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Exploring the Influence of Dental Expenses on Oral Health-Seeking Behaviors in A Level 1 Hospital in Malita, Davao Occidental: A Basis for Affordability and Accessibility in Dental Treatments

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Abstract

This study explored the influence of dental expenses on oral health-seeking behaviors among patients in a Level 1 hospital in Malita, Davao Occidental, and examined its implications for affordability and accessibility of dental care. Guided by the Health Belief Model, the study investigated how perceived treatment costs affect patients' decisions to seek oral healthcare services. A descriptive qualitative research design was employed using purposive sampling among patients who underwent dental treatment in the selected hospital from January 2025 to December 2025. Data were gathered through semi-structured interviews using an interview guide questionnaire prepared in English and Cebuano, while thematic analysis was utilized to identify recurring themes and patterns from the participants' responses. The findings revealed that financial constraints were the primary factor influencing oral health-seeking behaviors. Patients perceived dental services as expensive relative to local income levels, resulting in delayed consultation, preference for tooth extraction over restorative procedures, and reduced utilization of preventive dental care. The study also identified adaptive behaviors such as self-medication, reliance on traditional healers, consultation with unlicensed practitioners, and dependence on advice from peers and non-professionals. Systemic and structural barriers including shortage of dental professionals, limited dental services, long waiting times, and inadequate insurance coverage further restricted healthcare accessibility. These barriers contributed to worsening oral conditions, increased tooth loss, progression of untreated diseases, and diminished quality of life among patients. The study concluded that financial hardship and limited healthcare access reinforce poor oral health-seeking behaviors in geographically isolated and disadvantaged communities. It recommends strengthening government subsidy programs, expanding dental insurance coverage, improving accessibility of public dental services, increasing dental workforce deployment, and enhancing oral health education programs. The study supports Sustainable Development Goal 3 on Good Health and Well-Being and Sustainable Development Goal 10 on Reduced Inequalities through its focus on improving equitable access to oral healthcare services. The findings also contribute to socio-economic, institutional, and community sustainability by promoting affordable, accessible, and inclusive dental healthcare in underserved rural areas.

Keywords: Accessibility, Dental Expenses, Financial Constraints, Oral Health-Seeking Behaviors, Preventive Dental Care, Rural Healthcare, Tooth Extraction

1. Introduction

Oral health remains a major public health concern despite being largely preventable. Globally, oral diseases continue to affect billions of individuals and contribute to pain, discomfort, disfigurement, and reduced quality of life (WHO, 2025). Untreated dental caries remain one of the most prevalent health conditions worldwide (Institute for Health Metrics and Evaluation (IHME), 2024). In the Philippines, the burden of oral disease is similarly significant, particularly among economically disadvantaged populations and rural communities where access to affordable dental services is limited (Department of Health [DOH], 2023). This study examines the perceived cost of dental treatment in a Level 1 hospital in Malita, Davao Occidental, and explores how financial, structural, and behavioral factors influence patients' decisions to seek dental care. The study further investigates adaptive health-seeking behaviors, barriers to oral healthcare access, and implications for pricing adjustments and healthcare policy.

1.1 Background of the Study on Perceived Dental Treatment Costs in Malita, Davao Occidental

Oral diseases remain a persistent global health burden despite being preventable conditions. According to the World Health Organization (WHO), oral diseases affect nearly 3.7 billion people worldwide and continue to cause pain, discomfort, disfigurement, and even death, particularly in Low Middle-Income Countries (LMICs) (WHO, 2025). Untreated dental caries in permanent teeth was identified as the most common health condition globally (Institute for Health Metrics and Evaluation (IHME), 2024). In the Philippines, oral health problems are widespread. The 2018 National Survey on Oral Health Status and Practices reported that 77% of Filipinos suffer from dental caries while 90% experience gum disease;

however, only a small percentage seek professional treatment (Philippine Dental Association [PDA], 2021). Access to affordable dental care remains difficult, especially in rural and underserved areas (Department of Health [DOH], 2023). In Geographically Isolated and Depressed Areas (GIDA) such as Malita, Davao Occidental, a Level 1 hospital was established to provide healthcare services to the local population (DOH, 2023; Republic Act No. 11568, 2021). Although dental services are available, treatment options remain limited and often financially inaccessible for many patients. Existing services include oral prophylaxis, fluoride varnish application, sealants, tooth restoration, tooth extraction, and surgical removal of impacted teeth. Even these basic procedures may still be costly for economically vulnerable patients (DOH, 2023). Limited PhilHealth subsidies for outpatient dental procedures further increase the financial burden on patients seeking treatment in public hospitals (Philippine Institute for Development Studies [PIDS], 2021). Additionally, inadequate awareness regarding PhilHealth benefits influences patients' perceptions of affordability and treatment costs (Santos et al., 2022). This study therefore investigates how patients perceive the cost of dental treatment in a Level 1 hospital in Malita, Davao Occidental and how these perceptions affect healthcare utilization and oral health-seeking behavior.

