

Folk Dentists Voicing their Plight-An Ethnographic Exploration

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Abstract

An ethnographic study of folk dentists was conducted in Delhi. Ten case studies of folk dentists and their patients were analysed for various domains of content analysis (CA). Data were collected through mixed method of data collection with some basic research questions guide for the folk dentists and patients during the COVID-19 partial lockdown period in Delhi. The CA for primary cases, secondary cases and for patients was analysed for various domains. Results reveal various aspects of their practices and issues on roadside assets in clinic, health and hygiene, family traditions, pride in work, income/economics, duration of their practices and uncertainties. Similarly, patients were analysed for their views on cheap services, health and hygiene, easily approachable folk experiences and quality of services. The researchers illuminated the policy issues of folk or traditional dentists practicing in a metropolitan city and their patients' perspectives for their dental public health concerns and have made some recommendations to their salient voice.

Keywords: Dental Public Health; Ethnography; Folk Dentistry; Roadside Dentists

Introduction

Traditional Healing System: An Indian Overview

The traditional medical practices are being obliged to accommodate to the norms of modern biomedicine, as the awareness grows among the scientific community and general public as to the intrinsic value of traditional medicine (1). A medical pluralism had emerged, which includes Ayurveda, Unani and Siddha into the mainstream for the holistic approach to patient care. It has been a big challenge to integrate the best of the different healing traditions to meet the healthcare needs of the contemporary society (Singh and Kumar 2021; Singh and Lahiri 2010; Zysk 1996).

Traditional or Folk Dentistry has been known and practiced since ancient past. Some unconventional practices may be viewed as “*the continuity of traditions, religious beliefs, and even quackery that non-specialist’s practice*” (Singh and Lahiri 2010). Often such practices have been associated with religious beliefs with a spiritual and physical domain. The skilled experts or wise men usually performs *Unconventional Medicine* in ancient Old-World, Unlike the practitioners who are unlicensed some perform in underdeveloped countries. Dentistry, like medicine, is a traditional, science-based, highly regulated healthcare profession (1).

The first dental college was established in Calcutta a century ago in India (Dental Council of India (DCI) 2021; Vundavalli 2014; Jaiswal et al. 2014) and the first private dental college was established in 1966 (Dagli and Dagli 2015). There are 292 private colleges, as compared to 40 government dental colleges (Dagli and Dagli 2015; Mathur et al. 2015; Jain and Agarwal 2012). There is a steep rise in the number of dental colleges all over the country. This rise in dental colleges has led to a higher number of dental graduates (Jain and Agarwal 2012). This has increased the number of dental graduates, which probably means good for the overall oral health of people in the country. There were only 8,000 dental graduates from dental institutions of the country, however, it increased to 1,80,000 in 2015 and further it may increase beyond 2,00,000 in the year 2020-2021 (Dagli and Dagli 2015). Dental diseases are non-communicable diseases and not life threatening, although it does affect the quality of life. It is important to remember, “dental diseases are expensive to treat, however, simple to prevent”.

Dental diseases are most prevalent among community people who are mostly dependent on poor food habits. However, in the past three decades there is an increased awareness, literacy, emphasis on aesthetics, and advanced and sophisticated dental treatment equipment in dentistry (Ganiger et al. 2020; Pauly et al. 2015). The ultimate goal of a profession is to provide quality and standard service to people and its ethical practice determines people’s behaviour and resides in the realm of human values, morals, individual’s culture, interpersonal beliefs, and faith (Kemperaj et al. 2018). These practitioners charge less than licensed dentists, often charging as little as INR 125 for a procedure such as a bridge, which, at a licensed dentist’s, could be as expensive and may charge INR 10,000. Street or folk dentistry is not only confined to India, but it is also seen in western countries like France. In Paris 23 unlicensed dentists who practiced out of cafes and grocery stores were arrested during 2003. It indicates that the increase in licensed dentistry, has created a pressure on the folk dentistry and furthermore the government has not thought or done significantly for folk dentistry (1). Are folk dentistry are a threat for the licensed dentistry?

