

ORAL HEALTH PROBLEMS AMONG FOREIGN WORKERS

Ishak Abdul Razak

Department of Community Dentistry, Dental Faculty, University of Malaya, 50603, Kuala Lumpur, Malaysia.

ABSTRACT: About 27% of the eligible respondents reported having experienced some form of dental problems in the preceding one year prior to the interview. Female respondents (57.1%) were more likely to have encountered a dental problem as compared to male respondents (22.6%). Of the various nationalities, the Thais (60.7%) and the Pakistanis were the most and least likely respectively to have encountered a dental problem in the preceding one year. This pattern among the Thais was consistent for both the male (48.4%) and female (70.6%) population.

Toothache (85.0%) was reportedly the most prevalent dental problems encountered regardless of gender and nationality, followed by sensitivity to hot and cold drinks (34.4%). About 1 in 4 subjects who had dental problem reported having bleeding gums.

About 1 in 4 subjects who had dental problems had consulted the doctor or dentists regarding their dental problem and one more than one-half had self-medicated. Overall the majority (84.4%) of the respondents have never visited the dentists in Malaysia. Lack of perceived need was cited as the main reason for this. (*JUMMEC 2002; 1:46-51*)

KEYWORDS: Migrant workers, oral health, utilization.

Introduction

The booming Malaysian economy prior to 1997 had created numerous job opportunities, which is unable to be filled by Malaysians in several areas. This had resulted in the sourcing of legal foreign workers to fill in the gap in the employment market. In addition this had also attracted many illegal foreign workers from neighbouring countries to seek employment in Malaysia.

Whilst legal foreign workers are required to undergo medical examination and be certified fit prior to taking up employment, illegal foreign workers do not undergo this process. Even when foreign workers undergo medical examinations, this do not include dental examination or involved only a cursory examination. As such these workers whether legal or illegal may present with dental problems when they enter the country and this may potentially impose a burden on the existing oral health care services in the country.

The purpose of this study was to determine the prevalence and types of dental problems encountered in the preceding one year by foreign workers in Malaysia, the actions taken to alleviate the problems, the utilisation of the oral health care services as well as the barriers encountered.

Materials and Methods

This study forms part of a larger study on health problems of foreign workers throughout Peninsular Malaysia. A face to face interview based on a structured questionnaire survey was carried out among identified foreign workers. The information obtained included data pertaining to socio-demographic characteristics, environmental, medical, dental and recent illness. Physical examinations were also performed together with the collection of stool, venous blood, and urine specimens for microbial, parasitological and clinical laboratory investigations.

The dental component of this study was purely based on information collected from the subjects during the face to face interview. Information was obtained based on a structured questionnaire which covered two major areas which include the oral health problems encountered by the foreign workers and their utilisation of oral health care services in Malaysia. Prior to the start of the survey, the questionnaire was pretested and when required, the questions were appropriately modified to reduce ambiguity.

Correspondence Address:
Ishak Abdul Razak
Department of Community Dentistry, Dental Faculty,
University of Malaya, 50603 Kuala Lumpur,
Malaysia

Results and Discussion

About 27% of the 800 eligible respondents reported having experienced some form of dental problems in the preceding one year prior to the interview (Table 1). Female respondents (57.1%) were more likely to have encountered a dental problem as compared to male respondents (22.6%). Of the various nationalities, the Thais and Pakistanis were the most and least likely to have encountered a dental problem in the preceding one year. This pattern among the Thais was consistent for both the male (48.4%) and female (70.6%) population.

Table 1. Distribution of respondents with regards to dental problems by nationality and gender

Gender			Nationality					Total
			Indonesian	Bangladeshi	Thai	Burmese	Pakistani	
Male	Dental problems in the last 1 year	Yes	19 24.4%	86 22.2%	30 48.4%	16 17.2%	8 9.9%	159 22.6%
		No	59 75.6%	302 77.8%	32 51.6%	77 82.8%	73 90.1%	543 77.4%
	Total	78 100.0%	388 100.0%	62 100.0%	93 100.0%	81 100.0%	702 100.0%	
Female	Dental problems in the last 1 year	Yes	15 39.5%	1 50.0%	38 76.0%	2 25.0%		56 57.1%
		No	23 60.5%	1 50.0%	12 24.0%	6 75.0%		42 42.9%
	Total	38 100.0%	2 100.0%	50 100.0%	8 100.0%		98 100.0%	

Toothache (85.0%) was reportedly the most prevalent dental problem encountered regardless of gender and nationality, followed by sensitivity to hot and cold drinks (34.4%). About 1 in 4 subjects who had dental problem reported having bleeding gums (Table 2).