1.2 Themes and Insights from Related Literature on Dental Care Affordability and Patient Behavior

Existing literature highlights financial barriers as a major factor influencing delays in seeking dental treatment. According to the Department of Health (2023), economic constraints are among the primary reasons why patients in rural areas postpone or avoid oral healthcare. Wage disparities between urban and rural regions also contribute to treatment hesitation. While the daily minimum wage in the National Capital Region ranges from ₱658–659, wages in the Davao Region range only from ₱515–525 (DOLE, 2026). Aside from financial barriers, psychological factors also influence oral healthcare utilization. Dental fear and phobia may arise from traumatic experiences, peer influence, media exposure, and individual personality traits, discouraging patients from seeking professional care (Beaton, L., Freeman, R., & Humphris, G., 2024). Several studies identified limited insurance coverage and inadequate government subsidies as contributors to patients' perceptions that dental treatment is expensive (Tolabing et al., 2023). Income level likewise significantly affects willingness to seek dental and other healthcare services (Mendoza & Reyes, 2023). Lower-income individuals often resort to home remedies or unlicensed dental practitioners instead of licensed professionals. Comparative findings by the World Health Organization (2021) showed that countries with well-subsidized dental systems demonstrate higher treatment adherence rates. Similarly, the Global Burden of Disease Study (2022) noted the high prevalence of untreated dental conditions in Southeast Asia due to cost-related concerns. Literature also demonstrates that oral health is closely associated with quality of life. Among elderly patients, proper dentition and absence of oral disease contribute to improved nutrition and longevity (Janto, M., et. al., 2022). Younger populations and working-age individuals also associate healthy and aesthetically pleasing smiles with confidence and mental well-being, particularly in the context of social media influence (Forbes, 2024). Studies reported that many Gen-Z individuals experience reduced confidence regarding their smiles due to online comparisons and social media exposure. This is significant because Gen-Z is expected to comprise a large proportion of the global workforce (International Labour Organization, 2022). However, many working-class individuals continue to experience financial strain due to rising living costs and inflation (GMA News Online, 2026). Economic difficulties often force households to prioritize only basic necessities, resulting in reduced healthcare spending and increased reliance on alternative healthcare practices. Studies observed growing trends in self-medication, alternative medicine, and do-it-yourself dental services in economically disadvantaged communities (N Siva, et. al., 2025; Lim & David, 2022). PhilHealth's limited dental coverage has also been identified as a deterrent to public hospital utilization (Rivera et al., 2024). Consequently, researchers recommended expanding government subsidies and improving insurance coverage for dental services (Santos et al., 2022). Other studies proposed tiered pricing and demand-based pricing models to improve affordability while maintaining hospital sustainability (Philippine Institute for Development Studies, 2021; Asian Development Bank, 2021).

1.3 Local, National, and Global Context of Dental Healthcare Accessibility

Globally, oral diseases continue to affect billions of individuals and remain among the most prevalent health conditions despite advances in preventive healthcare (WHO, 2025; Institute for Health Metrics and Evaluation (IHME), 2024). Countries with strong subsidy systems and accessible insurance coverage generally report better treatment adherence and healthcare utilization (World Health Organization, 2021). Nationally, the Philippines continues to experience high rates of untreated dental diseases alongside low professional treatment utilization (Philippine Dental Association [PDA], 2021). Financial constraints, limited government subsidies, inadequate insurance coverage, and low oral health awareness contribute to poor dental healthcare access (Department of Health [DOH], 2023; Philippine Institute for Development Studies [PIDS], 2021). Locally, residents in Malita, Davao Occidental face additional challenges associated with living in a Geographically Isolated and Depressed Area (GIDA). Although a Level 1 hospital exists to provide healthcare services, the availability and affordability of dental treatment remain limited (DOH, 2023; Republic Act No. 11568, 2021). Economic pressures, transportation limitations, and restricted healthcare resources may further influence treatment decisions and healthcare-seeking behavior among patients in the area.

