Need to Understand Challenges at Rural Dental Health Centers Among Developing Countries in COVID-19 Context

Due to the obligatory quarantine for COVID-19 declared by most of the developing countries, many people have not had access to dental health services in either the capital or in the provinces in the interior of the country where the "*Quechua*" language is generally spoken and often neglected by young "millennial" health professionals. For this reason, it is important to highlight the need to understand and speak *Quechua*, especially in the rural areas of Andean countries that share this language. It is an indigenous language passed down from the time of the Incas. Unlike English and other commercial languages, it is an inflected language in which the genres depend on linguistic markers.[1-4]

Currently, in Latin America, there are approximately more than 12 million people who speak this language of the Incas (*Quechua*). This language is mainly spoken in countries such as: Ecuador, Argentina, Peru, Chile, Colombia, and Bolivia. Nonetheless, few professionals understand and speak this language. This is because the main universities are generally located in developed cities, obliging students to migrate from their hometowns. This language has a wide cross-cultural significance and is necessary socially and it should be a priority for young people and future professionals to also be trained in academic, cultural, and scientific fields.[1,2] For instance, the main limitation is that no courses are available in *Quechua* in Latin-American universities, despite being an official language recognized by the Peruvian State. Professionals should at least have basic knowledge of the *Quechua* language, especially when working in rural areas of Andean countries. In this sense, more than an elective subject, it is a moral necessity for providing adequate care to patients.

In Latin America, dental care is not exempt from this problem. There is no list of technical vocabulary in Quechua; therefore, undergraduate students do not receive inclusion training. This linguistic and practical knowledge[1-5] requires immediate attention from the authorities of all the dental faculties in the country and should even be part of a central government policy. For example, according to the Irons' study,[4] medical care for low-income *Quechua* women is poor and that training for health workers should focus on understanding patients' perspectives. It is a sad reality that many young graduates are unable to express themselves and communicate in *Quechua*, thereby creating large gaps in dental care. While this learning depends on the value given to it by the health professionals and their work perspectives, the issue of knowing this language should, nonetheless, be considered.[3-5]

This pandemic has a direct impact on public health, so it is important to know how to deal with the management of patients in the era of COVID-19 and how to reduce cross-infections. Therefore, public health policies must be well established so that dentists can meet this challenge.[6,7]

Cultural background influences beliefs and values regarding health care within the context of COVID-19, which can generate a certain degree of discrimination in accessibility to health services.[4] Several studies have shown that indigenous people are less likely to be attended by professionals who understand their mother tongue during medical care.[1-5] Knowledge of the *Quechua* language would allow good cultural, social, and humanistic relations within a holistic vision.[3]

Finally, the description of oral pain in the mother tongue of a patient, such as *Quechua*, substantially contributes to understanding the symptoms of multiple oral diseases in order to provide the most adequate care for dental professionals.

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