Systematic Review

Dentist's Perception and Barriers for Dental Care Delivery of Special Healthcare Needs Children in India: A Systematic Review

Priya Tomar*, Binti Rani Chand, Shruti Jain, Shraddha Sharma, Kashika Jarwal

Department of Pediatric and Preventive Dentistry, Sri Aurobindo College of Dentistry, Indore, Madhya Pradesh, India

Abstract

Background: Optimal dental care for CSHCN is often hindered in resource-limited settings like India. Additionally, societal perceptions of these individuals can further hinder access to dental services. Since dentists play a crucial role in their care, this systematic review aims to synthesize existing literature on the experiences and obstacles faced by dentists in India when caring for CSHCN, highlighting the need for improvements in training, and policy to enhance dental care accessibility. To investigate barriers and perceptions of dentists in treating SHCNC. **Methods:** 4 scientific databases PUBMED, ERIC, SCIENCE DIRECT AND DOAJ were searched from 2015 to 2024, applying keywords like barriers, special needs children, dentists' perception. The inclusion criteria were the articles having the English full-text in cross sectional studies, Cohort and case studies with the aim of dentistry services provision for these children. The conference proceedings, policy papers, were excluded. From the abstracts of the 8 articles that fulfilled the inclusion criteria, results were formulated. **Results:** Main barriers from dentist's view includes Patient cooperation, unaware of laws for disabled. Upon asking dentists for improving quality of care, majority showed interest in pursuing further training. **Conclusion:** Once the barriers are studied, different strategies can be planned to combat these and help the dental professionals provide suitable treatment to the children.

Keywords: Barrier, Dental care, Perceptions, Special healthcare needs children

Introduction

The American Academy of Pediatric Dentistry defines special health care needs as physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairments requiring medical management. Specialized services are essential for addressing congenital, developmental, or acquired conditions that impact daily self-care. Providing healthcare to individuals with special needs demands advanced training, heightened awareness, and the use of adaptive strategies beyond standard practices.[1]

As per the Indian Census of 2011, 2.68 crores of the 121-crore population are "disabled" constituting 2.21% of the total population. The population of children with special healthcare needs (SHCN) constitutes 2.86 crores of the total Indian population, with 27.4% of them being children aged 0–19 years which are one of the underserved dental patient groups throughout the world.

Poor oral hygiene may result from underlying disabilities, diminished manual dexterity, or occasionally as a side effect of specific medications. Untreated dental conditions leading to an overall compromised oral health may be because of the inability of caregivers to evaluate the child's oral condition and/or by the child's inability to express their pain or discomfort or due to poor access to dental care.[2]

Advancements in dentistry have not significantly improved the overall oral health of individuals with special needs. It is found that these individuals have more untreated caries (84.6%) and periodontal conditions (74.7%).[1]

The delivery of dental care for children with special health care needs (CSHCN) is frequently obstructed by various factors,

Access this article online

Website: www.jrad.co.in

DOI: https://doi.org/10.53064/jrad.2024.16.3.667

Address for correspondence: Dr. Priya Tomar, House No. 317, Scheme 114, Part 1, Behind Abhikaran Honda Showroom, Indore, Madhya Pradesh, India. Ph. No: +91-7974764441. E-mail: tomarp603@gmail.com

Received: Mar. 11, 2025; **Accepted:** Apr. 17, 2025; **Published:** Apr. 30, 2025

How to cite this article: Tomar P, Chand BR, Jain S, Sharma S, Jarwal K. Dentist's Perception and Barriers for Dental Care Delivery of Special Healthcare Needs Children in India: A Systematic Review. J Res Adv Dent 2025;16(3):1-8.

including a lack of adequately trained dental professionals and this remains the key barrier discussed in past reviews.

