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Original Article

Perception of Dental Students in Kerala toward the Management of People with Special HealthCare Needs: A Cross-sectional Study

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Abstract

Introduction: Children with Special Healthcare Needs (SHCN) are reported to receive less adequate dental care due to various behavioral problems and barriers created by dental professionals. To foster more equitable healthcare, health sciences curricula should focus on shaping positive attitudes among healthcare trainees toward people with disabilities.

Purpose: To assess the perceptions of special care dentistry (SCD) among dental students in Kerala.

Materials and Methods: This cross-sectional study used a questionnaire adopted from a previous literature, and all undergraduate students and interns were invited to participate. The Google Form questionnaire was sent via WhatsApp and Mail. A total of 177 students from both government and self-financing dental colleges participated in the study. The survey items comprised demographic data, two domains related to participant's knowledge about SCD and perceptions of managing patients with special needs. Mann–Whitney *U*-test and Kruskal–Wallis test were used in the analysis ($P < 0.05$). Data collected were analyzed using the Statistical Package for the Social Sciences version 22.

Results: The study included government (54.8%) and self-financing (45.2%) college students. Only 53.7% considered SCD as a different specialty, and overall knowledge averaged (median = 3, interquartile range [IQR] = 2–4), indicating moderate factual familiarity with SHCN concepts. Attitude factor 1 (educational experience and instructors) averaged (government; median = 44, IQR = 38–44, self-financing; median = 45.75, IQR = 37–45.75) and factor 2 (interpersonal and future care) averaged (government; median = 31, IQR = 29–33, self-financing; median = 30, IQR = 28–33). There was no statistically significant difference in knowledge ($P = 0.21$) and attitude ($P = 0.49$) between students from government and self-financing dental colleges. Students who knew more about SHCN were more satisfied with the educational support they received (Spearman $\rho = 0.548$, $P = 0.001$)

Conclusion: This survey showed that most of the respondents had a favorable perception of SCD, but were not confident in providing care to those with SHCN in the future. Thus, a curriculum revision may be considered for the BDS course with more training on SCD for the undergraduates for making them competent enough to provide dental care to these special needs patients.

Keywords: Dental education, Dental students, Perception, India, Curriculum

INTRODUCTION

In India, as per the National Census 2011, the disabled population is 2.1% which comes to 2.6 million, and in Kerala, there are about 0.76 million disabled persons.[1] The American Academy of Pediatric Dentistry defines special healthcare needs (SHCN) as any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. This condition may cause limitations in performing daily activities. It may be congenital, developmental, or acquired due to disease, trauma, or environmental causes.[2] Special care dentistry (SCD) deals with the provision of oral care for individuals with impairment or disability, such as physical, sensory, intellectual, mental, medical, emotional,

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social, or any combination. It mostly refers to patients with mental or developmental disabilities.[3]

In the oral health-related context, the Commission on Dental Accreditation (CODA) defines special needs patients as those "whose medical, physical, psychological, or social situations make it necessary to modify normal dental routines in order to provide dental treatment for that individual. These individuals include, but are not limited to, people with developmental disabilities, complex medical problems, and significant physical limitations."[4]

Although individuals with special health care needs have similar treatment requirements as the general population, they experience a higher rate of unmet dental needs. This may be due to the complexity of their medical conditions, patient behavior, difficulty in communication, or inadequate training and experience of dental professionals in the management of individuals with special needs.[5] The perspectives of healthcare professionals significantly influence the quality and accessibility of care for individuals with disabilities. To foster more equitable healthcare, health sciences curricula should focus on shaping positive attitudes among healthcare trainees toward people with disabilities.

In July 2004, CODA adopted Standard 2-26 that states, "Graduates must be competent in assessing the treatment needs of patients with special needs."[4] In India, the Dental Council of India (DCI) has revised the BDS course regulations, but there is no mention regarding the minimum number of working hours to be devoted for SCD,[6] and the new dental graduates are more likely to witness a considerable number of patients requiring SCD during their professional careers.[7]

This study was carried out to determine the knowledge and attitude of dental students in Kerala concerning the management of people with special healthcare needs, with the purpose of providing information necessary for BDS curriculum review in the dental institutions of India.

MATERIALS AND METHODS

Study Setting

This cross-sectional questionnaire-based study was conducted by the Department of Pediatric and Preventive Dentistry, Government Dental College, Kottayam, Kerala, India, between February 2025 and May 2025.

