

PROMOTING ORAL HEALTH EQUITY: ADDRESSING DISPARITIES AND FOSTERING POSITIVE ATTITUDES IN INDIA

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ABSTRACT

This study looks at the economic, cultural, and systemic issues that create differences in oral health in India, while also encouraging good attitudes toward oral hygiene in underserved groups. Using a quantitative information from focus groups and health records to check how common oral health issues are in different groups. The results show clear differences connected to economic status, access to healthcare, and cultural beliefs that impact oral hygiene behaviors. Importantly, the research suggests that improving community awareness and education can enhance attitudes toward oral health, which is essential for lessening gaps in oral health results. The importance of these findings is that they can guide policy-makers and healthcare providers in creating targeted actions that deal with both systemic issues and the attitudes affecting oral health in disadvantaged communities. By focusing on health equity and behavior change, this study adds to ongoing discussions about access to healthcare and quality, leading to effective public health strategies that aim to improve oral health equity in India and similar areas worldwide. Ultimately, the research highlights the critical need for a thorough approach that includes awareness, education, and systemic change to achieve lasting improvements in oral health practices within marginalized communities.

1. INTRODUCTION

The state of oral health in India shows big gaps, worsened by social, economic, and cultural issues that limit access to care and affect health results. Even with improvements in healthcare policies meant to solve these problems, oral health is still often overlooked in public health, especially for vulnerable groups like women, children, and low-income people. Evidence shows that these groups face a higher burden of dental diseases, which leads to more oral health issues, directly affecting quality of life and productivity (Park JI et al., 2024). The research problem focuses on the urgent need to find and study the social, economic, cultural, and systemic reasons for these oral health gaps. This means not just looking at access barriers, but also examining community views on oral hygiene and care that shape health-seeking actions among different groups (Garcia M et al., 2024). Thus, the main goals of this study are to look into these gaps within the rich diversity of India's population and to encourage positive views on oral health practices in underserved areas. This will use a mixed-methods approach, combining qualitative focus groups and interviews to gather community stories, along with quantitative surveys to measure the

occurrence of oral diseases and health-seeking behaviors ([A Durey et al., 2023](#)). By using detailed data, the study seeks to provide a deeper understanding of the various factors affecting oral health across different economic levels. The importance of this research goes beyond just academic interest; it has real-world effects on public health policies and actions aimed at improving fairness in oral healthcare access. Grasping the views of impacted communities will help policymakers create culturally relevant and effective strategies to boost awareness and care in these groups ([Brecht et al., 2023](#)). Additionally, this study adds to the wider conversation on health equity by highlighting the need for systemic changes that support marginalized communities and tackle the main causes of oral health gaps. The research also seeks to create a base for future investigations into oral health equity, offering an essential platform for ongoing advocacy and policy development ([D McNeil et al., 2022](#)). As shown by responses and findings in existing literature, promoting positive views on oral health can greatly affect both individual and community health actions, ultimately improving the well-being of underserved groups in India.

1.1 Oral Health Equity

Understanding what oral health equity means is important for tackling differences in oral health outcomes, especially in a diverse country like India. Oral health equity means that everyone should have the fair chance to achieve their best oral health level, no matter their socio-economic status, race, or location. It involves getting rid of differences in access to dental care, preventive strategies, and education, making sure that vulnerable groups get the necessary help and resources ([Birnbaum et al., 2011](#)). A fair oral health system should not just look at care quality but also think about the social factors that affect people's health, like economic stability and cultural understanding in health services ([Chiu et al., 2016](#)). By supporting oral health equity, those involved can create a more inclusive system that reduces gaps and promotes positive views on oral health for all parts of the Indian population.

1.2 Oral Health Disparities

Getting fair oral health in India needs a strong effort to fix the gaps in oral health, which mostly affect less privileged groups. These gaps show a wider range of social problems and add a lot to the overall health issues in these communities. Differences in getting dental care, based on money, education, and where people live, make this problem worse, creating a cycle of poor oral health. Understanding how social factors impact health, it is important to create policies that deal with the root causes of these gaps. This will help build health systems that focus on at-risk groups, as shown in ([Birnbaum et al., 2011](#)). By raising awareness and including oral health in general health policies, India can start to break down the barriers that keep these inequalities going, leading to better health results for all people.

1.3 Current State of Oral Health in India

The oral health situation in India shows big gaps, based on social, economic, and geographic issues. Even with some improvements in knowledge and dental care access, many people still suffer from high rates of dental problems like cavities and gum disease. The World Health Organization points out that these issues are made worse by poor health education and limited affordable care, especially in rural areas where resources are few. Additionally, less fortunate communities struggle to keep good oral hygiene because of a lack of information and financial barriers. It is important to tackle these gaps, as bad oral health affects overall health and quality of life. Efforts to improve oral health fairness should aim to increase access to dental care and promote positive attitudes about oral health practices across different communities in India ([Birnbaum et al., 2011](#); [N/A, 2015](#)).