Despite calls for research on the optimal management of children with special needs, healthcare systems still do not prioritize dental care for this population.[3]

Recognition of dental health as vital to overall health has increased, yet many issues persist. Reports highlight limited access to oral healthcare for individuals with SHCN, stemming from a reduced focus on SHCN training in dental education. Dentists often feel unprepared to treat these patients due to insufficient training, leading to reluctance in providing care.[4]

This systematic review aims to highlight the challenges faced by dentists in India, particularly in providing dental care for SHN children, to inform future policies and training initiatives. While previous research has explored pediatric dental care, there is a lack of systematic reviews focusing on dentists' perspectives and the unique obstacles they encounter in India. The country's healthcare system faces specific issues, including inadequate rural infrastructure, a shortage of qualified professionals, and sociocultural barriers, which require targeted examination in the context of dental care for SHN children.

Hence, this study was undertaken with the aim to investigate dentist's perceptions and barriers for dental care delivery of SHCNs children in India.

Methodology

The study was approved by the ethical committee and the approval number is ECR/749/Inst/MP2015/RR-22.

Design

A systematic review was conducted employing objective and transparent methodologies in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. The aim was to identify, assess, and summarize all relevant research findings.

Eligibility criteria

On applying the PICO analysis to the articles searched, the criteria were set as shown below:

- Population: Dentists dealing with Special needs children
- Intervention/Interest: Barriers to dental care services
- Comparison: Not applicable
- Outcome: Barriers and perceptions encountered while accessing dental care services.

Inclusion criteria

- Articles Published in English only.
- Studies which reported only dentist's perceptions and barriers encountered while accessing dental care services.
- Cross-Sectional, Cohort, Case Studies.

Exclusion criteria

- Publications with no abstract
- Studies that reported parental/caregivers' perceptions and barriers to dental care services
- Systematic reviews, meta-analysis, expert opinions, qualitative studies.

Those studies with abstracts that fulfilled all inclusion criteria were selected for in-depth reading. In cases where a study met the eligibility criteria but the abstract did not provide enough information, the full texts of those articles were also obtained. Furthermore, additional literature searches were performed using the references cited in the chosen articles.[5]

Search strategy

Relevant studies were included from the period of 2015 to 2024 through PUBMED, ERIC, SCIENCE DIRECT, and DOAJ. A detailed search strategy was developed for PUBMED through the use of Mesh terms and was not applied for ERIC, SCIENCE DIRECT, or DOAJ. The first set of terms include "barrier" and "dentist's perception" separated by the Boolean operator AND. The second set included the terms "oral health care", "dental care services" separated by OR. The third set included the terms "children with special needs" and "disabled children", separated by the Boolean operator "OR" [Table 1].

Hand searches of the reference lists from the studies included in the review were performed to identify any additional pertinent references. In instances where multiple publications concerning the same study were found across various databases, the data from that study were extracted and analyzed only once. The identification of duplicate articles was facilitated through the use of Zotero software.

Following is the Search Pattern for various Databases

- PUBMED - *(((barriers AND ((Dentist's Perception AND ("dental care"[MeSH Terms] OR ("dental" AND "care" OR "oral health care" OR "dental services")) AND ("disabled children"[MeSH Terms] OR ("disabled"[All Fields] AND "children"[All Fields]) OR "disabled children"[All Fields])) OR (("special health care needs"[MeSH Terms]))*
- ERIC - *Barriers to dental care services OR perception of dentists among disabled children OR children with special health care needs*
- SCIENCE DIRECT - *Barriers AND dentist's perception AND dental care delivery AND special healthcare needs children*
- DOAJ - *Barriers AND dentist's perception AND dental care delivery AND special healthcare needs children.*

Study selection

The selection of studies was carried out by two authors who independently evaluated titles and abstracts based on the established inclusion and exclusion criteria to identify pertinent papers. Subsequently, these authors independently examined the full texts of studies that could not be excluded solely based on their titles and abstracts. A comparison of the selected papers was performed between the two authors, resulting in no disagreements concerning their inclusion.