Ethical Consideration

Approval was granted from the Heads of the dental institutions in Kerala for collecting data from the undergraduate students and interns of the respective colleges, and ethical clearance was obtained from the Institutional Ethics Committee (IEC) (IEC/M28/2025/R567/DCK).

Inclusion Criteria

Third, and final year dental undergraduates and interns (I) in tertiary care hospital cum dental colleges in the government sector and self-financing dental colleges in Kerala, participated in the study.

Sampling

The sample size was estimated based on a study conducted by Kapoor *et al.*,[8] explored the preparedness of dental students in Delhi to manage patients with special needs. The total sample size calculated was 170.

Data Collection

A questionnaire from a previous study by Kapoor *et al.*[8] was adapted for this study, and it contained 36 items. It was prepared in English, and Google Forms were used to collect the data. The first section of the questionnaire included the demographic data: age of the dental student/intern, gender, year of study, and type of college. The second section assessed the knowledge and attitude of the dental students regarding the patients with special needs and SCD. There were five questions in the knowledge domain and responses were recorded as 0-no, 1- don't know, 2- yes and for statistical analysis, score 0 was given to both "no" and "don't know" responses and 1 for response "yes". Maximum score given to knowledge domain was five. The attitude domain contained 32 questions and was divided into 2 factors; factor 1 (19 items) concerned with students' educational experiences and perception of instructors, and factor 2 (13 items) dealt with interpersonal and future interactions with special care patients. Attitude responses were recorded in a 3-point scale (agree - 3, neutral - 2, and disagree - 1). The scores were reversed for the items with a negative slant. The highest score given in the attitude domain was 55 for Factor 1 and 23 for Factor 2.

The number of dental students in Kerala was obtained from the Kerala University of Health Sciences database. The database showed the number of dental students in each government and self-financing college. Contact details of the students were obtained through Students' Union representatives and course coordinators, and the questionnaire was sent through Whatsapp or email. Consent was obtained prior to the study from the participants. To maintain confidentiality, the participants were assured that their responses would not be disclosed. A follow-up reminder was sent after a week to those who did not initially respond.

Statistical Analysis

The data were entered into Microsoft Excel 2019 and processed using the Statistical Package for the Social

Sciences (SPSS) statistics 22.0 (SPSS Inc., Chicago, IL, USA) and analyzed. Descriptive analyses, including percentages, means, and standard deviations, were used to describe the characteristics of the study participants. When the data distribution was not normal, a Mann-Whitney *U*-test or Kruskal–Wallis test were performed to compare knowledge and attitude components across different institutional types and years of study.

The results were organized to address the primary objective-evaluating students' knowledge and two dimensions of attitude: (1) Educational experience and instructors and (2) Interpersonal comfort and intention to provide future care. Correlation analyses were done to further explore the relationship between knowledge and attitudinal factors to identify key educational influences. Microsoft Word and Excel (year 2019) were used to generate tables. The level of statistical significance for all the tests was set at $P < 0.05$ with a confidence interval of 95%.

RESULTS

One hundred and seventy-seven students responded to the online survey. The respondents were between 21-30 years of age with the mean of 23.69 ± 1.56 years. Responses from females were higher compared to males. Over half of the respondents were from government institutions. Third-year students, final-year students, and interns were well represented in this study [Table 1]. While most of them felt that special precautions are to be taken while treating a patient with special need, only 53.7% considered SCD as a different specialty, and the majority (79.1%) admitted their curriculum covers lectures that deal with special need individuals [Table 2]. Overall knowledge averaged 3.15 ± 1.125, indicating moderate factual familiarity with SHCN concepts. Attitude Factor 1 (educational experience and instructors [Table 3]) averaged 41.3 ± 5.3, and Factor 2 (interpersonal and future care [Table 3]) averaged 30.3 ± 3.5. Students demonstrated a favorable orientation toward SHCN, especially in future-care interactions, while seeing room for stronger instructional support. These descriptive benchmarks fulfill the primary objective of quantifying baseline perception levels.