Dental public health mainly concerns oral health and its diseases, which is a burden in India, particularly in rural areas as well urban slums. Prevalence of oral diseases is very high in India with dental caries in 50.0 percent among 5 years, 52.5 percent in 12 years, 61.4 percent in 15 years, 79.2 percent in 35-44 years and 84.7 percent in 65-74 years old, and periodontal diseases at 55.4 percent, 89.2 percent and 79.4 percent in 12, 35-44 and 65-74 years old, respectively (Kothia et al. 2015; Petersen et al. 2005; Bali et al. 2004). Some studies have documented an association of oral health with various systemic conditions such as diabetes, cardiovascular disorders, pregnancy, and its impact on quality of life (Holmlund et al. 2006; Joshipura 2002). Oro-facial pain and loss of sensory motor functions limit food choices and the pleasures of eating, restrict social contact, and inhibit intimacy (Watt 2005). Gambhir et al. (2016) elaborately expressed various issues of public dental health needs, like dental public health force, primary oral health, etc.

The researchers have used the term *Traditional* or *Folk Dentistry* interchangeably in the present work, which illuminates the ethnography of these folk dentists working on the roadside in their small-scale clinics as well as the patients, who avail their services.

Aims

This study aims to explore roadside dentists, their problems, legal issues, economics needs, their services and new challenges in pandemic times, to identify the beneficiaries to these clinics, who are these people who seek their services as patients and their perspective on using their services, and to records their material cultures-artificial teeth, etc. in the practices, normally used, if possible.

Methodology

The first author (MM) for this study had been the student of anthropology, so this fieldwork he had conducted on the roadside dental clinics with this idea in his mind that Bronisław Kasper Malinowski (1884-1942) had developed in the form of “*participant observation*” as a method of fieldwork for primary anthropological data collection (Mrinal 2019, 2021). Further, it was decided to use the participatory observations, interview and a non-participatory observation, and narratives about their professions, which are being sustained despite different kinds of challenges. However, it is now the COVID-19 *pandemic* period, and hence such fieldwork, exclusively participatory, was a little difficult. As it had been partial lockdown in Delhi, this fieldwork was conducted during the times of corona virus pandemic with standard precautions of masking, social distancing, etc. through a data collection during the fieldwork from February-2021 to May 2021. Mixed method is a combination of quantitative and qualitative methodologies in the ethnographic research, which examines how qualitative rich data from participant observation and interviews can be used to contextualise and understand quantitative assessments of knowledge (Gabriel and Colón 2020).

Folk or roadside dentists are working to provide their services to poor people in Delhi. Many have been in practice because of their family profession, and the paper has illuminated their problems, issues, economics needs, services and new challenges during pandemic times of these roadside/folk dentists. Who are these beneficiaries, the patients? Who visits them, why do they visit them? What are their material cultures, like artificial teeth, powder for making gum in the practices? With this questioning frame the said fieldwork was conducted with this central idea to study the folk dentists during the COVID-19 pandemic period. Field work was conducted near Adarsh Nagar Metro Station in Delhi where a number of such dentists provide these services on the road leading towards the entrance of Azadpur (Vegetable Market). The observation, narratives and participatory approaches were used during the fieldwork.

As the researchers have already expressed above that a *mixed method* of data collection was used in this fieldwork, which combined all, that is, participatory observations, interview and non-participatory observations, narratives about their profession. With this central idea for the study, the researchers framed a guide with some basic research questions for the *folk dentists* and *patients* as follows.

Basic Research Questions

These were basic questions kept in mind while probing the folk dentists about their work, that is, name, age, residence, duration of their practice of folk dentistry or traditional dentistry, education level, and consultation charges. Also, how is the quality of their work different from other qualified dentists? Similarly, following questions were asked from patients/beneficiaries, that is, why do you prefer to come here instead of to any other dentists (incensed/qualified dentist)? Have you come first time here? If no, then further probe *on* why they have has visited? How was the treatment earlier? Are you satisfied the services of this dentist? Would you like to advise other family members, relatives, neighbours, etc. to get treatment here instead of spending more money on oral healthcare in well-furnished dental clinics?

There were some limitations in this work. It was done during February to May 2021. One of the researchers (MM) had already spent some time every week preferably during the working days. The Delhi Government declared a strict lockdown starting 19th April 2021 in Delhi. Fieldwork was closed due to the COVID-19 lockdown, as none of these folk dentists could come to their practicing sites. They, folk dentists, requested not take their facial photograph and not to record they video as well. Further being little scared they politely refused to reveal the material used and their costs involved. They were little hesitant about providing this information. While conducting this fieldwork their request was kept in mind and further maintained it during the entire fieldwork. Often it is little difficult to probe women patients even in folk dentistry (Mrinal 2021). Hence, women as patients are missing in data. The researchers feel this would be vice versa if women investigators could do it, as the research would then lack men’s information, as she is more comfortable with women. These are biases against gender, that is, who investigates whom? Here, for such issues Srivastava (2004) has elaborately narrated previous anthropologists who have already encountered similar experiences (p-21).