Data extraction

The data extraction from the final eight articles was conducted utilizing a data extraction form. It includes the first author's

Table 1: Quality assessment of included studies

Result findings	Adyanthaya *et al.*	Wasnik *et al.*	Nazar *et al.*	Chadha *et al.*	Taneja and Litt	Satish *et al.*	Venkatesh *et al.*	Hugar *et al.*
Representativeness of the sample	0	0	1	0	0	1	1	0
Sample size	0	0	1	1	1	0	1	1
Non-respondents	1	0	1	1	1	1	1	1
Ascertainment of exposure	1	1	1	2	2	1	2	1
Assessment of the outcome	1	1	1	1	1	1	2	1
Statistical test	1	0	1	1	0	0	1	1

Table 2: Summary of included studies

Citation	Study design	Objectives	Study population	Sample size	Measurable outcomes and results	Authors conclusion
Adyanthaya *et al.,* 2017	Questionnaire study	Investigate the perception of dental practitioners regarding hurdles faced by them in providing dental care	Dental practitioners	149	45% - UG training good Barriers: 86% - Clinics were found to lack specialized amenities and equipment for managing special needs patients. 57% - Not confident 55% - Auxiliaries found to be comfortable providing assistance 71% - Inaccessibility to the dental clinic 32.6% - Reduced level of training 20.8% - Inadequately motivated caretakers 13.3% - Patients' behavior 14.5% - Lack of communication 82% - Dentists unaware of the various Indian laws for disabled Dentist's preference: 73.2% - behavior management techniques 17% general anesthesia Response to improve quality of care: 61.2% - SCD to be part of the UG curriculum 84% - Showed interest in pursuing further training	• Training programs • Parents, caregivers, and teachers of these children should be adequately educated and trained about dental problems, oral hygiene instructions • Barrier-free environments with the suggested use of open space in a clinic for maneuvering wheelchairs, stabilizing devices, and disabled-friendly toilets and lifts
Wasnik *et al.,* 2021	Cross-sectional study	Investigate the barriers to dentists in management.	Dentists	100	46% - Most common type of disabilities visiting the dental clinic is a physical disability Dentist's preference: 77% - Non-pharmacological behavior management technique. 65% - General anesthesia Barriers: 53% - Consider their UG dental education preparation as poor for managing patients with special needs 40% - Patient's behavior 20% - Inadequately motivated parents 13% - Lack of communication	• Training programs should be conducted • Parents as well as the caregivers and teachers should be educated and trained regarding the dental problems, oral hygiene instructions, and dietary practice of these children
Nazar *et al.,* 2018	Questionnaire study	Identify barriers to oral/dental care as perceived by dentists	Dentists	110	77.3% -attend these children in their practice -Oral hygiene instructions including preventive measures	Minimizing the barriers is essential to provide comprehensive dental care to CSHCN

(Contd...)

Table 2: ***(Continued)***

Citation	Study design	Objectives	Study population	Sample size	Measurable outcomes and results	Authors conclusion
					(80%) and basic restorative care (72.6%) Dentist's preference: 93.7% - Behavior management techniques, such as TELL SHOW DO, 4.2% - General anesthesia Barriers 50% - Complex medical problems 38% - Patient cooperation Response to improve quality of care 69.1% - Interested in pursuing further training. Treating CSHCN	
Chadha *et al.,* 2015	Cross-sectional questionnaire study	Investigate the attitudes, practices and demographics of dentists toward providing oral health care to Patients with Special Health Care Needs (PSHCN)	Dentists	264	64.4% - Treated patients with special health care needs whereas dentists 51.2% - Had lifts 12% - Used immobilization devices at their clinic. 80% - Never attended any CDE or hands-on training. Dentist's preference: General anesthesia - (15.9%) Tell Show Do (71.2%) Positive reinforcement -(52.9%) Immobilization -(13.5%) Other (Mouth Prop) (0.6%) Dentists' response to improve quality of care: 96% - Hand on training 89% - CDE 44% - Improved facilities	Increase the knowledge of the dentist regarding management by conducting CDE and hands on training with a focus on community-based prevention.
Taneja and Litt, 2020	Survey study	Investigate barriers in providing dental care for children with autism spectrum disorder (ASD) for dentists	Dentists	109	- 74% treat children with ASD Barriers: 50% - Lack of treatment guidelines 45% - Behavior management 30% - Staff not trained 20% - Unreliable caregivers 32% - Complex medical problems	Dentists need to be better trained to manage the behavioral challenges of children with ASD.
Satish *et al.,* 2019	Cross-sectional pilot study	To assess knowledge, attitude, and practices toward treating patients with special care needs among private dental practitioners employed at a private dental teaching institution	Dental practitioners	45	Barriers: 65.6% - Unaware of the Right to Disability Act 2016. 68.7% - Inadequate training Dentists' response to improve quality of care: 81.3% - Felt the need to incorporate SCD as a part of the dental curriculum 50% - Tele dentistry 90.6% - Need for dental insurance 31.3% - Under general anesthesia	Majority of the study participants felt inadequate training among the dental practitioners as a barrier to treat special needs patients and hence suggested the incorporation of special care dentistry into the dental curriculum.
Venkatesh *et al.,* 2017	Cross-sectional study	To assess the accessibility of private dental clinics in Bengaluru city to	Dentists	250	81.2% - Comfortable in treating mobility disabled 62.4% - Provision for parking of vehicles for disabled	it is unfortunate to know the number of clinics with facilities does not match the number of dentists willing to

