



ORAL HEALTH AND SOCIAL DETERMINANTS: A COMPREHENSIVE REVIEW

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ABSTRACT According to the World Health Organization (WHO), “The social determinants of health (SDH) are the nonmedical factors that influence health outcomes.”¹ The circumstances in which people are born, grow, live, work, and age significantly impact health and well-being. Some examples of SDH are socioeconomic status, education level, employment, and access to health care. Oral health is an integral part of overall health, influenced by various social determinants, including socioeconomic status, education, geographical location, and cultural practices. Oral disease is associated with an array of structural determinants (income, goods, and services). It is also associated with daily living conditions, and social gradients have been reported for dental caries, periodontal disease, oral cancer, and tooth loss. These determinants affect both access to dental care and oral health behaviors, resulting in significant disparities. This review explores the role of social determinants in oral health, emphasizing how factors like income, education, and environment contribute to oral health inequities. We conclude by discussing interventions and policy implications aimed at reducing these disparities and promoting equitable oral health outcomes.

KEYWORDS : Health Inequity, Oral Health, Social Determinants Of Health

INTRODUCTION

Oral health is essential for overall well-being, affecting physical health, quality of life, and social interaction. Oral disease is associated with an array of structural determinants (income, goods, and services). It is also associated with daily living conditions, and social gradients have been reported for dental caries, periodontal disease, oral cancer, and tooth loss. Poor oral health has been linked to systemic diseases, such as cardiovascular disease, diabetes, and respiratory infections, highlighting its importance beyond the mouth.^{1,2} However, access to oral healthcare and the quality of oral health differ widely, influenced by various social determinants. These social factors play a critical role in shaping oral health outcomes, as disparities in income, education, occupation, and environment contribute to differences in access to care and oral health literacy.^{3,4}

This review examines the ways in which social determinants shape oral health outcomes, focusing on socioeconomic status, geographic location, cultural beliefs, and other factors. Understanding these determinants is crucial for developing effective policies and interventions to bridge the oral health gap and promote equity in health.

1. Socioeconomic Status and Oral Health Income and Access to Dental Care

Income levels directly impact access to dental services, with lower-income individuals often facing higher rates of untreated oral conditions due to cost barriers. Studies show a strong correlation between income and access to preventive dental care, with wealthier individuals being more likely to afford regular check-ups and procedures. According to Sanders et al. (2015)⁵, adults with lower socioeconomic status are more likely to suffer from dental decay and tooth loss, highlighting income as a significant barrier to oral health. Risk factors for head and neck cancer, such as tobacco and alcohol use, are likely to be increased in low income communities, due to uncontrolled social determinants. A study that aimed to examine the role of tobacco and alcohol in the incidence of oral cancer highlighted the importance of an awareness campaigns among smokers and heavy drinkers as cancer is more frequent among these underserved populations.¹³

Education and Oral Health Literacy

Education shapes oral health behaviors, as individuals with higher education levels are generally more informed about oral hygiene practices and the importance of regular dental visits. Oral health literacy, which is the capacity to understand and use health-related information, is often lower in individuals with limited education, leading to poorer health outcomes. Research by Petersen et al. (2019)⁷ indicates that individuals with limited education have less awareness of oral hygiene practices, leading to a higher prevalence of oral diseases.

Employment and Insurance Coverage

Employment status also affects access to oral health care. Jobs that provide dental insurance enable employees to seek regular dental care. In contrast, unemployed individuals or those in informal jobs lack this benefit, leading to delayed care and untreated oral issues. Studies suggest that individuals with insurance have significantly better oral health outcomes than those without (Petersen et al., 2019).⁴

2. Geographic and Environmental Factors

Urban vs. Rural Disparities

The geographic location of individuals influences access to dental services. People in urban areas generally have more healthcare facilities, including dental clinics, compared to rural areas where access may be limited due to fewer providers and greater travel distances. Research has shown that individuals in rural areas face more obstacles in accessing preventive care, resulting in poorer oral health outcomes compared to urban populations.¹

Community Fluoridation and Water Quality

Community water fluoridation is an effective public health intervention to reduce dental caries. However, access to fluoridated water varies by location. Individuals in areas without fluoridation or with poor water quality are more susceptible to tooth decay and other dental issues. Armfield and Spencer (2004)¹ found that communities with fluoridated water report lower rates of dental caries, suggesting that environmental interventions play a role in promoting oral health.

