

# Potential Barriers to Accessing Dental Care for the Nepalese Community in the United Kingdom

Sandeep Acharya<sup>1\*</sup>

<sup>1</sup>*Dental Core Trainee, Countess of Chester Hospital, United Kingdom.*

**Author's contribution**

*The sole author designed, analysed, interpreted and prepared the manuscript.*

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## ABSTRACT

Superstitious beliefs have been present for thousands of years and vary around the world. Superstitions regarding health are common among some parts of the Nepalese population. These beliefs can range from harmless to dangerous, with potentially serious health implications. Many superstitions are related to dentistry. The rising Nepalese population in the UK means that practitioners may be faced with patients holding similar beliefs. Knowledge of the beliefs of this population and how they may affect their health-seeking behaviors can help practitioners overcome potential barriers to care.

*Keywords: Barriers; dental; healthcare; Nepal.*

## 1. INTRODUCTION

Nepal is a country in South Asia. It is one of the least developed and poorest countries in the world [1]. In 2011, an estimated 50,000 Nepalese-born people lived in the United Kingdom. This is an almost tenfold increase in population size from 2001 [2]. Awareness of beliefs held by this population will help health

care professionals overcome potential barriers to their care.

A superstition is defined as a "widely held but irrational belief in supernatural influences" [3]. In Nepal, illnesses are sometimes regarded as the result of divine punishment or due to supernatural influence. Belief in superstitions, lack of education, and lack of medical facilities

\*Corresponding author: Email: [Sandeep.acharya@nhs.net](mailto:Sandeep.acharya@nhs.net), [mesandeep3000@googlemail.com](mailto:mesandeep3000@googlemail.com);

has resulted in many people seeking out spiritual healers to cure ailments [4].

## 2. METHODS

A literature review and a visit to Nepal were conducted to investigate and summarise some of the superstitious beliefs regarding healthcare and dentistry that exist among Nepalese people.

The literature review was conducted via searching PubMed for relevant research. Only research published in English, related to human health, was included. The search phrase “health superstition and Nepal” generated 7 results. The phrase “cultural beliefs and Nepal” originally generated 608 results, which was reduced to 46 results upon limiting the search to review articles. The term “*chhaupadi*” only resulted in 1 result. The article selection process for this project is shown in Fig. 1.

## 3. SUPERSTITIONS AND HEALTH

Superstitions are more commonly held by people from rural areas of Nepal, particularly belief in spiritual possession and witchcraft [4,5]. People in rural Nepal tend to be of lower economic status and are less likely to be educated [6], which could be a reason why superstitions are widespread. However, it should be noted that lack of education may not be the only reason for superstitions.

Many superstitions are related to women. Examples include perceived impurity during menstruation or labour leading to isolation [7,8] or the belief that lower-caste or widowed women can cause illnesses [4]. This could be related to the role of women in society, as gender inequality exists in Nepal. *Chhaupadi* is the practice of menstruating women being denied nutritious food and clean environments, which has numerous health effects and has been fatal in some cases. This practice is against the law in Nepal [7]. The practice of *chhaupadi* is considered dangerous, and occurs less

frequently than in the past. Research by Ranabhat et al. which showed that the incidence of *chhaupadi* has decreased [7].

In Nepal, only 35% of women undergo institutional delivery and 51% use postnatal services [6]. Many believe it is inappropriate to get check-ups during pregnancy [6], and that medications taken can lead to difficult deliveries, birth defects and miscarriages. A literature review by Baral et al. found that some people believe women are impure for 10 days post-delivery and should be isolated [8].

Five papers in the review indicated that superstitions are much more common in rural areas [4,6,7,8,9] particularly belief in spiritual possession and witchcraft. In 2009, there were 30 documented cases of spiritual possession in the village of Sangachowk alone [4]. Sapkota et al [4]. Found that possessed women are more likely to experience mental illnesses such as anxiety (68%) compared with non-possessed women (18%). Qualitative interviews in the same study did not associate possession with mental illness. One theory proposed is that belief in spiritual possession is due to the influence of modelling (people influenced by the beliefs of those around them) [4].

## 4. BARRIERS TO HEALTHCARE

The main barriers to healthcare include knowledge, education, culture, gender roles and the quality and cost of services. Health education is sometimes poor in Nepal [1]. Some believe that Western medicine is ineffective, or quick and temporary, while traditional cures are permanent [9].

