

Barriers of Oral Care for Children with Special Health Care Needs in Nepal

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Special health care needs (SHCNs) include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs which may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.¹

According to National Population Monograph 2014, the Central Bureau of Statistics estimated the overall prevalence of disabilities in Nepal population was 2%, out of which 0.99% were children.² But no national data on the prevalence of dental care utilization or oral health care service needs has existed till date in Nepal among children with special health care needs (CSHCN). Thus a national survey is a must need at this time.

Children with disabilities are always deprived of getting their needs fulfilled in any sector whether it be education, rights, socially or in health sectors. In 2017, Nepal adopted the Disability Rights Act and an Inclusive Education Policy for Persons with Disabilities, despite several new policies to promote disability rights, for access to education, children with disabilities in Nepal are not getting a quality oral healthcare.³

In general, CSHCN are at higher risk for health problems and in need of long-term physical, behavioural, emotional

attention and health care.⁴ Their underlying health conditions can affect their oral health status.⁵ The more severe their health conditions, the more likely they are to have unmet dental needs due to exacerbate systemic medical conditions increasing the need for costly care. Many of them have sensory and motor disabilities, which makes attending a routine dental appointment difficult.⁶ Oral Health care for individuals with special needs requires specialized knowledge, increased awareness and attention, adaptation with accommodative measures in the clinics/hospitals.

Many factorial barriers exist depriving CSHCN with oral health care such as the economic status, parental information levels, systemic conditions, nonavailability of hospitals/dentists for providing dental service, lack of appropriate government policies and dental benefit schemes to CSHCN.

For providing dental services to CSHCN group multifactorial sectors needs to be addressed and worked on without disparity. Advances in dental care utilization and needs among CSHCN in advanced countries is there, but in our country there is a need to propose and implement such a system. A system addressing dental care needs as specialized referral centers with adequate staffs with provision of providing and receiving reasonable accommodation of quality dental service is a must. Till then, all hospitals and clinics need to be ensured physically accessible to receive people with special needs by creating ramps for the disabled, proper restrooms, dental chairs suitable for wheelchairs, etc. There should be programs focusing on training and empowering dentists and their teams with the special skills and knowledge while working with CSHCN for improving perception and better performance.⁷ Courses and awareness for parents/carers are needed to reduce the problems while seeking and providing dental services. Universities can focus undergraduate and postgraduate students to treat people with special health needs in their clinical hours.^{8,9}

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Improving the educational curriculums and changing their direction toward experimental learning of these patients would affect the dentists' perception in days to come.¹⁰

Government of Nepal should come up with, inclusive dental treatment protocols for children with disabilities with the Convention on the Rights of Persons with Disabilities (CRPD). Lobbying is needed to ensure the Government for prioritizing and implementing the inclusion of oral health care system for CSHCN in oral health policy and provide adequate resources to ensure they can get reasonable treatments with trained dentists

and other staffs. Insurance coverage policies need to come up to decrease the financial burden. National survey of children with disabilities in the country can help in formulating dental health care policies, plans, and programs in future.

Thus, parents/care givers, oral health providers and policy makers need to work hand in hand to limit the barriers for accessing and providing dental services for CSHCN.

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