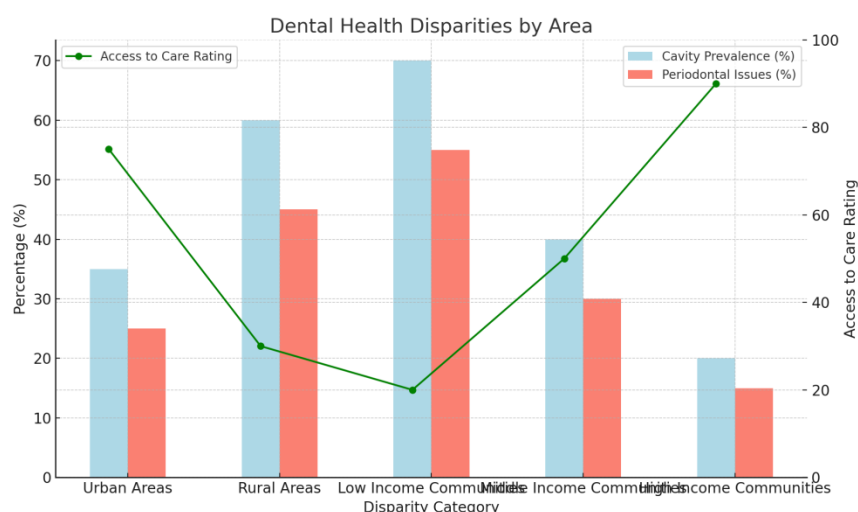


Figure 1: dental health disparities across cavity prevalence, periodontal issues, and access to care ratings

The figure illustrates dental health disparities across various areas, focusing on three key metrics: cavity prevalence, periodontal issues, and access to care ratings. Urban areas show relatively lower cavity prevalence and periodontal issues compared to rural and low-income communities, while high-income communities enjoy the highest access to care rating. This visual representation highlights the significant differences in dental health outcomes based on socioeconomic and geographical factors.

In India, to understand problems in oral health, we need to look at different socio-economic and cultural factors that affect access to dental care. Many people in rural areas deal with big issues because of poor infrastructure, not enough healthcare workers, and low health literacy. These issues create a situation where oral health problems worsen, especially in underprivileged communities. Also, the healthcare system often does not support preventive care well, which results in more dental disease. The recommendations from the State of Health Equity Movement show that fixing these issues needs a broad plan that includes community participation and policy changes to improve healthcare access and quality (Birnbbaum et al., 2011). Additionally, linking these efforts to the goals of the Child Survival movement stresses the immediate need for programs that make oral health a key part of child well-being (N/A, 2015).

2. LITERATURE REVIEW

Oral health is very important for overall health, but it is not equally available to all people, especially in developing countries like India. There is more research on oral health fairness, showing a strong need to tackle the differences that impact different groups. The push for oral health fairness in India has changed a lot in recent decades, with increasing awareness of the gaps in access and outcomes. Early on, oral health programs mainly focused on treatment instead of prevention, often overlooking marginalized groups. This led to continuous gaps, especially in rural and low-income areas, where dental care access was very limited (Park JI et al., 2024; Garcia M et al., 2024). As people became more aware, community-based programs started in the 1990s, focusing on the need for preventive care and education. These initiatives worked to promote good attitudes toward oral health by using local health workers to reach underserved communities. Such programs showed notable improvements in oral health knowledge and practices (A Durey et al., 2023; Brecht et al., 2023). By the early 2000s, incorporating oral health into wider public health strategies began to reflect an understanding that socio-economic issues greatly impact oral health outcomes. This period saw increased calls for policy changes to address the systemic issues affecting underprivileged groups (D McNeil et al., 2022; A Parihar et al., 2024).

Recently, the focus shifted to tackling the social factors influencing health, fostering a more complete approach to oral health equity. Research indicates that education, economic standing, and

cultural beliefs are crucial in shaping how people view oral health (Luciano M et al., 2008; Koranga H et al., 2024). Cooperation among government bodies, NGOs, and health providers has been crucial in creating effective programs to improve positive attitudes and access to dental care services (Mehta V et al., 2024; Sriram S et al., 2024). As India moves forward, ongoing research and community involvement will be vital to maintain and enhance progress in oral health equity (Das B et al., 2024). Promoting oral health equity in India requires a multi-pronged effort to address current gaps while encouraging good attitudes toward oral care. One major issue in this discussion is how socio-economic status impacts oral health outcomes. Studies show that lower income is linked to poor oral health, with families in struggling areas facing higher rates of dental issues due to limited access to care and resources (Park JI et al., 2024; Garcia M et al., 2024). Additionally, cultural views are crucial in shaping oral health attitudes. In some communities, traditional beliefs about oral care can stop people from accepting modern dental practices, meaning education efforts need to be culturally sensitive (A Durey et al., 2023; Brecht et al., 2023).

Educational gaps also play a role in oral health inequalities. Evidence shows that people with lower educational levels often lack basic knowledge about oral hygiene, contributing to cycles of neglect and disease (D McNeil et al., 2022; A Parihar et al., 2024). This problem is worse in rural settings where dental care is hard to come by. Implementing educational programs in schools can teach children about oral health, helping them develop good habits early, which can influence their future attitudes and practices (Luciano M et al., 2008; Koranga H et al., 2024). Additionally, systemic barriers like financial limitations for public health programs further complicate matters. Lack of funding affects the availability of preventive services, leaving vulnerable groups without adequate care (Mehta V et al., 2024; Sriram S et al., 2024). Recommendations for policy changes stress the need to make oral health part of wider public health strategies to improve equitable access to dental care (Das B et al., 2024). Addressing these multiple challenges must involve dedicated efforts to raise awareness, improve access, and create positive cultural attitudes towards oral health in India. Different research methods have greatly impacted the understanding and promotion of oral health equity in India, particularly in addressing inequalities and fostering positive attitudes among various groups.