Results

Folk Dentists, Their Patients and Their Clinics: Their Voices or Their Plight

The researchers analysed the interviews of folk dentists as well as some of the patients collected through secondary sources, and designated as *secondary cases*. These are secondary cases (1 to 4) of the folk dental practitioners and some of the views of their patients about their services. Further it follows present fieldwork, and description of fieldwork. The *primary cases* (5 to 7) from the fieldwork and of *patients* (8-9) of these folk dentists with whom the detailed interviews were conducted in *AzadpurSubzimandi* area, near Adarsh Nagar Metro Station, Delhi. Then follows data interpretation, which involves the *content analysis* for various domains of their profession as well as of their services to the patients.

Results and Interpretation

The Content Analysis (CA) of interviews for primary cases, secondary cases and for patients was done manually through looking up on the detail expressed in these interviews. Content Analysis (CA) was analysed for various *domains* such as assets in clinic, health and hygiene, family traditions, pride in work, income/economics, duration of their practices and uncertainties (Tables 1 and 2). Similarly, the views of three patients were analysed for various *domains*, like cheap services, health and hygiene, easy approachability, professional or folk experiences and quality of *content analysis* (Table 3).

<i>Case Studies</i> → <i>Domain</i> ↓	1. Satvinder Singh	2. Allah Baksh	3. Surrender Singh	4. Mahender Singh
1. Assets in Clinic	Posters displaying his services around his street clinic	Plastic stool, mirror and glass cases of teeth on display		"Clinic is tidy, though dusty, a few steps from a public water faucet. "The work area consists of tarps laid on concrete under a bamboo and linen awning with a chair and its leopard-print cushion". "The tools are neatly arrayed on a cloth atop concrete block. A pot of water simmers over a copper stove. An enormous tin box like those favored by carpenters holds extra dental tools"
2. Health & Hygiene	"More hygiene-conscious customers"	Their tools are thoroughly washed in soap and water - but not disinfected. "I know this is not hygienic at all but if I start using sophisticated tools, the poor man won't come here."	"The drills, tweezers and pliers are never sterilized, only washed in disinfectant at the end of the day". "We take extreme care in treating patients. We are equally skillful to high-end clinics"	Many people still choose a short stick of neem wood over a conventional toothbrush to clean their teeth
3. Family Traditions				"Whose family immigrated to India from Lahore, Pakistan", learned his trade from his father. Later, he taught his son, giving the boy, now 25, his blessing... cousins and uncles are dentists elsewhere in India and as farway as Manchester, England".

4. Pride in Work	<p>"A few decades ago I used to get 30 customers a day. I hardly see two now,"</p> <p>"Silver and gold teeth, then once considered a status symbol;</p> <p>"Earlier rich and poor would equally visit us but now we are looked down on,"</p>	<p>"There are millions of poor people in this country who cannot pay for expensive dental treatment," "They also have a right to be treated and look good."</p> <p>improving the lives of the poor, and that his family will continue the tradition"</p> <p>"We have thousands of satisfied customers, who not only pay us but give us their blessings."</p>		<p>"He is the poor man's dentist, he says, and he likes it that way"</p> <p>"All the time. Right here in the street."</p> <p>"Too many tourists come to see me,"</p>
5. Income/Economics	<p>I used to get 30 customers a day... good income then.</p>		<p>I had 15 patients a day but now it's three or four a week. I make around Rs 2,500/- in a month"</p> <p>"Patients pay 50 Rs for a tooth extraction and 150 Rs for a new tooth removal. A new set of dentures will cost 1,500 Rs and comes with a one-year guarantee"</p>	<p>"I am not from a rich family, so I work here," "I work locally for the poor people."</p>
6. Duration of their Practices	<p>More than 10yrs</p>	<p>More than 14yrs</p>	<p>"I have been doing this for 40 years and none of my patients have ever complained. I buy the teeth from reputable companies and so they're the real thing."</p>	
7. Uncertainties	<p>"Profession is slowly dying because of the growth of India's formal dentist industry"</p> <p>"at my age I can't change my profession, my sons are in a different business. I don't want them here"</p>		<p>Now only the poorest of the poor come to see me as dentist. They cannot afford these expensive clinics but they deserve to be treated too so thank god they have people like me...</p> <p>"...no official ban on roadside dental clinics in India".</p> <p>"Indian Medical Association, has been demanding a law on street practice for many years".</p>	

Table1: Content Analysis of Secondary Case studies of Folk Dentists (1-4).

