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Amit Kumar Shakha
PhD Scholar (MUR1403028),
Mewar University,
Chittorgarh, Rajasthan, India

Uma Kant Silwal
Research Co-Supervisor,
Mewar University,
Chittorgarh, Rajasthan, India

Correspondence:
Amit Kumar Shakha
PhD Scholar (MUR1403028),
Mewar University,
Chittorgarh, Rajasthan, India

Barrier of Oral Health Services for Rural People of Lalitpur District, Nepal

Amit Kumar Shakha, Uma Kant Silwal

Abstract
Oral health problems are increasingly recognized as significant causes of negative effects on daily performance and quality of life at both the individual and community level. So it should be treated in time with quality care. There are various factors associated with the oral health services as a barrier for access and treatment. The aim of this study is to identify the barrier of oral health services for rural people of Lalitpur district of Nepal. The study was conducted among the 369 rural people. The data was collected from the structured questionnaire survey and purposively respondents were selected for the study. The study found that high cost of health treatment was one major barrier of oral health treatment. Majority (66.1%) people reported that oral health treatment was too costly compare to their daily income. Besides that, far distance of oral health clinic from the home was also reported as a barrier of oral health service. So, Government should provide the health service in low cost for the poor people.

Keywords: Barrier, Health, Lalitpur, Oral, People, Rural services

Introduction
Oral health is multifaceted and involved the ability to smell, touch, taste, chew, swallow, smile, speak, and convey a lot of emotions through facial expressions, so it is important part of body. Oral health is defined as "*a standard of health of the oral and related tissues which enables an individual to eat, speak and socialize without active disease, discomfort and embarrassment and which contributes to general well-being"* (Kay, 1997). Similarly, WHO definition of oral health care: "A state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, tooth decay and tooth loss, and other diseases and disorders that affect the oral cavity" (Chapman, 2019). Some previous literatures have shown the prevalence of oral health among the adolescents. It is known that relatively stable patterns of tooth brushing, physical activity, smoking, and dietary habits are established during adolescence (Kelder, Perry, Klepp, & Lytle, 1994; Honkala, Rimpelä, Karvonen, & Rimpelä, 1997). As unhealthy behaviours were shown to be difficult to change during the adult years, it is important to intervene during adolescence before they become entrenched (Routh, 1988). In general, adolescents are not future-orientated and fail to see themselves as vulnerable to health problems (Radius, Dillman, Becker, Rosenstock, & Horvath, 1980; Gochman, 1982; Blinkhorn, 1983) (9-11). Moreover, it was reported that for adolescents healthy teeth are even less valuable than their general health (Stokes, Ashcroft, & Platt, 2006).
A study conducted by Prafen Pokhrel and Kabi Prasad Pokhrel in Sipaghat in Sindupalchowk, Panauti in Kavre, Nagarkot and Bode in Bhaktapur and Narayanthan Budhanilkantha in Kathmandu reported that the majority of diagnosed oral diseases cases in rural health/ dental camps were due to lack of awareness of oral health, negligence and wrong dietary pattern. The oral health problems found to vary according to geographical locations, caste/ethnicity as well as socio-economic status of community people (Pokhrel & Pokhrel., 2019). Health seeking behavior has been associated with the socio-economic status of people (Kroeger, 1983). The previous study has shown that individuals with relatively high incomes are more likely to have a usual source of medical care than those with low incomes (Rundal & Wheeler, 1979).

There have been a number of cultural barriers such as belief system, traditional healing and cultural practices related to diagnosis and treatment, which discourage indigenous people accessing primary health services. Nepali people have their own belief system about oral health and illness. Most illnesses are believed to be caused by evil spirits, sorcery, witchcraft and evil eyes and such illnesses could be cured by the traditional healers who have skills and magical power to drive out the evil spirits. Local people often ascribe illness to supernatural process even in severe illness. Home remedy and traditional medicine prepared from local resources and animal products such mud, plants leaves, clove oil, local alcohol are used in Nepali community as a medicine (Budhathoki, 2012). Considering the problems reported by various previous literatures, the aim of this study is to identify the barrier of oral health services for the rural people of Nepal

Materials & Methods

The study was conducted in four villages of Lalitpur district to identify the barrier of oral health service for rural people. It was based on the quantitative design. Cross-sectional design was used for data collection; researcher visited respondents one time for data collection. There was total 369 number of sample respondent of oral health problem. The purposive sampling technique was used to select the respondents from field. The collected data were analyzed from the statistical software (SPSS v. 20) and presented in tabular form.

Results & Discussions

People suffer from the oral health problem due to various causes – causes may be related to medical treatment or it may be causes by socio-cultural practices. The study had discussed on current status of oral health problem and its barrier for treatment.