Table 1: Baseline characteristics of the study sample (*n*=177)

Variables	*n* (%)
Age (mean±SD)	23.69±1.56
Gender	
Male	23 (13)
Female	154 (87)
Type of College	
Govt	97 (54.8)
Self	80 (45.2)
Year of study	
Third year	51 (28.8)
Final year	64 (36.2)
Interns	62 (35)

SD: Standard deviation

There is no statistically significant difference ($P = 0.21$) in knowledge scores between students from government and self-financing dental colleges. Median knowledge scores were similar (median = 3, interquartile range [IQR] = 2–4) in both groups, indicating that institutional type does not influence the students' factual understanding of managing individuals with special health care needs (SHCN). Attitude Factor 1 scores showed no significant difference between types of colleges ($P = 0.49$). The median scores were comparable across government and private institutions (government college - 31, self-financing college - 30), indicating a consistent level of satisfaction and exposure to SHCN-related training, regardless of differences in institutional funding, or infrastructure or patient turnout in both the types of colleges. Similarly, no significant difference was observed in Attitude Factor 2 scores between students from government and self-financing colleges ($P = 0.52$). This factor captures students' comfort in interacting with individuals with SHCN and their willingness to care for them in the future. The similar scores indicate that students from both types of institutions share comparable personal and professional inclinations toward caring for this population [Table 4].

The knowledge scores among third-year students, final-year students, and interns did not differ significantly ($P = 0.86$). The median knowledge score remained consistent at 3.0 in all groups. There was no significant difference in Attitude Factor 1 scores among the third-

Table 2: Knowledge responses concerning special care dentistry

Knowledge	Yes *n* (%)	Don't know *n* (%)	No *n* (%)
1. Special care dentistry is a different specialization in dental sciences	95 (53.7)	54 (30.5)	28 (15.8)
2. Special precautions are to be taken while treating a patient with special needs	176 (99.4)	1 (0.6)	0 (0)
3. Our curriculum covers lectures that deal with patient with special needs you to deal	140 (79.1)	19 (10.7)	18 (10.2)
4. The techniques to deal with the patient with special needs are being demonstrated practically in the clinic by experienced faculty	83 (46.9)	26 (14.7)	68 (38.4)
5. Are you aware of specially designed dental chairs and clinics for patients with disabilities?	64 (36.2)	55 (31.1)	58 (32.8)

Table 3: Attitude responses of the participants towards special care dentistry

Attitude	Agree *n* (%)	Neutral *n* (%)	Disagree *n* (%)
Factor 1: Educational experience and instructors			
1. My education has taught me to enjoy working with special care patients.	80 (45.2)	81 (45.8)	16 (9)
2. Educators who teach me seem to be well versed in the psychological, social, and emotional characteristics of special care patients	114 (64.4)	55 (31.1)	8 (4.5)
3. The educational experiences I have received really helped me to interact with special care patients	73 (41.2)	86 (48.6)	18 (10.2)
4. The program for treatment of the special care patients at my school is really good.	73 (41.2)	86 (48.6)	18 (10.2)
5. My instructors seem nervous and reluctant to treat the special care patients	21 (11.9)	30 (16.9)	126 (71.2)
6. The teachers at my school do not seem to know very much about special care patients	18 (10.2)	37 (20.9)	122 (68.9)
7. My educational experience has taught me tremendous amount about the dental needs of the special care patients	73 (41.2)	82 (46.3)	22 (12.4)
8. My educational experience has helped me to enjoy being with special care patients	76 (42.9)	88 (49.7)	13 (7.3)
9. My educational experience has taught me to dislike the special care patients	14 (7.9)	23 (13)	140 (79.1)
10. My educational experience has taught me very little about the dental needs of the special care patients	42 (23.7)	72 (40.7)	63 (35.6)
11. My educational training has helped me to better empathize with special care patients	125 (70.6)	45 (25.4)	7 (4.0)
12. My educational training has provided me with a positive attitude toward the special care patients	135 (76.3)	40 (22.6)	1 (1.1)
13. My educational training has made me confident to work with special care patients	87 (49.2)	73 (41.2)	17 (9.6)
14. My educational training has helped me better understand how to treat the special care patients	97 (54.8)	65 (36.7)	15 (8.5)
15. My educational training has not helped me to understand special care patients	36 (20.3)	48 (27.1)	93 (52.5)
16. My teachers really demonstrate enthusiasm about working with special care patients	83 (46.9)	81 (45.8)	13 (7.3)
17. My teachers have shown me how to enjoy working with the special care patients	70 (39.5)	88 (49.7)	19 (10.7)
18. My teachers have not shown me how to respond to the needs of the special care patients	21 (11.9)	63 (35.6)	93 (52.5)
19. My teachers are not very excited or interested in the treatment of the special care patients	15 (8.5)	45 (25.4)	117 (66.1)
Factor 2: Interpersonal and future care			
20. I am not interested in learning anything else about special care patients	136 (76.8)	29 (16.4)	12 (6.8)
21. In the private office, a separate waiting room could be provided for disfigured patients	103 (58.2)	0 (0)	74 (41.8)
22. Dental services for the special care patients should only be provided in a hospital	44 (24.9)	50 (28.2)	83 (46.9)
23. The more severe the special needs, the lesser the need for restorative dentistry	30 (16.9)	73 (41.2)	74 (41.8)
24. When working with special care patients I don't care to understand what they are feeling	17 (9.6)	36 (20.3)	124 (70.1)
25. I care about future dental treatment of special care patients	142 (80.2)	32 (18.1)	3 (1.7)
26. Very little sensitivity is required when interacting with the special care patients	21 (11.9)	58 (32.8)	98 (55.4)
27. Working with the special care patients is a very enjoyable experience	47 (26.6)	111 (62.7)	19 (10.7)
28. I would not particularly desire special care patients in my practice	19 (10.7)	64 (36.2)	94 (53.1)
29. Patients with special needs make me uneasy	18 (10.2)	81 (45.8)	78 (44.1)
30. I dislike working with special care patients	11 (6.2)	41 (23.2)	125 (70.6)
31. Dental treatment of the special care patients is very discouraging	12 (6.8)	57 (32.2)	108 (61)
32. When working with special care patients, I find it hard to respond to them	32 (18.1)	112 (63.3)	33 (18.6)