1.4 Theoretical Basis of Patients' Dental Health-Seeking Behavior

This study is anchored on the Health Belief Model (HBM) developed by Rosenstock (1974). The theory explains that healthcare-seeking behavior is influenced by perceived susceptibility, perceived severity, perceived benefits, and perceived barriers. In the context of this study, perceived treatment cost functions as a major barrier affecting patients' decisions to seek dental care. Patients who perceive dental procedures as financially burdensome may delay or avoid treatment despite recognizing the importance of oral healthcare. The Health Belief Model provides a useful framework for understanding how cost perceptions influence healthcare utilization and treatment compliance.

1.5 Research Gaps and Rationale on Perceived Dental Costs in Rural Public Hospitals

Although previous studies have examined dental care affordability, insurance limitations, oral health behavior, and healthcare accessibility, limited research specifically explores how patients in rural Level 1 public hospitals perceive dental treatment costs and how these perceptions shape healthcare utilization. Existing studies largely focus on broader national trends or generalized healthcare affordability without examining the localized experiences of patients in Geographically Isolated and Depressed Areas (GIDA). There is also limited literature addressing the relationship between perceived treatment costs, adaptive health-seeking behaviors, and structural barriers within public dental healthcare systems in rural Philippine settings. This study addresses these gaps by exploring the experiences of patients in a Level 1 hospital in Malita, Davao Occidental. The findings may contribute to policy recommendations, pricing adjustments, and strategies aimed at improving affordability and accessibility of dental services in underserved communities.

1.6 Alignment with Relevant Sustainable Development Goals (SDGs)

This study aligns with several Sustainable Development Goals (SDGs). It supports SDG 3 – Good Health and Well-Being by addressing barriers to oral healthcare access and promoting improved healthcare utilization. The study also aligns with SDG 10 – Reduced Inequalities through its focus on healthcare disparities affecting economically disadvantaged and rural populations. Additionally, the study relates to SDG 1 – No Poverty and SDG 8 – Decent Work and Economic Growth, as financial limitations and income disparities significantly influence patients' ability to access healthcare services. The investigation of hospital pricing strategies and healthcare affordability may also contribute to SDG 16 – Peace, Justice, and Strong Institutions by supporting equitable and responsive public healthcare systems.

1.7 Importance of the Study to Multidisciplinary Sustainability

The study contributes to socio-economic sustainability by examining how financial barriers affect healthcare access among underserved populations. Improving affordability of dental services may reduce healthcare inequities and encourage timely oral healthcare utilization. The study also contributes to public health sustainability by promoting awareness of oral health as an essential component of overall well-being. Findings may support institutional sustainability through recommendations that balance affordability with hospital financial sustainability. Furthermore, the research contributes to policy and governance sustainability by providing evidence-based recommendations for improving PhilHealth coverage, healthcare pricing systems, and access to dental services in rural healthcare settings. By addressing barriers affecting vulnerable populations, the study supports community sustainability and equitable healthcare delivery in underserved regions.

2. Material and methods

2.1 Research Design

This study utilized a descriptive qualitative research design to explore and understand patients' experiences and perceptions regarding dental treatment costs in the hospital setting. The design focused on gathering direct descriptions and summaries of participants' experiences to provide a clear understanding of how perceived costs influence their health-seeking behaviors. The study remained data-near to participants' perspectives without extensive theoretical interpretation or theory generation.

2.2 Locale of the Study

The study was conducted in a Level 1 hospital located in Malita, Davao Occidental. The hospital is a public healthcare facility that provides dental services to the local population, particularly residents from nearby rural and underserved communities.

2.3 Respondents of the Study

The respondents of the study consisted of patients who had undergone dental treatment in the selected hospital. Initially, 20 participants were included for interview, with the possibility of adding more respondents until data saturation was achieved. Eligible participants included patients aged 18 years old and above who had received dental treatment and were capable of articulating their experiences and perceptions regarding dental care. Participants were also required to be paying patients who underwent dental procedures not covered by the PhilHealth Dental Package and were willing to voluntarily participate in the study. Excluded from the study were patients who received treatment outside the hospital, individuals

unwilling to participate, patients with communication barriers particularly monolingual individuals, and non-paying patients whose treatments were covered under the PhilHealth Dental Package.

2.4 Sample and Sampling Procedure

The study employed purposive sampling in selecting participants. Respondents were specifically chosen based on their experiences of undergoing dental treatment at the Level 1 hospital in Malita, Davao Occidental between January 2025 and December 2025. This sampling technique ensured that participants possessed relevant experiences and insights necessary for addressing the objectives of the study.