Have oral problem currently

The study had asked the question to respondents that whether they were suffering from the oral health problem or not at the time of interview. The oral health problem was observed from the level of education, primary occupation of family and monthly income of respondents. The data presented in the Table 1 shows that in total 49.6% had reported about their oral health problem. From the educational perspective, the prevalence of oral health was found comparatively higher (55.6%) among the literate people than the illiterate people. Similarly, from the occupational perspective, comparatively higher number (63%) of people from the Government job reported the problem of oral health in current time whereas least number (46.6%) of people of agricultural worker. Prevalence of oral health was found among the business worker (54.2%) and labour (47.8%).

Table 1: Have oral problem currently

		Education		Primary Occupation of family				Monthly income			Total
		Illiterate	Literate	Agriculture worker	Government Job	Labour	Business/shop	Less than 10000	10000-20000	More than 20000	
Yes		43.3%	55.6%	46.6%	63.0%	47.8%	54.2%	50.9%	52.6%	40.8%	49.6%
No		56.7%	44.4%	53.4%	37.0%	52.2%	45.8%	49.1%	47.4%	59.2%	50.4%
Total		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Chi-Square Tests											
Pearson Chi-Square	Value	df	Asymp. Sig. (2-sided)	Pearson Chi-Square	Value	df	Asymp. Sig. (2-sided)	Pearson Chi-Square	Value	df	Asymp. Sig. (2-sided)
	5.509[a]	1	.019		3.509[a]	3	.320		2.774[a]	2	.250

Source: Field Survey 2019

Additionally, the study also prevalence of oral health problem from the income perspective. The finding shows that the moderate level income (monthly income 10000 – 20000) people reported higher number (52.6%) problem of oral health whereas second highest number (50.9%) of people reported their problem who was earning less than 10000 monthly and least (40.8%) problem was reported who were earning more than 20000 monthly.

The statistical analysis of Pearson Chi-Square test shows that there was significant association between illiterate and literate people on their oral health problem in current situation because the p value was .019 which is less than 0.05 significant level. Similarly, the study had also tested the association in different profession. The statistical result shows that there was no significant association between the different occupations because the p value was .320 which is greater than .05 significant level. Similarly, there was no significant association between different income groups because the p value was .250 which is greater than .05 significant level.

The result indicates that the higher number of prevalence of oral health problem was reported by literate people. The literate people have more access on information, education and health service so it may be reason that they become able to identify their oral health problem. Occupation wise, government employees had reported more oral health problem than the other occupation.

Visit to oral health clinic in last 12 months

The study asked to respondents who reported their oral health problem about their practice of visit to oral health clinic in last 12 months for the treatment of health problem. There is need of treatment to cure any health problem in time. The data presented in the Table 2 shows that there were only 30% respondents visited oral health clinic in last 12 months for the treatment whereas majority did not visit to clinic. In the case of oral health, mostly peoples were suffered from the dental problem but people did not take it so seriously and mostly use the herbal treatment or self-medication.

Table 2: Visit to oral health clinic in last 12 months

		Education		Primary Occupation of family				Monthly income			Total
		Illiterate	Literate	Agriculture worker	Government Job	Labour	Business/shop	Less than 10000	10000-20000	More than 20000	
Yes		28.4%	31.6%	31.8%	26.9%	17.4%	29.6%	23.7%	45.0%	16.2%	30.0%
No		71.6%	68.4%	68.2%	73.1%	82.6%	70.4%	76.3%	55.0%	83.8%	70.0%
Total		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Chi-Square Tests											
Pearson Chi-Square	Value	df	Asymp. Sig. (2-sided)	Pearson Chi-Square	Value	df	Asymp. Sig. (2-sided)	Pearson Chi-Square	Value	df	Asymp. Sig. (2-sided)
	.438[a]	1	.508		2.221[a]	3	.528		22.857[a]	2	.000

Source: Field Survey 2019

The practice of treatment was comparatively higher (31.6%) number of literate people had visited oral health clinic than the illiterate people. Similarly, from the occupational perspective, higher number (31.8%) agricultural worker had practiced to visit the oral health clinic in the last 12 months followed by 29.6% from business person, 26.9% from the governmental employee and least number (17.4%) of respondents from labour worker. At the same time, moderate level income earning people reported higher numbers (45%)of practice of visiting the oral health clinic in last 12 months followed by 23.7% people who was earning less than 10000 and 16.2% of people who were earning more than 20000 reported the same.

The statistical analysis of Pearson Chi-Square test shows that there was no significant association between the illiterate and literate people, and no association between the different occupational groups. But there was significant association between the different income groups because p value was .000 which is less than .05 significant level.

The results indicate that the practice of visiting the health care center are still weak because of the various socio-cultural practices. A study has stated that culture is man-made; one belief system originated with the human civilization. It has bounded the people within one common belief system. Culture determines the personality of people (Karki & Khadka, 2019). There may be the cultural practices of doing delay in taking the decision of visiting to health facilities.