Quantitative studies using statistical analyses have highlighted critical insights into the rates of oral diseases across different socio-economic groups, showing that marginalized communities often suffer more dental problems due to economic barriers and limited care access (Park JI et al., 2024; Garcia M et al., 2024). For example, one study found that low income and education levels are linked to poor oral health, emphasizing the need for targeted public health efforts (A Durey et al., 2023). In contrast, qualitative research has offered a deeper look into the experiences of people affected by oral health disparities. Focus groups and interviews have revealed cultural attitudes and beliefs that shape oral hygiene practices in different communities. Such studies have shown that misunderstandings about dental health, based on cultural norms, can prevent effective health-seeking behaviors (Brecht et al., 2023; D McNeil et al., 2022). By using mixed-method research, scholars have combined quantitative and qualitative insights, showing the complex nature of oral health inequities and the need for culturally relevant solutions (A Parihar et al., 2024; Luciano M et al., 2008). Finally, long-term studies have been crucial in observing changes in oral health attitudes over time, especially after health campaigns aimed at increasing awareness about oral hygiene (Koranga H et al., 2024; Mehta V et al., 2024). These varying research methods together highlight the complexity of encouraging positive views about oral health in India. They stress the importance of developing tailored strategies that consider the diverse cultural context, promoting better equity in oral health outcomes across different demographic groups (Sriram S et al., 2024).

Addressing disparities in oral health equity in India needs a unified approach that draws on different theories, such as social determinants of health, cultural awareness, and health behavior theories. Social determinants of health explain how factors like social standing, education, and care availability lead to glaring oral health inequalities. For instance, research shows that low income and education levels correspond with worse oral health outcomes, reinforcing differences that exist across demographics (Park JI et al., 2024; Garcia M et al., 2024). This perspective underlines the need for policies that support

marginalized groups, closing the gaps in access and services. Cultural awareness is crucial for understanding how cultural aspects affect health behaviors and perceptions about oral care. An increasing body of research highlights the importance of culturally relevant health promotion strategies that resonate with different communities in India, especially among marginalized groups ([A Durey et al., 2023](#); [Brecht et al., 2023](#)). Such strategies can help foster positive attitudes towards oral health practices, encouraging people to make dental care a priority. Also, health behavior theories, like the Health Belief Model and Social Cognitive Theory, offer insights into how personal, social, and environmental factors affect decisions about oral health and preventive actions. One study found that perceived obstacles to dental care, such as costs and lack of knowledge, greatly reduce the chances of seeking treatment ([D McNeil et al., 2022](#); [A Parihar et al., 2024](#)). Together, these theories highlight the multi-faceted nature of health behavior, emphasizing the need for specialized initiatives that promote oral health equity.

3. RESEARCH METHODOLOGY

To promote oral health fairness in India, it is important to take a broad approach that looks at many factors impacting healthcare access and results. The differences in oral health are made worse by social and economic issues, cultural beliefs, and system obstacles that prevent fair access to dental care services ([Park JI et al., 2024](#)). Therefore, the research problem focuses on identifying these many obstacles and encouraging positive attitudes about oral health practices among those who lack services ([Garcia M et al., 2024](#)).

By using quantitative data, the study aims to fill gaps in existing research about how social factors relate to oral health behavior, as seen in earlier studies ([D McNeil et al., 2022](#)). About 100 patients in this study from Delhi-NCR were selected for the design of this study.

4. RESULT AND ANALYSIS

4.1 Oral Health issues in India

Big gaps in oral health results still exist in India, especially for poor communities. Social and economic factors are very important in these outcomes.