Tables 3 (a-e) highlight specific dental problems encountered in relation to the nationality and gender among respondents with dental problems. As indicated, both Thai male and female respondents had the highest recorded complaints for four of the dental problems, i.e. toothache (male = 100.0%, female 84.2%), sensitive tooth to hot and cold drinks (male = 63.3%, female 60.5%), pain in the jaw (male 40.0%, female 34.2%) and ulcers (male 23.3%, female = 31.6%) compared to the other nationalities.

To determine the seriousness of the dental problem, the subjects were queried as to whether they had to take leave from work because of the dental problems. More than 4 out of 10 respondents (43.3%) with dental problems indicated this to be so.

Respondents were also asked on some of the possible actions that they had taken to dealing with their dental problems. The responses regardless of gender and nationality were; 54.8% consulted dentist/ doctor, 43.5% avoided certain foods and drinks, 38.0% self-medica-

tion, 37.3% went to sleep, 20.7% did nothing, and 4.9% consulted traditional healer.

Table 4 (a-f) highlight actions taken in dealing with dental problems in relation to nationality and gender. As can be seen there are obvious differences in the proportions of various actions taken among nationalities. For instance, the Thai males reported the highest proportion (46.7%) of those who 'did nothing' compared to other nationalities and they were also more likely to self-medicate (53.3%) In contrast, the Indonesian males (63.2%) and Burmese males (62.5%) were

more likely to consult the doctor/dentist when con-

Table 2. Prevalence of dental problems

Dental problems	n	%
Toothache	182	85
Sensitive to hot, cold drinks	74	34
Pain in the jaw joints	33	16
Bleeding gums	57	27
Ulcers	26	12
Others	6	3

fronted with dental problems. The role of the traditional healers in the management of oral problems among the respondents was almost non-existent.

When the 800 respondents were queried regarding their dental visiting patterns, the majority of the respondents (84.4%) indicated that they had never visited the dentist in Malaysia. Only 11.6% had visited the dentist in the last one year and a further 2.2% in the last 2 years. Female respondents (30.6%) were more likely to have visited the dentist in Malaysia as compared to their male counterparts (13.5%). However, the differences between various nationalities with respect to those who had never visited the dentist ranged from 79.0% (Thai) to 93.8% (Pakistanis) among the male respondents (Table 5).

Table 3. Distribution of respondents with regards to type of dental problems by nationality and gender.

			Nationality					Total
			Indonesian	Bangladeshi	Thai	Burmese	Pakistani	
(a) Toothache								
Gender								
Male	Toothache	Yes	16 84.2%	66 77.6%	30 100.0%	13 81.3%	7 87.5%	132 83.5%
		No	3 15.80%	19 22.4%		3 18.8%	1 12.5%	26 16.5%
	Total		19 100.0%	85 100.0%	30 100.0%	16 100.0%	8 100.0%	158 100.0%
Female	Toothache	Yes	15 100.0%	1 100.0%	32 84.2%	2 100.0%		50 89.3%
		No			6 15.8%			6 10.7%
	Total		15 100.0%	1 100.0%	38 100.0%	2 100.0%		56 100.0%
(b) Sensitive tooth to hot, cold drinks								
			Nationality					
Gender								
Male	Sensitive tooth	Yes	3 17.6%	21 24.7%	19 63.3%	4 25.0%		47 30.3%
		No	14 82.4%	64 75.3%	11 36.7%	12 75.0%	7 100.0%	108 69.7%
	Total		17 100.0%	85 100.0%	30 100.0%	16 100.0%	7 100.0%	155 100.0%
Female	Sensitive tooth	Yes	3 20.0%	1 100.0%	23 60.5%			27 48.2%
		No	12 80.0%		15 39.5%	2 100.0%		29 51.8%
	Total		15 100.0%	1 100.0%	38 100.0%	2 100.0%		56 100.0%
(c) Pain in the jaw joints								
			Nationality					
Gender								
Male	Pain in the jaw joints	Yes	1 5.9%	5 6.0%	12 40.0%		1 14.3%	19 12.4%
		No	16 94.1%	79 94.0%	18 60.0%	15 100.0%	6 85.7%	134 87.6%
	Total		17 100.0%	84 100.0%	30 100.0%	15 100.0%	7 100.0%	153 100.0%
Female	Pain in the jaw joints	Yes	1 6.7%		13 34.2%			14 25.0%
		No	14 93.3%	1 100.0%	25 65.8%	2 100.0%		42 75.0%
	Total		15 100.0%	1 100.0%	38 100.0%	2 100.0%		56 100.0%
(d) Bleeding gum								
			Nationality					
Gender								
Male	Bleeding gums	Yes	1 5.9%	29 34.1%	8 26.7%	4 26.7%	1 14.3%	43 27.9%
		No	16 94.1%	56 65.9%	22 73.3%	11 73.3%	6 85.7%	111 72.1%
	Total		17 100.0%	85 100.0%	30 100.0%	15 100.0%	7 100.0%	154 100.0%
Female	Bleeding gums	Yes		1 100.0%	12 31.6%	1 50.0%		14 25.0%
		No	15 100.0%		26 68.4%	1 50.0%		42 75.0%
	Total		15 100.0%	1 100.0%	38 100.0%	2 100.0%		56 100.0%