2.5 Research Instrument

The study utilized an interview guide questionnaire as the primary research instrument. The questionnaire was prepared in both English and Cebuano to allow participants to respond using the language they were most comfortable with. Semi-structured interview questions were used to encourage respondents to freely express their perceptions and experiences regarding dental treatment costs and healthcare-seeking behaviors. An audio recorder was utilized during the interviews to ensure accurate documentation of participants' responses. In compliance with the Data Privacy Act of 2012, all recordings and collected information were handled confidentially and were properly disposed of after the completion of the study.

2.6 Data Gathering Procedure

Data collection was conducted through semi-structured interviews to gather qualitative insights from the participants. Prior to data gathering, permission to conduct the study was secured from the Office of the Medical Center Chief. During the interviews, audio recordings were used to accurately capture participants' responses. The recorded interviews were subsequently transcribed to facilitate analysis and interpretation of the collected data.

2.7 Data Analysis Techniques

The study employed thematic analysis to identify recurring patterns and themes related to patients' perceptions of dental treatment costs and their effects on health-seeking behaviors. Interview transcripts were reviewed and analyzed to determine common experiences, barriers, and adaptive behaviors associated with accessing dental care.

2.8 Ethical Considerations

Ethical protocols were strictly observed throughout the conduct of the study. Approval to conduct the research was obtained through a formal letter addressed to the Office of the Medical Center Chief. All information gathered from participants was treated with strict confidentiality and was used solely for the purposes of the study. Participants' identities were protected throughout the research process, and no identifying information was disclosed. Data sheets and audio recordings were securely destroyed after the completion of the study to ensure compliance with ethical and privacy standards.

3. Results and Discussion

3.1 Financial Constraints Affecting Dental Health-Seeking Behaviors

3.1.1 Perceived High Cost of Dental Services

The findings revealed that most participants perceived dental services as expensive and unaffordable, particularly tooth restoration procedures. Many respondents preferred tooth extraction over restorative treatment because extraction costs were significantly lower. Participants emphasized that dental expenses consumed a large portion of their income, especially considering that the daily minimum wage in Davao Occidental averages only ₱515–525 (Sunstar Davao, 2026). Several participants expressed disappointment that PhilHealth no longer covered basic dental procedures in the hospital, making services entirely out-of-pocket expenses except for surgical procedures. These findings indicate that financial limitations strongly influence treatment decisions and encourage patients to prioritize cheaper curative procedures instead of preventive or restorative care. The inability to afford tooth-saving procedures forces patients to choose extraction despite recognizing its long-term negative effects on quality of life. The lack of sufficient government subsidy and insurance support further reinforces the perception that dental care is a luxury rather than a necessity.

3.1.2 Prioritization of Daily Necessities Over Dental Care

Participants reported that household expenses such as food, electricity, water bills, transportation, and education were prioritized over dental treatment. Patients described how transportation expenses alone significantly increased the cost of seeking care, especially for those residing in hinterland areas far from the hospital. Some respondents explained that dental treatment became financially possible only when they received unexpected income or temporary employment opportunities. The findings suggest that socio-economic pressures limit the ability of patients to allocate resources for preventive oral healthcare. High transportation costs and geographical isolation further worsen healthcare accessibility in rural communities. These realities demonstrate how poverty and rising living expenses contribute to delayed consultation and reduced utilization of dental services.

3.1.3 Limited Insurance Coverage and Fear of Additional Expenses

Respondents expressed dissatisfaction regarding limited PhilHealth coverage and the discontinuation of the hospital's PhilHealth E-konsulta dental package. Many participants perceived preventive procedures such as oral prophylaxis as optional because they could no longer afford them. Patients also feared unexpected additional costs after consultation, especially when dentists recommended multiple procedures beyond the patients' initial concerns. These findings reveal that uncertainty regarding treatment expenses discourages patients from seeking early dental care. Fear of additional costs contributes to mistrust and hesitation toward professional consultation. Similar concerns were identified by Åstrøm, et. al. (2024), who noted that fear of unexpected dental expenses is among the leading causes of appointment cancellation even in developed countries.

3.2 Adaptive Health-Seeking Behaviors Among Patients

3.2.1 Delayed Consultation Until Severe Symptoms Develop

The results showed that many patients delayed seeking professional dental care until symptoms became severe. Several respondents initially consulted traditional healers or self-medicated because these options were more affordable and accessible than professional services. Some participants only sought hospital care when complications such as facial swelling, infection, and difficulty breathing occurred. These behaviors reflect the tendency of patients in rural communities to rely on informal healthcare practices before consulting professionals. The findings support Orduña, Lubaton-Sacro (2022), who explained that traditional healers are often preferred in rural settings due to accessibility and lower costs. Delayed treatment increases the likelihood of severe complications such as Ludwig angina and other serious oral infections (Yasser, A. G,. et. al., 2025).