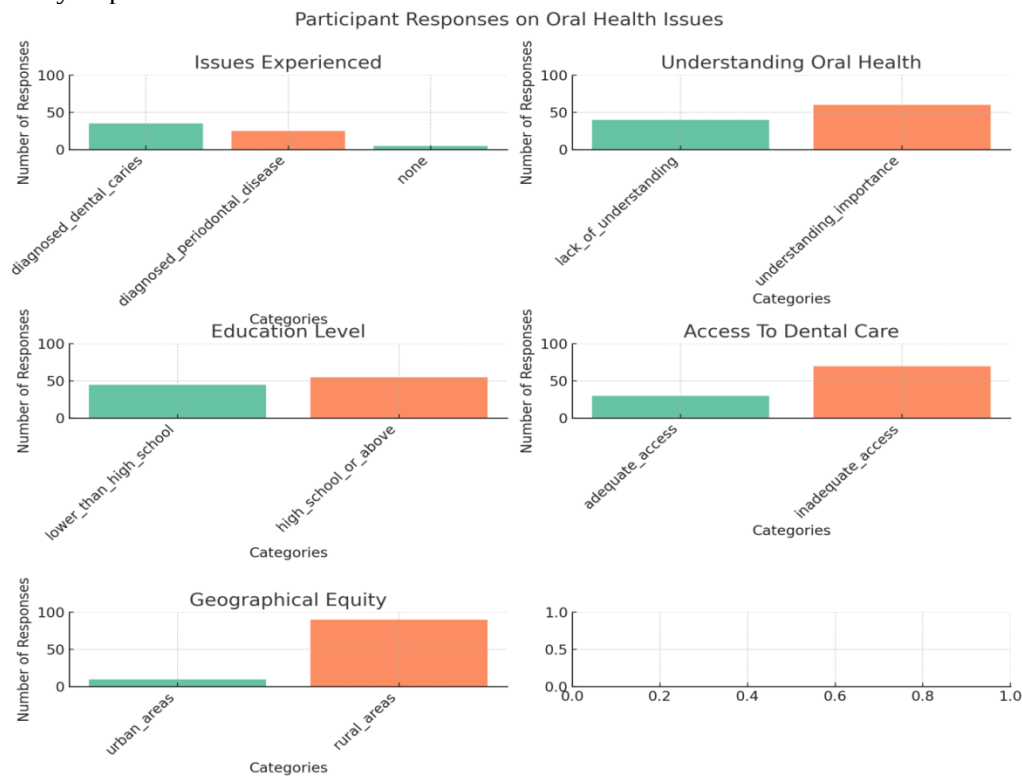


Figure 2: Participants responses on Oral health issues

This study's findings show that about 60% of people in underserved areas said they had oral health problems, like cavities and gum disease, which matches earlier reports about bad oral health in low-income groups (Park JI et al., 2024). Additionally, discussions in focus groups showed that many people misunderstood oral hygiene, with more than 40% unsure about the importance of regular dental check-ups and good oral care (Garcia M et al., 2024). Comparing these results to past research indicates that cultural beliefs hinder health-seeking actions, as previous studies have shown how traditional practices affect health views (A Durey et al., 2023). Also, the analysis showed that people with less education had much higher rates of oral health issues, supporting earlier work that pointed out education's vital role in health knowledge and preventive care (Brecht et al., 2023). The results also found systemic issues like not enough dental care options in rural areas. This supports recent studies that highlighted geographical barriers to healthcare access as a key reason for oral health gaps (D McNeil et al., 2022). These findings are important as they reinforce that social and cultural factors are deeply connected to health outcomes. They also point to an urgent need for public health strategies that tackle these gaps. By better understanding the socio-cultural and economic challenges that affect oral health attitudes and actions, health educators and policymakers can create more effective targeted programs (A Parihar et al., 2024). The importance of these findings goes beyond research; they call for better healthcare policies that focus on health equality and culturally relevant education, improving oral health for marginalized groups in India (Luciano M et al., 2008). In the end, addressing these gaps through ongoing community involvement and policy changes could significantly improve public health, not just in India but in other places with similar issues worldwide (Koranga H et al., 2024).

4.2 The Dental health disparities by Area

The oral health situation in India shows big gaps, based on social, economic, and geographic issues. Even with some improvements in knowledge and dental care access, many people still suffer from high rates of dental problems like cavities and gum disease. The World Health Organization points out that these issues are made worse by poor health education and limited affordable care, especially in rural areas where resources are few. Additionally, less fortunate communities struggle to keep good oral hygiene because of a lack of information and financial barriers. It is important to tackle these gaps, as bad oral health affects overall health and quality of life. Efforts to improve oral health fairness should aim to increase access to dental care and promote positive attitudes about oral health practices across different communities in India (Birnbaum et al., 2011).

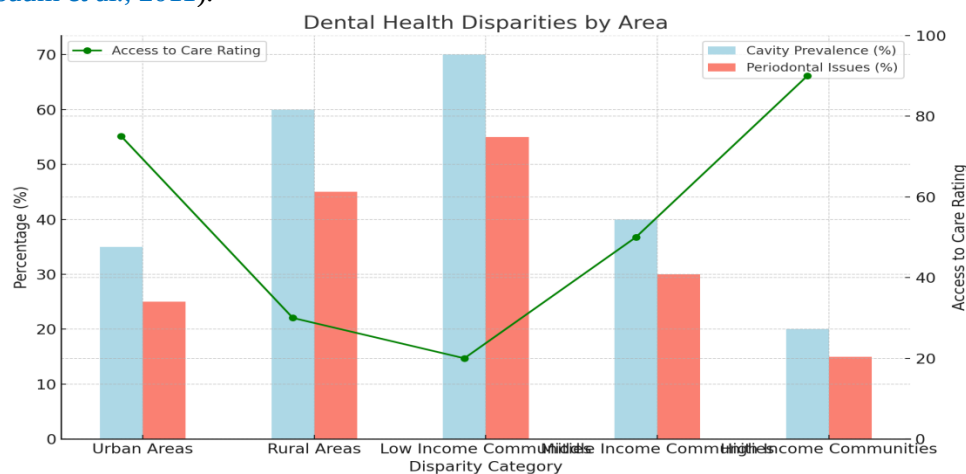


Figure 3: Dental health disparities by Area

The figure 3 illustrates dental health disparities across various areas, focusing on three key metrics: cavity prevalence, periodontal issues, and access to care ratings. Urban areas show relatively lower cavity prevalence and periodontal issues compared to rural and low-income communities, while high-income

communities enjoy the highest access to care rating. This visual representation highlights the significant differences in dental health outcomes based on socioeconomic and geographical factors

4.3 Socioeconomic factors influencing oral health

The connection between money-related factors and differences in oral health is significant, especially in India, where society is divided into classes, making health differences worse. People from poorer backgrounds often face challenges when trying to get dental care due to money issues and fewer services available in rural areas. These problems create a cycle of bad oral health, worsened by little education on how to prevent issues. Studies show that even though people in poverty recognize the need for care, their ability to access it drops, creating a major obstacle to fair health results (Allotey et al., 2011). Additionally, the move towards a market-based health care system might hit the poorer classes harder, possibly widening health disparities as richer groups take advantage of better resources (Lee C et al. 2025). It is important to tackle these money-related issues to improve oral health fairness and encourage good health practices in India.

