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RESEARCH ARTICLE

DENTISTS - ARE WE AWARE! WE ARE THE ULTIMATE ADVOCATES OF ORAL HEALTH: UNDERSTANDING ADVOCACY IN THE INDIAN CONTEXT.

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Abstract

Advocacy of various forms have brought about credible and pronounced changes in every arena of life including oral health concerns. The health professionals awareness and skills of Advocacy and lobbying in India, which would affect policy making at national and community levels are under developed and in urgent need of strengthening. This article is an effort to render a concise perception of advocacy and lobbying.

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Introduction:-

Every individual has the right to attain and retain optimal oral health. Making quality health care available, affordable and accessible to every individual by ensuring that the government would prioritize a more equitable distribution of health care workers and increase domestic funding requires adequate lobbying and advocacy efforts. Public health issues are being neglected because they are 'off the political radar' and perceived as unimportant.¹ This especially holds true in the Indian context where policy makers are rarely professionals and most often ignorant regarding health issues.

Both health and oral health professionals seem to be unaware or lack the motivation as regards the true potential they possess for advocacy and lobbying. Though General health professionals maybe involved in advocacy for health issues, the oral health issues are often relegated to the back burner. The research clearly demonstrates the lack of awareness among Health professionals toward oral health issues. To cite but one example –research done among. Pediatricians which has shown lack of familiarity with oral health issues, which make it difficult for them to promote prevention of dental caries.² This may hamper the contribution of health professionals toward any advocacy efforts for oral health. Improved knowledge and Awareness created among these professionals would empower them for active advocacy efforts in both areas general and oral health issues.³

Hence in a nutshell it is crucial to understand the basic concepts of advocacy and lobbying for dental health professionals to emerge as prime advocates promoting dental education, biomedical research and oral health concerns among the Indian populace.

The sheer lack of awareness among oral health professionals and the resulting indifference regarding the various dimensions of advocacy and lobbying have provoked this endeavor to highlight the basic concepts of this subject.

Perception of advocacy and lobbying:-

Advocacy:-

Advocacy involves gaining and exercising power to influence any political action, employing methods such as demonstrations, public campaigns and civic education. Advocacy can be the primary mission of international agencies and civil society organizations seeking to influence global and national decision makers.

However “Advocacy is often incandescent during its limited hours on the stage, only to resume pumpkin status after midnight”.¹

Types of Advocacy:-

- ❖ **Health advocacy:** Health advocacy supports and promotes patient's health care rights as well as enhance community health and policy initiatives that focus on the availability, safety and quality of care.
- ❖ **Ideological advocacy:** In this approach, groups fight, sometimes during protests, to advance their ideas in the decision-making circles.
- ❖ **Budget advocacy:** Budget advocacy is an aspect of advocacy that ensures government to be more accountable to the people and promote transparency as well as ensuring greater alertness to the needs and aspirations of people in general and the deprived sections of the community.
- ❖ **Bureaucratic advocacy:** People consider “experts” have more chance to succeed at presenting their issues to decision-makers. They use bureaucratic advocacy to influence the agenda, however at a slower pace.
- ❖ **Interest-group advocacy:** lobbying is the main tool used by interest groups doing mass advocacy. It is a form of action that does not always succeed at influencing political decision-makers as it requires resources and organization to be effective.⁴
- ❖ **Legislative advocacy:** legislative advocacy is the “reliance on the state or federal legislative process” as part of a strategy to create change.⁵
- ❖ **Mass advocacy:** is any type of action taken by large groups (petitions, demonstrations, etc.)
- ❖ **Media advocacy:** is “the strategic use of the mass media as a resource to advance a social or public policy initiative”.⁶

Hence advocacy majorly involves public education, voter and candidate education, issue research and analysis, policy education, organizing and mobilizing the public for betterment of the society.⁴

According to Jack E Bresch⁷ Certain skills are mandatory if one has to be effective in advocacy.

- ✓ The first and foremost skill is acquiring a thorough understanding of the political environment which would seek to bring about changes from within.
- ✓ The second skill necessary to be an effective advocate is a working knowledge of the legislative processes and the various political players who can influence them.
- ✓ The third skill of effective advocates is the ability to build grass root networks and coalitions in local communities.

LOBBYING:-

Lobbying refers to influencing the government and its leaders. Lobbyists endeavor to sway policy makers and legislators to address definite issues, often by introducing or revising legislation and policy. Lobbying activities may comprise private meetings with decision makers, in addition to public campaigns and demonstrations.⁸

Enumerating two important types of lobbying:

Direct lobbying:-

Direct lobbying occurs when a nonprofit organization attempts to influence specific legislation by stating a position to a “legislator” or other government employee who participates in the formulation of legislation.