Case Studies →	5. Gurmeet Singh	6. Raja ji Singh	7. Rakesh Meena
Domain ↓			
1. Assets in Clinic	A small toolbox with every essential instrument and sitting on a carpet on the road.		
2. Health & Hygiene	“There is no difference, they are also doing the same work as we are doing, the basic difference is just they have the space for their clinics and they have modern tools”.	He was not allowed to sit near the road due to safety measures and It’s the belief of the patient we (road side dentist) also provide the same quality of treatment as professional dentist but at very cheap price”.	“I don’t know about other professional dentists but I am doing my best to give proper treatment to the patients and the person also don’t need to followup much, I can fix a tooth or cavity in very less time and it’s been a many year I do not get compliant from my patients”.
3. Family Traditions	He remembers that his grandfather was from Punjab. He was the one who learned dentistry from him then their family move to Delhi. Since then, his father and uncle started practicing at Azadpur Street, New Delhi. “During my childhood, my father doesn’t know much about education so he made me to learn it, street dentistry “supporting my children to get an education and explore other occupation but there is always a option to learn folk dentistry and continue the family occupation.	learned this art from his relative	Started learning this folk dentistry from his father at the age of 14 years I amnot forcing my elder son for leaning and practicing folk dentistry but he is not good in studies and New Delhi is very big city and living here is very difficult, you must earn to support your family. I cannot fully support my big family.
4. Pride in Work	This work is humanity because everyone is not that rich to go to the professional dentists “I don’t charge for consultation”.	““	
5. Income/Economics	“Problems that he faced in day-to-day life. He adds further that from paying his children school fees is a difficult challenge for him” “very few people visiting him for the treatment due to covid-19 and now he needs to pay more to the police for sitting on street” “now I usually earn 200-300 per day”. “I don’t charge for consultation”.	This is the occupation by which he used to earn money and support his family financially “no he is learning this occupation for many days and soon he will start his own practice of road side dentistry”. “I do not take consultation charges, and if case is not worst	It depends on day to day on an average I earn 500-800 rupees as there are lot of travelers waiting for buses near ISBT New Delhi.
6. Duration of their Practices	More than 10ys	Practicing road side dentistry for 15 years	For 14 years

7. Uncertainties	Life very hard as he was not able to work in past when lockdown was introduced by the government	Covid-19 outbreak made his life very difficult as he mentioned that for 9 months, ... at present there are very few patients who come for the treatment.	In early days of practice I worked with my father, but one day someone suggested my father to send me to New Delhi because there is the high chances of making more money and then I decided to move to New Delhi and practice folk dentistry nearby area of ISBT". "I got married at the age of 16 years and now I have 3 children living with me in New Delhi.
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Table2: Content Analysis of Primary Case studies of Folk Dentist (5-7).

Patients → Domain ↓	8. Sanjay	9. Rajesh	10. Abdul Khan
1. Cheap Services	He is also a doctor and as far as other professional dentist concerns; they charge heavy amount of money just for consultation if you want to start the treatment then you need to follow-up many times and every time After his reply I also felt what it is like to spend large amount of money just for consultation from the professional dentist for a daily wage worker.	"He is also the doctor and providing oral health care to the people and he charge me very less amount of money just 200 rupees for removing the teeth and 300 rupees for placing a new tooth to the vacant space"	
2. Health & Hygiene			I realized that it's his first time visiting the folk dentist on road side. I observed his treatment, Rakesh (folk dentist) used local anesthesia carefully before removing his decay tooth.
3. Easy approach-ability		Other than this reason he also mentioned that most of the time he spends in Azadpur mandi.	"I was in hurry and on short notice I need to get back to my home town so I don't get the time for my dentist appointment and in my home town village there are very limited dentist available for oral health care".
4. Professional/Folk Experiences	"Year ago, my wife visits the dentist in Adarsh Nagar area and he charge heavy amount of money even though my wife doesn't like the treatment as her cavity filling went out several days after treatment.	No sir 2 month ago I visited him as my left side molar was causing pain, He tried to fix that but it won't work as he told me earlier to get it removed but then I was not sure about removing my teeth. Today it's my second visit for my teeth removal after some time he will put a new tooth in that place." he is usually busy in a day time because of the costumers and Raja Ji is the nearest person for him getting oral health care.	"The pain was miserable and I was not able to take it anymore hence I preferred to remove it from him". yes, a little but it is worth to give it a try because pain of decay tooth is very miserable".