3.2.2 Preference for Tooth Extraction Over Tooth Preservation

Most participants stated that they preferred tooth extraction because it was more affordable than restorative procedures. While some respondents were willing to preserve anterior teeth for esthetic reasons, extraction remained the dominant choice for posterior teeth due to cost considerations. Patients acknowledged the benefits of tooth restoration but still opted for extraction and dentures because they were financially more practical. These findings demonstrate how economic limitations shape treatment preferences and normalize tooth extraction as the primary solution for dental pain. Although restorative care is considered the first line of treatment for dental caries, financial barriers force patients to choose irreversible procedures. The prevalence of dental caries in the Philippines further highlights the significance of affordable restorative care (Mendoza, et., al., 2025).

3.2.3 Reliance on Alternative and Informal Dental Care

Participants reported relying on unlicensed dental practitioners, do-it-yourself treatments, and non-professional advice due to limited access to affordable professional care. Some respondents underwent procedures from fake dentists because these services were cheaper and more accessible. Others admitted to using DIY braces and online dental products recommended by peers or co-workers. The findings indicate that inadequate patient education and limited service availability encourage patients to seek risky alternative treatments. Such practices expose patients to severe complications, including infections and periodontal destruction (Chanchareonsook, N., 2022). Similar findings were reported by Reibel, et., al. (2025), who identified severe periodontal damage associated with DIY orthodontic treatments.

3.2.4 Influence of Family, Peers, and Non-Professionals

Several respondents relied on advice from family members, neighbors, and peers instead of healthcare professionals. Patients admitted difficulty understanding medical information and expressed fear toward healthcare providers. Some participants self-medicated with antibiotics based on recommendations from acquaintances rather than professional consultation. These findings suggest that low health literacy contributes to misinformation and inappropriate oral healthcare practices. The tendency to rely on anecdotal advice rather than professional guidance may lead to antibiotic misuse, delayed treatment, and worsening oral conditions. Limited literacy levels in Davao Occidental further intensify these barriers to effective healthcare utilization.

3.3 Systemic and Structural Barriers to Dental Care Access

3.3.1 Limited Availability of Dental Services

The findings revealed that patients experienced limited access to specialized dental procedures in the hospital setting. Respondents explained that services such as root canal treatment and dentures were unavailable in the Level 1 hospital, forcing patients either to seek private treatment or undergo extraction. Patients also reported difficulties accessing higher-level hospitals located far from their communities. These findings reflect the shortage of dental professionals and limited healthcare infrastructure in rural areas. According to ABS-CBN News (2026), the Philippines has only one dentist for every 53,000 Filipinos despite the World Health Organization recommendation of one dentist for every 7,500 people. The lack of available services in public institutions contributes to unmet oral healthcare needs and reinforces extraction as the preferred treatment option.

3.3.2 Long Waiting Times and Scheduling Conflicts

Participants reported prolonged waiting periods before receiving dental procedures, with some waiting several weeks or months for treatment. Scheduling delays were worsened by staff shortages, seminars, holidays, and unforeseen events. Working patients expressed frustration because appointments often required absence from work. The findings demonstrate how workforce limitations and inadequate manpower affect timely healthcare delivery. Long waiting times discourage patients from seeking care and increase the burden of untreated dental conditions. These barriers contribute to patient dissatisfaction and reinforce perceptions that oral healthcare is inaccessible in public institutions.

3.4 Consequences of Barriers on Oral Health-Seeking Behaviors

3.4.1 Progression of Untreated Dental Conditions

The results showed that delayed treatment often led to worsening oral diseases, including progression from gingivitis to chronic periodontitis requiring multiple tooth extractions. Patients frequently postponed preventive procedures because of financial constraints until pain and infection became severe. These findings demonstrate how delayed consultation transforms manageable oral conditions into serious chronic diseases. Daley, J, Jain P. (2023) explained that untreated gingivitis may progress to periodontitis, ultimately leading to tooth mobility and extraction. Chronic oral inflammation may also contribute to systemic health complications (Martínez-García, M., Hernández-Lemus, E., 2021). The "tiis-tiis muna" mindset described by participants reflects how financial hardship and limited awareness promote prolonged suffering and self-medication.