The IRS (Internal Revenue Services) defines "direct lobbying" as any attempt to influence legislation through communication with legislators, staff persons, or any other government official who participates in the formulation of legislation, where the communication refers to specific legislation and reflects a view on the legislation. Simply letting a lawmaker know your position on specific legislation, then, is direct lobbying.⁸

Grass Roots Lobbying:-

Grass roots lobbying occurs when a nonprofit organization urges the general public to take action on specific legislation.

Rather than an attempt to influence legislators directly, "grassroots lobbying" is "any attempt to influence any legislation through an attempt to influence the opinions of the general public or any segment thereof. Grassroots lobbying must refer to specific legislation, reflect a view on the legislation, and include a "call to action."⁸

For example, A NGO organizes a massive "call or write your Minister campaign" to urge strict laws against public smoking.

How do advocacy and lobbying differ?

Although most people use the words interchangeably, there is a distinction between advocacy and lobbying that is essential to understand. Advocacy involves efforts to influence the authorities or the governing bodies through mediators like prominent members of the society. Lobbying refers specifically to advocacy efforts that attempt to influence legislation. This distinction is helpful to keep in mind because it implies that laws limiting the lobbying done by nonprofit organizations do not govern other advocacy activities.

Understanding the role of Advocacy and lobbying in Public health and Dental public health:-

Advocacy and lobbying are recognized as part of a health professional's role. They are effective ways to work for public policy reform. Health professionals can act as advocates and lobbyists themselves, or encourage and support other community members to take up advocacy and lobbying.

There are a number of national and international organizations which act to advocate for better health for the community. Some examples are Consumers' Health Forum, the Public Health Association, Tobacco Control Coalition, Hriday-Shan youth for health, Avani health foundation (HIV/AIDs awareness) etc.

Oral health Advocacy:-

Although diverse methods of influencing public policies or public opinions exist, it is important to advance advocacy initiatives with holistic perspective about the social change process. The use of a single component, such as mobilization or media relation in isolation may not lead to effective public advocacy. Advocacy models tailored for Indian scenario, which would deal with the systems at various levels like Central, State, District and Taluk should be adapted.⁹ The most potent means of elevating the profile of oral health and influencing the formulation of public policy is for constituents to communicate directly with their MPs (Member of Parliament), MLAs (Member of Legislative Assembly) and local elected officials like presidents of District panchayats and Gram/Rural panchayats.

With a mere 0.9% of India's GDP being spent on health care, the scenario not surprisingly, isn't a very pleasant one. Data shows that every second child in the country suffers from malnutrition that over 1,000 people succumb to Tuberculosis every day that almost 60,000 children are born with HIV each year! Basic health care and health assurance seem to be a distant dream for most of the population. Health is considered as an individual's problem and there is no collective responsibility from the state and the service providing machinery to tackle it. There is an indirect push towards private players which account for 70% of service provision in India.

Observations regarding oral health reveal that, dental caries is a public health problem in India with a prevalence as high as 60-80% in Indian children¹⁰. The prevalence of malocclusion in India varies from 20- 43%⁹, out of which about 30% of children suffer from malaligned teeth and jaws.¹⁰ This in addition to affecting function and esthetics plays an immense role in undermining the psychological makeup of the affected individuals. The prevalence of periodontal disease in India is 57%, 67.7%, 89.6% and 79.9% in the age groups 12, 15, 35-44 and 65-74 years, respectively.¹² In India, the age standardized incidence rate of oral cancer is 12.6 per 100 000 population.¹³ The

observations of high prevalence among oral diseases reveal an imperative necessity for lobbying and advocacy efforts to improve the oral health status of India.

Advocacy and lobbying efforts by various NGOs play a vital role in creating awareness among the policy makers regarding the various oral health issues. To give an example, Youth health activists of HRIDAY-SHAN in Delhi have successfully mobilized the community by creating three advocacy groups, TAT (Teachers Against Tobacco), PAT (Parents Against tobacco) and SAT (Students Against Tobacco). These three groups support and guide youth in their tobacco control advocacy campaigns. Smile India, Colgate India, AVNI health Foundation are examples of other NGOs. Other professional associations like the IDA (Indian Dental Association) play an active role at diverse levels. Activists with adequate level of expertise and mass support were proven better lobbyists in India than any individual professional expert.⁹

At the global level powerful advocacy efforts by the health and oral health professionals have resulted in initiatives like, to site few examples –a) Advocacy Forum For Tobacco Control (AFTC) which in turn Sensitize and train law enforcement agencies in partnership with government agencies for the effective enforcement of the provisions of the Indian Tobacco Control Act, i.e., Cigarettes and Other Tobacco Products Act, 2003 (COTPA) b) The Framework Convention for Tobacco Control (FCTC) WHO framework convention for tobacco control, asserts the importance of demand reduction strategies of tobacco products as well as supply issues.¹⁴ Therefore an overpowering necessity has arisen for dental health professionals in India to awaken and perceive the requisites for understanding the implications and advantages of advocacy and lobbying.