Smokeless tobacco consumption (chewing) is one of the most common addictions among South Asians, including Nepalese people. In a systematic review by Kakde et al. [10] participants responded in numerous ways when asked why they consume smokeless tobacco.

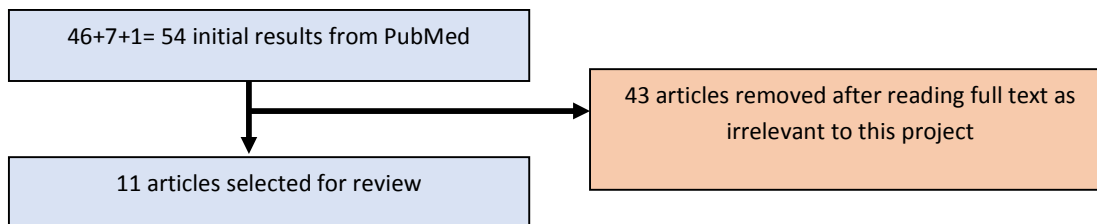


Fig. 1. The article selection process

Some said it was due to superstitions. They believed it was a remedy for health problems, including toothache and abdominal pain, and that it could protect a person from the poison of snakes [10].

Pashupatinath, in Kathmandu, is one of the world's most famous *mandirs* (Hindu temples). The roads leading to the *mandir* are filled with people claiming to be spiritual healers, astrologers and palm readers.

*Vaisha Dev*, the "Toothache Tree", is covered with hundreds of coins that have been nailed to it. Offering coins to the tree is thought to help cure oral ailments. The area around the tree has numerous dental clinics to cater to the people visiting the location with dental issues. Some clinics are run by qualified dentists while others are run by healers. With an offering of money, or other gifts such as fruits, the healer would perform a prayer and a ritual to cure the ill person. People visit healers from all walks of life, of different ages and socioeconomic status, with different ailments. Research has shown that these healers can provide effective psychological support to patients, and some people have reported feeling their conditions improved [11]. This also could be an example of the placebo effect.

Some Nepalese patients believe that Western medicine is only appropriate for adults and shouldn't be used for children. This belief could stem from tetracycline staining the teeth of the young [12].

Access to good quality education is often unavailable for people who live in poverty, which accounts for one quarter of the population [1]. The poorest members of society are less likely to have a primary school within a thirty-minute walk. Children from poor households are sometimes not enrolled in schools due to the unwillingness of their parents [13]. Beliefs are often passed from one generation to another, usually from elders. Elders are given the most importance in the family in Nepalese culture.

Numerous other issues exist for the Nepalese community in the UK. Casey [14] found that there was confusion among some Nepalese people regarding NHS dental services. They were confused about the difference between private and NHS dental treatment, and the costs of different treatment options. In rural parts of Nepal, a dental examination is sometimes part of an overall medical check-up, which could be another reason for patients not seeking dental

care. Some Nepalese patients only attend when they have problems, and do not attend for regular check-ups and examinations [14].

There is also a lack of available information brochures and leaflets published in the Nepali language, and many patients are unaware of the availability of interpreters. Use of interpreters is vital, as some elderly members of the community may be illiterate [14]. Targeted health promotion programs within communities have proven to be beneficial, so perhaps similar programs could be developed in the UK [15,16].

## 5. CONCLUSION

Illness and diseases are sometimes thought by patients to be the result of supernatural causes, and patients may seek out traditional healers. Those with serious diseases may not receive the appropriate care and treatment needed, which could have serious implications on patients.

Numerous potential barriers exist for Nepalese patients in the UK, including belief in superstitions, lack of knowledge and education, lack of awareness of health services, language barriers, cultural beliefs and religion.

More resources published in the Nepali language could help members of the community become aware of and access health services. Potential language barriers during appointments could be overcome by the use of interpreters. There are numerous Nepalese Community organisations and Nepalese Societies at Universities across the UK. Close liaison with such Nepalese organisations can also help promote health for Nepalese people.

Patient education is key. Health education in Nepal is sometimes poor and therefore patients may not be aware of the negative impacts poor oral hygiene can have, therefore practitioners should take the time to educate these patients. A targeted approach may be useful, to ensure Nepalese patients are aware of health services available, and of the importance of attending check-ups and maintaining a good standard of oral hygiene.

## CONSENT

Not applicable.

## ETHICAL APPROVAL

Not applicable.

## COMPETING INTERESTS

The author has declared that no competing interests exist.

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