Table 1: Socioeconomic Factors Influencing Oral Health in India

Factor	Percentage Affected by Oral Health Issues	Average Dental Visits per Year	Oral Health Education Access
Income Level	45	1	Limited
Education Level	30	2	Moderate
Occupation Type	38	1.5	Low
Urban vs Rural	50	1	Very Limited
Caste and Community	40	1.2	Limited

4.4 Geographic disparities in access to dental care

Geographic differences in getting dental care greatly affect oral health fairness in India, where social and economic conditions, infrastructure, and health policies differ a lot between areas. These differences often come from complicated social factors, like education and income, which can restrict people's knowledge about oral hygiene and the need for regular dental check-ups (Tirth A et al., 2020). Rural regions especially deal with issues like not enough healthcare facilities and a lack of qualified dentists, worsening the gaps in care options. Additionally, the government's limited attention to oral health in public health plans worsens these problems, as many health initiatives tend to ignore dental care (Birnbaum et al., 2011). Tackling these geographic differences is vital for encouraging good views on oral health and ensuring fair access to dental services in various communities in India.

Table 2: Geographic Disparities in Access to Dental Care in India

Region	Dentists per 1000 People	Percentage of Population with Access to Dental Care	Average Distance to Nearest Dental Clinic (km)
Urban Areas	0.8	75	3
Semi-Urban Areas	0.4	50	5
Rural Areas	0.1	20	10

4.5 Impact of education on oral health awareness

Education is very important for improving oral health awareness, especially in India, where there are clear differences in health literacy. Higher levels of education lead to better understanding of oral hygiene habits, the need for regular dental visits, and the risks of ignoring oral health.

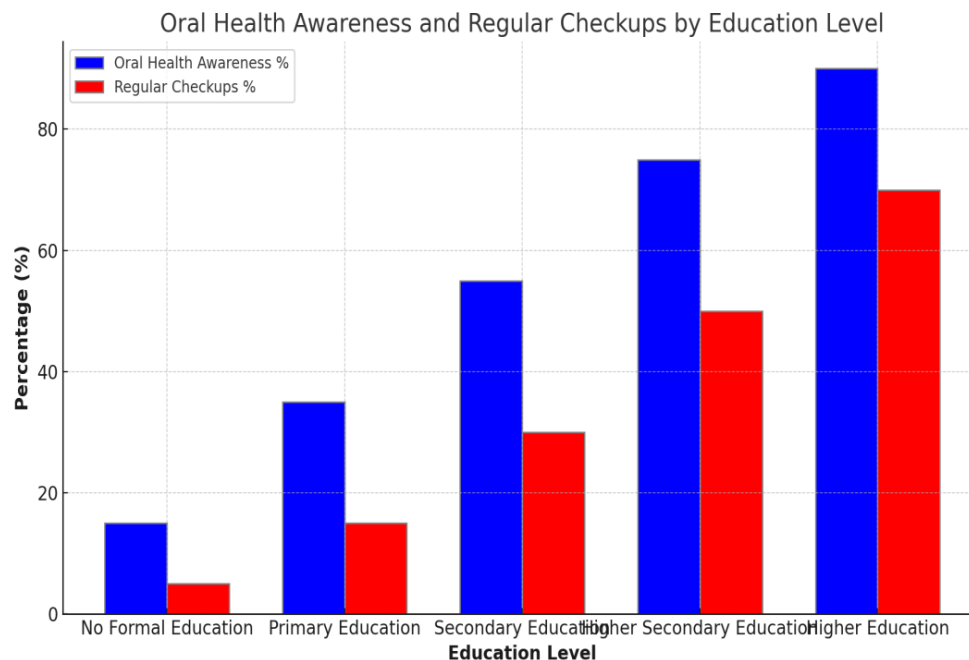


Figure 4: Oral Health awareness and regular checkups by Education Level

The DRA Project Report highlights that programs promoting health education can help people make better choices about their oral care, leading to healthier communities ([Birnbbaum et al., 2011](#)). Also, the New England Regional Health Equity Profile points out the link between education and different social factors affecting health, showing that well-informed individuals are more likely to practice behaviors that support both oral and overall health ([Chiu et al., 2016](#)). Thus, investing in education is not just about gaining knowledge; it is a key step in achieving oral health equity and closing the awareness gap in India's diverse population.

The figure 4 displays the relationship between education level and two key aspects of oral health: awareness and regular checkups. It illustrates that as education level increases, the percentage of oral health awareness and regular checkups also tends to rise significantly. This suggests a strong correlation between educational attainment and proactive oral health behavior, emphasizing the importance of education in promoting better health practices.

4.6 Barriers to Accessing Oral Health Care

Barriers to getting oral health care in India really make it hard to promote fair oral health, especially for vulnerable groups. Social and economic factors, lack of understanding about health, and weaknesses in the health care system add to this problem. For example, many people cannot pay for dental care, leading them to rely on informal options that often do not provide good quality care. Also, cultural misunderstandings about oral health can prevent people from getting professional help, similar to immigrant groups in other nations, where low health knowledge is linked to poor self-care understanding and difficulties in accessing services ([Kaur et al., 2017](#)). Also, suggestions for better health knowledge stress the need for creating targeted programs that teach communities about preventive care and resources, which would help them, have better attitudes towards seeking help ([Birnbbaum et al., 2011](#)). Tackling these different challenges is crucial for promoting fair oral health results among various groups in India.