(Contd...)

Table 2: ***(Continued)***

Citation	Study design	Objectives	Study population	Sample size	Measurable outcomes and results	Authors conclusion
		movement-disabled people			15% - Provision for a wheelchair in clinic 42.4% - Sliding entrance door	treat such patients. It is clear that movement-disabled patients are being treated in spite of a lack of available facilities which is very distressing
Hugar *et al.*, 2020	Cross-sectional	Explore dentist's perception of oral health care toward child with special healthcare needs (CSHCN).	Dentists	250	Dentist's preference: 50.8% - Non-pharmacological method 52.08% - Pharmacological methods 39% - UG did not prepare them for management of CSHCN Response to improve quality of care: 67.80% - UG curriculum should add more syllabus for management 70% - Require more training Barriers: 55.2% - Patient behavior 39.2% - Reduced level of training 36.4% - Level of disability 35.2% - Parent compliance 20.4% - Office staff training	demand for campaigns to broaden the horizon of knowledge for professional dentists toward this issue

name, year of publication of the article, study population, sample size, objectives of the study, study design, measurable outcomes, and author's conclusion.

Quality assessment of included studies

The final analysis included 8 cross-sectional studies and the methodological quality of the selected articles were assessed using the modified Newcastle Ottawa Scale. In cross-sectional studies, the quality score was determined by evaluating five criteria across the categories of group selection, outcome, and exposure. The scoring system allocated a maximum of 5 points for both group selection and exposure, 2 points for the comparison group, and a maximum of 3 points for the outcome, indicating the highest methodological quality. A higher score correlates with superior study quality. The findings from this assessment are presented in Table 1.

Results

Search results

The search generated a total of 357 articles from four different electronic bases: PUBMED, ERIC, SCIENCE DIRECT, and DOAJ. PubMed produced 98 articles, ERIC produced 223 articles, SCIENCE DIRECT produced 27 and DOAJ produced 9 articles. PRISMA 2020 guidelines regarding the paper selection are shown as a flowchart in Figure 1.

The full texts of 45 articles were obtained for further review. On basis of inclusion and exclusion criteria, 8 articles were included in this systematic review [Table 2].

Assessment tools

All 8 studies have utilized structured questionnaires to assess the barriers faced by dentists in treating and managing children with special needs. These structured questionnaires had questions related to accessibility to clinic, equipment, and staff for their management, financial aspects of dental treatment, patient's behavior, parent's compliance etc. Studies also examined categories of patients with special needs and their evaluation of undergraduate dental education training for caring for CSHCN. It involved a descriptive analysis of a validated questionnaire used to assess barriers and perceptions of dentists in a similar population.

Result findings

The included studies revealed barriers through dentist's perception in delivering dental services, additionally dentists' preference of technique in managing special healthcare children along with their response to improve quality of care.