(e) <i>Ulcers</i>			Nationality					Total
			Indonesian	Bangladeshi	Thai	Burmese	Pakistani	
Male	Ulcers	Yes	3 17.6%	2 2.4%	7 23.3%	1 6.7%		13 8.5%
		No	14 82.4%	82 97.6%	23 76.7%	14 93.3%	7 100.0%	140 91.5%
	Total	17 100.0%	84 100.0%	30 100.0%	15 100.0%	7 100.0%	153 100.0%	
Female	Ulcers	Yes	1 6.7%		12 31.6%			13 23.2%
		No	14 93.3%	1 100.0%	26 68.4%	2 100.0%		43 76.8%
	Total	15 100.0%	1 100.0%	38 100.0%	2 100.0%		56 100.0%	

Extraction (46.2%) and toothache (35.9%) were among the more common reasons for visiting the dentist in Malaysia followed by bleeding gums (7.7%) and fillings (6.8%). In contrast, the need for oral rehabilitation (need for denture) was cited by only about one percent of the respondents. Of those who had visited the dentists, majority (57.9%) went to the private dentists and about 73% paid out of their own pocket. Slightly more than one-quarter (26.4%) of the respondents' dental expenses were paid by their employers.

Lack of perceived need to see the dentist ("no need to go") was the most common reason (66.8%) cited by the respondents in not visiting the dentist in Malaysia regardless of nationality and gender. About 1 in 10 respondents (9.9%) attributed this to "fear of pain". Lack of urgency and work commitments were cited by about 6.0% and 2.0% of the respondents respectively. Cost does not seem to be a factor in preventing a dental visit as only less than one percent of the respondents indicated this to be so. Generally this trend seemed to apply to all nationalities (Table 6).

Table 4. Distribution of respondents with regards to action taken to deal with the dental problems by nationality and gender

(a) <i>Did nothing</i>			Nationality					Total
			Indonesian	Bangladeshi	Thai	Burmese	Pakistani	
Male	Did nothing	Yes	2 10.5%	9 11.1%	14 46.7%	3 20.0%	2 25.0%	30 19.6%
		No	17 89.5%	72 88.9%	16 53.3%	12 80.0%	6 75.0%	123 80.4%
	Total	19 100.0%	81 100.0%	30 100.0%	15 100.0%	8 100.0%	153 100.0%	
Female	Did nothing	Yes	4 28.6%		8 21.1%	1 50.0%		13 23.6%
		No	10 71.4%	1 100.0%	30 78.9%	1 50.0%		42 76.4%
	Total	14 100.0%	1 100.0%	38 100.0%	2 100.0%		55 100.0%	

(b) <i>Take self-medication</i>			Nationality					Total
			Indonesian	Bangladeshi	Thai	Burmese	Pakistani	
Male	Self-medication	Yes	6 31.6%	27 32.9%	16 53.3%	3 20.0%	3 28.6%	54 35.3%
		No	13 68.4%	55 67.1%	14 46.7%	12 80.0%	5 71.4%	99 64.7%
	Total	19 100.0%	82 100.0%	30 100.0%	15 100.0%	7 100.0%	153 100.0%	
Female	Self-medication	Yes	6 42.9%		18 47.4%	1 50.0%		25 45.5%
		No	8 57.1%	1 100.0%	20 52.6%	1 50.0%		30 54.5%
	Total	14 100.0%	1 100.0%	38 100.0%	2 100.0%		55 100.0%	

(d) Sleep			Nationality					Total
			Indonesian	Bangladeshi	Thai	Burmese	Pakistani	
Male	Sleep	Yes	6 31.6%	28 34.1%	12 40.0%	4 25.0%	4 57.1%	54 35.1%
		No	13 68.4%	54 65.9%	18 60.0%	12 75.0%	3 42.9%	100 64.9%
	Total	19 100.0%	82 100.0%	30 100.0%	16 100.0%	7 100.0%	154 100.0%	
Female	Sleep	Yes	6 42.9%		18 47.4%			24 43.6%
		No	8 57.1%	1 100.0%	20 52.6%	2 100.0%		31 56.4%
	Total	14 100.0%	1 100.0%	38 100.0%	2 100.0%		55 100.0%	