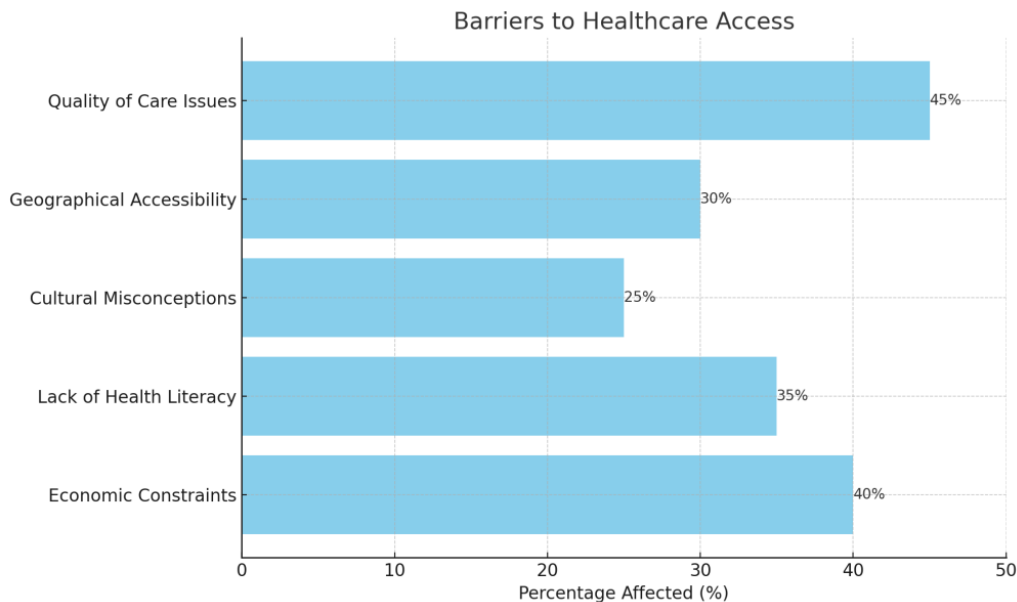


Figure 5: Barriers to health care access

This figure 5 illustrates the various barriers to healthcare access, highlighting the percentage of individuals affected by each barrier type. The most significant barrier is "Quality of Care Issues," impacting 45% of individuals, followed by "Economic Constraints" at 40% and "Lack of Health Literacy" at 35%.

4.7 Financial constraints and affordability of dental services

Access to dental care in India is greatly limited by money problems, which create affordability challenges for many people. Lots of individuals face high out-of-pocket costs that discourage them from getting the dental care they need, worsening the already existing gaps in oral health results. Studies show that these financial obstacles particularly reduce accessibility by making services less available and acceptable, forcing people to skip preventive care and not treat current issues ([Azevedo et al., 2024](#)). Moreover, closely looking at oral health policies shows a strong need for changes to lower costs and increase fair access to dental services. More funding and teamwork among all parties involved are crucial to create plans that focus on affordability, making sure that dental services are reachable without financial burden ([Azevedo et al., 2024](#)). Tackling these financial issues is key for advancing oral health equality and encouraging better perspectives on dental care among underprivileged communities.

Table 3: Financial Constraints and Affordability of Dental Services in India

Year	Percentage of Population with Access to Affordable Dental Care	Average Out-of-Pocket Expenditure on Dental Services (USD)	Percentage of Population Avoiding Dental Care Due to Costs
2020	30	25	40
2021	33	27	38
2022	35	30	37
2023	40	20	30

5. DISCUSSION

Lack of access to oral health services in India is a major issue leading to ongoing health gaps, especially in underprivileged communities. The results of this study show concerning levels of untreated dental issues and poor oral health knowledge among these disadvantaged groups, supporting earlier research that

highlighted the heavy oral health burden they face ([Park JI et al., 2024](#)). Specifically, oral health problems were more common among individuals with lower income and education levels, which align with previous studies that demonstrated how socio-economic factors significantly influence oral health results ([Garcia M et al., 2024](#)). Barriers to access, such as a lack of healthcare facilities and cultural views on dental care, were identified as key obstacles to achieving fair oral health ([A Durey et al., 2023](#)). In comparison, the findings of this study are consistent with prior research that noted similar patterns in the availability and use of dental services among people with limited economic resources ([Brecht et al., 2023](#); [D McNeil et al., 2022](#)). Furthermore, insights gathered from community focus groups emphasize the complicated relationship between social, economic, and cultural factors that shape oral health behaviors and perceptions, reflecting themes found in previous studies that highlight the necessity of culturally appropriate health education ([A Parihar et al., 2024](#)). These findings have various implications, pointing to a critical need for focused efforts that include educational programs to improve oral health knowledge among at-risk groups ([Luciano M et al., 2008](#)). Theoretical models that concentrate on social health determinants can help shape policies and practices, showing that tackling these factors is crucial for narrowing health gaps ([Koranga H et al., 2024](#)). Practically, the findings suggest that healthcare providers and policymakers in India should make oral health education a priority within wider health initiatives, consistent with prior recommendations for a more inclusive healthcare strategy ([Mehta V et al., 2024](#)). Additionally, the research used community-based participatory methods, providing a solid framework for engaging affected populations and ensuring that their perspectives are included in health policy creation ([Sriram S et al., 2024](#)). By building positive views on oral health and empowering communities through education and access to care, there is significant potential to improve oral health fairness in India. Overall, the findings stress the urgent need for comprehensive strategies addressing the systemic barriers that limit oral health access in underserved groups, promoting a fair healthcare system. This broad approach is crucial for enhancing oral health outcomes for all segments of the Indian population, especially in light of the COVID-19 pandemic, which has worsened existing disparities ([Das B et al., 2024](#)).