Barriers to dental care delivery- through dentists' perception

Adyanthaya *et al.*[2] found that 86% of the clinics were found to lack specialized amenities and equipment for managing special needs patients. A confounding 82% of the dentists were unaware of the various Indian laws for disabled people including the Persons with Disabilities Act, 1995, and the Right of Persons with Disabilities Bill, 2014. The level of training of practitioners (32.6%) and inadequately motivated caretakers (20.8%) were found to be the greatest barriers followed by patients' behavior and the inability to establish proper communication by 13.3% and 14.5%, respectively.

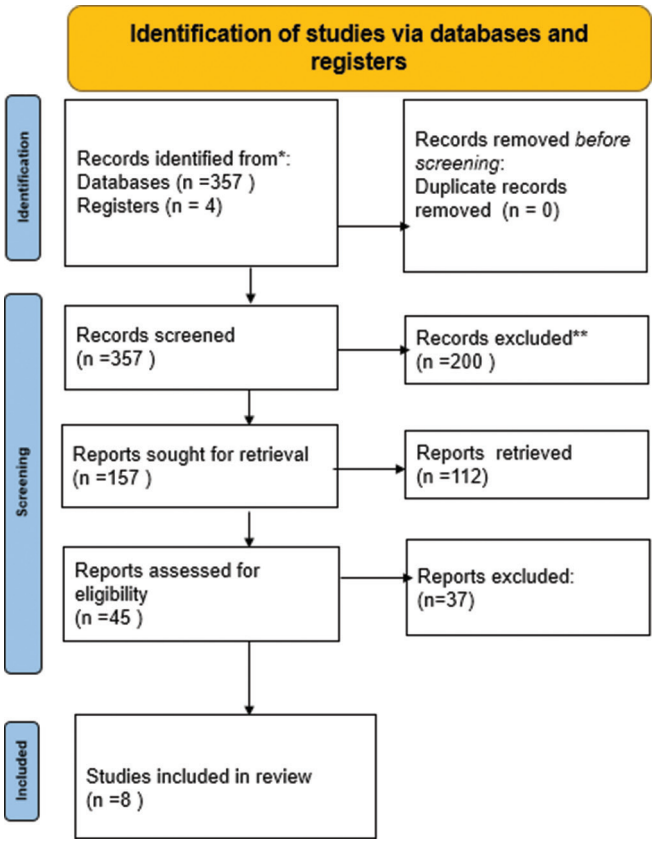

Figure 1: Preferred Reporting Items for Systematic Reviews and Meta-Analyse flowchart

According to Hugar *et al.*,[4] 55.2% of them thought that the behavior of the patient was a more pronounced barrier than their level of training (39.2%), level of disability (36.4%), parent compliance (35.2%), level of disease (24.8%), office staff training (20.4%), and availability of the funds (13.6%).

In a study by Venkatesh *et al.*,[6] lack of financial resources (50.8%), was reported as the leading cause for not making provisions for making private dental clinics disabled-friendly, followed by inadequate utilization of dental services by these individuals (42.8%).

Wasnik *et al.*[7] highlight the greatest barrier to be patient's behavior (40%) followed by lack of communication (13%).

Nazar *et al.*[8] stated that the greatest barrier was concern regarding medical history, with over 50% of respondents identifying it as a high-level barrier followed by patient co-operation (38%) and time constraint.

Autistic children were taken in the study by Taneja and Litt,[9] where 50% showed a lack of treatment guidelines as a barrier.

Satish *et al.*[10] showed that 65.6% were unaware of the Right to Disability Act 2016.

All 8 studies reported some common barriers, such as lack of communication and treatment guidelines, patient cooperation, and unaware of laws for the disabled.

Dentist's preference in managing SHCN children

Various behavior management techniques adopted by dentists were preferred by 73.2% and 77% and general anesthesia by 17% and 65.7% in the study by Adyanthaya *et al.*[2] and Wasnik *et al.*,[7] respectively.

In findings of Nazar *et al.*,[8] Majority of dentists (93.7%) believed that CSHCN can be managed with behavior management techniques such as TELL SHOW DO, while 5.3% recommended the use of conscious sedation, and 4.2% suggested general anesthesia.