(e) Consult dentist/doctor			Nationality					Total
			Indonesian	Bangladeshi	Thai	Burmese	Pakistani	
Male	Consult doctor/dentist	Yes	12 63.2%	43 52.4%	17 56.7%	10 62.5%	4 57.1%	86 55.8%
		No	7 36.8%	39 47.6%	13 43.3%	6 37.5%	3 42.9%	68 44.2%
	Total	19 100.0%	82 100.0%	30 100.0%	16 100.0%	7 100.0%	154 100.0%	
Female	Consult doctor/dentist	Yes	9 60.0%		19 50.0%	1 50.0%		24 51.8%
		No	6 40.0%	1 100.0%	19 50.0%	1 50.0%		27 48.2%
	Total	15 100.0%	1 100.0%	38 100.0%	2 100.0%		56 100.0%	

(f) Consult traditional healer			Nationality					Total
			Indonesian	Bangladeshi	Thai	Burmese	Pakistani	
Male	Consult traditional healer	Yes	1 5.3%	4 4.9%	1 3.4%	1 6.7%	1 14.3%	8 5.3%
		No	18 94.7%	78 95.1%	28 96.6%	14 93.3%	6 85.7%	144 94.7%
	Total	19 100.0%	82 100.0%	29 100.0%	15 100.0%	7 100.0%	152 100.0%	
Female	Consult traditional healer	Yes	1 7.1%		1 2.6%	1 50.0%		3 5.5%
		No	13 92.9%	1 100.0%	37 97.4%	1 50.0%		52 94.5%
	Total	14 100.0%	1 100.0%	38 100.0%	2 100.0%		55 100.0%	

Table 5. Distribution of respondents with regards to the last time they had visited a dentist by nationality and gender.

Gender	Nationality		The last visit to the dentist 3 years and more			Total	
			Within 1 year	Within 2 years	Never		
Male	Nationality	Indonesian	7 9.0%	2 2.6%	3 3.8%	66 84.6%	78 100.0%
		Bangladeshi	40 10.3%	8 2.1%	2 5.0%	338 87.1%	388 100.0%
		Thai	8 12.9%	3 4.8%	2 3.2%	49 79.0%	62 100.0%
		Burmese	11 11.8%	1 1.1%	3 3.2%	78 83.9%	93 100.0%
		Pakistani	4 4.9%		1 1.2%	76 93.8%	81 100.0%
		Total	70 10.0%	14 2.0%	11 1.6%	607 86.5%	702 100.0%
	Female	Nationality	Indonesian	7 18.4%			31 81.6%
		Bangladeshi				2 100.0%	2 100.0%
		Thai	15 30.0%	3 6.0%	3 6.0%	29 58.0%	50 100.0%
		Burmese	1 12.5%	1 12.5%		6 75.0%	8 100.0%
		Pakistani					
	Total		23 23.5%	4 4.1%	3 3.1%	68 69.4%	98 100.0%

Table 6. Distribution of respondents with regards to main reason for not visiting a dentist by nationality and gender.

Gender	Nationality		Indonesian	Bangladeshi	Thai	Burmese	Pakistani	Total	
Male	Main reason for not seeing a dentist	No need to	35 61.4%	203 65.3%	36 80.0%	47 69.1%	40 72.7%	361 67.4%	
		Did not feel it was urgent	5 8.8%	18 5.8%	4 8.9%	3 4.4%	1 1.8%	31 5.8%	
		No time due to work commitment	1 1.8%	7 2.3%	1 2.2%	1 1.5%	4 7.3%	14 2.6%	
		Fear of pain	6 10.5%	33 10.6%	4 8.9%	1 1.5%	7 12.7%	51 9.5%	
		Too expensive		3 1.0%			2 3.6%	5 0.9%	
		Others	10 17.5%	47 15.1%		16 23.5%	1 1.8%	74 13.8%	
		Total		57 10.0%	311 10.0%	45 100.0%	68 100.0%	55 100.0%	536 100.0%
		Female	Main reason for not seeing a dentist	No need to	16 64.0%		16 61.5%	4 66.7%	
		Did not feel it was urgent	4 16.0%		2 7.7%			6 10.3%	
		Fear of pain	4 16.0%	1 100.0%	3 11.5%			8 13.8%	
		Others	4 16.0%		5 19.2%	2 33.3%		8 13.8%	
	Total		25 100.0%	1 100.0%	26 100.0%	6 100.0%		58 100.0%	

Conclusion

There is a moderate prevalence of oral problems among foreign workers in Malaysia with low impact on the uptake of oral health care services.