3.4.2 Reduced Utilization of Preventive Dental Services

Participants admitted avoiding routine check-ups and preventive procedures because they perceived them as unnecessary or financially burdensome. Fear of dental consultation and lack of awareness regarding preventive care further reduced service utilization. The findings suggest that preventive healthcare remains undervalued among many patients. AbdulRaheem Y. (2023) identified workload limitations, resistance to change, lack of awareness, and the "prevention paradox" as factors contributing to low preventive healthcare utilization globally. Failure to seek preventive care allows minor dental concerns to progress into more severe and expensive conditions.

3.4.3 Increased Incidence of Tooth Loss

Most participants viewed tooth extraction and dentures as normal solutions to dental problems. Patients commonly preferred extraction because it was cheaper and culturally familiar despite understanding that teeth could still be preserved. These findings reveal how financial constraints, peer influence, and inadequate patient education contribute to increased tooth loss. The normalization of extraction as primary treatment may lead to long-term complications involving occlusion and temporomandibular joint disorders (Tabatabaei, S., Paknahad, M., & Poostforoosh, M., 2024).

3.4.4 Negative Impact on Quality of Life

Participants described persistent discomfort, difficulty eating, embarrassment regarding appearance, and emotional distress following tooth loss and ill-fitting dentures. Many respondents expressed dissatisfaction with their smiles and reduced confidence due to poor oral health. These findings demonstrate the significant physical, psychological, and social effects of untreated dental conditions. Imam, A.Y. (2021) emphasized that tooth loss negatively affects both physical and psychosocial functioning. Chronic pain and unresolved dental problems may also contribute to emotional distress, anxiety, depression, and reduced quality of life (Baker, M. B., et. Al., 2024; Tiwari, T., et. al., 2022). The experiences shared by participants highlight how barriers to dental care extend beyond oral health and affect overall well-being.

4. Conclusion and Recommendations

The study concluded that dental expenses significantly influence oral health-seeking behaviors among patients in a Level 1 hospital in Malita, Davao Occidental. Financial constraints were identified as the primary barrier affecting patients' decisions on when to seek treatment and what type of dental care to avail, leading many to prioritize basic necessities over oral healthcare and favor tooth extraction over preventive or restorative procedures. The findings further revealed that patients commonly resorted to delayed consultation, self-medication, traditional healers, unlicensed practitioners, and advice from non-professionals due to limited finances, low health literacy, and restricted access to formal dental services. Additionally, shortages in dental manpower, limited institutional capacities, long waiting times, and inadequate government dental coverage contributed to worsening oral health conditions, increased tooth loss, and reduced quality of life among patients.

The study recommends strengthening government subsidy programs and expanding dental insurance coverage to reduce out-of-pocket expenses and encourage early consultation among patients. Government hospitals may also review and rationalize dental pricing schemes to improve affordability while maintaining quality services. Expansion of dental services in Rural Health Units, improvement of appointment and scheduling systems, and increased deployment of dental professionals in underserved areas are likewise recommended to improve accessibility. Furthermore, community-based

oral health education programs and stricter regulation of unlicensed dental practices may help improve health literacy, reduce misconceptions, and discourage reliance on informal dental care. Future studies may further explore dental affordability and oral health-seeking behaviors in other geographically isolated and disadvantaged communities.

The study was limited to patients from a single Level 1 hospital in Malita, Davao Occidental, making the findings specific to the local setting and limiting broader generalization to other healthcare institutions or regions. The qualitative nature of the study and the relatively small number of participants also limited the extent to which the findings may represent larger populations. Additionally, the study focused primarily on patients' perceptions and experiences regarding dental expenses and accessibility within the selected public hospital and did not include comparisons with private dental facilities or other healthcare settings.

Compliance with ethical standards

The authors declare no conflict of interest. This study received no external funding and was conducted with permission from the Office of the Medical Center Chief of the Level 1 hospital in Malita, Davao Occidental. Participation in the study was voluntary, and informed consent was obtained from all participants prior to the conduct of the non-invasive semi-structured interviews and audio recordings. All collected information was treated with strict confidentiality, no identifying information was disclosed, and all data and recordings were securely disposed of after the completion of the study.