Table 4: Comparison of knowledge and attitude of participants by college type

College	Variable	*n*	Median (IQR)	*P*-value
Govt	Knowledge score	97	3 (2–4)	0.21
Self		80	3 (2–4)	
Govt	Factor 1 score	97	44 (38–44)	0.49
Self		80	45.75 (37–45.75)	
Govt	Factor 2 score	97	31 (29–33)	0.52
Self		80	30 (28–33)	

Statistically significant $P<0.05$, Mann-Whitney U test. IQR: Interquartile range

year, final-year students and interns ($P = 0.50$). This indicates that perceptions of the adequacy of educational experiences and the role of instructors in SHCN training are similar regardless of academic stage. Attitude factor 2 scores, reflecting students' interpersonal comfort with individuals with SHCN and their intent to treat them in future practice, also showed no statistically significant variation across different years of study ($P = 0.88$) [Table 5].

A moderate, positive, and highly significant correlation was observed between knowledge and Factor 1 attitude (Spearman $\rho = 0.548$, $P = 0.001$), indicating that students who knew more about SHCN were also more satisfied with the educational support they received. In contrast, the weak, non-significant correlation with Factor 2 (Spearman $\rho = 0.138$, $P = 0.067$) suggests that interpersonal comfort and future-care intentions depend on factors beyond textbook knowledge—perhaps emotional quotient, personal values, or clinical exposure [Table 6].

DISCUSSION

The terms "Special Needs Dentistry (SND)" and "Special Care Dentistry" are used interchangeably around the world.[9] Not only does the terminology vary, but the definition of the field also differs between countries and even among dental professional bodies. For instance, Australia and New Zealand typically use the term "Special

Table 5: Comparison of knowledge level and attitude by year of study

Year of study	Variable	*n*	Median (IQR)	*P*-value
Third year	Knowledge total	51	3 (2–4)	0.86
Final year		64	3 (2–4)	
Interns		62	3 (2–4)	
Third year	Factor 1 score	51	41 (36–45)	0.50
Final year		64	41 (37.25–45)	
Interns		62	41 (38–43.25)	
Third year	Factor 2 score	51	31 (28–33)	0.88
Final year		64	31 (28–33)	
Interns		62	31 (29–33)	

Statistically significant $P<0.05$, Kruskal Wallis test. IQR: Interquartile range

Table 6: Correlation between knowledge score and attitude score (Factor 1 and Factor 2)

Variable	Correlation coefficient (r)	*P*-value
Knowledge score Factor 1 score	0.548	0.001*
Knowledge score Factor 2 score	0.138	0.067

*Spearman correlation

Needs Dentistry," while "Special Care Dentistry" is the preferred term in Europe, the United Kingdom, and the United States.[10] More broadly, SCD emphasizes the role of clinicians in providing care to patients, while SND centers on addressing the specific needs of the patients themselves, rather than the care process. The Special Care Dentistry Association defined SCD as "branch of dentistry which provides oral care services for people with physical, medical, developmental, or cognitive conditions, which limit their ability to receive routine dental care."[11] For consistency, the term SCD will be used throughout this paper.