5. Quality	I usually get my tooth fix from Gurmeet Singh Ji and 2 years ago I got my tooth cavity filled by him and till this date it is all good". I definitely recommend other to get oral treatment from Gurmeet Singh".		It depends on situation to situation if you don't have any available professional dentists than one can get the treatment from folk dentists other than its always the best option to go to the professional dental clinic for good treatment".
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Table 3: Content Analysis of Patients of Folk Dentist in Delhi (8-10).

Content Analysis (CA) of Primary (5 to 7) and Secondary Cases (1 to 4) of Folk Dentists

Assets in Clinic

In the primary fieldwork the appearances of the dental clinics are similar to those of secondary cases. In both cases, most folk dentists use a small toolbox, which includes all the essential equipment and often they sit on a carpet. There are *posters displaying their services around their dental clinic* (1), and a *plastic stool, mirror and glass cases of teeth on display* (2) in their clinics. Often their clinics are not very clean or located at marginal sides, but they present their best. Therefore it is not surprising, that *some of their clinics or offices are dirty and dusty*, and mostly situated *preferably near a public water tank*. Their work area consists of tarps laid on concrete under a bamboo and linen awning with a chair and its leopard-print cushion. The tools are well organised and placed on a cloth atop a concrete block. There is a pot of water, a copper stove and a big tin box for extra dental tools for nearby folk dentist clinics in secondary reported cases (4).

Health and Hygiene

Most of the folk dentists expressed that there is no difference between a professional dentist and their services. Further they mentioned that professional dentists are also doing the same work as they are doing. But the basic difference is just that they have well-furnished spaces for their clinics and they have modern high-tech tools of dentistry (5). Similarly, another folk dentist mentioned that he was not allowed to practice during the COVID-19 lockdown. Further, he added, "It is the belief of the patient but we, the roadside dentists, also provide the same quality of treatment as professional dentists with proper hygiene" (6). Another folk dentist expressed about his services that he is doing his best to give proper treatment to the patients and the person also do not need to follow-up. He can fix a tooth or cavity in very less time. He did not get any compliant from his patients regarding treatment and hygiene (7).

People are now becoming more health and hygiene conscious, which has affected the clinic attendance (1). Normally the tools are washed in soap water. The folk dentists are aware their tools are not hygienic and they feel if they use sophisticated tools, then the poor man will not visit their clinic (2), as it may cost them. The instruments like drills, tweezers and pliers are not sterilised but these are washed in disinfectant in the evening while closing the clinic. Though they claim to take utmost care while treating their patients and feel they are equally skilled with well-equipped clinics (3). Many people continue to choose a short *neem* wood stick instead of a tooth brush cleaning their teeth (4).

Family Traditions

A folk dentist recalls that he learned dentistry from his grandfather in Punjab and their family moved to Delhi. Since then, his father and uncle started practicing at Azadpur Street, New Delhi. He mentioned further, "*My father doesn't know much about education so he made me learn street dentistry in my childhood*"(5). Similarly, one folk dentist had learned folk dentistry from his uncle and his roots are from a small village in Punjab (6). Another folk dentist from Rajasthan also mentioned that he started learning dentistry at the age of 14 years from his father who used to practice folk dentistry in a small village in Rajasthan. Further he mentioned, "*But... I am not forcing my elder son for learning and practicing folk dentistry but he must do something to support our family because I am insufficient to support my family alone in the big city*" (7).

In secondary cases as well it was reported that folk dentistry is a family affair and often families immigrate or migrate from rural areas to urban areas for the brighter avenues to India from Lahore, Pakistan. This trade is learned from their elders and the same is transferred to their younger children, that is, preferably from father to their sons. The extended family members, cousins and uncles, are also dentists in India and as well as other parts of the world (4).

