the rhythm, there must be a health system reform in favour of preventive health by the government and a preventive health-seeking culture among individuals.

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