



BARRIERS TO ORAL HEALTH CARE AMONG PATIENTS WITH OROFACIAL CLEFT IN RWANDA

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INTRODUCTION/ BACKGROUND: Orofacial clefts (OFC) are congenital deformities. Cleft lip and palate is one of the most common craniofacial anomalies that manifests at birth with overall incidence of approximately 1 in 600 to 800 live births (1.42 in 1000), and isolated cleft palate occurs approximately in 1 in 2000 live births. OFC patients often show other associated dental abnormalities, and higher incidence of dental caries and periodontal disease. That means that they need attention from dentists. A study done to determine the provision and ease of access to National Health Services (NHS) primary dental care for cleft lip and palate patients in South Wales found that cleft lip and palate patients were not able to visit a dentist regularly because 63% were not able to find a NHS dentist, for 22% dentists were not able to treat them because of orofacial cleft, and 15% had other reasons hindering them from visiting a dentist.

METHODOLOGY: This is a cross-sectional study for assessing barriers limiting patients with orofacial cleft from accessing oral health care in Rwanda. The study will be conducted at Rwanda military hospital because they receive a big number of cleft patients from both sides of the country sponsored by Smile Train. OFC patients will answer a formulated questionnaire once the submission for ethical clearance is approved by research committee from Rwanda military hospital.

Data will be entered into SPSS version 25 for analysis. Descriptive statistics will be done. Parameters such as percentage and frequency will be estimated. Simple tables and figures will be used for summarizing the data. Secondary, inferential statistics will be included.

OUTCOMES: Information about the barriers to oral health care among patients with orofacial cleft would be of a great value for dental clinics wanting to take a step forward treating these patients as understanding the barriers they face can enable planning accordingly in advance. Obtained data can be used in advocacy for these patients, to help in preventing and managing their oral diseases and conditions, just like everybody else, based on the barriers they face.

OBJECTIVES: Assessment of barriers limiting patients with orofacial clefts from accessing oral health care in Rwanda.

PROBLEM: Orofacial clefts are associated with many problems including esthetics, phonation, hearing, breathing, nutrition, and speech when not treated properly and at the right time. When it comes to treatment of cleft lip and palate, the patient's parents tend to be mostly concerned about the esthetics. One of the most important factors that is often kept out of their view is their child's oral health (OH); yet OH plays an important role in the life of a OFC child as poor OH would further contribute to their functional, esthetic and social disadvantages.

Of particular importance for the OFC child patient is the control of dental caries that causes several problems, such as pain and suffering, leading to poor dietary intake and nutritional deficiencies which in turn would lead to other complications..

CONCLUSION: OFC patients are born with a disadvantage. Oral health care professionals need to be able to provide treatment and manage their oral care just like any other patient in their clinics. Equality is not just an important universal value; for young patients with orofacial clefts equitable oral health care is crucial for their oral health and function, overall well-being, psychological development and their social welfare.