Pride in Work

All participants expressed, *"This work is humanity because everyone is not that rich to go to the professional dentists and I don't charge for consultation"* (5). All these folk dentists share a sense of pride in work, which the researchers have seen in all primary case studies in the fieldwork.

Similarly, secondary folk dentists also expressed pride in this work. They used to attract more than twenty customers a day few decades ago. But now it has been reduced to two or three. Earlier it was fashion to fix silver and gold teeth as a symbol of social status giving an option for more income too. Now the situation is changing, as one is looked down as compared to previously rich and poor when people equally used to visit (1). Millions of poor people who cannot pay for expensive dental treatment also have a right to be treated and look good in the country. Folk dentists are improving the lives of the poor and hence, the family will continue this tradition through the younger generation. Therefore, they have thousands of satisfied customers, who not only pay them but bless them too (2). One of the folk dentists expressed, as he is not from a rich family, so he works locally for the poor people. They are the poor man's dentist and they pride on that way. They are available most of the time on the street and several tourists are their customers (4).

Income/Economics

It is difficult to earn much money because very few people are visiting him for the treatment due to COVID-19. Now he earns INR 250-300 per day and it is getting much difficult to support the daily needs of the family. Further, paying his children's school fee is a difficult challenge for him and now he needs to pay more to the police for sitting on the street (5). They all face economic strains in the family for their daily expenditures. Another folk dentist mentioned that his income depends on the patient. He does not have any average idea about his daily income. Further, he mentioned that he does not take consultation charges if the case is not serious (6). Similarly, one other folk dentist, mentioned about his income depends on day to day, and on an average, he earns INR 500-800, as there are lot of travellers waiting for buses near ISBT New Delhi, which is good place for customers/patients (7). Hence, these views summarise that the folk dentists can earn to support their daily needs and sustain their family from their work. But with the present scenario of COVID-19 lockdown they are not able to practice and if they are allowed to practice folk dentistry, they are not getting enough patients to earn their livelihood.

In case of *secondary cases* these people used to get several customers a day as a good source of income (1). One of them used to get 15 patients a day but now it is 3 to 4 per week and they make around INR 2,500 in a month. Normally a patient pays INR 50 for a tooth extraction, INR 150 for a new tooth removal and INR 1,500 for new set of dentures with a one-year guarantee (3).

Duration of their Practices

Most primary cases are practicing for more than ten years in folk dentistry. 1st dentist mentioned that it has been 15 years since he's been practicing roadside dentistry (6), whereas another folk dentist has been practicing folk dentistry for 14 years (7). While in cases of secondary cases, another folk dentist mentioned that he is practicing folk dentistry for more than 10 years (1). Another folk dentist, has been practicing for more than 14 years (2) and Mahender Singh mentioned, *"I have been doing this for 40 years and none of my patients have ever complained. I buy the teeth from reputable companies and so they're the real thing"*.

Uncertainties

Life is very hard and unpredictable, as another dentist mentions, he was not able to work in the past when the lockdown was in-

troduced by the government because of the COVID-19 outbreak and there were serious financial crises (5). Similarly, the COVID-19 outbreak made the other folk dentist life very difficult, as he mentioned that for 9 months he was not allowed to work and at present there are very few patients who come for the treatment(6). Similarly Mr Meena another folk dentist mentioned, *"In early days of practice, I worked with my father, but one day someone suggested my father to send me to New Delhi because there are high chances of making more money and then I decided to move to New Delhi and practice folk dentistry in nearby area of ISBT"*. It was very difficult to settle in a new place like Delhi. It was more difficult to support his wife and children, as he got married at the age of 16 years and had 3 children living with him in New Delhi (7). Hence, during these hard times of the COVID-19 pandemic these folk dentists are hardly earning and supporting their families especially in big cities.

Likewise another folk dentist expressed that their profession of folkdentistry is slowly dying because of the growth of India's formal dentist industry. He feels at this age that he cannot change his profession, and moreover his sons are in a different business. He does not want them to become folk dentists (1). Other folk dentists also had expressed his concerned, *"...only the poorest of the poor come to see me as dentist. They cannot afford these expensive clinics but they deserve to be treated too, so thank God they have people like me and no official ban on roadside dental clinics in India. The Indian Medical Association has been demanding a law on street practice for many years (3)"*. These are the real concerns for these folk practitioners.