Similar findings were given by Chaddha *et al.*,[11] in which the majority (72%) of patients manage using the TSD technique and 16% using general anesthesia.

Results by Hugar *et al.*[4] were contradictory as the majority (52.8%) of dentists stated that CSHCN should be treated under pharmacological methods in a hospital setup.

Dentist's response to improve quality of care

Upon asking dentist's response to improve the quality of care, Special Care Dentistry as part of the undergraduate curriculum and improved facilities was stated the major factor, that is, 62%, 90%, 81.3%, and 67.8% by Adyanthaya *et al.*,[2] Wasnik *et al.*,[7] Satish *et al.*[10] and Hugar *et al.*,[4] respectively.

96%, 90%, and 84% showed interest in pursuing further training in the study by Chaddha *et al.*,[11] Nazar *et al.*[8] and Adyanthaya *et al.*,[2] respectively.

The summary of findings of the three results is tabulated in Table 3.

Discussion

The intent of this systematic review was to find the barriers and perceptions by dentists in treating children with special needs during dental care delivery in India. The substantial volume of publications initially examined in this domain underscores the notion that the comparatively limited number of studies ultimately incorporated into the review supports this perspective. In the present review, the search based on PRISMA guidelines was narrowed down on a set of 8 descriptive cross-sectional studies that suggested an outcome on barriers and perceptions in delivering dental care services. To make dental care accessible and convenient, it is important to understand the barriers and perceptions of dentists in handling these children.

All 8 studies show a huge variation in barriers faced by dentists in the dental care delivery of CSHCN in India.

Adyanthaya *et al.*[2] showed the main barrier to be clinics lacking specialized amenities and equipments which was in accordance with the study of D'Addazio *et al.*[12] and the least effective barriers in which dentists were unaware of laws for disabled

A study by Wasnik *et al.*[7] showed patient's behavior as the greatest factor so from the result we have gathered to

Table 3: Summary of result findings including barriers, dentist's preference and their response

Result findings	Adyanthaya *et al.*	Wasnik *et al.*	Satish *et al.*	Hugar *et al.*	Taneja and Litt	Nazar *et al.*	Chaddha *et al.*
Barriers to dental care delivery - Dentists perception (%)							
Communication	14.50	13					
Inadequate level of training	32.60		68.70	39.20		38	
Patients behavior	13.30	40		55.2	45		
Unaware of laws for disabled	82		65.5				
Inadequately motivated caregivers	20.80	20					
Complex medical problems					32	50	
Untrained staff				20.4	30		
Clinics lack specialized amenities and equipments	86						53
Dentist's preference in managing SHCN children (%)							
Behavior management techniques/Non-pharmacological	73.20	77	93.70	50.8		93.7	71.2
General anesthesia	17	65.70	4.20	52.8		4.2	15.9
Dentist's response to improve quality of care (%)							
UG curriculum to add more syllabus for management	61.2		81.3	67.8			
Hands-on training	84			70		69.1	96
Teledentistry			50				
Improved facilities/infrastructure			90.6			75.5	44
Need for dental insurance							

SHCN: Children with special healthcare needs

understand that the lack of training and education provided to the budding dentists on oral health care of CSHCN in turn acts as a barrier to understand their behavior and to provide them with utmost care and efficacious treatment.

Inadequately motivated caretakers also act as a prime barrier as stated by Vignesha *et al.*[13] in his study and time limitation is a barrier agreed by 83% of the participants in a study by Suhasini *et al.*[14]

Complex medical problem was stated the biggest barrier by half participants in a study by Nazar *et al.*[7] which is in accordance with the study of Taneja and Litt.[9]

Taneja and Litt[9] and Hugar *et al.*[4] revealed a lack of treatment guidelines and patients behavior as the main factors, respectively.

There are also other barriers in seeking regular dental care including, accessibility to dental clinic, lack of communication, inadequately motivated parents, and inadequate training among the dental fraternity to handle these patients.

The most common treatment procedures delivered included preventive treatments (80%) and restorative care (72.6%) as quoted by Nazar *et al.*[7] in his study and the majority of them managed these procedures with behavior management techniques.