This study gathered information regarding knowledge and attitude in the management of patients with SHCN among dental students in Kerala, India. Initiatives to promote equitable access to oral health care services for individuals with SHCN have been implemented worldwide in line with achieving the Global Oral Health Goals of World Health Organization (WHO) 2020.[12] Therefore, dentists need to understand the role they can play in treating people with SHCN. Hence, efforts should be made to enhance dental education and to increase SCD awareness among dental students. Dental students need a good understanding of SCD, and specific modules should be offered at the undergraduate and clinical levels.

In our study, 87% respondents were females, which reflecting the recent trend of more female students opting for dentistry as a profession than male students in Kerala. This is in line with the study by Kapoor *et al.*[8] (73.7% were females) and Ramadhani *et al.*[13] (85.3% were females). The study sample included third-year students (28.8%), final-year students (36.2%), and interns (35%). Only 53.7% were aware about SCD as a specialization, which was lower than that in Malaysian dental students (84.4%),[14] and Indonesian dental students (55.1%).[13] Moreover, this finding is in accordance with another study showing that 53.7% of dental students in Delhi are aware of SCD as a specialization.[8] The roles of academicians in increasing awareness, instilling positive attitudes, as well as delivering effective teaching and training to the students are compelling, although the lack of faculty expertise has been a long-standing issue in the delivery of teaching in SCD.[14] All of the respondents felt that special precautions are to be taken while treating patients with special needs. Around 79% of respondents agreed that their curriculum covers lectures dealt to special needs patients. According to Kapoor *et al.*, only 58.4% of respondents agreed that SCD is a part of their undergraduate dental curriculum.[8] Finding of the survey by Yeaton *et al.*, showed that 77% agreed or strongly agreed that SCD should be included in the curricula of their respective courses.[15] In the current study, only 47% of respondents reported that experienced faculties practically demonstrated the techniques that dealt with the special need population. In government colleges, 54.1% students and 39.1% interns received practical demonstration of management of special needs patients, whereas in private colleges, it was 46.3% and 38.5%, respectively. Only 36% respondents were aware of specially designed dental chairs and clinics for patients with disabilities. Therefore, it is essential to include the topics related to SCD as an integral part of the dental education curriculum.

The knowledge level among students and interns regarding SCD did not differ significantly ($P = 0.85$). This lack of progression suggests that students' knowledge about SHCN is formed early during their undergraduate training and does not significantly increase in later years, highlighting a need for better vertical integration of SHCN topics throughout the curriculum. Also, in our study theoretical knowledge related to SHCN is comparable in both government and private colleges. This is pointing that these types of institutions do not play any role in developing knowledge to the students regarding individuals with special health care needs.

In the present study, although a high percentage of respondents (76.3%) agreed that their undergraduate education fostered a positive attitude toward the patients with special care needs, only 49.2% reported having developed the confidence to treat those patients. Educational experience in SCD at the undergraduate level has been significantly correlated with professional behavior, attitudes and comfort level with respect to

caring for this group of patients.[5] The majority of the respondents (80.2%) care about the future dental treatment of individuals with SHCN. This shows a positive attitude of students toward the management of special care patients.

Changing trends in population health suggest a rise in the number of people living with SHCN,[16] which indicates increasing needs and demands for oral health care amongst this patient cohort. The ability of dentists to provide SCD care will reduce the problem of accessing care for special-care patient groups.[14] With an increasing number of dentists who are willing and ready to treat special-care patients, the gap in oral-health care that is not being met can be reduced, thereby improving the quality of life of this group of patients.[17] Complete implementation of competency-based education system is challenging in developing countries like India, maybe due to a lack of educational resources. The WHO and the All India Institute of Medical Sciences, New Delhi, have recommended several actions for both government and non-government sectors to improve oral health care for the individuals with special needs.[18] Enhancing education and improving reimbursement structures would increase access to SCD.

Recommendations

Provision of adequate facilities and a revised curriculum, which should also incorporate community outreach for students, will help overcome many of the earlier-mentioned barriers faced by the students in our study.