3. Cultural and Behavioral Determinants

Cultural Beliefs and Attitudes Toward Oral Health

Cultural beliefs influence how individuals perceive oral health and their approach to dental care. In some cultures, traditional remedies may be preferred over professional dental care, potentially leading to delayed treatment. Additionally, cultural attitudes toward appearance and oral health can shape individuals' willingness to seek care.

Oral Health-Related Behaviors

Certain behaviors, such as smoking, diet, and oral hygiene practices, are known risk factors for oral health. High sugar intake, poor dietary choices, and tobacco use are linked to a higher risk of dental caries and gum disease. The “common risk factor approach,” advocated by Sheiham and Watt (2000),⁶ emphasizes the need to address these behaviors in the context of social determinants to improve oral health outcomes.

4. Psychological and Social Support Factors

Social Support Networks

Social support influences health-seeking behaviors and outcomes. Individuals with strong social networks may receive encouragement for positive oral health behaviors, such as regular dental visits, while isolated individuals may lack this support, resulting in poorer oral

health. Studies by Baker et al. (2005)² suggest that social support plays a significant role in health behavior, including oral hygiene practices.

Mental Health and Oral Health Outcomes

Mental health conditions, such as depression and anxiety, have been associated with poor oral health outcomes. Individuals with mental health issues may neglect oral hygiene and avoid seeking care, leading to a higher prevalence of dental issues. Kisely et al. (2015)³ reported a correlation between poor oral health and mental illness, emphasizing the need to address psychological determinants in oral health policies.

DISCUSSION

The social determinants of oral health are multifaceted, with socioeconomic status, geographic location, cultural beliefs, and psychological factors all playing critical roles. Socioeconomic factors such as income, education, and employment dictate individuals' access to dental care, while geographic factors highlight disparities between urban and rural areas. Cultural and behavioral factors shape attitudes toward oral hygiene and the use of professional dental services, while psychological factors, including social support and mental health, further influence oral health outcomes⁷⁻⁹

Addressing these disparities requires a holistic approach that considers each of these social determinants. Health policies should focus on expanding access to affordable dental care for low-income individuals and enhancing oral health education programs. Implementing community-based interventions, such as mobile clinics in rural areas, can bridge the geographic divide and provide essential services to underserved populations.¹⁰

CONCLUSION

Most of the factors influencing health; such as experiences in the early years, education, working life, income, and environmental conditions, lie outside the immediate reach of the health system. Current understanding of the social determinants indicates that significant improvements in health could be achieved if medical, dental, and public health professionals address these broader influences on health outcomes while maintaining excellence in traditional disease control approaches.¹¹ The link between social determinants and oral health is undeniable, with socioeconomic, geographic, cultural, and psychological factors contributing to significant disparities in oral health outcomes. To promote equity in oral health, interventions must be tailored to address these determinants comprehensively. Policymakers, healthcare providers, and community organizations must work together to create initiatives that improve access to care, raise oral health literacy, and support positive health behaviors across all population groups. Such efforts are crucial in fostering a society where oral health is no longer a privilege but a universally accessible right.

Oral diseases like dental caries, periodontal disease and oral cancer, issues such as poor access to dental care, and low oral health literacy levels are social, political, behavioral, and medical in nature. These conditions will only be controlled by the promotion of initiatives that prioritize the improvement in the SDH as a backbone structure for the development of healthy enabling environments.¹²

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