Patients Views on the Services of Folk Dentists

The researchers summarised the following views that emerged through content *analysis* of primary patients (8-10), who availed the services of folk dentists into various domains, like cheap services, health and hygiene, easy approachability, professional/folk experiences and quality of service (Table 3).

Cheap Services

Most of the people belong to the lower socio-economic strata and earn less, and hence prefer to consult for a dental problem to these folk dentists, as they charge less fee as compared to professional dentists (8). The folk dentists are providing oral healthcare to the people at a very cheap price. They charge INR 200-300 for removing the teeth and INR 300-350 for placing a new tooth (9).

Health and Hygiene

Most of the folk dentists are taking proper hygienic measures because they really like the work they do, as they believe that their practice is for humanity. They have a sense of responsibility that if they do not take care of proper health and hygiene, then they may get patients and people, who will not recommend them. Further, they use local an aesthesia very carefully before removing the decayed tooth of patients (10).

Easy Approachability

There are few options of getting professional oral healthcare especially in small cities and villages in India. There are many places where the main source of getting oral health care is folk dentists. Rajesh was a worker in *AzadpurMandi* (market) and spent lot of time in selling and transportation of vegetables so he does not get time for his dental check-up. So he decided to get treated near *Azadpur-Mandi* by a folk dentist (9). On the other hand, Abdul Khan's first visited a folk dentist, as he was going back to his town from Delhi and did not have time for a dentist appointment and there are few dentists available in his village. Hence, he decided to get his tooth removed from a folk dentist at ISBT (10).

Professional/Folk Experiences one folk dentist mentioned, "A year ago my wife visited the dentist in Adarsh Nagar area and he charged a heavy amount of money even though my wife did not like the treatment, as her cavity filling came out several days after the treatment". Hence, he wanted to try the treatment of a folk dentist and he mentioned that it is his 2nd visit here and he is satisfied because they charge very less amount of money while providing good treatment (8). One of the patients mentioned, *"2 months ago I*

visited him, as my left side molar was causing pain, He tried to fix that but it wouldn't work, as he told me earlier to get it removed but then I was not sure about removing my teeth. Today it is my second visit for my teeth removal, and after some time he will put a new tooth in that place." Further he also mentioned that he trusts an other senior folk dentist and he is the nearest person for him to get oral healthcare (9). Similarly, a regular patient, Abdul Khan said, "The pain was miserable and I was not able to take it anymore hence I preferred to remove it from him". The overall experience was good for him, as Rakesh Meena provided local an aesthesia very carefully and all the tools were very clean and hygienic (10).

Quality

Many of the patients who receive oral healthcare from folk dentists recommended the folk dentists, as Sanjay mentioned, "I usually get my tooth fix from Gurmeet Singh Ji and two years ago I got my tooth cavity filled by him and till this date it is all good. I definitely recommend others to get oral treatment from Gurmeet Singh" (8). On the other hand, Rajesh, a worker in AzadpurMandi was also satisfied with the treatment by Raja Ji Singh (9). While according to Abdul Khan it depends on situation to situation if you do not have any available professional dentists, in which case one can get the treatment from folk dentists, which is always the best option to go to the professional dental clinic for good treatment (10)".

Similarly, in secondary cases, the researchers found limited patients as mentioned by folk dentists (1-4). Here, the researchers analysed patient's perspective from the interview of above folk dentists. The researchers found three patients, Sushant Singh, Zaman Ali and GopilalLodhiraja, in these cases. They had expressed about their services and reasons to avail their services in their interviews as under.

Sushant Singh, a 48-year-old labourer worker mentioned, "I earn INR 125 a day and can just about afford to pay INR 150 for fixing my tooth. The government hospitals do not have dentists and private clinics charge exorbitant fees. If there's no street dentist where will a poor man like me go?" Hence, he prefers folk dentists to professional dentistry (3). Similarly, Zaman Ali, a patient of Mr. Singh also praises his art of folk dentistry and mentioned, "I work for the government hospital, but I don't like to go to the dentists because they can charge lot of money while Mr. Singh is just charging INR 125" (4). It reveals that economics is the main reason for availing their services. GopilalLodhiraja, another patient of Mr. Singh who had praised his consultation and testified the talent of Mr. Singh said, "No complaints for four years". Further, he mentioned that Mr. Singh was eager to display acknowledgments. Further, he displayed a letter from an aluminium box that was an undated thank you from Marjorie Simpson, a dentist in Florida who had been on a tour of the city. Shri Singh also keeps a framed article about him from a Hindi newspaper, which testifies his skills (4).