As part of the study, participants were asked about their management preference in which 4 out of 8 authors preferred to go for behavior management/Non-pharmacological on these children whereas in a study by Hugar *et al.*,[4] 53% of patients preferred pharmacological management in hospital setup as he stated patient's behavior be the greatest barrier.

A major barrier encountered in a study by Rajan *et al.*[15] came out to be a lack of training (55.1%). According to Bindal *et al.*[16] dentists are generally prepared to provide treatment just at the initial stage so dental practitioners should be trained properly during the undergraduate program regarding the management of CSHCN. Despite the absence of adequate training and the various challenges encountered by dentists in delivering dental care to children with special needs, a significant number of dental professionals demonstrate a willingness to provide such treatment.

It is important to understand that offering dental care to children or individuals with special needs does not lead to financial gains. This absence of incentive may result in healthcare professionals either lacking the required skills or opting not to pursue expertise in these fields.[17]

A significant conclusion drawn from our study is that dentists collectively recognized the need for improved education and expressed a willingness to seek further training in providing oral and dental care for CSHCN.

Upon asking the dentist's response to improve the quality of care, the majority showed interest in need for dental insurance followed by adding more syllabus for the undergraduate curriculum in special care dentistry.

Inadequate financial resources for specialized training and equipment consistently present a challenge within the public system.[18] 50% favored teledentistry would do good as it will be more cost-effective than regular examinations.[10]

Casamassimo *et al.*[19] contend that educational programs aimed at training dentists to care for patients with special needs do not

necessarily lead to an increase in the number of dentists willing to provide such care. Instead, these programs often strengthen the commitment of those practitioners who are already inclined to assist CSHCN in overcoming significant challenges.

In addition, research by Taneja and Litt[9] reveals that half of the participants feel limited by the absence of treatment guidelines.

Overall findings of this study suggest barriers faced by dentists show huge variation and there are both environmental and personal factors that act as factors in accessing and utilization of dental care services.

It highlights the impact of cultural beliefs and societal factors on dental care delivery in India, often overlooked in global studies.

The findings provide actionable policy recommendations to address barriers in dental practice, education, and infrastructure. It also assesses the effectiveness of present dental education in preparing practitioners to care for SHN children, underscoring the need for improvements.

One way to improve the level of professionalism is through service-learning with patients with special needs.[20] Ultimately by identifying gaps in training, infrastructure, and cultural influences, this study lays the groundwork for further research and intervention initiatives.

It has the potential to influence both policy and practice in this field.

Limitations

1. In the search strategy caregivers' perceptions can be included too so that a collaboration can be formed between them which helps in enhancing communication, and developing strategies; hence, fostering their relationship which can be beneficial to the dental care of CSHCN.
2. Study design selection included cross-sectional studies to determine the barriers faced by dentists, but, given the lower level of evidence, this limited the evaluation and generalization of the effectiveness of the difficulties encountered by them. The synthesis of data through statistical analyses was unfeasible due to the heterogeneity and the lower quality of evidence present in the studies included.
3. A limited number of databases were included.

Conclusion

Numerous factors influence a dentist's decision-making process when delivering care to CSHCN. These factors encompass financial limitations, educational barriers, time constraints, physical accessibility issues to dental facilities, and a lack of motivation among primary caregivers. To enhance the dentist's understanding of the management of CSHCN, it is essential to improve academic training programs. To equip future dental graduates in dealing with this group of patients better, clinical exposure of students to this population should occur. Henceforth, for further evaluation of the barriers for dental care delivery among children with special needs studies of better standards/designs are recommended.