REFERENCES

Åstrøm, A. N., Agdal, M. L., & Sulo, G. (2024). Exploring avoidance of dental care due to dental fear and economic burden: A cross-sectional study in a national sample of younger adults in Norway. *International Journal of Dental Hygiene, 22*(1), 148–157. https://doi.org/10.1111/idh.12657

AbdulRaheem, Y. (2023). Unveiling the significance and challenges of integrating prevention levels in healthcare practice. *Journal of Primary Care & Community Health, 14*. https://doi.org/10.1177/21501319231186500

AL Ghabra, Y., Brizuela, M., Winters, R., et al. (2026). *Ludwig angina*. In *StatPearls*. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK482354/

Asian Development Bank. (2021). *Health sector reforms and financial access to dental services in Southeast Asia*. ADB Health Reports.

Baker, M. B., Liu, E. C., Bully, M. A., Hsieh, A., Nozari, A., Tuler, M., & Binda, D. D. (2024). Overcoming barriers: A comprehensive review of chronic pain management and accessibility challenges in rural America. *Healthcare, 12*(17), 1765. https://doi.org/10.3390/healthcare12171765

Beaton, L., Freeman, R., & Humphris, G. (2014). Why are people afraid of the dentist? Observations and explanations. *Medical Principles and Practice, 23*(4), 295–301. https://doi.org/10.1159/000357223

Boyer, K. R. (2023). Saving teeth for life. *Journal of the California Dental Association, 51*(1). https://doi.org/10.1080/19424396.2023.2262634

Chanchareonsook, N., Ling, M. L., Sim, Q. X., Teoh, K. H., Tan, K., Tan, B. H., Fong, K. Y., & Poon, C. Y. (2022). Failure of sterilization in a dental outpatient facility: Investigation, risk assessment, and management. *Medicine, 101*(31), e29815. https://doi.org/10.1097/MD.0000000000029815

Daley, J. O., & Jain, P. (2026). *Gingivitis*. In *StatPearls*. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK557422/

Department of Health. (2023). *Oral health status and barriers to dental services in rural communities*. DOH Publications.

Department of Labor and Employment. (2026). *Wage Order No. RB XI-24*. Regional Tripartite Wages and Productivity Board. https://bir-cdn.bir.gov.ph/BIR/pdf/Wage-Order-No.-RB-XI-24.pdf

Francisquete, D. E. (2025, March 29). Davao City leads Davao Region in literacy. *SunStar Davao*. https://www.sunstar.com.ph/davao/davao-city-leads-davao-region-in-literacy

Gasner, N. S., & Schure, R. S. (2026). *Periodontal disease*. In *StatPearls*. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK554590/

Gumbok, F. (2025, August 12). Davao is the 7th most populous of the Philippines' 18 regions. *Philippine Information Agency*. https://pia.gov.ph/news/davao-is-the-7th-most-populous-of-the-philippines-18-regions/

Imam, A. Y. (2021). Impact of tooth loss position on oral health-related quality of life in adults treated in the community. *Journal of Pharmacy & Bioallied Sciences, 13*(Suppl. 2), S969–S974. https://doi.org/10.4103/jpbs.jpbs_87_21

Institute for Health Metrics and Evaluation. (2024). *Global burden of disease 2021: Findings from the GBD 2021 study*. IHME.

International Labour Organization. (2022). *Global employment trends for youth 2022*. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_853321.pdf

Janto, M., Iurcov, R., Daina, C. M., Neculoiu, D. C., Venter, A. C., Badau, D., Cotovanu, A., Negrau, M., Suteu, C. L., Sabau, M., & Daina, L. G. (2022). Oral health among elderly, impact on life quality, access of elderly patients to oral health services and methods to improve oral health: A narrative review. *Journal of Personalized Medicine, 12*(3), 372. https://doi.org/10.3390/jpm12030372

Katzung, B. G. (2018). *Basic & clinical pharmacology* (14th ed.). McGraw-Hill Education.

León-López, M., Cabanillas-Balsera, D., Martín-González, J., Sánchez-Domínguez, B., Saúco-Márquez, J. J., & Segura-Egea, J. J. (2025). Atherosclerosis and chronic apical periodontitis: Systematic review and meta-analysis. *Journal of Clinical Medicine, 14*(5), 1504. https://doi.org/10.3390/jcm14051504

Manahan, J. (2026, February 9). DOH: Only one dentist for every 53,000 Filipinos. *ABS-CBN News*. https://www.abs-cbn.com/news/health-science/2026/2/9/doh-there-is-only-1-dentist-for-every-53-000-filipinos-1511

Martínez-García, M., & Hernández-Lemus, E. (2021). Periodontal inflammation and systemic diseases: An overview. *Frontiers in Physiology, 12*, 709438. https://doi.org/10.3389/fphys.2021.709438

Mendoza, L. T., & Reyes, P. A. (2023). Dental health disparities and economic accessibility in provincial hospitals. *Philippine Health Review, 29*(1), 41–58.