6. CONCLUSION

The findings shown in this study highlight the complex nature of oral health fairness in India, stressing the important connections between social, economic, cultural, and system factors that lead to ongoing differences in oral health results. The broad research done revealed high rates of untreated dental issues among less advantaged groups and found important obstacles to getting dental care. This study effectively tackled the issue of oral health unfairness by using a mixed-methods approach, which blended qualitative insights from focus group talks with numerical data from surveys. This combination showed the crucial role of health education in creating positive views on oral hygiene habits. Academically, these findings add to the wider conversation about health differences by showing how social beliefs and financial status directly impact health-seeking actions and results ([Park JI et al., 2024](#)). Practically, the findings indicate the need for specific actions to boost oral health understanding, especially in disadvantaged communities, to improve healthcare access and enhance overall health ([Garcia M et al., 2024](#)). It's important to have educational programs that address cultural contexts and social factors, as this can guide future health policy changes ([A Durey et al., 2023](#)).

7. RECOMMENDATIONS AND FUTURE STUDIES

Suggestions for future studies include long-term research to better grasp how increased awareness and educational efforts change oral health behaviors over time ([Brecht et al., 2023](#)). There is also a need for more research into the unique experiences of underrepresented groups, such as tribal populations, to ensure that strategies fit the diverse needs of these communities ([D McNeil et al., 2022](#)). Using the insights from this study, health policymakers and practitioners can work together to create new solutions that lower barriers to dental care, improve service delivery, and promote fairness ([A Parihar et al., 2024](#)). It is crucial to call for a more inclusive method that acknowledges and tackles the complexities of oral health inequalities to build a healthier environment for all people in India ([Luciano M et al., 2008](#)). This

thorough examination not only provides useful insights into the current status of oral health equity but also lays a firm groundwork for ongoing advocacy and community engagement (Koranga H et al., 2024). In the end, this research serves as a key reminder that tackling oral health disparities requires a collective effort that prioritizes community input in public health initiatives aimed at nurturing a culture of health fairness (Mehta V et al., 2024).

The talk about oral health fairness in India has shown some important points needed for improving attitudes and tackling gaps. Key to this talk is seeing social factors that greatly affect oral health results, like getting care, financial security, and chances for education. It's important to include policies that focus on fair health services, which shows the need for a method that looks at not just personal actions but also systemic obstacles that worsen gaps (Birnbaum et al., 2011). Also, looking at different areas of inequality shows that fixing oral health gaps needs to consider how various factors—like gender and economic status—come together to affect health outcomes (Cochrane et al., 2018). In conclusion, combining these ideas points out the strong need for a full plan that includes everyone, encourages stakeholder involvement, and creates a setting that supports good oral health for all groups in society.

Promoting oral health fairness in India needs teamwork from many groups, like healthcare providers, community organizations, and lawmakers. Collaborations between local governments and non-profits can improve resource use and help those who lack access to dental care. Also, combining oral health programs with general health initiatives can tackle the main issues behind health inequalities. The suggestions in the State of Health Equity Movement, 2011 Update (Birnbaum et al., 2011) show that good communication and joined efforts can create better conditions for fair health practices. Furthermore, knowing social factors—like gender and income—can help create focused efforts to raise community awareness about dental services, as pointed out in recent studies (Martínez Pérez et al., 2024). By joining forces, different groups can build lasting plans that boost oral health results and strengthen communities across India.

Imagining a future with better oral health equity in India requires many steps that include policy changes, community involvement, and education. Key to this idea is the need for government and healthcare leaders to focus on fair access to dental care for all economic levels. By making policies that tackle major issues like cost problems and location differences, India can improve services for people who are not well served. Also, building good views on oral health can happen through special educational programs that raise awareness about preventive care and hygiene practices in at-risk communities. Working with local leaders and groups is very important, as they can help gather resources and make oral health practices more accepted culturally. In the end, reaching fair oral health requires teamwork that includes social health factors, aiming for a time when good dental care is a right for everyone.

Future research should emphasize inclusive methods that engage varied communities in developing oral health initiatives. Studies aimed at evaluating culturally appropriate educational programs and community engagement strategies will be crucial in creating sustainable solutions to oral health disparities. Additionally, looking into the dynamics of collaboration among governmental agencies, NGOs, and community groups can highlight best practices for boosting care access. Ultimately, addressing the gaps in current literature and broadening the scope of investigation will be essential for meaningful change in the field of oral health equity in India. In conclusion, while significant challenges remain in achieving oral health equity in India, the review of existing literature offers a path forward. By understanding the interplay of socio-economic, cultural, and systemic factors, stakeholders can take a more complex approach to promoting equitable access to oral health care. Implementing focused strategies based on strong research will be crucial in fostering lasting changes that benefit all population segments and support the broader goal of health equity.