Limitations of the Study

Selection bias may be present because the majority of the respondents were females. This may be due to the-less number of male dental students under Kerala University of Health Sciences (KUHS) in general. Although there is a uniform dental curriculum and institutional requirement standards according to KUHS and DCI, the patients flow in the government and private institutions can act as a confounding factor, despite the fact that we collected responses from both government and private dental colleges. The total number of questions in the questionnaire is high, therefore, response bias might have occurred as it takes a long time to complete it.

CONCLUSION

The present study records that the dental students in Kerala tended to have moderate knowledge about SCD and a good attitude towards SCD. Our findings suggest that there is a significant correlation between students' understanding of SCD and their perception of SCD. As per statistics, the number of individuals with SHCN increases worldwide, so dentists should know the management of such patients and should be competent in attending such patients. Therefore, this study suggests didactic learning, teaching and training in SCD at the undergraduate level, continuing education programs on SCD, and curriculum review for refining the next generation to gain confidence and competence in providing oral care to special care patients are the need of the hour.

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REFERENCES

1. Disability Census 2014-15 - Social Security Mission. Available from: https://socialsecuritymission.gov.in/2024/07/15/disability-census-2014-15 [Last accessed on 2025 Jun 15].
2. American Academy of Pediatric Dentistry. Definition of special health care needs. In: The Reference Manual of Pediatric Dentistry. Chicago, III: American Academy of Pediatric Dentistry; 2021. p. 19.
3. Valle-Jones R, Chandler D. Special care dentistry: Two sides of a coin. Br Dent J 2015;218:313-4.
4. CODA Accreditation Standards. Available from: https://coda.ada.org/standards [Last accessed on 2025 Jun 14].
5. 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.
6. Dental Council of India. Dental Council of India Revised BDS Course Regulations, 2007 (along with Amendments). New Delhi: Government of India Press; 2007. Available from: https://www.dciindia.org.inrule_regulation/revised_bds_course_regulation_2007.pdf [Last accessed on 2018 Jan 30].
7. Dental Council of India. MDS Course Regulations, 2017. New Delhi: Government of India Press; 2017. Available from: https://www.dciindia/org.in/rule_regulation/mds_course_regulations_2017.pdf [Last accessed on 2018 Jan 31].
8. Kapoor S, Chahar P, Mohanty V, Balappanavar AY. Special care dentistry: Knowledge and attitudes among Indian dental students. J Indian Assoc Public Health Dent 2019;17:108-13.
9. Derbi HA, Borromeo GL. The perception of special needs dentistry amongst general dentists within Western Australia, Australia. J Gerontol Geriatr Res 2016;5:2-8.
10. Ettinger RL, Chalmers J, Frenkel H. Dentistry for persons with special needs: How should it be recognized? J Dent Educ 2004;68:803-6.
11. Ackerman MB. Specialist envy: Is special care dentistry a dental specialty or a dental special interest group? Spec Care Dentist 2016;36:3-6.
12. Hobdell M, Petersen PE, Clarkson J, Johnson N. Global goals for oral health 2020. Int Dent J 2003;53:285-8.
13. Ramadhani A, Izzati FR, Maharani DA, Malik NA, Setiawati F. Perception of special-care dentistry among dental students at universitas Indonesia: A cross-sectional study. Dent J (Basel) 2024;12:19.
14. Ahmad MS, Razak IA, Borromeo GL. Special needs dentistry: Perception, attitudes and educational experience of Malaysian dental students. Eur J Dent Educ 2015;19:44-52.
15. Yeaton S, Moorthy A, Rice J, Coghlan D, O'Dwyer L, Green E, *et al.*

Special care dentistry: How prepared are we? Eur J Dent Educ 2016;20: 9-13.
16. Salomon JA, Wang H, Freeman MK, Vos T, Flaxman AD, Lopez AD, *et al*. Healthy life expectancy for 187 countries, 1990-2010: A systematic analysis for the global burden disease study 2010. Lancet 2012;380:2144-62.
17. Mandasari M, Rahmayanti F, Derbi H, Wimardhani YS. Special care dentistry perception among dentists in Jakarta: An online survey study. PLoS One 2021;16:e0249727.
18. Balasubramanian R. Education and training in special care dentistry- a review. Med Res Chronicles 2014;1:183-9.

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