Mendoza, M. A. F., Yacapin, C. P. C., Alfaro, A. C. A., Ulitin, A. R., Valverde, H. A., Medina, V. O., III, & Lam, H. Y. (2025). Cost-effectiveness analysis of oral health care package of services within a comprehensive PhilHealth benefit package. *Acta Medica Philippina, 59*(14), 49–59. https://doi.org/10.47895/amp.v59i14.9619

National Economic and Development Authority. (2024). *Assessing the economic burden of dental care in the Philippines*. NEDA Reports.

Orduña, P. C., & Lubaton-Sacro, C. A. P. (2022). Factors associated with delayed diagnosis among Filipino pediatric brain tumor patients: A retrospective review. *CNS Oncology, 11*(3), CNS89. https://doi.org/10.2217/cns-2022-0009

Perez, M. L., Santos, J. D., & Rivera, C. T. (2022). Economic evaluation of PhilHealth dental coverage: Implications for cost-benefit policies in public hospitals. *Philippine Health Economics Review, 18*(1), 67–83.

Philippine Dental Association. (2021). *National survey on oral health status and practices in the Philippines*. PDA Reports.

Philippine Institute for Development Studies. (2021). *Healthcare pricing reforms and affordability of dental treatments in rural areas*.

Philippine Statistics Authority. (2023). *Household expenditures on healthcare: Trends and patterns*. PSA Publications.

Reibel, Y. G., Hassan, M., & Arnett, M. C. (2025). DIY orthodontic relapse correction gone wrong: A case study. *Journal of Dental Hygiene, 99*(1), 55–62. https://jdh.adha.org/content/99/1/55

Rivera, J. A., Perez, M. L., & Santos, J. D. (2024). Economic implications of cost perception in dental healthcare: A Mindanao perspective. *Mindanao Health Policy Review, 15*(2), 21–40.

Santos, J. P., David, R. F., & Lim, A. C. (2022). Health-seeking behaviors and affordability of dental treatment: A study on PhilHealth beneficiaries. *Journal of Philippine Health Policy Research, 12*(3), 78–95.

Second Congressional Commission on Education. (2026). *Turning point: A decade of necessary reform (2026–2035), EDCOM II final report*. https://edcom2.gov.ph/media/2026/01/EDCOM-II-Y03-for-web-012626_final.pdf

Serquiña, M. (2026, April 15). EXPLAINER: Who are the middle class in the Philippines amid the rising prices? *GMA News Online*. https://www.gmanetwork.com/news/topstories/nation/984076/middle-class-philippines-fuel-prices/story/

Siva, N., Samantaray, K. K., Krishnapriya, K., Priya, B., Vasudevan, N. J., Tanaya, K., Das, S., & Sahoo, J. (2025). Health-seeking behavior and healthcare utilization among patients with non-communicable diseases in India: Insights from a systematic review. *BMC Health Services Research, 25*(1), 1548. https://doi.org/10.1186/s12913-025-13441-x

Tabatabaei, S., Paknahad, M., & Poostforoosh, M. (2024). The effect of tooth loss on the temporomandibular joint space: A CBCT study. *Clinical and Experimental Dental Research, 10*(1), e845. https://doi.org/10.1002/cre2.845

Tiwari, T., Kelly, A., Randall, C. L., Tranby, E., & Franstve-Hawley, J. (2022). Association between mental health and oral health status and care utilization. *Frontiers in Oral Health, 2*, 732882. https://doi.org/10.3389/froh.2021.732882

Tolabing, M. R., Cruz, R. P., & Garcia, P. D. (2023). Financial barriers and access to dental care: A qualitative study in rural Philippines. *Philippine Journal of Health Research and Development, 27*(2), 45–60.

Williams, V. (2024, May 16). Social media causes 72% of Gen Z to compare their smiles to others. *Forbes*. https://www.forbes.com/health/dental/social-media-impact-on-smiles/#:~:text=Table%20of%20Contents&text=Social%20media%20is%20an%20integral,posting%20it%20to%20social%20media

World Health Organization. (2021). *Global strategies for reducing financial barriers to dental care*. WHO Reports.

World Health Organization. (2025, March 17). Oral health. https://www.who.int/news-room/fact-sheets/detail/oral-health#:~:text=Unequal%20distribution%20of%20oral%20health,of%20impoverishment%20and%20economic%20hardship.