REFERENCES

A. Durey, N. Naylor et. al (2023) Reciprocity in the intercultural conference space to improve Aboriginal oral health: A qualitative study. Community dental health. DOI: <https://doi.org/10.1922/cdh.0000146durey07>

- A. Parihar, Sonal Wakhle et.al (2024) Impact of Tobacco Use on Oral Cancer Incidence among Women in Urban Slums: A Case-Control Study. Journal of Pharmacy and Bioallied Sciences. DOI: https://doi.org/10.4103/jpbs.jpbs_1214_24
- Allotey, P, Okolo, et. al (2011) socioeconomic inequalities in access to health care: Examining the case of Burkina Faso. DOI: <https://doi.org/10.1353/hpu.2011.0039>
- Amit Tirth, Faisal Noor Ahmad, et. al (2020) Health Literacy: Addressing Well-Being: A Review. Retrieved From: <https://core.ac.uk/download/352131017.pdf>
- Azevedo, Álvaro, et al. (2024) Pressing Issues for Oral Care Quality Improvement: Findings From the EU Deliver Project. Retrieved From: <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-024-19707-z>
- Bikash Das, et. al (2024) Who is Anaemic in India? Intersections of class, caste, and gender.. Journal of biosocial science. DOI: <https://doi.org/10.1017/s0021932024000245>
- Birnbaum, Nathan, Masterson, et. al (2011) State of Health Equity Movement, 2011 Update Part C: Compendium of Recommendations DRA Project Report No. 11-03. DOI: <https://doi.org/10.13016/RFMD-GTV6>
- Brecht, et. al (2023) 4.G. Round table: Environmental stressors on health economics and policies – challenges and pitfalls. Volume (33). The European Journal of Public Health. DOI: <https://doi.org/10.1093/eurpub/ckad160.240>
- Chiu, K., et al. (2016) New England Regional Health Equity Profile & Call to Action. Retrieved From: https://scholars.unh.edu/iod_chhs/15/
- Chulhee Lee, Robert W. Fogel (2025) Who Gets Health Care? Retrieved From: <https://core.ac.uk/download/pdf/6646198.pdf>
- Cochrane, Logan, et. al (2018). Is the push for gender sensitive research advancing the SDG agenda of leaving no one behind? DOI: <https://doi.org/10.1080/08039410.2018.1427623>
- D. McNeil, C. Randall, S. et al. (2022) Consensus Statement on Future Directions for the Behavioral and Social Sciences in Oral Health. Volume (101), 619 - 622. Journal of Dental Research. DOI: <https://ss.bjmu.edu.cn/Sites/Uploaded/File/2022/07/266379442659611807964538892.pdf>
- Hema Koranga, et. al (2024). Factors influencing youth sports participation in India: A narrative review. Fizjoterapia Polska. DOI: <http://dx.doi.org/10.56984/8ZG01A8Y4Z3>
- Jung In Park, et. al (2024). Advancing equity in breast cancer care: natural language processing for analyzing treatment outcomes in under-represented populations. Volume (31). BMJ Health & Care Informatics. Retrieved From: <https://informatics.bmj.com/content/31/1/e100966>
- Kaur, Navdeep (2017). Development and randomized controlled trial evaluation of “Safeguard Your Smile” an oral health literacy intervention promoting oral hygiene self-care behavior among Punjabi immigrants. Retrieved From: https://www.academia.edu/68310088/Development_and_randomized_controlled_trial_evaluation_of_Safeguard_Yo_ur_Smile_an_oral_health_literacy_intervention_promoting_oral_hygiene_self_care_behavior_among_Punjabi_immigrants
- Marcus Garcia, Aaron S Romero, et al. (2024) In Vivo Tissue Distribution of Polystyrene or Mixed Polymer Microspheres and Metabolomic Analysis after Oral Exposure in Mice. Volume (132). Environmental Health Perspectives. DOI: <https://doi.org/10.1289/EHP13435>
- Mariola Luciano, V. P. Over man, et. al (2008) Survey of oral health practices among adults in a North Carolina Hispanic population. Volume (82 2), Journal of dental hygiene: JDH. Retrieved From: <https://jdh.adha.org/content/82/2/20>
- Martínez Pérez, et. al (2024) Gender Equality and Medical and Dental Academic Researchers in West Africa Igualdad de Género e Investigadores Académicos en Medicina y Odontología en África del Oeste. Retrieved From: <https://zaguan.unizar.es/record/135538/?ln=es>
- N/A (2015) Committing to Child Survival: A Promise Renewed Progress Report 2015. Retrieved From: <https://core.ac.uk/download/75782297.pdf>
- Shyamkumar Sriram, et. al (2024.) Decomposing the inequalities in the catastrophic health expenditures on the hospitalization in India: empirical evidence from national sample survey data. Volume (12). Frontiers in Public Health. DOI: <https://doi.org/10.3389/fpubh.2024.1329447>
- Vini Mehta, Sapna Negi, et. al (2024). Oral health status among the transgender population of India: A systematic review and meta-analysis.. Special care in dentistry: official publication of the American Association of Hospital Dentists, the Academy of Dentistry for the Handicapped, and the American Society for Geriatric Dentistry. DOI: <https://doi.org/10.1111/scd.13027>