



Unemployment and vulnerable financial situation among recent dental graduates of Kerala, India

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Abstract

The dental profession in India, once considered highly desirable, now faces a critical crisis of manpower oversupply and subsequent educated unemployment. This review examines the profound challenges facing recent dental graduates, characterized by high rates of joblessness and precarious financial dependency. The proliferation of private dental colleges, a severe deficit in public sector opportunities, and low public oral health awareness have created a saturated job market, forcing many graduates into financially vulnerable positions. A comprehensive policy response involving regulatory control over professional output, aggressive job creation in the public health sector, and enhanced public awareness is urgently required to mitigate this systemic crisis and prevent the wastage of highly trained human capital.

Keywords: Dental graduates, unemployment, india, financial vulnerability, dental colleges

Introduction

The field of dentistry in India has undergone unprecedented expansion over the last few decades, primarily driven by the proliferation of privately managed educational institutions. While this growth has significantly improved the overall dentist-to-population ratio, it has inadvertently led to a catastrophic imbalance between the supply of dental professionals and the actual employment opportunities available in the market [1]. The problem is particularly pronounced in states like Kerala, which has a high concentration of dental colleges. The study by Mohan and Ravindran highlights the consequence of this imbalance, revealing that a substantial number of recent dental graduates are either unemployed or trapped in financially vulnerable situations, which signifies a major policy failure in regulating dental training and professional practice [2].

The Extent of Unemployment and Financial Vulnerability

A focused cross-sectional study of dental graduates in Kerala, India, provides clear evidence of the employment crisis [2, 3]. The research, published by Mohan and Ravindran, found that a significant portion of recent graduates were currently unemployed (27%) [2, 3]. Furthermore, the financial situation of those attempting to practice was highly precarious, with 32.1% of the total study participants reporting that they did not have a regular income, underscoring their dependent and vulnerable status [4].

The study also highlighted that the private sector remains the overwhelming employment avenue, accounting for nearly 91% of employed graduates. Public health sector jobs are minimal, accommodating less than 1% of the workforce. The current employment status and financial vulnerability were statistically linked to demographic factors such as gender and the type of educational institution attended, with a majority of the graduates coming from private colleges [2, 3, 4].

Root Causes of the Crisis

The dental unemployment crisis is a multifaceted issue rooted in systemic failures of planning and regulation. The rapid and largely unregulated establishment of private dental

colleges has drastically inflated the output of graduates each year, leading to an oversupply [5]. This supply-side issue is compounded by an acute scarcity of government jobs; historically, only about 5% of all graduated dentists are absorbed into the government sector, as authorities have not created new posts despite the rising manpower [5, 6]. On the demand side, urban centers are often saturated with clinics, leading to fierce competition and making self-practice difficult [5]. Furthermore, setting up clinics in rural areas is often not financially viable due to low oral health awareness and the financial barriers faced by the public in accessing care [7]. The high cost of establishing an independent practice, involving expensive equipment and infrastructure, is a major financial barrier that most unemployed graduates cannot afford without institutional support [8]. Finally, the initial choice of dentistry is sometimes not a primary career aspiration for students (e.g., lower ranks in entrance exams), which can result in a subsequent lack of genuine interest in dental practice after graduation [6].

Socioeconomic and Professional Impacts

The confluence of unemployment and financial strain has severe socioeconomic and professional impacts on the graduates and the healthcare system. The necessity to earn forces some graduates into financial exploitation, accepting meager salaries or working long hours [9]. This financial pressure can sometimes lead to unethical practices, which ultimately erodes public trust in the dental profession. Long periods of unemployment also result in the loss of clinical competence as skills erode [8]. Most critically, graduates face a mental health crisis due to serious financial constraints and stress, with reports indicating instances where they are forced to leave their profession entirely to seek employment in unrelated fields [5].

Policy Recommendations and Opportunities

Addressing this crisis requires decisive policy action focused on both controlling supply and stimulating demand for dental services. Manpower regulation is vital, requiring the implementation of an organized national human resource planning system to strictly regulate the

number of dental graduates [1]. The Dental Council of India's past move to freeze the establishment of new dental colleges was a necessary regulatory step [10]. Simultaneously, the government must significantly increase public sector job creation, specifically increasing the number of official posts for dental surgeons in primary health centers and district hospitals [5, 8]. Enhanced public awareness through aggressive public health programs is also essential to raise oral health awareness among the general population, which would naturally stimulate demand for professional dental services [7]. Professionally, organizations must also work to establish a minimum pay scale for freshers to prevent exploitation and uphold the dignity of the profession [9]. Lastly, curriculum reform is needed, refining dental education to include essential training in clinic management and soft skills to better equip graduates for the realities of the private practice market [9].

Conclusion

The unemployment and financial distress among recent dental graduates in Kerala and across India represents a significant failure in health professional planning. While the country possesses a highly skilled workforce, the uncontrolled expansion of the training infrastructure has created a profound occupational crisis. Sustainable growth and the restoration of professional integrity demand a concerted, multi-sectoral approach that prioritizes regulated manpower output, aggressive government investment in public sector dental posts, and targeted initiatives to enhance public demand for oral healthcare.

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