Discussion

The rapid growth of dental professionals has not helped the public health system as a whole. There is a major imbalance that exists in the distribution of public health dentists across different states in the country. There is a need to broaden the scope of this specialty and to make it more practical. More public health dentists should be recruited in the government/public sector to raise awareness regarding oral health problems. Dental Public Health (DPH) education programs should be implemented on a priority basis to make people aware of the dangers of self-medication. Political, social, organisational (both government and non-governmental), professional dedication and support are needed to make oral health of this country comparable with general health (Gambhir et al. 2016).

One cannot deny the shortage of professional dentists in the country especially in rural areas. Because many of them do not want to practice in low economic areas, as they do not earn much money compare to the dentists practicing in urban settings. There are lots of rural areas in India, where people are not getting oral healthcare from the government and there is no private practitioner but the folk dentistry is the only way to get oral healthcare in these rural areas.

There is the *Indian Dentist Act* of 1948 in the country and its Chapter-V, Section-49 of the Act, which enlists dentists, dental mechanics, and dental hygienists to be licensed, making street dentistry illegal, though street dentists continue to practice. Most countries in the developed world have their own laws preventing unlicensed practice of dentistry. But the country does not have any such provi-

sions to include the folk dentists in India. As is noted in this study that many of the folk dentists are good at their work and provide good treatment at cheap price to the people but some fake folk dentists are playing with their patient's oral health, which is a public health concern. Here IDA may take certain decisions to integrate these folk dentists to strengthen the dental health infrastructures and recognise their skills as well as their services. Therefore, the government's Ministry of Health and Family Welfare must start short orientation courses for these eligible folk dentists on how to use proper tools, local anaesthesia, maintaining hygiene while practicing and in worst case scenario referring to the professional dentists where the local people can access better quality of oral healthcare. Their services must be recognised and brought under the appropriate section of IDA-1948. In this concern, one can learn from the experiences of other countries, like Africa Canada, New Zealand, Australia and USA where they have made appropriate changes in their existing laws dealing with mental health just to include the traditional healers or indigenous healers to strengthen the mental health in the respective countries (see Singh and Kumar 2021: 36).

This is already been done to include the "*traditional dais*", which help in baby deliveries at the village level. Several provisions have been made to recognise and integrate their services in the national health programs and policies to reduce the infant deaths. They were further trained for the safe, clean and hygiene deliveries. Today they are supporting to reduce the maternal and neonatal deaths. People have faith in their own people from the community. Therefore, it is very important to train these folk dentists and "*Shift the Task*" or "*Task Shifting*" (WHO 2008) to them so that they can also provide improved services by ensuring the hygienic services to the poor patients. If the government recognised them and trained them further through this concept, it may help complete oral health of people. *Task Shifting* is an approach, which involves the adoption or expansion of a task shifting approach as one method of strengthening and expanding the health workforce to rapidly increase access to HIV and other health services (WHO 2008).

Conclusion

The present study has explored folk/roadside dentists, their problems, legal issues, economics needs, their services and new challenges in pandemic times. Further it has also identified the beneficiaries or patients of these clinics and their perspective to avail their services. The researchers had tried also to record their material cultures like artificial teeth, etc. in the practices or procedures that have been used. These ethnographic interviews of dentists and patients have revealed their issues of carrying out practicing in the city like Delhi after the migration for the better economy or earning. Every interview has opened a new self of these folk dentists about their struggle to set-up clinics on the roadside and giving their services to poor or low socio-economic patients. In view of the relevance of public dental health their role cannot be ignored at the grass root level, and hence the national body of the Indian Dental Association must make provisions to integrate to mainstream and allow them practice with license.

Recommendations

As it can be concluded above, the researchers again express that it is a policy decision for building the network between folk dentists and the Indian Dental Association. It can be very beneficial for providing the oral health care in most of the rural areas and where oral healthcare is not easily accessible for the people. This will strengthen the dental healthcare delivery system and provide protection to the public from fake folk dentists practicing on the roadside in urban cities and rural regions in hope of making more money while playing with the health of the public. The results of the study have illuminated these issues of folk or traditional dentists and their patients' perspectives for their public health concerns, who working illegally on the roadside, must be integrated with such public health awareness programme and should be given a due recognition of their services.

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