Why did not go oral checkup currently

Financial burden is one of the major barrier of health service. The study had discussed with the respondents about the barrier which made them problem to get access on oral health clinic. The study had asked to those respondents who could not visit oral health clinic about the barriers to access to oral health problem. The data presented in the Table 3 shows that in total, 66.1% could not visit oral health clinic because of high cost of treatment.

Table 3: Why did not go oral checkup currently

		Education		Primary Occupation of family				Monthly income			Total
		Illiterate	Literate	Agriculture worker	Government Job	Labour	Business/shop	Less than 10000	10000-20000	More than 20000	
It is too costly		66.1%	66.1%	68.2%	44.4%	73.9%	65.1%	65.6%	73.3%	53.5%	66.1%
Afraid with dentist		11.1%	10.6%	11.4%	7.4%	8.7%	10.8%	11.7%	8.1%	14.1%	10.8%
No time		5.6%	7.4%	5.5%	14.8%	4.3%	7.2%	8.6%	2.2%	9.9%	6.5%
Not interested		17.2%	15.9%	14.8%	33.3%	13.0%	16.9%	14.1%	16.3%	22.5%	16.5%
Total		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Chi-Square Tests											
Pearson Chi-Square	Value	df	Asymp. Sig. (2-sided)	Pearson Chi-Square	Value	df	Asymp. Sig. (2-sided)	Pearson Chi-Square	Value	df	Asymp. Sig. (2-sided)
	.611[a]	3	.894		11.428[a]	9	.248		12.719[a]	6	.048

Source: Field Survey 2019

The data indicates that high cost of treatment of health services are major barriers of oral health treatment. From the demographic background of the respondents, economic burden of health treatment was same to both illiterate and literate people. Occupation wise, labour workers felt more burden than other occupation groups. Similarly, the low income and middle income group people felt economic barrier for the health treatment.

The statistical analysis of Pearson Chi-Square test shows that there was significant association between the different income groups on barriers of oral health service whereas there was no significant association between the education level as well as in occupational group because p value of these both groups were higher than the .05 significant level. The result indicates that there was no effect of education and occupation in treatment practice of oral health whereas income has significant effect because the health treatment requires treatment cost.

Distance of oral health clinic from home

Access on health service from the geographical perspective is one impending factor to determine the frequency of visit

to health post. The respondents were shared distance of health clinic was also one barrier of health treatment. Nepal is mountainous country so the development and access is not equal in all regions. The total area of Nepal is 147181 sq. km. it is divided into 3 divisions. The and lower 17% part is Terai region. All regions have different land topographies. The mountains and hills of the country occupy about 83% (upper 15% part is Himalayan region, the middle 68% part is Hilly region) of the total area whereas remaining 17% is covered by low and flat land stretching in the southern part of the country up to the Indian border (Ministry of Home Affairs, 2009). Due to such differentiation, the health access and facilities are not equal. In such case, the study had asked the distance of oral health clinic from their home.

Table 4: Distance of oral health clinic from home

	Education		**Primary Occupation of family**				**Monthly income**			Total
	Illiterate	Literate	Agriculture worker	Government Job	Labour	Business/ shop	Less than 10000	10000-20000	More than 20000	
10-25 minute	17.2%	13.8%	15.7%	7.4%	30.4%	13.3%	18.4%	14.8%	9.9%	15.4%
More than 30 minute	21.1%	23.3%	25.4%	25.9%	8.7%	15.7%	23.9%	22.2%	18.3%	22.2%
Less than 1 hour	12.2%	6.9%	10.2%	14.8%	8.7%	6.0%	8.6%	5.9%	18.3%	9.5%
More than 1 hour	49.4%	56.1%	48.7%	51.9%	52.2%	65.1%	49.1%	57.0%	53.5%	52.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Field Survey 2019

The data presented in the Table 3 shows that majority (52.8%) said that they had to walk more than one hour to reach in health clinic followed by 22.2% had to walk more than 30 minutes, 15.4% had to walk 10-25 minutes and 9.5% had to walk less than 1 hour. The result indicates that still majority of the people had to walk more than one hour to reach in the health post which might affect the health seeking behaviours.

Conclusion & Recommendation

The result of above discussion shows that still seven in ten people are not seriously taking the oral health problem and not visiting the health clinic at time due to socio-cultural, economic and geographical causes. The study observed that in Nepalese context, health treatment is expensive so in the most of the situation, poor people could not access good health service from their own income source. Health seeking practices was not differences between the literate and illiterate people as well as not differences between the occupational groups. But there was significant effect of income on health seeking practices. Besides that, the distance of health post also affected in the health seeking behaviours. So, it is strongly recommended that Government should provide the effective health service in very low cost so that poor people can get treatment for their any health problem. Similarly, Government should establish the health clinic in rural areas also to make easy access of rural community.

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