References

1. American Academy of Pediatric Dentistry. Definition of special health care needs. The Reference Manual of Pediatric Dentistry. Vol. 35. Chicago: American Academy of Pediatric Dentistry; 2004. p. 13-4.
2. Adyanthaya A, Sreelakshmi N, Ismail S, Raheema M. Barriers to dental care for children with special needs: General dentists' perception in Kerala, India. J Indian Soc Pedod Prev Dent 2017;35:216-22.
3. Tuli S, Goswami M, Saxena A, Bhatara S, Saxena B, Gogoi R. Challenges faced by dentists during provision of oral health care in children and adolescents with special health-care needs: A scoping review. J Indian Soc Pedod Prev Dent 2024;42(3):167-75.
4. Hugar SM, Soneta SP, Gokhale N, Badakar C, Joshi RS, Davalbhakta R. Assessment of dentist's perception of the oral health care toward child with special healthcare needs: A cross-sectional study. Int J Clin Pediatr Dent 2020;13:240-5.
5. Krishnan L, Iyer K, Madan Kumar PD. Barriers to utilization of dental care services among children with special needs: A systematic review. Indian J Dent Res 2020;31:486-93.
6. Grandhi VV, Savanur NR, Raju R. Barrier-free dental health care: A situation analysis of the dental care settings and providers' attitudes in private dental clinics for the movement-disabled in Bengaluru City. J Indian Assoc Public Health Dent 2017;15:166-9.
7. Wasnik M, Sajjanar A, Kumar S, Bhayade S, Gahlod N, Khekade S, *et al.* Barriers to dentist in management of patients with special health care needs. J Res Med Dent Sci 2021;9:217-22.
8. Nazar MK, Reddy CD, Paul ST. Dentists' perception of barriers to dental care for children with special health care needs in Bengaluru, India. RGUHS J Dent Sci 2018;10:3-8.
9. Taneja N, Litt MD. Barriers for dentists in treating children with autism spectrum disorders. J South Asian Assoc Pediatr Dent 2020;3:65-9.
10. Satish M, Iyer K, Krishnan L, Neha S, Biju EA, Parangimalai DM. Awareness and approaches in treating patients with special needs among dental practitioners of Chennai City: A pilot study. J Indian Assoc Public Health Dent 2019;17:333-6.
11. Chadha G, Panchmal GS, Shenoy RP, Jodalli P, Siddique S, Dsouza N. Attitude of dentists towards providing oral health care to patients with special health care needs (PSHCN) in Mangalore, India. Int J Oral Care Res 2015;1:1-7.
12. D'Addazio G, Santilli M, Sinjari B, Xhajanka E, Rexhepi I, Mangifesta R, *et al.* Access to dental care-A survey from dentists, people with disabilities and caregivers. Int J Environ Res Public Health 2021;18:1556.
13. Vignehsa H, Soh G, Lo GL, Chellappah NK. Dental health of disabled children in Singapore. Aust Dent J 1991;36:151-6.
14. Suhasini K, Rajashekhar R, Reddy JS, Hemachandrika I, Tarasingh P, Shaik H. Awareness and attitude of general and specialist dentists in providing oral health-related quality of life for children with special healthcare needs. Int J Clin Pediatr Dent 2021;14:601-3.
15. Rajan S, Kuriakose S, Varghese BJ, Asharaf F, Suprakasam S, Sreedevi A. Knowledge, attitude, and practices of dental practitioners in Thiruvananthapuram on oral health care for children with special needs. Int J Clin Pediatr Dent 2019;12:251-4.
16. Bindal P, Chai WL, Bindal U, Safi SZ, Zainuddin Z, Lionel A. Dental treatment and special needs patients (SNPs): Dentist's point of view in selected cities of Malaysia. Biomed Res 2015;26:152-6.
17. Alamri H. Oral care for children with special healthcare needs in dentistry: A literature review. J Clin Med 2022;11:5557.
18. Lim MA, Liberali SA, Calache H, Parashos P, Borromeo GL. Perceived barriers encountered by oral health professionals in the Australian public dental system providing dental treatment to individuals with special needs. Spec Care Dentist 2021;41:381-90.
19. Casamassimo PS, Seale NS, Ruehs K. General dentists' perceptions of educational and treatment issues affecting access to care for children with special health care needs. J Dent Educ 2004;68:23-8.
20. Balkaran R, Esnard T, Perry M, Virtanen JI. Challenges experienced in the dental care of persons with special needs: A qualitative study among health professionals and caregivers. BMC Oral Health 2022;22:116.