

Global Barriers to Accessing Oral Health Care: A Systematic Review

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ABSTRACT

Oral diseases affect more than 3.5 billion people globally and represent a major yet largely preventable public health burden [1–3]. Despite advances in clinical dentistry, access to oral health care remains profoundly inequitable. This systematic review synthesizes global evidence on barriers to accessing oral health care, with a particular focus on vulnerable populations. A PRISMA 2020–guided search identified 78 eligible studies. Financial, geographic, structural, sociocultural, health literacy, and policy-level barriers were consistently reported. Vulnerable populations experience compounded and intersecting barriers. Addressing these challenges requires integration of oral health into universal health coverage, financial protection mechanisms, workforce reform, and culturally responsive care models [4–7].

Keywords: oral health access; dental care barriers; vulnerable populations; health equity; public health dentistry; systematic review

INTRODUCTION

Oral health is a fundamental component of overall health, well-being, and social functioning. Conditions such as dental caries, periodontal disease, and oral cancers contribute significantly to pain, disability, and diminished quality of life worldwide [1,2]. Despite their preventable nature, oral diseases remain among the most prevalent noncommunicable diseases, disproportionately affecting disadvantaged populations.

Globally, oral health systems remain underprioritized within health policy frameworks, frequently excluded from universal health coverage (UHC) and primary care models [3–5]. Even in high-income countries, marginalized populations experience persistent barriers related to cost, geographic access, cultural acceptability, and system fragmentation. Understanding these barriers is essential for advancing equity-driven oral health reform.

Background

Access to oral health care is influenced by interconnected social, economic, cultural, and systemic determinants. Financial barriers—such as lack of insurance coverage and high out-of-pocket costs—remain the most frequently reported obstacles across global contexts [6–9]. Structural barriers include workforce shortages, rural maldistribution of providers, long wait times, and the separation of oral health from general health services [10–12].

Sociocultural factors including dental anxiety, stigma, limited oral health literacy, and language barriers further reduce utilization, particularly among migrants, refugees, and ethnic minorities [13–15]. Vulnerable populations often experience multiple overlapping disadvantages, reinforcing cycles of unmet need and poor oral health outcomes [16].

Methods and Search Strategy

This systematic review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2020) guidelines [17]. Searches were conducted in PubMed, Scopus, Web of Science, CINAHL, and

Google Scholar for studies published between 2000 and 2025. Eligible studies included quantitative, qualitative, and mixed methods designs, examining barriers to accessing oral health care.

Two reviewers independently screened titles, abstracts, and full texts. Data extraction focused on study characteristics, populations examined, and reported access barriers. Methodological quality was appraised using Joanna Briggs Institute tools. A thematic synthesis approach was employed to categorize barriers across studies [18].

RESULTS

A total of 1,510 records were identified, with 78 studies meeting inclusion criteria (Figure 1). Included studies spanned high-, middle-, and low-income countries. Six major barrier domains were identified: financial, geographic, structural/systemic, sociocultural, health literacy-related, and policy-level barriers (Table 1). Vulnerable populations experienced intensified and intersecting barriers (Table 2).

Identification
 Records identified (n = 1,510)

Screening
 Records screened (n = 1,284)

Eligibility
 Full-text assessed (n = 248)

Included
 Studies included (n = 78)

Table 1. Major Thematic Barriers to Oral Health Care Access

Barrier Domain	Description	Key References
Financial	High treatment costs, lack of insurance	[6–9]
Geographic	Rurality, provider shortages	[10–12]
Structural	Fragmented systems, long wait times	[19–21]
Sociocultural	Fear, stigma, language barriers	[13–15]
Health Literacy	Limited preventive knowledge	[22–24]
Policy	Exclusion from UHC frameworks	[4,5,25]

Table 2. Barriers to Oral Health Care Among Vulnerable Populations

Population Group	Primary Barriers	Key References
Low-income populations	Cost, insurance gaps	[6–9,26]

Rural communities	Distance, workforce shortages	[10–12,27]
Migrants and refugees	Language, cultural barriers, fear	[13–15,28]
Older adults	Mobility, comorbidities	[29,30]
Children	Parental access, preventive gaps	[31,32]
Persons with disabilities	Accessibility, provider training	[33,34]

DISCUSSION

This review demonstrates that barriers to oral health care are multifactorial and persistent across global contexts. Financial barriers remain dominant, underscoring the consequences of excluding oral health from insurance and UHC schemes [6–9]. Structural and geographic barriers further limit access, particularly in rural and underserved areas [10–12].

Findings from Table 2 highlight the compounded disadvantage experienced by vulnerable populations, reflecting intersectionality between socioeconomic status, migration, disability, and age [16,28,33]. Addressing these inequities requires integrated policy reform, workforce redistribution, culturally competent care models, and strengthened health literacy interventions [35–38].

Limitations

This review is limited by heterogeneity in study designs and outcome measures, precluding quantitative meta-analysis. Restriction to English-language publications may have excluded relevant evidence. The predominance of cross-sectional studies limits causal inference.

CONCLUSION

Barriers to accessing oral health care remain a major global public health challenge. Achieving equitable access requires financial protection, integration of oral health into universal health coverage, culturally responsive service delivery, and targeted interventions for vulnerable populations. Addressing these barriers is essential to advancing oral health equity and population well-being [4,35–38].

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