India has possibly the largest number of active non-government, not-for-profit organizations in the world. A recent study commissioned by the government put the number of such entities, accounted for till 2009, at 3.3 million. That is one NGO for less than 400 Indians, and many times the number of primary schools and primary health centers in India.¹⁵

The deployment of the tremendous manpower resources available in-place namely the various NGOs and the Dental associations with branches all over the country would be the ideal means to improve awareness and provide oral health care. A distinct need exists to create awareness among Oral health professionals, who should be trained during the academic course to acquire knowledge regarding Advocacy and lobbying and how they can influence the government through this channel to promote oral health care by formulating and implementing oral health policies. Lobbying for the deployment of Dentists (BDS) in every Primary Health Centre and a dental specialist (MDS) in every Community Health Centre all over the nation would be a prime example in this perspective.

Would mere deployment of oral health professionals suffice? It is certain that Oral health professionals are the experts at identifying problems and performing treatment modalities that are relevant to oral diseases. The concept of limiting oneself to the mere treatment of the problems or diseases has to evolve into prevention of those very diseases. Only then would acquiring and sharing of knowledge regarding the actual disease and its prevention be useful and applicable in the advocacy process. Active participation of oral health professionals in advocacy through meetings with community, political leaders and policy makers whilst sharing crucial information pertaining to disease prevention would be the first step in the right direction. Following it up with employment of media for mass lobbying and direct political lobbying would be a natural follow through in the sequence to achieving essential oral health preventive goals.

Conclusion:-

The article has highlighted the importance of role of health care workers in advocacy and lobbying. All of us involved in health care services should play a role towards the community at large. Ignorance can no longer be an excuse for the oral health professionals to renege from their responsibility towards the society. It is imperative that all oral health professional accept their social role and actively participate in advocacy and lobbying which will revolutionize oral health among population. Further awareness created among trainees would reform their outlook initiate propagating the new generation moving in right path.

References:-

1. Chapman S. Advocacy for public health: a primer. *J Epidemiol Community Health* 2004;58:361–365.
2. Poornima P, Meghna Bajaj, Nagaveni NB, Roopa KB, Neena IE, Bharath KP International Journal of Community Medicine and Public Health Poornima P et al. Evaluation of the knowledge, attitude and awareness in prevention of dental caries amongst paediatricians. *Int J Community Med Public Health*. 2015 Feb;2(1):64-70
3. S Srinidhi¹, Navin Anand Ingle², Preetha Elizebeth Chaly³, Chandrasekhara Reddy⁴ Dental Awareness and Attitudes among Medical Practitioners in Chennai. *J Oral Health Comm Dent* 2011;5(2)73-78
4. Baker, Joseph; Losco, Ralph (2008). *Am Gov* (1st ed.). New York: McGraw-Hill Higher Education.
5. Loue S, Lloyd L S, O'shea D J. Community health advocacy. New York: Kluwer Academic/Plenum Publishers 2003
6. Jerningan D H and Wright P. Media advocacy: lessons from community experiences. *Journal of Public Health Policy*. 1996;17(3): 306-330.
7. Bresch J E, Luke G G, McKinnon MD; Moss MJ, Pritchard D, Valachovic RW. Today's Threat Is Tomorrow's Crisis: Advocating for Dental Education, Dental and Biomedical Research, and Oral Health. *Journal of Dental Education* ;70(6):601-606.
8. Jon S, Vernick J D. Lobbying and Advocacy for the Public's Health: What Are the Limits for Nonprofit Organizations? *Am J of Public Health* 1999;89(9):1425-1429.
9. Samuel J. Public Advocacy and People-Centred Advocacy: Mobilising for Social Change Development in practice 2007;17(4-5)615-621.
10. Damle SG. Epidemiology of Dental Caries in India. In: *Pediatric Dentistry*. Arya Publishing House, New Delhi, 2002; pp 75-96.
11. Sureshbabu AM, Chandu GN, Shafiulla MD. Prevalence of malocclusion and orthodontic treatment needs among 13 - 15 year old school going children of Davangere city, Karnataka, India. *J Indian Assoc Public Health Dent* 2005; 6:32-5.
12. Bali R K, Mathur V B, Talwar P P, Channa H B. *National Oral Health Survey & Fluoride Mapping. 2002-2003*. India, Dental Council of India, India, 2004. www.iaphd.org. Accessed on 22:06:2011.
13. Petersen PE. Strengthening the prevention of oral cancer: the WHO perspective *Comm Dent Oral Epidemiol* 2005; 33: 397–9.
14. Soban Peter Text book Essentials of Preventive and community dentistry. Epidemiology, Etiology and prevention of Oral Cancer. 4th Edition Pg 146-148
15. First official estimate: An NGO for every 400 people in India. Posted: Wed Jul 07 2010, 03:50 hrs. www.indianexpress.com.